

# Appendix N

## Detailed Sample Scenarios

### Scenario One

An adult and a child are bicycling down a hill when they lose control and go over an embankment, landing on the road. A car with four passengers swerves to avoid the bicycle and runs into a tree on the rear passenger's side. One person laying in the dirt and the four passengers of the car are visible.

#### Patient #1

Rear passenger, drivers side of car

28 year old found ambulatory on scene trying to help driver out of the car

Ambulatory- You feel slightly sick to your stomach but you'll "be okay."

Minor/Green

#### Patient #2

Driver of car

65 year old with chest pains starting shortly after the accident

Originally able to walk, but so shaken by accident and new onset chest pain that you sit down and refuse to get up (unable to walk)

Normal breathing, but respirations are 28 and you feel slightly short of breath

Normal circulation with cap refill <2sec. but you feel clammy

Normal mental status

\*You may be first triaged as a Minor/Green and then develop chest pain requiring re-triage to a Delayed/Yellow.

#### Patient #3

Front, passenger of car

62 year old who hit head on side of door/window during impact with tree

Unable to walk- you are unresponsive

Normal breathing but respirations are 26

Normal circulation but you have a large laceration across your right temple with profuse bleeding

Unable to follow commands- you are unresponsive

Immediate/Red

#### Patient #4

Rear, passenger side of car

9 year old trapped in car due to two foot space intrusion into car by tree

Unable to walk- you have severe pain in your right leg and a laceration over your thigh which is pumping bright red blood everywhere

Normal breathing and respirations are 24 per min.

No palpable pulse in your right groin or foot, your right foot is white and cool to the touch, if the bleeding continues your entire body is going to be the same. You have an open right femur fracture with an arterial injury and are going into shock due to blood loss.

Immediate/Red

Vital signs when taken on secondary survey: BP 70/30 HR 150 RR 24

Patient #5

Rear Passenger on Bicycle

4 year old hit by front bumper of the car and then dragged under car

Unable to walk- you are unresponsive

Unable to breath

No return of spontaneous respiration with airway opening

Positive palpable pulse- a faint carotid pulse is felt

After 15 sec. of CPR there is NO return of spontaneous respirations

Deceased/Black

Patient #6

Driver of Bicycle

34 year old adult hit by the front bumper of the car and thrown into woods (hidden from view)

Unable to walk- you are dazed and confused, and you have two broken legs (both feet have weak pulses)

Unable to breath- you have severe facial trauma and are gurgling and gasping trying to breath, you think you may have a broken jaw

Breathing returns with airway opening

Immediate/Red

Vital signs when taken on secondary survey: BP 90/50 HR 120 RR 15

\*After being triaged an Immediate/Red, you occasionally accumulate blood in your mouth. If you are not turned onto your side (with C-spine precautions) to help drain out the blood you might aspirate and die.

# Scenario Two

Late one evening, smoldering embers in a fire pit are caught in a breeze and ignite a nearby tent at a campground. Soon the entire camping area is in flames.

## Patient #1

52 year old placed in charge of watching the camp fire until it died out completely  
Unable to walk- you appear intoxicated and are unable to stand without great assistance  
Normal breathing but, your respiratory rate is 26 per minute and you continue to cough  
Normal circulation with cap refill <2sec  
Abnormal mental status- you smell of alcohol and are combative  
Immediate/Red

\*Not all intoxicated appearing people are drunk. Conversely, some drunk people may have fallen and hit their head, causing an altered mental status manifesting as combativeness.

## Patient #2

14 year old who was sleeping in near by tent and had difficulty with his/her sleeping bag zipper and tent zipper while trying to escape the smoke and flames  
Unable to walk- you just cannot catch your breath long enough to stand up  
Breathing but, you are breathing quite irregularly and you cannot stop coughing, your nose and mouth are covered in soot  
Immediate/Red

## Patient #3

19 year old who chose to sleep under the stars in a near by field  
Able to walk- you have been up helping your friends, your hands are red and blistered  
Minor/Green

## Patient #4

21 year old in the first tent that caught on fire  
Unable to walk- you remain motionless in your burned sleeping bag  
No spontaneous respirations- just a slight moan once in a while- then ceases (apnea)  
No return to spontaneous respirations with airway opening  
Deceased/Black

## Patient #5

24 year old in the second tent that caught fire  
Unable to walk- your legs and arms are badly burned and they hurt too much to move  
Normal breathing but, respirations are 24 per min. and you feel slightly short of breath and are coughing  
Normal circulation with cap refill <2sec. in your burned feet  
Normal mental status- but you are in a panic and you continue to yell out for your 3 year old child who appears to be missing from the sleeping bag next to you  
Delayed/Yellow

## Patient #6

3 year old child originally sleeping next to parent in second tent that caught fire, now found wandering around camp site crying and calling out parent's name  
Ambulatory- face and hands red and blistered  
Minor/Green

Patient #7

30 year old asthmatic in the first tent that caught fire

Unable to walk- you are in a panic because you cannot seem to take a deep breath

Breathing, but you are breathing quite fast (40 per min.) and shallow and your throat feels tight. You are unsure if this feels like an asthma attack.

Immediate/Red

\*You may choose to have a pneumothorax (collapsed lung). In this case, you would have absent breath sounds when someone listens to one of your lungs. Also, you would be struggling to breath, your neck veins would be distended and your vital signs: BP 90/50  
HR 125 RR 35

If someone doesn't "needle your chest" you may get worse and pass out.

Patient #8

7 year old sleeping in second tent, trapped under a burned tree limb

Unable to walk- you are trapped

Normal breathing and respirations are 28 per min. and regular

Normal circulation with cap refill <2sec. in your feet

Normal mental status- you follow commands but are crying and unable to tell exactly where it hurts

Delayed/Yellow

# Scenario Three, Part One

After a winter with heavy snow fall the roof of an older building collapses trapping several people. The rest of the building is creaking and groaning and looks unsafe. Yelling is heard from inside.

## Patient #1

44 year old outside when the roof collapsed, originally heard crash and called 911  
Visibly shaken and worried but is **without complaints**.  
Victim (not patient)

## Patient #2

72 year old originally asleep in a portion of the building that did not collapse  
Ambulates with walker- your feet hurt though, from walking through glass since you didn't have your shoes on  
Minor/Green

## Patient #3

48 year old originally sitting on the couch, now trapped under a large roof beam  
Unable to ambulate- you are trapped and besides your stomach hurts from the impact of the beam and when pressed on you moan loudly  
Normal breathing but, respirations are 24 per minute  
Normal circulation with cap refill <2sec. in your feet  
Normal mental status- You don't remember most of what happened, and think you may have lost consciousness; also you are sick to your stomach and feel like you might throw up  
Delayed/Yellow

Vital signs: BP 140/90 HR 80 RR 25

\*If not correctly placed in C-spine and on a back board, you may choose to have a spinal injury and start complaining that you cannot feel or move your legs. That should prompt your care provider to up-grade you to an Immediate/Red

## Patient #4

28 year old originally in the main room when you hear a loud crash  
Unable to ambulate- you feel dizzy and shaky  
Normal breathing and respirations are 22 per minute  
Circulation poor- you are cold and clammy and your cap refill is very sluggish  
Immediate/Red  
Vital signs: BP 90/60 HR 115 RR 15

## Patient #5

1 year old who had been taking a nap with his/her grandparent in the other room  
Attempting to crawl towards grandparent who is also ambulating out of building  
Covered in scratches and cut from glass on ground  
Minor/Green

## Patient #6

9 year old originally sitting on the couch, now partially trapped under a large roof beam  
Unable to ambulate- you are unconscious  
No spontaneous respirations  
No return to spontaneous respirations with airway opening  
Palpable pulse in neck and groin  
Spontaneous respirations resume after 15 seconds of CPR  
Immediate/Red

## Scenario Three, Part Two

While hiking on a steep hill near a road, a large rock slide causes several people to be injured.

### Patient #7

17 year old who ran out of the way but fell and twisted his/her left ankle  
Ambulatory by hopping on right foot  
Minor/Green

### Patient #8

4 year old who was holding hand of an adult and drugged down the hill  
Unable to ambulate  
Normal breathing, and regular when not crying but respirations are 45 per minute.  
Normal circulation with cap refill <2sec.  
Abnormal mental status- you are occasionally crying uncontrollably otherwise you are continuously sobbing. You have thrown up twice.  
Immediate/Red  
Vital signs: BP unable to obtain secondary to movement and crying  
HR 160 RR 45

### Patient #9

44 year old who was holding his/her child's hand when his/her feet gave out from the rock slide  
Unable to ambulate- you have a splitting headache from the fall and feel dizzy  
Normal breathing but, respirations are 26 per min.  
Normal circulation with cap refill <2 sec  
Normal mental status even with the headache  
Delayed/Yellow  
\*Once reunited with your child you state that he/she is NOT acting normal. Also, you request to stay with your child and refuse to be separated in different ambulances.

### Patient #10

18 year old who was toward the bottom of the hill and is covered by rock and gravel from the slide  
Unable to ambulate- you hurt all over and you cannot see well from dirt in your eyes  
Normal breathing but, respirations are 26 per min- you feel slightly suffocated from all the dust  
Normal circulation with cap refill <2sec  
Normal mental status- you're unsure of where you are at since you are covered in rocks and when you open your mouth to yell, dirt falls in.  
Delayed/Yellow

# Appendix P

## Additional Sample Scenarios

### Short scenarios

- Multiple drowning victims from flash flood or capsized boat
- Organophosphate poisoning or other toxin from surface contamination
  - If responders are sent in before the biohazard team arrives and patients are decontaminated, the EMTs/responders become patients too
- Toxin from respiratory exposure
- Active shooter
  - Consider incorporating with LE refresher
- Lightning strike with “reverse triage” considerations
- Hypothermia/heat exhaustion/heat stroke
- Cave rescue
  - Ideally, providers can practice actual extraction from a real cave. If not possible, consider placing patients under a staircase or in a darkened room or in a closet to simulate a cave environment.
- Avalanche
- Meth lab explosion
- High altitude scenario requiring mention/use of a Gamow bag
- Marijuana Interdiction Group confrontation with growers
  - Ideally incorporate with LE refresher and Tac Med
- Climbing accident from a rock fall, with multiple patients having sustained limb injuries and cannot walk; rocks continuing to fall make the scene unsafe, requiring extraction

### Two-part scenarios

The goal is to practice redistribution of providers in the event of an ongoing MCI. In any of these scenarios, consider turning some of the responders into patients or casualties.

- Bomb blast from terrorist attack followed by second explosion occurring at/near triage site
- Biochemical leak leading to an explosion
- Fire, earthquake, tornado, or blast, followed by building collapse
- Earthquake followed by gas line explosion and/or fire
- Earthquake followed by aftershocks
- Car accident followed by additional cars piling up; if the street is not properly secured during the scenario, consider making some of the EMTs/responders into patients

### Other considerations

- Have some of the green/yellow patients decompensate and need retriage to red
  - A green patient may suffer an MI during the scenario
  - A hemodynamically stable patient may start bleeding out and going into shock
- Place a medical ID bracelet on a patient, indicating some condition that may have caused or contributed to their current condition and needs to be addressed
- If there are providers trained in tactical medicine, incorporate their skills
  - Tourniquet for hemorrhage, needle decompression for tension pneumothorax, etc.

- When there are extra volunteers, add them into the scenarios as victims who provide distraction to the responders
- Incorporate a pediatric patient into the scenario who would necessitate use of the NPS Pediatric Resuscitation Tape
- These are just suggestions, all scenarios are best if tailored to events likely to occur in your specific park, e.g. caves, water rescues, etc.
- Incorporate local mutual aid responders whenever possible. Invite them and discuss jurisdiction/command/destination issues, etc.