

Chapter 17
OUTDOOR EMERGENCY CARE

Scenario #17-1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Pre term, woman expecting twins in early labor (3)	Employee at local ski area, working in food service at top of mountain	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

This patient is a pregnant woman who is in her first pregnancy and carrying twins. She reports normal pre-natal care. She reports that she will probably need a Cesarean section since one of the babies is in a breech position. She is working at the ski area on duty at food service at the top of the mountain. She told her supervisor that she thinks her membranes may have ruptured because she noticed clear fluid leaking from her vagina.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are asked to respond to food service at the top of the mountain concerning an employee possibly having early labor. The supervisor has requested to have a rescuer assess the patient and assist as needed. Equipment and available personnel to be sent upon request of the rescuer on scene.

PATIENT SUMMARY

The patient is a woman 27 to 28 weeks into her pregnancy with twins. She reports contractions occurring every 5 to 7 minutes lasting 30 to 40 seconds each. She has had clear fluid leaking from her vagina for the past hour or so, and has had back pain since early a.m. She is very anxious since she did not think she was in labor until she noticed the vaginal fluid leaking. The patient's husband is working out of town and cannot be reached immediately. The patient and her husband have not started childbirth classes yet since she is only about 27 to 28 weeks. She is very worried and would like to contact her husband.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	p = 100 r = 18, shallow
5 Minutes	p = 104 r = 20
10 Minutes	p = 108 r = 20

SCENARIO OBJECTIVES

Assessment:

Secure the scene and create privacy for the patient; focused medical assessment identifies possible early labor of twins 12 weeks premature; recognize need for ALS due to birth complication and significant complications for babies because lungs are not fully developed at this stage.

Rote Skills

BSI precautions; management of a medical emergency of premature labor for twins including oxygen per local protocol. Prepare for possible delivery and how to address complications with 12-week premature babies with less than fully developed lungs.

Problem Management:

Develop transportation plan that limits the need for movement in transport to transfer point with EMS; seek assistance of management in locating the husband; continue to assess while speaking calmly and gently with patient.

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INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Food service facility at top of mountain at local ski area; will require transport to base area and subsequent EMS transport to hospital to handle delivery of pre-term infants.

Equipment: Flat, secure location for possible delivery, clean supplies for delivery and post delivery care of mother and two pre-term infants, including but not limited to clean towels, O₂ as indicated by area protocol, clean material to tie off infant umbilical cords, heat source for warming infants, sanitary pads.

Moulage: "Pregnant" belly for mother, infant dolls.

Weather: Indoors

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on a bench in the food service area at the top of the mountain.

Answers to SAMPLE

Signs and symptoms: backache since early a.m., uterine contractions every 5 to 7 minutes

Allergies: none

Medication: none

Past history: 27 to 28 weeks twin gestation with one possible breech infant

Last meal: has not eaten today due to back pain

Events leading: clear fluid leaking from vagina for past hour or so and now is having contractions

Behaviors: You are very anxious since this is your first pregnancy and you have twins. You ignored your back pain since early this morning because you did not think you could be in labor yet. You are having contractions every 5 to 7 minutes lasting about 30 to 40 seconds. The contractions have been relatively mild but seem a little stronger now and you noted clear fluid leaking from your vagina for the past hour or so. You were told you may need a C-section since one of the babies is breech. You wish your husband could be called to come get you.

SPECIFIC COMMENTS FOR EVALUATORS

The rescuer should recognize the need for immediate emergency care at advanced care facility to address both early pregnancy and probable severe complications with 12-week premature babies. The rescuer should prepare for possible delivery should this occur before EMS arrives.

OUTDOOR EMERGENCY CARE

Scenario #17-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Possible ruptured ectopic pregnancy (4)	Moderately difficult slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

The patient is a 25-year-old snowboarder who is approximately 8 to 10 weeks pregnant and experienced sudden onset of moderately severe abdominal pain while riding the chairlift to the top of the mountain. She then attempted to board down a moderately difficult run in the snowboard park but stopped about half way to the bottom of the run due to continuing abdominal pain.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to respond to a snowboarder found sitting at the side of a moderately difficult run in the snowboard park, unknown disposition. The patient is reported to be a female complaining of moderately severe abdominal pain which started about one half hour earlier. Equipment and available personnel to be sent upon request of the rescuer on scene.

PATIENT SUMMARY

The patient reports that she thinks she is about 8 to 10 weeks pregnant having missed two menstrual periods. She experienced a sudden onset of abdominal pain about one-half hour earlier while riding the chairlift but decided to continue snowboarding hoping it would "just go away." She is continuing to have pain and states she cannot stand up or ride her snowboard due to the severity of her pain. She is not aware of any vaginal bleeding or discharge.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	p +20/regular r + 6
5 Minutes	p +30/regular r + 10
10 Minutes	p +34/thready r + 12
15 Minutes	p + 36/thready r +12

SCENARIO OBJECTIVES

Assessment

Secure the scene and address privacy issues

Patient assessment should correctly identify possible miscarriage, recognize impending shock and treat with oxygen per local protocol, request EMS rapid transport to hospital, and O₂ as indicated per area protocol.

Rote Skills

BSI precautions

Manage emergency medical problem of possible miscarriage; Recognize potential complications; take ongoing vitals; monitor for possible shock; administration of O₂ as per area protocol

Problem Management

Managing medical emergency, appropriate use of rescuers and equipment to ensure rapid transport to definitive medical care, i.e., hospital, and urgent treatment of potential shock including administration of O₂ as per area protocol.

Scenario #17-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: At the side of a run of moderate difficulty in the snowboard park, but no terrain features or hazards in the immediate area; patient is seated at the side of this run about half way down to the bottom of the run.

Equipment: Toboggan, blankets, O₂, rescuers, EMS transport availability for rapid transport.

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

SPECIFIC INSTRUCTIONS FOR PATIENT

Position: You are seated at the side of a moderately difficult run in the snowboard park about half way down to the bottom of the run. You are guarding your abdomen.

Answers to SAMPLE

Signs and symptoms: Moderate to severe abdominal pain x 30 minutes, now unable to stand due to pain

Allergies: None

Medication: None

Past history: 1st pregnancy, approximately 8 to 10 weeks pregnant

Last meal: report actual

Events leading: Sudden onset moderately severe abdominal pain x 30 minutes

Behaviors: You are having moderately severe abdominal pain which began suddenly while you were riding the chairlift. You continued to snowboard as long as you could hoping that the pain would go away, but it has continued and now seems a bit worse. You are not aware of any vaginal bleeding or discharge. You have missed two periods and believe you are about 8 to 10 weeks pregnant with your first child. You are very concerned that something is seriously wrong with the pregnancy. You have not taken any falls today and you do not know what could be causing your pain.

SPECIFIC COMMENTS FOR EVALUATORS

The rescuer should carefully assess the patient's history and tactfully ask necessary questions to determine the likelihood of ruptured ectopic pregnancy (a pregnancy that develops outside the uterus) and plan for rapid EMS transport to a hospital for further evaluation and care.

OUTDOOR EMERGENCY CARE

Scenario 17-3

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
A woman 38 weeks pregnant Possible placenta abruption (4) Diabetic (1)	Picnic area adjacent to beginner area at local ski resort (0)	Single patient (0) Trained rescuers (0) Additional witnesses (0)

GENERAL SCENARIO DESCRIPTION

The patient is 38 weeks pregnant with her third child. She is with her husband and two older children in the picnic area next to the beginner area eating lunch. She experienced severe abdominal pain and sent her husband to the patrol room at the base area to get help. She is lying on the ground with blood noted in the snow near her.

INFORMATION GIVEN TO TRAINEE

Dispatch: patient's husband walked into the patrol room at the base area to request assistance for his wife who is in the picnic area next to the beginner area. Husband reports that she complains of severe abdominal pain and needs immediate assistance. Equipment and available personnel to be sent upon request of the rescuer on scene.

PATIENT SUMMARY

She has had an uneventful pregnancy, although she has had two previous miscarriages since her last pregnancy. She was eating lunch and began having severe abdominal pain and some nausea. She sent her husband to get help and in his absence has started to have moderate amounts of brownish-red vaginal bleeding. She is lying on the ground with her feet elevated on the bench of the picnic table in an effort to slow the bleeding. She appears pale and anxious, and is crying when help arrives on scene. She is diabetic but forgets to tell you due to anxiety. Trainee finds this through a medic alert tag.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	p + 20/thready r 20
5 Minutes	p + 28/thready r 24
10 Minutes	p + 34/thready r 24

SCENARIO OBJECTIVES

Decision Making

Secure scene and privacy by removing the crowds; patient assessment; correctly identify possible labor. Request EMS for rapid transport to advanced medical care. Conduct ongoing assessment to monitor the progress of labor and to watch for any diabetic reaction; request management to help to move the customers.

Problem Management

BSI precautions and clean up; OEC skills: managing a medical emergency; oxygen administration; develop transport plan that creates the least movement. Appropriate use of rescuers and equipment; appropriate treatment and transport plan.

Leadership

Give directions to others in clear statement showing confidence; maintain continuing communications with patient and family and team members; ensure correct OEC skills of helpers and assistants as needed.

Scenario 17-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Patient is found lying on the ground with her feet on a bench in the picnic area next to the beginner area at a local ski resort. Her two older children are with her and her husband has sought help at the patrol room at the base area.

Moulage: Simulated blood on snow around and under patient; “pregnant” belly.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on your back on the ground with your feet up on a bench in an effort to slow the bleeding.

Answers to SAMPLE

Symptoms: Abdominal pain, nausea, and vaginal bleeding.

Allergies: None

Medications: Diabetic

Past history: Two previous miscarriages, now 38 weeks pregnant, two previous live births

Last meal: Report actual

Events leading: Sudden, abrupt onset of abdominal pain while eating lunch

Behaviors: You began to experience sudden and severe abdominal pain a few minutes ago while eating lunch; you also have some nausea which you think might be due to the pain, and you are bleeding vaginally with the blood now spreading on the snow around you. You decided to lie down on the ground with your feet up on the bench in order to try to stop the bleeding. You are very frightened since you have had two previous miscarriages.

SPECIFIC COMMENTS FOR EVALUATORS

The rescuer should ensure rapid transport to a hospital due to the nature of this obstetrical emergency and should therefore call EMS quickly; O₂ should be administered per area protocol. Patient should be transported lying on her left side!

OUTDOOR EMERGENCY CARE

Scenario #17-4

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Closed tibia/fibula fracture (2) Abdominal trauma and potential pre-term labor (3)	Area adjacent to children's ski school near bottom of beginner slope (0)	Child issue (1) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

The patient is a pregnant woman approximately 34 weeks gestation in her second pregnancy. She was standing near the fence surrounding the children's ski school watching her 3-year-old daughter take a lesson when she was struck by an out-of-control beginner skier and unable to stop or avoid her. The patient was struck and pushed up against the fence striking her abdomen on the fence rail and her right lower leg was jammed against a fence post.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are requested to respond to an injured parent who was struck by a skier near the children's ski school. Equipment and available personnel to be sent upon request of the rescuer.

PATIENT SUMMARY

The patient is the mother of a 3-year-old child in the children's ski school who was standing near the ski school fence near the bottom of the beginner area. The woman is approximately 34 weeks pregnant with her second child. She was struck by a beginner skier who was approaching downhill toward the mother and unable to stop or avoid her due to being out of control. The patient was pushed into the fence and suffered blunt trauma to her abdomen and has a closed fracture of right lower leg. There is noticeable deformity, swelling, and pain upon palpation. Distal CMS is intact. She is also experiencing abdominal pain as a result of being struck and pushed into the fence, but has no apparent vaginal bleeding or discharge. She repeats that she is 34 weeks pregnant. Mother is concerned about daughter particularly when she hears her daughter ask what is wrong with mommy.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	p + 30 / strong r + 6
5 Minutes	p + 30 /strong r + 10
10 Minutes	p + 32 / strong r + 10

SCENARIO OBJECTIVES

Decision Making

Secure scene and create some privacy; patient assessment: correctly identify patient's condition of fracture of lower extremity and trauma to the abdomen with potential for complications including shock, and complications pre-term labor and/or injury to the fetus; request EMS and give them clear information from your assessment. Transfer care to EMS; notify area management for risk management.

Problem Management

BSI precautions and clean up. OEC skills: managing medical emergencies related to pregnancy; oxygen administration per local protocol; general management of long bone fractures. Recognize that this is an emergency that could become life threatening; requests EMS at the scene if possible; recognize the needs of a three-year-old child with the mother going to the hospital. You are presented with three options: locate relatives, send child with mother, or call law enforcement.

Leadership:

Give directions clearly and with confidence; speak in a calm and assuring manner with the patient. Assign someone good with children to address needs of 3 year old. Coordinate transfer to EMS; ensure correct OEC skills of team members/helpers as needed.

Scenario #17-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Area adjacent to children's ski school at bottom of beginner run, next to fence surrounding ski school.

Moulage: Deformity/swelling to right lower leg at boot top location (tib/fib).

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on the snow on your right side, up against the fence surrounding the children's ski school near the bottom of the beginner run. You were standing there watching your daughter take a lesson, when you were struck by a boarder.

Answers to SAMPLE

Signs and symptoms: Abdominal pain, deformity and swelling to right lower leg at injury site

Allergies: None

Medications: None

Past history: 34 weeks pregnant with second child, no other medical history

Last meal: report actual

Events leading: as stated above

Behaviors: You are experiencing significant abdominal pain as well as severe pain in your right leg at the injury site. You are very concerned about possible injury to your baby due to being pushed forcefully into the fence, and you are asking for ambulance transport to the nearest hospital as quickly as possible. You are not having any vaginal bleeding or discharge that you know of, but you are worried that you might be going into premature labor and whether your baby is okay. You make sure that they know that you are 34 weeks pregnant. You are somewhat reassured when given oxygen quickly but are still requesting that you be transported NOW!

SPECIFIC COMMENTS FOR EVALUATORS

The rescuer should be especially alert to assessing the potential for pre-term labor as well as shock in this patient, and O₂ should be given per area protocol. The rescuer should be sure to utilize all available help to quickly stabilize the fracture. Patient should be rapidly transported, lying on her left side, to a hospital to provide urgent care in the event of possible fetal injury. Demonstrate knowledge of legal issues related to care of this child.

Chapter 18
OUTDOOR EMERGENCY CARE

Scenario #18-1

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Head injury (3) Probable internal/pelvic injuries (3)	Race course (0)	Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION: GS racer catches a gate at a high rate of speed. He spins and swirls in cloud of snow, hitting his head twice on the hard pack, and collides with a horizontal/rigid pipe.

INFORMATION GIVEN TO TRAINEE: You have been assigned to the race course for the day. You are located half way down the course. There is another rescuer located at the start of the course with a fully equipped toboggan.

PATIENT SUMMARY: Skier is responsive only to painful stimuli. Urgent survey reveals pupils are unequal and sluggishly responsive. He is groaning with pain. He is not moving as he lies over the pipe. You observe deformity in both lower extremities. He will need full attention and extrication before the race can resume.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 108; R = 29
5 minutes	P = 116; R = 30
10 minutes	P = 124; R = 30

SCENARIO OBJECTIVES

Decision Making

Secure scene safety including stopping the race; patient assessment; correctly identify all injuries; recognize as "load and go" situation due to existence of life-threatening multiple trauma; prioritize rapid extrication, transport, and transfer to ALS (Advanced Life Support); request toboggan with trauma pack and additional personnel; activate ALS with request for air evacuation; notify management.

Problem Management

BSI; OEC skills; spinal immobilization; management of fractures of the pelvic area with possible internal injuries; administration of O₂ as soon as available; lift techniques; transportation and transfer plan.

Leadership

Direct others; coordinate rapid extrication and transfer to EMS; notify management and request their assistance; address race officials who are interested in restarting the race; direct additional rescuers to get statements of witnesses.

Scenario #18-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS: This is a life-threatening injury with a focus on rapid extrication and transfer to ALS, based on the MOI which indicates the possibility of multiple, significant trauma to head and lower abdomen/pelvic area. Scene safety, crowd management, and race officials need to be addressed. However, the primary focus will remain rapid extrication, ALS, and oxygen ASAP.

Location/terrain: GS race course.

Moulage: Bruising and crepitus over pelvis; unequal pupils; clear fluid from the left ear.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying over a horizontal metal pipe and is not able to move.

Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: Nothing significant.

Last meal: Breakfast.

Events leading: This is his second official run.

Behaviors: Patient has clear fluid draining from his left ear, and pupils are unequal. Patient responds only to deep pain.

SPECIFIC COMMENTS FOR EVALUATORS:

The rescuer needs to recognize that this is a "load and go" situation. As he skied to the scene, he should have requested additional rescuers and toboggan with full trauma pack. Rescuer should also request ALS based upon MOI. It is a difficult extrication and probably should move the patient directly on the backboard. Rescuer also needs to address the crowds and the race official. The rescuer also recognizes that management needs to address the issues. Thorough documentation.

OUTDOOR EMERGENCY CARE

Scenario #18-2

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Knee sprain (2) Possible neck or spine injury (3)	Deep powder on steep terrain under the lift (1)	Trained rescuer (0)

GENERAL SCENARIO DESCRIPTION: A 15-year-old male skier falls 20' out of the chair into deep powder. His friends reported this to the lift operator at the top.

INFORMATION GIVEN TO TRAINEE: You are called to respond to an accident of a teenager falling out of the chair at Tower ___.

PATIENT SUMMARY: Patient is semi-lying down in a large depression in the snow. Patient complains of pain in the right knee. Patient is alert and responsive to your questions when you arrive. He does not complain of any neck or back pain, and wants to return to skiing.

VITAL SIGNS

Time in minutes	Pulse and respirations
Throughout	As found plus 12 pulse, and plus 4 respirations

SCENARIO OBJECTIVES

Decision Making

Secure scene; stop lift until assessment is performed to verify severity of injury. Patient assessment: correctly identify all injuries found and reported, but also consider possible injuries due to MOI. Assessment should include how he landed and rule out the presence of any neurological deficits from the fall. Inform patient of dangers of this large a fall and possible injuries to the spine and back. Determine where his parents are; inform him of the impact of being a minor about the ability to give informed consent and implied consent. Call for spinal immobilization. Notify management. Have base attempt to find parents.

Problem Management

BSI precautions; OEC skills: management of injury near a joint; spinal immobilization per local protocol especially since the patient is a minor and needs treatment for knee injury anyway; release of liability by parents for a minor. Notify management due to chair involvement.

Leadership

Develop and execute a plan of action. Demonstrate thorough understanding of legal issues related to minor giving consent and how this impacts his decisions; direct others with clear instructions and with confidence; communicate with clarity and firmness with patient; direct additional rescuers to obtain statements from any witnesses; thorough documentation.

Scenario #18-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS:

This scenario addresses the need for a thorough assessment based on the MOI to determine the need for spinal immobilization. The trainee should demonstrate understanding that a fall more than 2 ½ to 3 times one's height presents the danger of spinal trauma. This is mitigated in this scenario by the soft landing in the snow, and assessment demonstrates no signs of head or spinal trauma. Trainee should be able to communicate a rationale for the decision to use spinal immobilization based on assessment and legal issues of patient being a minor. Trainee should also demonstrate how he would address the fact that the patient is a minor.

Location/terrain: Difficult to moderate terrain with deep powder under a lift. This terrain is in a closed area.

Moulage: None

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is partially laying down under the lift.

Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: Has had previous knee surgery

Last meal: Has not eaten all day.

Events leading: Has been skiing very hard for two hours.

Behaviors: Patient is oriented and alert. Patient complains of pain in the right knee. Patient reports no tenderness upon palpation of spine. Patient reports no neurological impairment in his lower extremities. He feels that he can return to skiing.

SPECIFIC COMMENTS FOR EVALUATORS: The rescuer should be evaluated on, the knowledge of MOI issues, reasons for concern about possible hidden spinal problems, and legal issues related to a 15 year old falling from a chair. Rescuer should demonstrate knowledge of management issues and local protocols. Rescuer should develop a plan for extrication and transport to patrol room for further assessment and consultation with parents.

Chapter 19
OUTDOOR EMERGENCY CARE

Scenario #19-1

Degree of Difficulty = 2

INJURY	ENVIRONMENT	PERSONNEL
Contusion – right thigh (2)	On trail next to lift tower (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A skier in search of the last bit of untouched snow on the hill has fallen under the lift line and into a lift tower. He has a contusion of the right thigh where he collided with the tower. His skis released immediately during the fall. Treatment of the swelling and transportation to a medical facility are the only emergency care issues.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to respond to an injured skier under a lift line. Skier is not able to ski back to the lodge. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

The patient is able to stand and can put some weight on injured leg (this is not a femur fracture). You have used your scissors to expose the injured area and see a large area of localized swelling that is black and blue.

VITAL SIGNS

Time in minutes	Pulse and respirations Appropriate care	Pulse and respirations Bleeding not controlled
Throughout	as found by trainee	p + 10; r + 4 (after 10 minutes)

SCENARIO OBJECTIVES

Assessment

Verify scene safety, including stopping of lift
Patient assessment: correctly identify patient's condition including MOI information
Request needed equipment and personnel

Rote Skills

BSI precautions
Treatment of soft tissue bruising issues
Monitor possible internal bleeding
Vital signs
Transportation

Problem Management

Management is interested in starting the lift as soon as possible so the trainee needs to determine how soon he can move the patient from under the lift
Direct others with confidence
All other items listed on scorecard

Scenario #19-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Below a chair lift, next to a tower

Equipment: Toboggan with standard area equipment

Moulage: Medium-size balloon

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting up on the ground, right leg extended; knee straight.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: you were trying to ski the last bit of untouched snow on the hill, going pretty fast when you caught an outside edge, fell hard on your right side and slid hard into the tower. Your body made contact with the lift tower at your mid-right-thigh.

Behaviors: You are in a lot of pain with a "lump" on your right thigh. You've tried to stand and found that you can put *some* weight on it. You can even take a very small step or two, but you quickly gave up trying to ski back to the lodge because of the pain.

SPECIFIC COMMENTS FOR EVALUATORS

Area management may be notified by the trainee for risk management concerns, but this should not be rated as a critical issue, unless such notification would be a requirement at your area.

OUTDOOR EMERGENCY CARE

Scenario #19-2

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
1 st and 2 nd degree burns (2) Airway involvement (2)	Early evening – sunny summer day (0)	Untrained bystanders (1)

GENERAL SCENARIO DESCRIPTION

A camper was pouring camp stove fuel onto his firewood when a hot ember caused the fire to flash up, burning his hands, arms, face and upper chest.

INFORMATION GIVEN TO TRAINEE

You are called to a camping area where a camper was burned trying to light his campfire.

PATIENT SUMMARY

Patient has been badly burned and is screaming in pain. He is beginning to have trouble breathing. He has burns to the anterior surface of his arms, face, and upper chest to the nipple line. The burned areas are red with some blistering of his hands and lower arms. His eyebrows have been singed and blisters are forming on his chin.

VITAL SIGNS

Time in minutes	Vital Signs	Patient
Immediate	P=112; R=30; BP=134/70	Hysterical
10 minutes	P=124 weaker; R= 34 (shallow); BP= 110/56	Still hysterical, but slowing down because it's getting hard to breathe.

SCENARIO OBJECTIVES

Decisions Making

Secure the scene, especially from further explosions; patient assessment: correctly identify all injuries including severity and possible damage to airway and lungs; vitals; determines extent of burns (% of body); request ALS; prioritize breathing and airway difficulties. You had taken estimated needed equipment before you came because you knew that other rescuers were tied up with other calls.

Problem Management

BSI precautions; OEC skills: airway management; oxygen administration and breathing assistance if necessary; emergency care of burns including maintaining body heat; develop transportation plan; notify management.

Leadership

Develop and execute a plan for transport; determine knowledge and willingness of bystanders to help. Give very clear and simple directions to bystander helpers. Always make sure they can repeat back what you want. Demonstrate a behavior or activity if it is necessary to ensure proper delivery of emergency care. Address fear and anxiety of patient with clear and calm communication.

Scenario #19-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Equipment: Fanny pack; camping first aid kit

Moulage: 1st and 2nd degree burns – face, chest, arms.

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting on your knees with arms outstretched (to keep them from touching the other parts of your body because it hurts when the two burned surfaces make contact with each other).

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: You were attempting to start a campfire. You thought it would be okay to use a little camp stove gasoline to start the green wood.

Behaviors:

You are screaming in pain. You tell the rescuer that your eyes burn and that you cannot see very well. You are very anxious and agitated, but will calm down when the rescuer speaks calmly and informs you what he is doing, and what his plan is.

Special Comments to Evaluators

This is an excellent scenario to teach and evaluate the trainee's ability to apply his outdoor emergency care skills in situation other than the ski hill. It also allows the trainee to demonstrate his skills of communication with untrained bystanders and to improvise.

OUTDOOR EMERGENCY CARE

Scenario #19-3

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Contusion – right thigh (1) Penetrating injury (ski pole) in chest; tension pneumothorax (3) Early hypothermia (1)	Heavy snow falling; lying on wet snow; next to lift tower (1)	Rescuers – 3 on-hill; 6 in patient care station; 1 on snowmobile (to come from bottom of hill) EMS professionals Helicopter flight crew

GENERAL SCENARIO DESCRIPTION

A skier in search of the last bit of untouched snow on the hill has fallen under the lift line and slid into a lift tower. As he fell his pole broke off just above the basket, bounced up, and has penetrated approx. 4" deep in the right side of his chest, below the nipple line. He also has a large area of localized swelling on his right thigh where he collided with the lift tower. His skis released immediately during the fall.

INFORMATION GIVEN TO TRAINEE

Having just disembarked from the chair lift, you are at the top when you hear a radio conversation from a rescuer just behind you on the lift. He observed a skier fall and slide into the lift tower below. The rescuer is calling for someone to respond giving the number of the tower. You radio that you are responding. The rescuer on the lift suddenly communicates an extreme urgency as the skier has now rolled over, revealing a ski pole protruding from his chest with a large amount of blood already visible on his clothes and on the snow. The rescuer also indicates that the patient is screaming and has just pulled the pole out of his chest.

PATIENT SUMMARY

You are writhing in pain, hysterical, on your back, short of breath, and getting rapidly worse. There is a small amount of blood draining from the corner of your mouth. You are getting cold and beginning to shiver. It is getting more and more difficult to breathe with every breath and you cannot figure out why there is a sucking sound coming from under your jacket every time you try to take a breath. You quickly begin to feel like you could go to sleep.

VITAL SIGNS

Time in minutes	Pulse and respirations Appropriate care	Appropriate care
<1 Minute	P=112/min – strong; R=28 very distressed; patient is anxious; there is a sucking sound every time he inhales	Call for help; call to activate EMS (helicopter transport is appropriate); get O ₂ at scene immediately; treat shock; place occlusive dressing over chest wound
5 minutes	P=120 weak; R=30 extremely distressed; patient is having to work hard to breathe; mucus membranes are looking bluish	Deliver O ₂ via non-rebreather mask at 15-16 LPM; package and transport this patient immediately
10 Minutes	P=140 barely perceptible; R=34 very distressed, chest is distorted, veins in neck are bulging	Gather vital sign data; support patient's efforts to breathe with mouth-to-pocket mask breathing; if EMT or other medical professional is available puncture chest wall to equalize pressure in pleural space
15 Minutes	P=148 barely perceptible; r=36 patient is gulping for air	Continue monitoring vital signs; support patient's efforts to breathe with bag-valve-mask and high flow O ₂ , prepare for air transport.

SCENARIO OBJECTIVES

Decision Making:

Secure scene including addressing the running lift. Patient assessment: correctly identify all patient injuries, condition, and trend of improvement/deterioration; recognize that this is a “load and go” situation; calls for rapid extrication with full trauma pack; request ALS; take vital; monitor needs of other rescuers (does any need a break or help with scene safety?); request needed equipment and additional personnel.

Problem Management:

BSI precautions and assure their use with all rescuers; OEC skills: airway management and support breathing; quickly and correctly address sucking chest wound; administer oxygen; treat for shock; ongoing vitals; manage logistics of care and scene activities according to urgency; establish team to set-up a safe, secure landing zone; notify management for their assistance due to helicopter transport.

Leadership:

Develop and carry out a plan of action; give directions to all others with clarity and confidence; coordinate transfer to EMS with clear and specific patient care information; address management issues related to chair being stopped; assign additional rescuers to get witness statements; thorough documentation including a full statement by the rescuer who observed the scene from the chair, and especially note the patient having removed the ski pole from his chest.

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Below a chair lift and next to a tower

Equipment: Toboggan with standard area equipment; trauma pack with full oxygen administration supplies

Moulage: Sucking chest wound and tension pneumothorax

Weather: Overcast, cold, slightly foggy/hazy

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Laying on snow with head up-hill

Answers to SAMPLE:

Signs and symptoms: As above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: you were trying to ski the last bit of untouched snow on the hill, going pretty fast when you hung an outside edge, fell hard on your right side and slid hard into the tower. Your pole broke off and stabbed you in the chest, and in a panic you removed it. Your body made contact with the lift tower at your mid-right-thigh.

Behaviors: You are in respiratory distress before the rescuer even arrives, and you will deteriorate rapidly. You have a “lump” on your right thigh.

SPECIFIC COMMENTS FOR EVALUATORS

This is mainly an exercise in handling an urgent situation efficiently and effectively. Primary concerns are to support and maintain patient’s respirations and get patient to advanced medical care ASAP.

OUTDOOR EMERGENCY CARE

Scenario #19-4

Degree of difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Sucking chest wound (4) Multiple hematomas (1) Laceration – left calf (1)	Warm summer day (0)	Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

It's a beautiful summer Saturday on the mountain, and your patrol is providing coverage for a downhill mountain bike race. A cyclist, out of control, has left the course and crashed over a small cliff, falling about 10 feet. He slides into a rock, and rolls off onto the remains of a downed tree.

INFORMATION GIVEN TO TRAINEE

You are called to respond to a downhill bike racer off the course.

PATIENT SUMMARY

Patient is beginning to have problems breathing. The broken end of a branch leaves a 1" hole under his right scapula. The wound is still bubbling with each breath when you arrive. The patient is alert and articulate and appears pale. He tells you that the reason he stayed motionless by the creek edge is because it "hurt too bad" to move. He has numerous contusions and abrasions primarily to his right side. He also has a large avulsion to his right calf that is bleeding.

VITAL SIGNS

Time in minutes	Vital Signs	Patient
Immediate	P=112; R=30; BP=134/70	Alert, but in a lot of pain
+10 Minutes	P=120; R=30 (shallow); BP = 120/60	Beginning to become confused

SCENARIO OBJECTIVES

Decision Making:

Secure scene; patient assessment: correctly identify all injuries; recognize life threatening nature of injuries and calls for rapid extrication and EMS intercept; prioritize breathing problems and sucking chest wound with bleeding control second (unless bleeding profusely and patient is maintaining adequate breathing for the moment); treat any open soft tissue injuries; develop treatment and transportation plan to transfer point; request needed equipment and additional personnel.

Problem Management

Observe BSI precautions; OEC skills: maintain/monitor airway and breathing; correctly dress the sucking chest wound; control bleeding and bandage avulsion in place; vitals; administer oxygen; develop transportation plan.

Leadership:

Develop plan and give clear instructions to other rescuers; address need to halt the race if the injured person is on the race course or very near the edge; notify management; address concerns of race official by giving them an estimated time of completion.

Scenario #19-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Mountain bike race course

Equipment: Standard mountain rescue equipment

Moulage: Calf muscle avulsion; penetrating chest wound

Weather: Warm, sunny

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Face down

Answers to SAMPLE:

Signs and symptoms: As above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading:

Behaviors: You are articulate and able to aid rescuers in your rescue in the beginning. About 10 minutes into the rescue you become confused and begin to panic. You are able to breathe better after they address the sucking chest wound. It also helps to calm you when they explain what is happening and what they are doing to help you.

SPEICAL INSTRUCTIONS TO THE EVALUATORS

This scenario is an excellent opportunity to develop the skills and application of emergency care in a different setting than on the snow. Rescuer must address the concerns of the race official and coordinate transfer to EMS.

Chapter 20
OUTDOOR EMERGENCY CARE

Scenario #20-1

Degree of Difficulty =2

INJURY	ENVIRONMENT	PERSONNEL
Snowblindness (2)	Bar (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A skier comes into the bar in the early evening because he felt his eyes starting to burn. He was skiing all day without sunglasses or goggles. After sitting in the bar for several hours, his eye pain progressively worsens and begins to tear and blur.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are requested to respond to a skier in the bar complaining of eye pain and blurring.

PATIENT SUMMARY

Patient has redness and tearing of both eyes. Patient now states that he can “barely” see anything.

VITAL SIGNS

Time in minutes	Pulse and respirations
At all times	As found

SCENARIO OBJECTIVES

Assessment

- Verify scene safety
- Correctly identify patient's condition
- Request needed equipment and personnel as needed

Rote Skills

- BSI precautions
- General management of snow blindness, bandaging the eyes with sterile moist pads
- Communication with patient to calm his fears and anxiety over possible blindness
- Develop a plan for transportation to hospital

Problem Management

- Recommend emergency care at a hospital
- Recommend EMS transport unless friends can immediately transport him, and length of transport is short
- All other items listed on card

Scenario #20-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Sitting in a chair in simulated bar

Equipment: Materials carried in fanny pack and sterile saline that could be brought from aid room

Moulage: Medic alert tag - diabetic

Weather: Sunny spring day

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting in the chair.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: Insulin for diabetes; you have taken your medications

Past history: none

Last meal: report actual

Events leading: You have been skiing all day without eye protection and began developing an itching sensation around lunch time which has progressively worsened.

Behaviors: You complain about having significant eye pain, report increased blurring, and are extremely concerned and anxious that your vision has been deteriorating for the past several hours. You are diabetic and have taken your insulin. You are somewhat agitated because of concern with your vision.

SPECIAL INSTRUCTIONS TO EVALUTORS

Rescuer needs to demonstrate not only proper emergency eye care but also the care of an injured person who is worried about his vision. He has fears about permanent damage to eye sight. Rescuer needs to address any issues that arise from the scene being in a bar.

OUTDOOR EMERGENCY CARE

Scenario #20-2

Degree of Difficulty =3

INJURY	ENVIRONMENT	PERSONNEL
Lacerated eye (2) Strained knee (1)	Middle of run (0)	Trained rescuers (0) Single patient (0)

GENERAL SCENARIO DESCRIPTION

Skier catches an edge on an advanced slope and falls face forward breaking sunglasses and spraining her right knee.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are requested to respond to injured skier in the middle of an advanced run. Skier density on the run is reported as heavy. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient has broken her sunglasses and has a laceration of the eye lid and globe. Patient also complains of right knee pain that she states was a result of twisting during the fall.

VITAL SIGNS

Time in minutes	Pulse and respirations
At all times	p + 10 and r as found

SCENARIO OBJECTIVES

Assessment

Secure scene including the complication of heavy traffic

Patient assessment: correctly identify patient's condition; prioritize eye injury over knee sprain

Request needed equipment and additional personnel

Rote Skills

BSI precautions for both patient and bloody area; address clean up issues at the end

Bilateral bandaging of eyes

Address concerns and anxiety of patient with fears of loss of eyesight. Explain reason for covering both eyes.

Shock care if needed

Lifting techniques; position in toboggan

Problem Management

Determine how to transport patient to the patrol room

Call for ambulance with ETA from the hill

All items listed on score card

Scenario #20-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Middle of an advanced run. Make sure student understands that the traffic on the run is heavy even if it is not at the time

Equipment: None

Moulage: A lacerated eyelid with enough blood on the cheek and face to indicate slight bleeding; broken glasses (cheap sunglasses work well), and “tears” for the cheek. Nothing is needed in the eye.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting on the ground holding your hand over affected eye.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: none

Past history: none

Last meal: report actual

Events leading: You caught an edge and fell striking your face on the snow.

Behaviors:

You complain of severe pain and visual disturbance of the affected eye. You are worried about being blind in that eye.

SPECIFIC COMMENTS FOR EVALUATORS

Use this scenario in an area that does not interfere with ski area operations. The scene should be set so that the mechanism of injury does not lead the trainee to believe that a backboard is required for the patient. Be sure that the trainee realizes that there is heavy traffic on the run requiring her to provide some sort of scene safety.

OUTDOOR EMERGENCY CARE

Scenario #20-3

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Severe eye injury (3)	Off the side of run (1)	Single patient (0) Trained rescuers (0) Hysterical patient (1)

GENERAL SCENARIO DESCRIPTION

This skier was involved in a collision with another skier on the edge of the run. He went off the side into a tree, breaking off a part of the branch, which went through his goggles and into the eye.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are requested to respond to an injured skier off the side of the run into the trees. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

The patient has a branch about the size of a pencil impaled into the eye, he is in a great deal of pain, and is hysterical!

VITAL SIGNS

Time in minutes	Pulse and respirations	Pulse and respirations
Initial	With appropriate care p +40, r +12	Without appropriate care Initial vital signs persist throughout scenario.
5 min	p +32, r +12/regular	
10 min	p +28, r +8/regular	
15 min	p +20, r +6/regular	

SCENARIO OBJECTIVES

Decision Making

Secure scene safety; patient assessment: correctly identify patient's condition; prioritize the hysterical behavior of the patient; request EMS; Notify management due to collision. Detain other person if they are available for statement; determine if there are witnesses and request them to stay; request needed equipment and additional rescuers.

Problem Management

BSI precautions; OEC skills: manage hysterical patient; control bleeding; stabilize impaled object; bilateral bandage of eyes; assign a rescuer to begin to take a statement from the other party and another rescuer to witness statements; notify management due to collision.

Leadership

Develop a treatment and transportation plan; give instructions to rescuers to carry out plan; good communication with patient; ensure OEC standards; coordinate transfer to EMS; thorough documentation including witness statements; request assistance of management with other party per local protocol; all other items on scorecard.

Scenario #20-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Any area where a tree branch approximately eye level might be encountered off the side of a run

Moulage: Broken goggles, with a pencil sized branch protruding and simulated impaled eye. This moulage is essential to the problem. Blood should be limited to the area immediately surrounding the entry wound.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting on the snow with your hands up by your face, skis off

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: Blood pressure medication which you take daily and have taken today

Past history: none

Last meal: report actual

Events leading: you were skiing on the side of the run when another skier lost control next to you and collided with you causing you to go off the side of the run into the tree.

Behaviors:

You may be rocking back and forth, or just sitting. You have your hands by your face, holding onto your goggles, but you know you should not pull the branch out. You are quite hysterical from both the pain, and thinking that you are going to lose your eye. In fact you state or ask repeatedly something about losing the eye. You question anything the rescuer does that s/he does not explain, but with good communication you become calmer as the problem progresses, though your eye concerns never do disappear.

SPECIFIC COMMENTS FOR EVALUATORS

Good moulage and acting are essential to this scenario. This scenario could also be set up to practice extrication problems.

Chapter 21
OUTDOOR EMERGENCY CARE

Scenario #21-1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Blunt trauma to throat with moderate respiratory distress (3)	Off exit ramp of chair lift (0)	Trained (0) Bystander (0)

GENERAL SCENARIO DESCRIPTION

A 19-year-old female skier and snowboarder collided as they were getting off the chair lift. The skier was struck in the throat with the snowboard. The snowboarder is uninjured and not obstructive. Both the skier and snowboarder are off to the side, out of the way of the exit ramp.

INFORMATION GIVEN TO TRAINEE

Dispatch: You receive a call that there was a collision at the top of a chair lift. Equipment and available personnel are sent upon request of the rescuer at the scene.

PATIENT SUMMARY

Patient A: you were struck in the throat with the bystander's snowboard. You are having difficulty breathing, and have some swelling and bruising around the larynx.

Patient B: you are not injured and not obstructive although you are very concerned about the person that is injured. You ask if there is anything you can do to help.

VITAL SIGNS

Time in minutes	Pulse and respirations
Periodic checks	As found, respirations are labored

SCENARIO OBJECTIVES

Assessment

Secure scene (chair is not involved since they have moved to the side); patient assessment: correctly identify all patient's injuries

Request EMS/ALS due to respiratory problems

Request needed equipment and personnel

Rote Skills

Observe BSI precautions

Apply ice/snow to control swelling

Administer oxygen

Vitals

Ongoing survey to monitor airway and breathing

Lifting techniques and transportation issues

Problem Management

Notify management since accident occurred during unloading of the lift

Get statement from both parties, lift operator, and any known witnesses

Coordinate transfer to EMS

Scenario #21-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: At the top of a chair lift, out of the way from other skiers

Equipment: Toboggan and standard equipment.

Moulage: Bruise on throat area

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Patient A: You are sitting up and holding throat.

Patient B: You are sitting near the patient.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: none

Past history: none

Last meal: 2 hours ago

Events leading: You were getting off the chair lift with the boarder and both fell and the snowboard hit you in the throat.

Behaviors:

Patient 1: You are sitting up holding your throat. You are in pain and it is hard to breathe. It feels like the worst sore throat you have ever had. You are scared and nervous.

Patient 2: You are concerned about the patient and offer to help if you can. You are not obstructive in any way. When asked, you report that you are not hurt.

SPECIFIC COMMENTS FOR EVALUATORS

There is no effective field treatment for blunt trauma to the throat. Apply snow/ice to throat area and rapidly transport to EMS.

OUTDOOR EMERGENCY CARE

Scenario #21-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Chin laceration (moderate bleeding) (2) Avulsed tooth (2)	Kitchen (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A ski area kitchen employee slipped on the wet floor striking his chin on the counter top and knocking out his right central incisor (tooth #8). The employee also sustained a laceration with moderate bleeding to the chin.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to respond to the kitchen area in the main chalet where a kitchen employee was injured. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient has moderate bleeding from chin laceration. Right front central incisor has been knocked out and is lying on the floor. Socket where the tooth was located is bleeding and exhibits some swelling.

VITAL SIGNS

Time in minutes	Pulse and respirations
As found	As found

SCENARIO OBJECTIVES

Assessment

Secure scene

Patient assessment: correctly identify patient's injuries

Look for and find avulsed tooth

Request needed equipment and personnel

Rote Skills

BSI precautions

Control moderate bleeding of chin laceration and tooth socket.

Proper handling of avulsed tooth; obtain container with appropriate solution (milk, saline, or plain water) to place tooth in.

Bandaging

Transportation

Problem Management

Notify area management. Comply with OSHA requirements relating to blood clean-up. All other items on the scorecard.

Scenario #21-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Kitchen area in main chalet with wet flooring

Equipment: Standard area equipment

Moulage:

1" laceration to chin

Black-out putty to cover right central incisor

Tooth on floor made of white putty

Small amount of "blood" on the floor

Weather: Indoors

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting on the floor with hand over mouth and chin area

Answers to SAMPLE

Signs and symptoms: As noted above

Allergies: None

Medication: None

Past history: None

Last meal: 1 hour ago

Events leading: Slipped on wet floor and hit chin on the counter top

Behaviors:

You are anxious and scared with the bleeding and loss of tooth. You keep asking if the tooth can be saved explaining that you just had your orthodontic bands removed one month ago. You are not experiencing any breathing difficulties. You will not allow rescuer to attempt to reinsert the tooth into the socket because of swelling and pain that you are experiencing.

SPECIFIC COMMENTS FOR EVALUATORS

Area management and/or employee supervisor must be notified of accident by responding rescuer. The blood on the floor must be dealt with according to local protocols.

OUTDOOR EMERGENCY CARE

Scenario #21-3

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Head and neck lacerations with major bleeding (4)	Restaurant area (0)	Single patient (0) Bystander (0)

GENERAL SCENARIO DESCRIPTION

A 31-year-old skier slipped and fell in the restaurant area while carrying a tray of food. When the skier fell, her head hit on a decorative glass panel causing lacerations to the head and neck area.

INFORMATION GIVEN TO TRAINEE

Dispatch: You receive a call to respond to the restaurant area in the main chalet where a skier has fallen and is bleeding. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient has moderate to heavy bleeding from lacerations on the right cheek and from the laceration to the right side of the neck.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P=110, R=22
Remainder of scenario	Same as above

SCENARIO OBJECTIVES

Assessment

Verify scene safety
Request needed equipment and personnel
Patient assessment: correctly identify patient condition

Rote Skills

BSI precautions
Control moderate to heavy bleeding of laceration to cheek and neck area with dressing and bandaging
Spinal immobilization, per local protocol
Proper transportation

Problem Management

Proper disposal of all contamination materials and clean up of blood in the area; proper handling of injuries to cheek and neck. Notify management; obtain statement from bystander and help bystander clean blood from their hands; answer all bystanders fears about contamination; present information about treatment for exposure; recommend that bystander goes directly to emergency room; documentation after obtaining witness statements.

Scenario #21-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: In restaurant area located in the main chalet

Equipment: Fanny pack with standard area equipment

Moulage:

2" laceration to the right cheek

4" laceration to the right side of the neck just below ear and down the shoulder

"Blood" in mouth and blood for lacerations

Bloody napkin

Weather: Indoors

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting on the floor of the restaurant amid broken glass from a decorative panel.

Answers to SAMPLE

Signs and symptoms: You are spitting blood while you are talking. You are concerned about all the blood. You express embarrassment for causing all the trouble.

Allergies: None

Medication: None

Past history: Good health

Last meal: 5 hours ago

Events leading: Walking back to table and slipped on wet floor causing you to fall into a decorative glass panel.

Behaviors: You are alert but anxious because of the amount of blood that you have lost. When you speak, you spit blood. The bystander is also concerned about the amount of blood lost and is concerned because their hand is covered in blood as well.

SPECIFIC COMMENTS FOR EVALUATORS

The blood on the floor must be dealt with according to local protocols. Area management must be notified regarding the broken glass panel and regarding possible risk-management concerns (water on floor, position of glass panel, etc.) Bystander must be directed in the proper hand washing to remove blood and informed of treatment options for exposure with recommendation that the bystander seek immediate medical attention at emergency room. Information regarding accident and the bystander role prior to rescuer arrival must be obtained.

OUTDOOR EMERGENCY CARE

Scenario #21-4

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Laceration to inside of upper lip (moderate bleeding) (1) Central incisors loose and moved out of position (2) Bloody nose (1)	More difficult slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A skier was skiing down a more difficult slope and caught an edge losing his balance. While falling forward, he jammed his ski pole handle into his mouth and nose area. Both skis were removed from the force of the fall.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are called to respond to a skier down on a more difficult slope. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient has moderate bleeding from nose and laceration to inside of upper lip. Both front incisors are loose and are displaced. Upper lip is swollen

VITAL SIGNS

Time in minutes	Pulse and respirations
As found	As found

SCENARIO OBJECTIVES

Assessment

Verify scene safety.

Patient assessment: correctly identify all patient's injuries

Request needed equipment and personnel

Rote Skills

Observe BSI precautions

Control moderate bleeding of laceration to upper lip and bleeding from nose

Address patient's concern about loose teeth and recommend that they seek medical attention immediately

Transportation plan

Problem Management

Care must be given not to cause further displacement of teeth during treatment

All other issues on scorecard

Scenario #21-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Outside on a more difficult slope with no obstacles

Equipment: Toboggan with standard area equipment

Moulage:

Chewable “blood” capsules to simulate bleeding from the mouth

Pink chewing gum (or non-toxic putty) placed above upper teeth to simulate swelling of upper lip

Bleeding from nose

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting on the snow with hand covering mouth and nose area.

Answers to SAMPLE

Signs and symptoms: Bleeding from the mouth and nose, two loose teeth

Allergies: None

Medication: None

Past history: Mild heart murmur, no impact on scenario

Last meal: 4 hours ago

Events leading: Fell and I tried to “eat” my ski pole

Behaviors:

You are anxious and feel stupid about having jammed your ski pole handle into your mouth and nose.

You are worried about the position of your teeth since you can feel that they are loose and are out of place. You have no difficulty breathing through your mouth, but it is somewhat difficult to breath through your nose due to bleeding from the nose and swelling to upper lip.

SPECIFIC COMMENTS FOR EVALUATORS

The blood on the snow must be dealt with according to local protocols. Rescuer must use caution when treating bleeding from upper lip and not cause additional movement to loose teeth.

OUTDOOR EMERGENCY CARE

Scenario #21-5

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive patient (4) Laceration to cheek below eye area with bleeding (1)	More difficult slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

During the final sweep of the night, an unresponsive snowboarder is found off to the side of a more difficult slope next to a fence post (fence post does not impact the scenario because there is adequate room to backboard the patient). Snowboard is still on.

INFORMATION GIVEN TO TRAINEE

You find a snowboarder during the final sweep of the night. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient is unresponsive throughout. Patient has cheek laceration with moderate bleeding.

VITAL SIGNS

Time in minutes	Pulse
Initial	90
5 minutes	100
10 minutes	100
15 minutes	100
20 minutes	100

SCENARIO OBJECTIVES

Decision Making

Secure scene; patient assessment: perform correct patient assessment and correctly identify all injuries; prioritize unconsciousness before laceration; recognize need for rapid extrication due to unconsciousness; request ALS; take vitals; inform base that you will be delayed in closing responsibilities; request needed equipment and personnel.

Problem Management

BSI precautions; OEC skills: management of unresponsive person with spinal immobilization; take vitals; treat for possible shock with administration of oxygen, emergency care for laceration; notify area management because patient hit a pole and obtain patient information from the season pass-holder records; coordinate transfer with EMS; provide EMS with clear patient assessment and care information; lift techniques and proper transportation plan.

Leadership

Develop and coordinate treatment plan and transportation; "talk" to unresponsive patient; provides clear and through directions to helpers and bystanders; use helpers and available equipment effectively; maintain lead role during the scenario and displays confidence and competence in the handling of an unresponsive patient; monitor entire situation and all participants in regards to adhering to BSI and local protocols.

Scenario #21-5

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On the side of a more difficult slope near a fence post. Location near fence post but it does not impact scenario since there is adequate room to backboard the patient.

Equipment:

Toboggan with standard area equipment
Backboard
C-collar
Oxygen

Moulage:

2" laceration on cheek
Blood on snow

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Unresponsive and lying on your back with head turned to the side. Laceration to cheek is next to/facing the snow.

Answers to SAMPLE

Signs and symptoms: Unresponsive with laceration.
Allergies: Unknown
Medication: Unknown
Past history: Unknown
Last meal: Unknown
Events leading: Unknown

Behaviors:

You are unresponsive through out the scenario.

SPECIFIC COMMENTS FOR EVALUATORS

Head and neck stabilization must be maintained at all times; must activate EMS according to local protocol; oxygen use as indicated by local protocols; the blood on the snow must be dealt with according to local protocols.

Chapter 22
OUTDOOR EMERGENCY CARE

Scenario #22-1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Possible sternal fracture (3)	Walk In (0)	Single Patient (0)

GENERAL SCENARIO DESCRIPTION: A 14-year-old female walks into the aid room with her friend. The friend states that she did a “face plant” on her last run and is having difficulty breathing.

INFORMATION GIVEN TO TRAINEE: You are assigned to patrol room duty. Two teenage females walk into the aid room. The friend tells you that her friend fell and is having difficulty breathing.

PATIENT SUMMARY: The 14-year-old female patient is experiencing difficulty breathing. When she is asked to tell you what happened, she reports that she caught an edge on a rut and fell hard on her chest. She is breathing rather rapidly and shallow because it hurts for her to breathe normally.

VITAL SIGNS

Time in minutes	Pulse and respirations
Upon arrival	Pulse = 92; R = 20
5 minutes	Pulse = 92; R = 20
10 minutes	Pulse = 96; R = 24

SCENARIO OBJECTIVES

Assessment: You gather information about the MOI. Perform rapid body survey. Patient is sensitive to palpation on the sternum. Take vitals. Call EMS.

Rote Skills: Administer oxygen. Complete focused history and physical exam. Perform on-going assessment including vitals every 5 minutes. Prepare for transport.

Problem Management: Contact parents because patient is a minor. Complete accident report. Take statement from the friend.

Scenario #22-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Patient and friend walk into the aid room. They report that they were making their last run for the day on the black diamond mogul run.

Equipment: Full equipment of the patrol room. Trainee will request two additional rescuers to come to the aid room to assist.

Moulage: Can make patient look slightly pale

Weather: Indoors

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Position walks into the patrol room

Answers to SAMPLE

Signs and symptoms: as above

Allergies: None

Medication: None

Past history: None

Last meal: Regular meal time

Events leading: Skiing the last run of the day

Behaviors: Patient is breathing rapidly and shallow and states that she is dizzy. Patient demonstrates pain when palpated on the sternum.

SPECIFIC COMMENTS FOR EVALUATORS: Patient has a bruised or broken sternum. Trainee should complete a focused physical exam with on-going assessment because they realize that severe respiratory problems may develop.

OUTDOOR EMERGENCY CARE

Scenario #22-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Impaled object (3)	Difficult terrain (1)	Single patient (0)

GENERAL SCENARIO DESCRIPTION: A 25-year-old expert skier catches his ski on something under the snow and lands on a branch that penetrates his chest in the center of his ribs just right of the sternum.

INFORMATION GIVEN TO TRAINEE: You are requested to respond to the bottom of the first chute in the high bowl where a skier has hit a tree and has a penetrating injury to his chest from the branch of a tree.

PATIENT SUMMARY: Patient has an impaled branch in the center of his rib cage just right of the sternum. There is no visible blood on the snow. Patient is having severe difficulty breathing with cyanosis around the lips and fingernails.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 104; R = 24
5 minutes	P = 112; R = 28
10 minutes	P = 116; R = 32

SCENARIO OBJECTIVES

Assessment: Verify scene safety; perform rapid body survey, correctly identify issues and needs; request EMS; request oxygen; recognize that this is a “load and go” situation.

Rote Skills: Stabilize branch to prevent further internal damage; obtain baseline vitals; treat for shock; load into toboggan, provide urgent transport.

Problem Management: Urgent evacuation plan according to local protocol; immediate transfer to EMS; all other items listed on scorecard.

Scenario #22-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Difficult terrain in a bowl area, ungroomed, and trees

Equipment: You have taken a toboggan with a standard care pack. All other equipment is upon request.

Moulage: Impaled branch located center of the chest just right of the sternum

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying on his back. There is not an exit wound but this is not observable upon arrival.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: Penicillin

Medication: Motrin

Past history: None

Last meal: Normal eating times

Events leading: There was a significant powder snowfall the night before. It covered the branch that caught your ski.

Behaviors: You are having significant problems breathing. You are beginning to feel nauseous and light headed. You still are oriented but will begin to lose consciousness if you are not treated quickly.

SPECIFIC COMMENTS FOR EVALUATORS: Trainee needs to demonstrate an awareness of the various options for problems since the impaled object is near numerous vital organs. Trainee also needs to develop an evacuation plan that results in the fastest transfer to EMS as soon as possible.

OUTDOOR EMERGENCY CARE

Scenario #22-3

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Pt 1 - Hyperventilation (1) Pt 2 - Sucking chest (3)	Parking lot (0)	Multiple patients (1)

GENERAL SCENARIO DESCRIPTION: Two people have completed skiing for the day. Patient 1 is showing patient 2 his new pistol, and it accidentally discharges, shooting Patient 2 through the left lung. When you approach the scene, patient 1 is hysterical and hyperventilating. If he is not calmed, he faints.

INFORMATION GIVEN TO TRAINEE: You are called to the parking lot where it is reported that there was a gunshot with one person down and another yelling hysterically.

PATIENT SUMMARY: Patient 1 is wandering around waving the gun and yelling hysterically and repeatedly, "Oh, no! I just shot my friend." He is breathing very fast. Patient 2 is lying on the ground with labored breathing. Patient is conscious although he looks pale. Respirations are rapid, and you hear a sucking sound when you listen for his breathing.

VITAL SIGNS:

Time in minutes: Patient 1	Pulse and respirations
Initial	Respirations are very rapid until he calms. They then return to normal.

Time in minutes: Patient 2	Pulse and respirations
Initial 5 minutes 10 minutes	Pulse = 92; R = 24 P = 96; R = 28 P = 100; R = 28 Vitals continue to deteriorate until the sucking chest wound is treated.

SCENARIO OBJECTIVES

Decision Making: Secure scene before treating victims including asking management to call law enforcement; BSI precautions; rapid body survey, checking also for exit wound. Prioritize chest wound over hyperventilation; call for EMS; request additional rescuers and oxygen.

Problem Management: Treat sucking chest wound by sealing the wound bilaterally with occlusive dressing; give oxygen. Record vitals; assign second rescuer that arrives to patient 1. Transport patient 2 ASAP.

Leadership: Alert management and request law enforcement; request ALS; request additional rescuers; assign rescuers as needed. Seek witnesses and ask them to remain to make a statement; assign rescuers to witnesses when rescue needs are met.

Scenario #22-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Parking lot

Moulage: Sucking chest wound to assimilate sucking sound

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient 1 is wandering aimlessly, frantic and hysterical because he just shot his friend in the left side of the chest.

Patient 2 is lying on his back having difficulty breathing with reduced LOR and vitals if the injury is not treated promptly.

Answers to SAMPLE

Signs and symptoms: as found above

Allergies: None

Medications: None

Past history: None

Last meal: As normal

Events leading: Friends had been skiing. They were having a tailgate party when Patient 1 decided to show his friend his new pistol.

Behaviors:

Patient 1: Patient 1 is yelling repeatedly and hysterically, "Oh no, I shot my friend!" He is breathing very fast (hyperventilating). He only puts his gun down when responding rescuer refuses to treat his friend until he puts the gun down and walks away. Subsequently, if the rescuer does not get him to calm, he faints.

Patient 2: Patient 2 is lying supine with labored breathing, which continues until the wound is closed with a sterile dressing on four sides on the exit wound, and three sides on the entry wound.

SPECIFIC COMMENTS FOR EVALUATORS: Scene safety is a critical element of this scenario including need for management and law enforcement. Rescuer needs to prioritize needs including scene management of witnesses and observers. It is critical that the rescuer find the exit wound or treatment is not effective.

OUTDOOR EMERGENCY CARE

Scenario #22-4

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Respiratory distress (4)	Mogul field (0)	Obnoxious patient (1)

GENERAL SCENARIO DESCRIPTION: A 45-year-old female is skiing a black diamond mogul field with some speed, catches an edge, and hits a lift tower with her chest.

INFORMATION GIVEN TO TRAINEE: You are called to respond to a skier down under the lift line of a black diamond mogul field. The skier is lying supine just below a lift tower.

PATIENT SUMMARY: Patient is having difficulty breathing. She has cyanosis around her lips, her respirations are 44 breaths/min, and they are shallow and labored. Patient is not cooperative with your desire to assess properly.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 108; R = 28
5 minutes	P = 116; R = 28
10 minutes	P = 124; R = 30

SCENARIO OBJECTIVES

Decision Making: Verify scene safety; perform rapid body survey; activate EMS due to severe respiratory distress; provide oxygen as soon as possible. Request additional rescuers with call for rapid extrication. Notify management. Inform patient of reasons for visualization of injured area.

Problem Management: Rapid extrication and transportation. OEC skills: management of severe respiratory distress; spinal immobilization; administration of O₂ as soon as available. Explain the reasons for, including dangers of not, visualizing injured area.

Leadership: Direct others; communication with patient; document refusal for visual assessment. Coordinate rapid extrication and transfer to EMS. Direct additional rescuers to get statements of any witnesses.

Scenario #22-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS: This is a life-threatening injury with a focus on rapid extrication and transfer to ALS. It will enhance the assessment and treatment if the patient would agree to a visualization of the injured area. However, the primary focus will remain rapid extrication, ALS, and oxygen ASAP.

Location/terrain: Black diamond mogul field down the lift line. Patient is just below a lift tower.

Moulage: Blue discoloration around the eyes with significant bruising of the chest

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying supine just below a lift tower.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: None

Medications: Diet pills

Past history: Tendency to hyperventilation

Last meal: Has not eaten all day

Events leading: Has been skiing very hard for two hours

Behaviors: Patient is beginning to lose consciousness. She is adamant in her refusal to allow you to visualize the injured area. She reports that she understands the possible dangers in her refusal. She otherwise cooperates with the extrication.

SPECIFIC COMMENTS FOR EVALUATORS: The rescuer should be evaluated on both knowledge of reasons for concern and his ability to clearly present these reasons relative to the assessment needs, the ramifications for refusal, and judgments to move quickly to complete the rapid extrication and transfer to ALS. Rescuer needs to demonstrate awareness of documentation importance and requirements.

Chapter 23
OUTDOOR EMERGENCY CARE

Scenario #23-1

Degree of Difficulty =3

INJURY	ENVIRONMENT	PERSONNEL
Appendicitis (3)	Cafeteria (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A 12-year-old male snowboarder complains of severe abdominal pain while eating lunch in the cafeteria. Abdominal pain has been getting progressively worse since this morning just before he started snowboarding.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are asked to respond to a snowboarder in the cafeteria complaining of abdominal pain.

PATIENT SUMMARY

Patient is doubled over at the waist slightly and complains of pain if he tries to straighten out. Moderate pain is noted over the right lower abdominal quadrant between the naval and superior iliac crest.

VITAL SIGNS

Time in minutes	Pulse and respirations
At all times	Pulse +20, Resp +5

SCENARIO OBJECTIVES

Assessment

Verify scene safety

Patient assessment: correctly identifies patient's condition

Request needed equipment and personnel

Rote Skills

BSI precautions

General management of non-traumatic abdominal pain

Address issue of the patient being a minor

Vitals and ongoing assessment

Transportation plan

Problem Management:

Recognize need for patient to visit hospital

Patient is a minor so need consent for treatment from parents

Request assistance of management in the locating of parents

Request EMS response if parents are not immediately found

Scenario #23-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Sitting in a chair in simulated cafeteria

Equipment: Materials carried in fanny pack

Moulage: Medic alert tag - asthmatic

Weather: Indoors

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are sitting in the chair bent over slightly complaining of severe abdominal pain located in the lower right quadrant.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: inhaler for asthma

Past history: none

Last meal: report actual

Events leading: You have been snowboarding until about 30 minutes ago when you came in to eat. You have had several falls onto your buttock but have not struck anything in the abdominal region.

Behaviors

You are worried about why the pain is getting worse and did not plan on meeting your parents until the end of the day at the car. Pain is stronger if you try to straighten out. Severe pain and abdominal rigidity to pressure over the right lower quadrant. You recall some abdominal pain in the morning and it has gotten progressively worse.

SPECIFIC COMMENTS FOR EVALUATORS

History should make it clear that trauma is not involved in the abdominal pain. Trainee must demonstrate knowledge of legal issues related to treatment of minor and develop a plan of response accordingly.

OUTDOOR EMERGENCY CARE

Scenario #23-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Blunt trauma to abdomen Internal bleeding and shock (4)	Side of run (0)	Trained rescuers (0) Single patient (0)

GENERAL SCENARIO DESCRIPTION

Skier catches an edge on an advanced slope, falls onto back, and slides into a 4X4 fence post striking right side of abdominal area.

INFORMATION GIVEN TO TRAINEE

Dispatch: You are asked to respond to injured skier on the side of an advanced slope. Skier density on the run is moderate. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient is lying next to a fence post (or simulation) complaining of upper right quadrant abdominal pain. Patient complains of moderate to severe pain when palpated and also complains of nausea.

VITAL SIGNS

Time in minutes	Pulse and respirations
	With appropriate care
Initial	P + 10, r + 10/regular
5 min	p + 25, r + 12/regular
10 min	p + 30, r + 10/regular
15 min	p + 30, r + 10/regular

SCENARIO OBJECTIVES

Assessment

Secure scene with moderate hill traffic

Patient assessment: correctly identify patient's condition and note signs of shock. Recognize the need for immediate advanced medical care.

Request ALS

Requests needed equipment and additional personnel

Rote Skills

BSI precautions

Management of internal blunt trauma injuries

Treat shock with administration of oxygen at 15 liters

Lifting techniques; position in toboggan

Problem Management

Present need for advance emergency medical care to the patient to address her resistance

Coordinate transfer to EMS

Notify management because of involved of man made object

Scenario #23-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Side of an advanced run next to a fence post. Make sure student understands that the traffic on the run is moderate even if it is not at the time. Simulate a fence post if one is not available.

Moulage: Bruising over the upper right quadrant. Simulate swelling and rigidity over the same region.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on your side with knees up slightly.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: none

Past history: none

Last meal: report actual

Events leading: you report that you caught an edge and fell onto your back. As you slid down the hill you got turned sideways and hit the fence post with your right side.

Behaviors:

You complain of severe pain in the right upper abdominal quadrant and nausea. You don't have any insurance and wonder why you have to go to the hospital.

SPECIFIC COMMENTS FOR EVALUATORS

Use this scenario in an area that does not interfere with ski area operations. The scene should be set so that the mechanism of injury does not lead the trainee to believe that a backboard is required for the patient. Be sure that the trainee realizes that there is moderate traffic on the run requiring him/her to provide some sort of scene safety.

OUTDOOR EMERGENCY CARE

Scenario #23-3

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Impaled object (3) Diabetic (1)	Off the side of run (1)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

Snowboarder is riding on an advanced tree run when she loses control and collides with a tree.

INFORMATION GIVEN TO TRAINEE

Dispatch: received a call to respond to an injured snowboarder in the trees between two runs. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

The patient reports that he slide into the tree. He has a branch about 3/4 inch in diameter impaled into the lower left quadrant of the abdomen. Patient is laying on her right side complaining of severe pain in the abdominal area and nausea, and states that she has fainted twice. Patient is diabetic. When questioned, she says that she has been having too much fun to stop and eat a half hour ago when she should have.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	With appropriate care p + 30, r + 12/irregular p + 32, r + 12/regular p + 40, r + 8/regular p + 40, r + 8/regular
5 min	
10 min	
15 min	

SCENARIO OBJECTIVES

Decision Making

Secure scene; patient assessment: all injuries and medical issues are identified; priority is given to impaled object unless patient begins to show signs of insulin shock; vitals; recognize that this is a priority rescue and calls for rapid extrication; request ALS interface; notify management when patient reports that he lost control because he attempted to avoid someone who almost ran him over. Request needed equipment and additional personnel.

Problem Management

BSI precautions; OEC skills: bleeding control, stabilization and bandaging of impaled object, shock treatment including administration of oxygen, lift and carry techniques; determine if there are any witnesses; determine and request any needed special extrication equipment; notify management. Coordinate transfer to EMS.

Leadership

Develop a scene management plan; assign task in the plan to other rescuers giving instructions in a calm and clear manner; communicate with the patient in a calm and assuring manner. Document thoroughly all information.

Scenario #23-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Any area where a tree branch approximately waist level might be encountered

Moulage: Impaled tree branch with bleeding around wound site

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are on your right side with knees slightly bent complaining of severe abdominal pain and nausea.

Answers to SAMPLE

Signs and symptoms: Patient is oriented and exhibits no evidence of head injury or neck/back injuries. There are no neurological deficits.

Allergies: Penicillin

Medications: none

Past history: diabetic

Last meal: should have eaten ½ hour ago

Events leading: you were trying to get fresh tracks in the trees when you lost control and slammed into a tree. You felt immediate pain in your stomach and noticed that a tree branch was protruding from your abdomen. You tried to pull it out but it was too painful.

Behaviors: You're concerned that the tree branch is causing internal damage and keep asking why the rescuer will not remove it. When the rescuer gives you a very clear and simple explanation, you accept it and cooperate. You feel weak and sick. If oxygen is applied, it makes you feel only slightly better.

SPECIFIC COMMENTS FOR EVALUATORS

Good moulage and acting are essential to this scenario. This scenario could also be set up to practice extrication problems.

Chapter 24
OUTDOOR EMERGENCY CARE

Scenario #24-1

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Elbow dislocation with reduced circulation (3) Hypothermia (2)	Cross country trail (0)	Single patient (0) Trained rescuers (0) Husband (1)

GENERAL SCENARIO DESCRIPTION

A couple was out for a 10K cross country ski trip. About 2K from the end of the trail the wife was getting tired and started to get cold. They had been skiing hard and had worked up a sweat. They stopped for a drink of water and, as they were getting started again, the wife fell backwards. She put out her arm to break her fall and dislocated her elbow.

INFORMATION GIVEN TO TRAINEE

Two cross-country rescuers started up the trail. They came upon the husband and wife.

PATIENT SUMMARY

The wife has fallen and her elbow is in about 50 degrees of flexion, fixed, and very painful. The radial pulse is weak and thready. The patient's fingers are tingling. She has been lying on the snow for about 15 minutes. She has damp clothes because of sweating from the workout and sitting in the snow. The husband is very upset, and the wife is in tremendous pain. The rescuers call base and request a toboggan with pack and oxygen be sent to the scene.

VITAL SIGNS:

Time in minutes	Pulse, respirations, temperature
Initial T=15	p + 24; r + 6 to as found
T=20	UA Temp= 95 F p + 16, r + 6/shallow to as found
T=30	UA Temp= 95 F

SCENARIO OBJECTIVES

Decision Making

Secure the scene; patient assessment correctly identifies all patient's injuries; prioritizes the hypothermia so requests additional blankets; assess further the neurological deficits distal to the elbow dislocation; request EMS. You are informed that it will be at least a hour before EMS is able to respond; request needed equipment and additional personnel

Problem Management

BSI precautions; OEC skills: general management of a dislocation of a joint with reduced distal circulation; management of hypothermia including possible removal of wet clothing when dry blankets arrive; seek assistance and cooperation of spouse in treatment; identify the reasons that the spouse is so upset which are because they are late meeting their children; gather information about meeting point of children; request base to find the children and bring them to the patrol room to meet their parents; lifting techniques; loading/position in toboggan.

Leadership

Develop a scene management plan of action; provide clear directions to base, responding rescuers, and information for EMS; discuss options and need for possible attempt to make one attempt at realignment since there is a significant wait time for EMS response; coordinate transfer with EMS; thorough documentation.

Scenario #24-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On a cross country trail, flat terrain, 2K from first aid facility or road. When you call patrol base to request EMS they respond that EMS is on its way but it will be at least 60 minutes until they arrive. It is also a 45 minute ride to the hospital by ambulance

Equipment: Toboggan with backboard, splints, blankets and oxygen. You also have a completely stocked aid pack.

Moulage: Arm flexed 50 degrees at the elbow and locked

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying on your back, holding the elbow flexed across your abdomen, in severe pain. You cannot bend your elbow. Fingers are tingling. You are very cold and shivering, answers are becoming less coherent. You are becoming more confused and getting colder and colder.

Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: none

Medications: none

Past history: no significant events

Last meal: report actual

Events leading: as you went down you fell onto our outstretched arm and jammed your elbow.
You have been sweating and your cloths are damp.

Behaviors: You are in a great deal of pain and are not willing to alter the angle of the elbow. You do have circulation and sensation distal to the injury, but it is diminished. If asked, you can sit up with help, and even stand and walk.

SPECIFIC COMMENTS FOR EVALUATORS

Patient is getting colder, starts to be incoherent after 15 minutes. Scenario is completed once the arm has been splinted, hypothermia addressed, and patient is loaded into the toboggan for transport. Trainee should demonstrate complete knowledge and reasons for their decision whether to attempt alignment or not.

OUTDOOR EMERGENCY CARE

Scenario #24-2

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Pt 1 Open femur fracture (3) Pt 2 Ulna/Radius fracture (2)	In a terrain park on the back side of a table top jump. (0)	Two patients (1) Multiple trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

Two snowboarders entered the terrain park at the same time. One was going down the right side and the other was going down the left side. Three fourths of the way down the terrain park there is a tabletop jump. Each snowboarder took the jump from the opposite side. They collided as they went down the backside of the jump. The one snowboarder was struck in the thighs with the board. There is a significant amount of blood on the snow.

INFORMATION GIVEN TO TRAINEE

Dispatch: You receive a call from dispatch that two snowboarders collided coming off a jump in the terrain park. Equipment and available personnel will be sent upon request.

PATIENT SUMMARY

Patient 1 has an open mid-shaft femur fracture on the leg against the slope. The injury is very painful. Patient 2 has a wrist fracture (distal ulna and radius). Complains of severe pain in his wrist with an inability to extend his fingers

VITAL SIGNS, Patient # 1

Time in minutes	Patient #1 Pulse and respirations to as found	
Initial	Appropriate care p + 20, r + 6	Bleeding not controlled p + 20, r + 6
5 mins	p + 28, r + 6	p + 32, r + 8
10 mins	p + 28, r + 6	p + 40, r + 8
15 mins	p + 32, r + 6	p + 48, r + 10

VITAL SIGNS: Patient #2.

Time in minutes	Patient #2 Pulse and respirations to as found
Initial	p + 20, r + 6
5 mins	p + 20, r + 6
10 mins	p + 16, r + 4
15 mins	p + 12, r + 4

SCENARIO OBJECTIVES

Decision Making

Establish scene safety including closing jump immediately by asking bystanders to stand above the jump and prevent anyone from using it until additional rescuers arrive; patient assessments (2): correctly identify all injuries of both patients; prioritize femur fracture and bleeding over wrist fracture; recognize that this is a "load and go" situation, and request a rapid extrication; also request ALS; notify management for risk management concerns of collision. Request needed equipment including trauma pack and additional rescuers.

Problem Management

BSI precautions including clean-up of bloody snow at the conclusion of the rescue: OEC skills: bleeding control; traction splinting, shock treatment with administration of oxygen; fracture management of upper extremities; spinal immobilization, per local protocol; lifting techniques; notify management because of collision in terrain park; identify witnesses and assigned rescuers to take statements. Develop transportation plan according to patient priority; coordinate transfers to EMS.

Scenario #24-2

Leadership

Develop scene management plan; provide clear assignments and directions to other rescuers; direct others appropriately and with confidence; direct and calm communications with patients especially to calm patient 2; 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.

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: In a terrain park on the down side of a table-top jump.

Moulage: Patient 1: An open wound (no bone ends protruding) on the femur with way to simulate continuous bleeding until bleeding control techniques are used. Cutaway ski pants should be used so that the femur fracture can be exposed.

Patient 2: Deformity in left wrist

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Patient #1

Position: You are lying mostly on your side, injured leg down.

Answers to SAMPLE

Signs and symptoms: as noted

Allergies: penicillin

Medications: none

Past history: none

Last meal: report actual

Events leading: You caught some good air on a jump, and saw the other boarder only after you were in the air. The other rider's board hit you in the leg.

Behaviors: You are in a great deal of pain, and do report feeling wetness on the inside of your ski pants. You are anxious about the extent of your injuries and ask for reassurance persistently, especially when the bleeding on your leg is exposed. You will keep the blood flowing until significant direct pressure is used to control the bleeding unless otherwise cued by an evaluator. As time progresses, you become quiet and start to become less aware of what is going on. Answer only if asked the question twice.

Patient #2:

Position: You are sitting cradling your left wrist in your right arm.

Answers to SAMPLE

Signs and symptoms: as noted above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: you caught some good air on a jump, and saw the other boarder only after you were in the air. You had no chance to change direction.

Behaviors: You are yelling because you are concerned about all the blood on the snow. You are agitated and blaming the other boarder for not looking before he jumped.

SPECIFIC COMMENTS FOR EVALUATORS

The patient should be well coached in the use of the blood supply equipment. Spinal immobilization is based on local protocols as is oxygen on the hill.

Chapter 25
OUTDOOR EMERGENCY CARE

Scenario #25-1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Fractures - tibia and fibula (3)	More difficult slope (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

The skier attempted a 360° turn coming off a jump. The skier only completed a 270° turn before landing. The resulting rotational fall broke the tibia and fibula in his right leg. The skier is found with his skis off, and the lower leg angulated.

INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to an injured skier on the a difficult slope. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

The patient has a boot-top fracture of his right tibia and fibula that is angulated severely. The patient is screaming in pain.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	p = 100; r = 20
5 mins	p = 104; r = 18
10 mins	p = 100; r = 18
15 mins	p = 96; r = 20

SCENARIO OBJECTIVES

Assessment

- Verify scene safety
- Patient assessment; correctly identify patient's condition
- Vitals especially distal to injury
- Request EMS due to severely angulated fracture
- Request needed equipment and personnel

Rote Skills

- BSI precautions
- General fracture management of lower leg
- Shock care with oxygen administration as needed
- Lift techniques and transportation decision

Problem Management

- Recognize need for urgent care and transportation situation
- Appropriate use of rescuers and equipment
- Good communication with patient and other rescuers
- Handling patient with severe pain who is complaining loudly

Scenario #25-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On a moderate slope just below a snow drift that is being used as a jump

Equipment: Toboggan with standard area equipment; oxygen equipment

Moulage: None

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying in the prone position, with your right leg below the break angulated severely.

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: You were attempting to do a 360 off the jump; however, you only completed a 270 when you landed. You heard something snap during the twisting fall.

Behaviors: You are in severe pain, and complaining loudly. You are generally cooperative, unless not handled gently, especially for the injury which becomes even more painful. You have not lost sensation anywhere.

SPECIFIC COMMENTS FOR EVALUATORS

The lower leg must be aligned before it can be splinted. Gentle longitudinal traction should be applied, with derotation and alignment of the fracture. Good moulage and acting are essential to this scenario.

OUTDOOR EMERGENCY CARE

Scenario #25-2

Degree of Difficulty =4

INJURY	ENVIRONMENT	PERSONNEL
Fractured hip (3)	On a beginner run (0)	Difficult patient (1) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

The 60-year-old beginner skier was skiing down a green run when she caught an edge and landed hard on her left hip.

INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to a skier who is lying in the middle of a narrow beginner run in a lot of pain. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient deteriorates only slightly over time due to a small amount of internal bleeding. Pain in the area of the hip is severe and any movement of the patient greatly increases the amount of pain.

VITAL SIGNS

Time in minutes	Pulse and respirations
initial	p = 92; r = 18
5 mins	p = 100; r = 20
10 mins	p = 96; r = 20
15 mins	p = 100; r = 20

SCENARIO OBJECTIVES

Assessment

Verify scene safety

Patient assessment: correctly identify patient's injuries

Recognize need for shock treatment

Request needed equipment, additional rescuers, and activation of EMS

Rote Skills

BSI precautions

Shock care and administration of oxygen

Ongoing vitals

Use of long board for hip fracture with no strap over pelvis

Spinal immobilization based on local protocol

Lifting techniques: multiple person direct—loading/position in toboggan

Proper loading for transportation

Problem Management

Determine how to load and transport patient to patrol room

Patient stable if not mishandled (minimal internal bleeding)

Transfer to EMS with patient information and vitals

Good communication with patient and other rescuers

Scenario #25-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: On a beginner slope, no obstacles.

Equipment: Toboggan with standard area equipment. Backboard equipment if not included in the standard toboggan and oxygen to be requested.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Behaviors: You are lying on your right side, and your left hip hurts a great deal. You are responsive and alert when the rescuer arrives. Any attempt to move you, even ever so slightly, causes you extreme pain, and you complain loudly. You will not allow the rescuers to roll you on your back. Your level of responsiveness begins to slip slowly as the problem progresses. You may also give verbal clues about "not feeling well" or feeling "worse." Your skis are off.

Answers to SAMPLE

Signs and symptoms: as noted above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: You were skiing at a moderate speed and you caught an edge on the hard pack. You landed on your left hip which caused immediate severe pain. Your skis came off in the fall.

SPECIFIC COMMENTS FOR EVALUATORS

Transportation is a key issue here since the patient will have to be transported on her side which makes it difficult to secure her on the board. The trainee should make the determination early regarding the need for EMS transport. Bringing oxygen to the scene to treat for shock would be a local protocol issue.

OUTDOOR EMERGENCY CARE

Scenario #25-3

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Bilateral calcaneus fractures (3) Back injuries (3)	At base lodge (0)	Single patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A ski area employee was repairing a leak on the roof of the lodge when he slipped off the ladder and fell approximately 10 feet to the concrete sidewalk below. He is found lying on the sidewalk in a lot of pain.

INFORMATION GIVEN TO TRAINEE

Dispatch: Received a call to respond to an injured employee on the sidewalk at the base lodge.
Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

The patient landed on both feet incurring bilateral calcaneal fractures. The force of the injury was transmitted up the legs to the lumbar spine.

VITAL SIGNS

Time in minutes	Patient Pulse and respirations
Initial	p + 24, r + 4
5 mins	p + 28, r + 4
10 mins	p + 32, r + 6
15 mins	p + 32, r + 6 to as found

SCENARIO OBJECTIVES

Decision Making

Secure scene; patient assessment: correctly identify the patient's condition; prioritize back injuries over feet; request needed equipment for spinal immobilization, additional rescuers, and EMS response; notify management for risk management concerns.

Problem Management

BSI precautions; OEC skills; spinal immobilization; general management of a fracture at a joint, ice heels of feet; seek witnesses and get statements; notify management.

Leadership

Develop an emergency response plan; provide clear and direct instructions to others; direct others calmly and with confidence throughout all communications during the rescue; ensure correct OEC skills of helpers where appropriate.

Scenario #25-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: At the side of the lodge, next to a ladder. The area should be a hard surface (concrete or frozen ground).

Equipment: Toboggan with standard area equipment. Oxygen equipment.

Moulage: To show swelling and ecchymosis around both ankles and feet

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying on the sidewalk on his side.

Answers to SAMPLE:

Signs and symptoms: as above

Allergies: none

Medications: none

Past history: none

Last meal: report actual

Events leading: Standing at the top of a ladder working on the roof trying to fix a water leak in the roof. The patient lost his balance, and as he started to fall, he jumped and landed on his feet.

Behaviors: You have extreme pain in both feet. Your anxiety causes you to talk constantly about various worries such as your ability to do your job and that you have no health insurance. When asked, you have pain in the lumbar area of your spine and point tenderness on palpation.

SPECIFIC COMMENTS FOR EVALUATORS

Area management should be contacted for risk management concerns. EMS should be contacted early in scenario.

Chapter 26
OUTDOOR EMERGENCY CARE

Scenario #26-1

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Head injury with loss of consciousness (3) Shoulder contusion (1) Chipped tooth (0)	Outside in front of the base area ski racks (0)	Single rescuers (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A 40-year-old female is visiting the resort with her 10-year-old son and 9-year-old niece. They have been skiing all day and it is now 2:00 in the afternoon. After they exited the chair, they were getting ready to ski down an intermediate slope. A snowboarder shoots off the bank and blindly strikes the 40-year-old in the shoulder and head. The snowboarder takes off. The 10-year-old saw it all happen. He then spends the next hour helping his mom get down the hill. She can ski but is having trouble and cannot move very quickly. They finally make it.

INFORMATION GIVEN TO TRAINEE

You ski into the base area where the lodge and the aid room are located. You are removing your skis when the 9-year-old niece asks if you could help her aunt. The 10-year-old son is standing above his mom trying to help her with her gear. She is sitting in the snow. The son tells you of the collision and also that his mom isn't acting like herself at all.

PATIENT SUMMARY

The patient is confused and doesn't remember how she got there. Her front tooth is chipped but not bleeding. Her shoulder is sore, but she has movement and use of it.

VITAL SIGNS

Time in minutes	Pulse and respirations
throughout	As found by the trainee

SCENARIO OBJECTIVES

Assessment

- Verify scene safety
- Patient assessment; correctly identify all of the patient's injuries
- Prioritize head injury over shoulder
- Assess the needs of the children
- Request needed equipment, additional personnel, and EMS transport.

Rote Skills

- BSI precautions
- Management of a traumatic brain injury appropriate to the patient's condition with spinal immobilization
- Shock treatment including oxygen administration, transport to the aid room
- Ongoing assessment and vitals

Problem Management

- Address the needs of the children who are concerned about their mother and aunt.
- Seek information from them to assure them how helpful they are. Compliment them for their help.
- Notify management due to collision, try to identify boarder who collided with patient.

Scenario #26-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: In the base area at the bottom of the hill, where the ski racks are located; aid room is close by.

Equipment: Toboggan with standard area equipment; backboard equipment if not included in the standard toboggan

Moulage: Chipped front tooth

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting in the snow near base with the 10-year-old and 9-year-old around her trying to help. The 10-year-old is very concerned about his mom. She keeps asking him what happened and how she got here. She is rubbing her shoulder trying to figure out what happened. The 10-year-old answers his mom, but she keeps asking him the same questions over and over. Her questions make him feel very uncomfortable about the situation. The 9-year-old is looking around when she spots you putting your skis away and asks for help. The 10-year-old can answer questions to what happened if asked.

Answers to SAMPLE:

Signs and symptoms: as noted above

Allergies: not sure

Medication: not sure

Past history: not sure

Last meal: lunch time

Events leading: she isn't sure but 10-year-old can tell you the whole story, including the collision, his helping her get down, and that she is not acting normal.

Behaviors:

She keeps asking what happened and how she got here. She asks why her shoulder hurts some, and why one of her teeth feels so sharp with her tongue. She keeps asking her 10-year-old what happened over and over. He keeps answering her and is now asking why she keeps doing that. She also complains that her head and neck are sore.

SPECIAL COMMENTS TO EVALUATORS

This scenario provides opportunity for the rescuer to demonstrate their assessment skills through questioning others, especially children. Because of the traumatic experiences to a parent, they also need to demonstrate sensitivity and care with the children to calm and reassure them.

OUTDOOR EMERGENCY CARE

Scenario #26-2

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Head injury, unresponsive (4)	Extreme slope (1)	Untrained personnel (1) Later - Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A 14-year-old male is skiing with friends following the chair line on a steep chute. He catches an edge and falls striking a chair tower. The skier is wearing a helmet which has scrapes and a dent in the front and with the goggles smashed into his face. The kids skiing with him are upset, and concerned about their friend. They can help if asked but must be directed.

INFORMATION GIVEN TO TRAINEE

You are near the top of the mountain when someone on the chairlift yells to you that someone is hurt below the chair at tower 10 or 11, they think. You report this to dispatch and that you are responding. They tell you equipment and personnel will be sent upon request.

PATIENT SUMMARY

The patient is unresponsive. There is bruising around his eyes where the goggles had been. There is a large dent in the helmet just above the eyes. There is a pink/clear fluid oozing from his nose. The patient is lying on his side. One ski is still on and dug into the snow keeping him from sliding down. There is no apparent airway problem.

VITAL SIGNS

Time in minutes	Pulse and respiration's
Throughout	<p>p = 70, r = 8 shallow</p> <p>p = 60, r = 12 deep</p> <p>p = 50, r = 10 shallow</p> <p>continues throughout</p>

SCENARIO OBJECTIVES

Decision Making

Secure scene; assessment of unresponsive patient: correctly identify patient's condition; address ABCs; recognize that this is life threatening; extrication is difficult because of slope and his being held by ski; call for a rapid extrication with full trauma pack and additional personnel; request ALS response; notify management for risk management concerns due to collision with tower. Use untrained bystanders as needed for stabilization while you manage the airway until additional rescuers arrive.

Problem Management

BSI precautions including untrained helpers; OEC skills: spinal immobilization, use of oxygen, airway adjuncts, suctioning of the oral cavity; and helmet removal; develop an emergency treatment, extrication, and transport plan, which includes the fact that the ski removal is part of the extrication or the patient will slide down the hill; rescuers and equipment; appropriate treatment; check for EMS ETA.

Leadership

Direct others with clear instructions and with confidence; ensure correct OEC skills of helpers, including BSI precautions; direct BSI cleanup; discuss event with bystanders and rescuers; consider CISD if needed.

Scenario #26-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Just below a chair tower on an extreme steep slope. Patient is held from sliding further down the slope by one ski in the snow.

Moulage: Raccoon eyes, pink/clear fluid from nose, soft tissue damage in the face, smashed goggles and dented helmet.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is found lying perpendicular to the fall line with head up hill.

Answers to S AMPLE

Signs and symptoms: see above

Allergies: none

Medications: none

Past history: none

Last meal: 1 hour ago reported by friends if asked

Events leading: Friends report they were racing down the slope

Behaviors:

The patient is unresponsive the whole time. If the airway is not protected, the patient will start having airway problems. If oxygen isn't administered, the patient deteriorates and breathing will change during scenario (Cheyne-Stokes respirations). If airway isn't protected, airway will not remain clear. Friends (bystanders) can help if directed properly until other trained help arrives. Delay help until all the equipment is rounded up. Friends are very worried about their hurt pal. But they can be kept in control if talked to.

SPECIFIC COMMENTS FOR EVALUATORS

If things happen in a timely manner patient stabilizes. If not, he deteriorates quickly over time.

Chapter 27
OUTDOOR EMERGENCY CARE

Scenario #27-1

Degree of Difficulty = 7

Injury	Environment	Personnel
Back injury (3) probable abdominal injuries (2)	On a cat track, mid slope, under a flipped snowmobile, with area management concerns (2)	Single patient (0) Trained rescuers (0)

General Scenario Description

While conducting daily opening activities, the lift supervisor is descending a blue graded slope on a snowmobile. The fresh snow from the night before is sticky and wet. As he navigates around a mogul, the front right ski binds up in the snow and rolls the snowmobile. The lift supervisor stays with the machine as it rolls over top of him for several rotations and until it lands on its side and on top of the lift supervisor on a cat track.

Information Given

Dispatch: you receive a radio call that the lift supervisor has crashed his snowmobile at mid-mountain and is pinned under the machine. Equipment and personnel will be sent upon request.

Patient Summary

You find the conscious, but dazed lift supervisor (35 years old, no medical conditions or problems) lying prone on the snow, with the tail end (the track and seat portion) of the snowmobile lying on his hips and legs. The snowmobile is in an upright position, damaged, but moveable. Scene survey denotes the smell of gasoline.

Vital Signs

Time in minutes	pulse and respirations
initial	p = 108/ strong, r = 18/ deep
1 minute	p = 112/ strong, r = 20/ shallow
5 minutes	p = 120/ weakening, r = 15/ shallow
10 minutes	p = 130/ thready, r = 10/ shallow
15 minutes	p = 136/ thready, r = 10/ shallow

Scenario Objectives

Decision Making

Secure scene and turn off the snowmobile; make sure other rescuers know that gas is involved immediately upon arrival; patient assessment: correctly identify patient's condition, recognize need for rapid extrication; request needed equipment, additional personnel, and ALS response; notify area management for staff injury issues and removal of the snowmobile.

Problem Management

BSI precautions; OEC skills: spinal immobilization; shock management due to possible internal injuries including oxygen administration; ongoing vitals and ABC management; protection from cold injuries; develop emergency care plan for rapid extrication and transfer to ALS.

Leadership

Direct others with appropriate commands and ideas with confidence. Communicate with patient throughout rescue operation; give clear directions while executing plan of action. Complete documentation per local protocol.

Scenario #27-1

Planning information:

Location: flat area between two slopes of a hill.

Moulage: none

Weather: Must be the same as day of scenario.

Specific instructions for patient:

Position is lying on your belly, legs extended, and a weight pressing on the hips, buttocks, and upper thigh area of your body.

Answers to SAMPLE:

Signs and symptoms: Chief complaint is hips and legs hurt. You do not find any signs of external hemorrhage or blood loss.

Allergies: none

Medications: Valtrex, (anti viral, non contributory)

Past History: none

Last Meal: Breakfast 7:00 a.m.

Events leading: Was coming down the hill after checking the upper section of the lift. Got skis of the snowmobile caught up in thicker snow, lost control and rolled the snowmobile. He decided to stay with the machine as it rolled rather than bailing off.

Behaviors: You are experiencing severe pain in your lower back and moderate pain in your abdomen. You are panicked that the snowmobile is lying on top of you. You are having difficulty feeling your legs (only due to the machine being on top of you). You are constantly afraid that you smell leaking gasoline and can't do anything about it.

Specific Comments to Evaluators

Trainee should recognize a load-and-go situation, the immediate need for EMS transport, additional personnel, area management involvement, and scene safety from leaking and vaporizing gasoline.

Chapter 28
OUTDOOR EMERGENCY CARE

Scenario #28-1

Degree of Difficulty =12

INJURY	ENVIRONMENT	PERSONNEL
Patient 1- Severe head injury, unresponsive, difficulty breathing due to flail chest. Pulse is rapid but weak (7) Patient 2- Closed fracture of the humerus & minor lacerations. (2) Patient 3- Probable fractured pelvis. (3)	Mid mountain near tower 18 (0)	Trained Personnel (0)

GENERAL SCENARIO DESCRIPTION

There have been high wind warnings all morning. One of the four-passenger gondolas was blown by the wind into the lift tower. The gondola hit a lift tower, was ripped off the cable, and fell 58 feet to the ground. There are three passengers in this gondola.

INFORMATION GIVEN TO TRAINEE

You are stationed at the patrol hut at the top of the mountain. You are called by the lift operator who reports a gondola has hit the lift tower and fallen to the ground. Injuries have been reported by the public, but the extent of the injuries is not known.

PATIENT SUMMARY

Patient 1: 25-year-old male with severe head injury, unresponsive, difficulty breathing due to flail chest. Pulse is rapid but weak

Patient 2: 25-year-old female, closed fracture of the humerus, minor lacerations. Her husband is patient 1 and she is hysterical about his injuries. She is screaming for help

Patient 3: 58-year-old male, neck and back injuries. He is conscious, curled up in corner of gondola. He is the father of Patient 2.

VITAL SIGNS

Time in minutes	Pulse and respirations
All are initial vital signs taken at the time of triage evaluation	
Patient 1	P +18 W, R - 6
Patient 2	P+10, R +4
Patient 3	P+8, R as found

SCENARIO OBJECTIVES

Decision Making

Request all additional rescuers and request notification of EMS of mass casualty; secure scene for safety; patient assessment: triage all patients including number, severity of injuries (placing colored triage tags on each patient); call base to report that you have three patients; 1 – red; 1 – yellow; 1 – green but hysterical because of injuries to husband; need two trauma packs and at least 2 ALS units; notify management to request any additional help. Set up command post just off to side within sight.

Scenario #28-1

Problem Management

BSI precautions; OEC skills: trauma management, spinal immobilization of Patients 1 & 3; shock management on 1 & 3 including administration of oxygen; assign rescuer to hysterical patient as soon as possible; perform rapid extrication of Patient 1 with spinal immobilization and treatment of sucking chest wound; administer oxygen at 15 liters; transport ASAP; transport patient 2 as soon as spinal immobilization is complete; fracture management of upper extremities; management of soft tissue bleeding of facial lacerations; use management and bystanders as needed and where they are most useful; assign rescuers as needed when they arrive; remember each one to reassess, take vitals, and continue to reassess throughout the rescue effort; notify management and base periodically of progress.

Leadership

Set up a command center; develop an emergency management response plan; direct incoming rescuers to next needed place with specific instructions; seek feedback to upgrade or change plan throughout the rescue process; remain calm and confident with instructions; conduct a complete debriefing of all rescue participants including management and bystanders; refer anyone who needs or wants to CISD.

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Mid mountain near lift tower. Terrain is only a slight grade.

Equipment: Triage cards: Black, Red, Yellow, and Green; three trauma packs and toboggans.

Moulage:

Patient 1: 25-year-old male, severe head injury, blood on side of head

Patient 2: 25-year-old female, closed fracture of the humerus, deformity under clothes, minor lacerations, small amounts of blood on face

Patient 3: 58-year-old male, neck and back injury

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Patient 1: Patient is in the gondola lying on his side.

Patient 2: Patient is walking around outside of the gondola screaming for someone to help her husband

Patient 3: Patient is in the gondola lying on side with knees curled up

Behaviors:

Patient 1: Patient is unresponsive

Patient 2: Patient is walking around screaming and yelling for help

Patient 3: Patient is conscious with knees curled and in pain

SPECIFIC COMMENTS FOR EVALUATORS

Trainee will approach the scene- Follow the 5 S's **S**afety Assessment; **S**imultaneously sized-up scene; **S**end Information; **S**et up the scene for triage; **S**tart the Triage process.

Properly evaluate and identify priority using the four triage levels.

Patient 1: 25-year-old male with a severe head injury, unconscious; difficulty breathing due to flail chest. Pulse is rapid but weak - **RED**

Patient 2: 25-year-old female- Closed fracture of the humerus, minor lacerations. Her husband is patient 1, and she is hysterical about his injuries. She is screaming for help. **GREEN**

Patient 3: 58-year-old male- Neck and back injury. He is conscious, curled up in corner of gondola. He is the father of Patient 2. **YELLOW**

OUTDOOR EMERGENCY CARE

Scenario #28-2

Degree of Difficulty = 16

INJURY	ENVIRONMENT	PERSONNEL
1. Fractured femur, open (3) 2. Fractured ulna, facial lacerations (2) 3. Head injury, conscious (3) 4. Unconscious, no pulse, no breathing (4) 5. Spinal cord injury at T-11 (3)	Lodge, cafeteria (0)	Limited Rescuers namely 3 (1)

GENERAL SCENARIO DESCRIPTION

A ski area employee was having trouble starting a snowmobile. He used a bungee cord to hold the throttle open so he could pull the starter cord with two hands. The snowmobile started and took off before the employee could release the bungee cord. The snowmobile ran into a group of people outside the cafeteria hitting five to seven guests, injuring some seriously. One customer appeared to be hit and run over directly by the snowmobile. The snowmobile came to rest against the deck. The engine continues to run.

INFORMATION GIVEN TO TRAINEE

You receive a call that there has an accident outside the lodge cafeteria. The call indicates that there are injured people all over the place

PATIENT SUMMARY:

You are the first one on the scene. When you arrive, you see five customers lying among a bunch of skis, many other customers milling around confused, and the snowmobile smashed into the deck with the engine still running. Following the five S's of triage, you proceed and sort your patients into the four triage levels so, as help arrives, they can provide care to the high priority patients

Patient 1: 30-year-old male, fractured femur, open wound, severe bleeding

Patient 2: 18-year-old female, fractured ulna, and minor lacerations to face and scalp (looks like a large amount of blood)

Patient 3: 35-year-old male, traumatic brain injury, responsive, confused, memory loss, disoriented

Patient 4: 46-year-old male, massive head and chest injuries and bleeding, not breathing, no pulse

Patient 5: 26-year-old female, spinal cord injury at T-11, responsive, no motor activity, cannot feel legs

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial for all patients	
Patient 1	p +16, r + 8
Patient 2	p +8, r + 2
Patient 3	p + 12, as found
Patient 4	no p, no r
Patient 5	p + 10, r -4

Scenario #28-2

SCENARIO OBJECTIVES

Decision Making

Secure the scene including shutting off the snowmobile. You request the person who started the snowmobile to report to base to help there. You request all available rescuers, immediate activation of EMS; and request area employees to respond as much as possible. Patient assessment: start triage process immediately; request all people who can walk to go as a group to a specified area; correctly identify the condition of all five patients and lace the correct color triage tag on each patient triaged; determine the number of patients; report information to dispatch the following: "We have 5 injured patients – 2 red, 1 yellow, 1 green, and 1 black; we need three trauma packs with backboards, and at least three ALS units; traction splint." You have initially established the following treatment priorities: Patient 1; Patient 3; Patient 5; Patient 2; and Patient 4. You request the sheriff's department because of the presence of the category-black patient. You assume command and set up a command point just a few feet away from the scene. You assign arriving rescuers and area employees (assign the first area employee to customers who are standing away from the accident scene as a group with the instruction to begin taking witness statement that include name, address, and telephone number) where needed and according to skills.

Problem Management

Ensure BSI precautions for all people who participate in this rescue; OEC skills: bleeding control; management of mid-shaft femur; management of head trauma; spinal immobilization; airway and breathing management including oxygen at patients who are red and yellow; fracture management of upper extremities; management of soft tissue wounds particularly lacerations and abrasions; direct rescuers to remember to perform ongoing assessment with vitals and to inform you if they is a change in status; log time of call; time that each patient was transferred to EMS; get witness when personnel becomes available.

Leadership

Develop a mass casualty emergency response plan; request constant feedback and upgrade plan as needed; give rescuers, area employees clear instructions in a calm and confident manner; thank them for coming to help; use bystanders where needed; ensure correct OEC skills of helpers throughout; at the conclusion, request each rescuer to write a full and detailed report of their activities; conducts a debriefing for all participants; plan a CISD debriefing and invite all participants. Address the needs of the person who started the snowmobile.

Scenario #28-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Lodge cafeteria

Moulage:

Patient 1: Fractured femur, open wound, severe bleeding

Patient 2: Fractured ulna and minor lacerations to face and scalp (looks like large amount of blood)

Patient 3: Head injury, responsive, confused, memory loss, disoriented

Patient 4: Massive head and chest injuries and bleeding, not breathing, no pulse

Patient 5: Spinal cord injury at T-11, responsive, no motor function in legs, ca not feel legs

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Patient 1: Lying

Patient 2: Sitting cradling arm

Patient 3: Walking around aimlessly

Patient 4: Lying, no movement

Patient 5: Lying, no movement

Behaviors:

Patient 1: Lying screaming in pain

Patient 2: Sitting cradling arm- very scared, talking rapidly

Patient 3: Walking around aimlessly, mumbling, disoriented, does not know what happened

Patient 4: Lying, no movement

Patient 5: Lying, no movement, anxious about no feeling in legs, asking if she will be okay

SPECIFIC COMMENTS FOR EVALUATORS

Trainee will approach the scene- Follow the 5 S's **S**afety Assessment; **S**imultaneously sized-up scene; **S**end Information; **S**et up the scene for triage; **S**tart the Triage process.

Properly evaluate and identify priority using the four triage levels.

Patient 1: 30-year-old male with open mid-shaft femur fracture femur - RED

Patient 2: 18-year-old female with fractured ulna and minor lacerations to face and scalp -GREEN

Patient 3: 35-year-old male with head injury, responsive, confused, memory loss, & disoriented - RED

Patient 4: 46-year-old male with massive head injuries, chest injuries and bleeding; he has no pulse and is not breathing - BLACK

Patient 5: 26-year-old female with spinal cord injury at T-11, responsive but not moving, and cannot feel legs - Yellow

Scenario #28-2

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Chapter 30
OUTDOOR EMERGENCY CARE

Scenario #30-1

Degree of Difficulty =3

INJURY	ENVIRONMENT	PERSONNEL
Laceration to forehead (2)	Aid room	Single patient Upset parent (1) Trained rescuers

GENERAL SCENARIO DESCRIPTION

A 4-year-old girl was skiing with her parents when a snowboarder struck her and the edge of the board hit her forehead causing a deep laceration. Dad picks her up and carries her to the aid room.

INFORMATION GIVEN TO TRAINEE

A family walks into the aid room with the dad holding a screaming/crying girl. Equipment is with you in the aid room.

PATIENT SUMMARY

Dad and girl have blood on their faces and jackets. The girl is crying and is very scared. Dad is also very upset and angry. Dad identifies himself as a doctor/surgeon.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P=130 R=30

SCENARIO OBJECTIVES

Assessment

Patient assessment; correctly identify patient's condition
Notify management for any risk management concerns

Rote Skills

BSI precautions
Management of laceration

Problem Management

Identify yourself and offer your services. Explain to parents and child what you would like to do to help them. Calm the very scared patient who only wants her father and does not want to be touched; work with the parents to help treat the child; have management come to the aid room to speak with the father regarding collision with snowboarder.

Scenario 30-1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Aid room

Equipment: Gauze, peroxide, band-aids (kid style)

Moulage: 1-inch gash on left side of forehead just into hairline (so there is hair in the way of getting bandages to stick)

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Sitting on bed in father's arms facing him

Answers to SAMPLE

Signs and symptoms: as above

Allergies: none

Medication: none

Past history: none

Last meal: report actual

Events leading: skiing with parents in crowded area, collision with snowboarder

Behaviors:

Crying, loudly at times, buries head in dad's chest at times. Difficult to get at the wound to clean and inspect it.

SPECIFIC COMMENTS FOR EVALUATORS

Patient is a minor and needs consent for treatment from parent or guardian. Incorporate parent in treatment particularly since father is a doctor. This scenario involves some public relations work (finding snowboarder who hit the girl, finding management to talk with father, and letting dad call the local hospital to see if a plastic surgeon is available). Talk about other things to get child's mind off of the upsetting situation.

OUTDOOR EMERGENCY CARE

Scenario #30-2

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Wrist fracture (2) Hip dislocation (3) Mild hypothermia (1)	Terrain park (0)	Single patient (0) Trained rescuers (0) Bystanders (0)

GENERAL SCENARIO DESCRIPTION

A group of teenage snowboarders were hitting the jumps in the terrain park. A 15-year-old female goes off the tabletop and lands on her back/left side. The slope is very crowded with many people still going off the jumps around the injured snowboarder. It is 8:30 at night and the temperature is about 20 degrees.

INFORMATION GIVEN TO TRAINEE

Receive a call to respond to an injured snowboarder in the terrain park. Equipment and available personnel to be sent upon request of the rescuer on the scene.

PATIENT SUMMARY

Patient is lying on her back with her left hip partially flexed, internally rotated, and adducted, and her left arm extended out to her side. Patient is complaining of severe left hip and left wrist pain. She is shivering slightly. She is not wearing a helmet or a hat.

VITAL SIGNS

Time in minutes	Pulse and respirations	
Initial	P=100	R=24
5 minutes	P=112	R= 24
15 minutes	P=112	R=24

SCENARIO OBJECTIVES

Decision Making

Secure the scene; ask friends to help by going above the jump and stop everyone from using it (replace them when you have enough rescuers); patient assessment: correctly identify patient's condition; prioritize hip dislocation; request trauma pack, extra blankets, additional personnel, and ALS.

Problem Management

BSI precautions and clean up. OEC skills according to skill guides: treatment and care of hip fracture on backboard or spinal immobilization per local protocol; treatment of hypothermia; shock care including oxygen; management of wrist fracture; lifting techniques. Proper loading of patient in toboggan. Request base and management to assist in finding the parent; demonstrate understanding of consent to treatment issues for minors (implied consent if injuries are life threatening).

Leadership

Develop an emergency rescue plan; give others clear instruction with confidence to execute your plan; listen to suggestions from others; ensure correct OEC skills of helpers where appropriate; transport to patrol room ASAP; coordinate transfer to EMS; continue efforts to find parents.

Scenario #30-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain: Terrain park with several jumps and large tabletop jump

Weather: Must be the same as the day of scenario use (tell trainee that it is colder than it seems in order to support mild hypothermia)

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: You are lying supine, head uphill, knees partially bent, your left thigh internally rotated and adducted toward the opposite leg, and your left arm out to the side.

Answers to SAMPLE

Signs and symptoms: as noted above

Allergies: dust, pollen

Medications: Zyrtec

Past history: previous hip injury

Last meal: report actual

Events leading: went off jump and landed on left hip and wrist

Behaviors: You complain of severe pain in the left hip and left wrist. You are also very cold.

SPECIFIC COMMENTS FOR EVALUATORS

Patient is a minor and needs consent for treatment from parent or guardian. Rescuer needs to demonstrate understanding of legal issues for minor on consent to treatment. Patient is able to give you name and phone number for her mother. Bystanders/friends of patient should be utilized to direct traffic if no extra rescuers available.

Chapter 31
OUTDOOR EMERGENCY CARE

Scenario #31-1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Medical – mental illness (3)	Walk in (0)	Single patient (0)

GENERAL SCENARIO DESCRIPTION: This skier is a 34-year-old male who is found sitting on the snow. He is confused about his surroundings. He is oriented to time but not to date and place. He talks about having fallen because he heard a voice yell to stop.

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

PATIENT SUMMARY: Patient is somewhat confused and looks like he has not shaven or showered in a couple of days. He reports that he tried to stop real fast and fell head over heels. He does not report that he is hurt in any place. He is oriented to time but not to place or date. He keeps repeating himself about hearing a voice yell to stop.

VITAL SIGNS

Time in minutes	Pulse and respirations
As found	As found

SCENARIO OBJECTIVES

Assessment: Scene safety; patient assessment to determine if patient has experienced a head injury, has drug abuse, or has a medical issue like mental illness.

Rote Skills: Patient assessment including MOI and SAMPLE; referral to medical care. Transportation decisions.

Problem Management: Scene management; communications with patient and other rescuers, locate family or friends, check if equipment is area rental for ski release check.

Scenario #31-2

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 & symptoms: Patient is not oriented to place and reports hearing a voice yell stop.

Allergies: None

Medication: Risperidol; Ambien

Past history: Reports no past history

Last meal: Donut for breakfast

Events leading: Nothing unusual

Behaviors: Patient reports that he does not think he is hurt. He describes no neurological deficits. He appears somewhat disheveled and confused. He is not oriented to place. If asked when he last took his medication, he reports that this is his third or fourth day on vacation and that he left his medication home.

SPECIFIC COMMENTS FOR EVALUATORS: This scenario is an excellent opportunity for the student to develop and demonstrate thorough assessment skills to differentiate between head injury symptoms and mental illness.

OUTDOOR EMERGENCY CARE

Scenario #31-2

Degree of Difficulty = 5

INJURY	ENVIRONMENT	PERSONNEL
Possible neck injury (2) Bleeding (femoral area) (2) Medical (spina bifida) (1)	Moderate slope (0)	Cooperative family member (0)

GENERAL SCENARIO DESCRIPTION: Patient is a 21-year-old sit-skier who is skiing with family members. Patient was struck by an out-of-control skier who slammed into the sit-ski. The patient was wearing a helmet that struck the ground rather hard on impact. Patient is bleeding in the femoral area. He does not have any feeling in his legs. Patient also reports some tingling in his fingers. The other skier got up and quickly disappeared.

INFORMATION GIVEN TO TRAINEE: There is a sit-skier down on a moderate slope. A family member is present when you arrive.

PATIENT SUMMARY: Patient is oriented to time and place. You observe the patient lying on the ground with the family member talking to him. You observe blood on the snow and see blood on the thigh area. You observe some possible deformity of the spinal area in the back. Questioning of the family member reveals that the patient was born with spina bifida.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 108 R = 20
5 minutes	P = 112 R = 24
10 minutes	P = 120 R = 32
	Vitals stabilize when bleeding is controlled.

SCENARIO OBJECTIVES

Decision Making: Verify scene safety; rapid body survey which includes the determination of the nature of the patient's disability, and an assessment of what possible new neurological deficits the patient may now exhibit based on the accident. Activate EMS. Provide oxygen immediately. Notify management.

Problem Management: Activate EMS. OEC skills: patient assessment; BSI precautions; (patient is allergic to latex). Spinal immobilization (awareness of need to adjust positioning due to spinal deformities); O₂ if vitals do not stabilize.

Leadership: Direct others; communication with patient, family, and other rescuers. Determining special needs of patient. Coordinate transfer to EMS. Establish accident investigation team in an attempted to locate other skier that was involved in the collision, and get witness statements.

Scenario #31-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS:

This scenario is designed to help the trainee and rescuer develop their assessment and treatment skills related to the special needs population. Rescuer should demonstrate the ability to assess the signs and symptoms when there are similarities between special needs medical issues and trauma. Rescuer should then develop a treatment plan based on that assessment.

Location/terrain: Moderate groomed slope

Moulage: Bleeding in the femoral area

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Patient is lying on his side.

Answers to AMPLE

Signs & symptoms: Patient reports some tingling in his fingers. He has no feeling in his legs due to his disability. You observe blood in the thigh area. Family will report the presence of spina bifida when questioned about nature of disability.

Allergies: Latex

Medications: None

Past history: Born with spina bifida, but has been very active

Last meal: Breakfast

Events leading: This is his second run of the day

Behaviors: Patient is responsive. He reports tingling in his fingers and hands. When asked about medical history, he or family reports that this person's disability is the result of spina bifida. Patient and family become concerned if you put on latex gloves.

SPECIFIC COMMENTS FOR EVALUATORS: Rescuer should demonstrate the ability to question the nature and origin of the patient's disability in a very natural way. Rescuer should demonstrate responsiveness to their alarm about latex gloves.

OUTDOOR EMERGENCY CARE

Scenario #31-3

Degree of Difficulty = 6

INJURY	ENVIRONMENT	PERSONNEL
Patient 1 – facial abrasions (1), lower leg fracture (2)	Moderate terrain (0)	Multiple patients (1)
Patient 2 – asthma attack (2)		

GENERAL SCENARIO DESCRIPTION: A blind skier collides with another person. Both patients are sitting within a few feet of each other. The blind skier’s guide is directing traffic to prevent further collisions. Patient 2 is upset because of the accident, but is worried about the condition of the blind person at the same time.

INFORMATION GIVEN TO TRAINEE: You are requested to respond to a multiple victim accident with the report that one skier may be blind.

PATIENT SUMMARY: Patient 1 is blind with facial abrasions and a lower leg fracture. He states that his leg hurts if he attempts to move it, and that his face burns. He is concerned but does not appear overly upset.

Patient 2 is having a stress-induced asthma attack because of the collision with the blind skier. He expresses fear that he may have caused harm to him. He attempts to assure you that he did not see the blind skier or his guide until just before he ran into the skier. He admits to skiing a little fast, but denies that this had any part in the accident. He states that he has an inhaler in his backpack that is about 10 feet down the hill. He had attempted to get his inhaler but the pack slipped out of his hands.

VITAL SIGNS

Time in minutes	Patient # 1 Pulse and respirations	Patient # 2 Pulse and respirations
Initial	p + 22, r + 4	P + 40, r = labored
5 mins	p + 16, r + 4	P + 36, r = relaxing
10 mins	p + 16, r + 4	P + 30, r = relaxing
15 mins	p + 12, r + 4 to as found	P + 24, r + 4 to as found

SCENARIO OBJECTIVES

Decision Making: Verify scene safety; rapid body survey; prioritize the skier with asthma; assure the blind person that you will assist him as soon as you help the other person who needs immediate attention; call for additional rescuers and toboggan. Notify management.

Problem Management: OEC skills: assessment with prioritization of asthma; management of medical problem—assisting patient 2 with his inhaler; management of lower leg fracture and abrasion

Leadership: Direct others; communicate in a calm manner with both patients; provide specific details and explanation to blind person as to nature of injury and talk him through your treatment. Ask assistance of guide; request additional rescuers to obtain witness statements from bystanders. Document all appropriate actions.

Scenario #31-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS: This scenario addresses the needs to communicate clearly with a blind skier, particularly describing the injuries observed and the treatment being given. Guide should have a shirt or bib designating him as a blind skier guide. Trainee needs to demonstrate knowledge of local protocol for management involvement.

Location/terrain: Moderate terrain

Moulage: Lower leg fracture

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Both patients are sitting about 10 feet apart.

Answers to SAMPLE

Patient 1:

Signs and symptoms: Reports that his leg hurts if he attempts to move it. He also reports that his face hurts and there is a burning sensation. He asks if he is bleeding.

Allergies: None

Medications: None

Past history: Blind since birth, but reports that he is very active in outdoor sports

Last meal: Regular meal schedule

Events leading: He has been skiing all day

Patient 2:

Signs and symptoms: Reports that he is having difficulty breathing. You observe labored breathing but find no other physical problems.

Allergies: None

Medications: Inhaler, Xanax, PRN

Past History: Asthma

Last meal: Regular meal schedule

Events leading: None

Behaviors:

Patient 1 is oriented and alert. Patient complains that his leg hurts if he attempts to move it. He informs you that his guide is someplace directing traffic. He is concerned about the person that he hit. He reports that he did not hear him coming and his guide alerted him at the last second but too late to avoid a collision.

Patient 2 reports that he is having trouble breathing. If asked about medical history, he reports that he has a history of anxiety attacks. He is both concerned about the blind skier and is angry that the collision occurred. He asks if he is in trouble for running into a blind skier.

SPECIFIC COMMENTS FOR EVALUATORS: The trainee should develop a plan of action that addresses the handicap of Patient 1 in a very natural way. He recognizes that this is an issue that requires the response of management, witness statements, and good documentation upon conclusion.