

ARMOR NOW SIMULATION TRAINING



Responding to a Narcotic Overdose & the Need for Situational Awareness

The following simulation training module was developed by Armor NOW, a movement created to raise awareness about emerging threats so first responders are better prepared and protected.

INTRODUCTION:

Almost any dispatched response can become dangerous, so situational awareness is critical. That is why it's important for first responders to train for what's possible, not just what's probable. The simulation that follows demonstrates the potential for threats best addressed by proper personal protection (body armor), and utilizes a scenario designed to bring to life a situation that could happen in the field. The goal is to ensure all first responders are prepared should they face something similar while performing their jobs.

EVALUATOR AND PATIENT INFORMATION:

The objective of this scenario is to expose the student(s) to a situation that is encountered on a seemingly "every day call" but becomes unsafe once a weapon is displayed.

OBJECTIVES:

1. Recognize the dynamic environment of seemingly every day calls
2. The need to constantly look at a patient's hands and the surrounding environment
3. Perform patient care while remaining alert to changes in safety
4. The need for body armor as part of personal protection

FACILITATOR INSTRUCTIONS:

1. This scenario is devised to expose the students to a narcotic overdose situation that turns bad once the patient is reversed with auto injector Narcan by LEO.

WHEN STUDENTS ASK	YOUR RESPONSE	PATIENT ACTIONS
Is the scene safe?	LEO on scene requesting you enter	None
What do I see?	Patient on bed obtunded with decreased respirations	LEO states just administered auto injector Narcan
How are they breathing now?	Respiratory rate increasing	Patient begins to wake up
How is the patients pulse?	Regular, normal rate	Patient pulls gun

FACILITATOR/PATIENT/BYSTANDER INSTRUCTIONS:

1. You are an unresponsive obtunded patient from a narcotics overdose lying on a bed or couch. Upon the EMS crew's entry into the room, the LEO has just finished administering the initial dose of Narcan.
2. Within about 45-60 seconds (as crew begins to conduct an assessment) you begin to awaken. Once awake (30 sec), you reach under your pillow and pull out a handgun (red gun) and point it at crew and LEO.
3. When gun is secured the patient should act confused and begin to apologize repeatedly as they awaken.

INSTRUCTIONS FOR SCENARIO SETUP:

NEEDED:

1. One (1) patient (age appropriate for actor)
2. One (1) actor depicting Police Officer
3. Narcan Auto injector simulator
4. Hypodermic needle
5. Simulated handgun (red gun)
6. Standard EMS entry bags and equipment

MOULAGE

1. None needed

STUDENT INFORMATION:

PREPARATION:

(to be read to each candidate)

This station is designed to evaluate your assessment, interaction and treatment skills. This station is in real time and you must perform any skills or assessment as you would in the prehospital environment. The evaluator will present any additional information or interaction to you as needed. You are a team, working under standard protocols to your scope of practice. You will be evaluated not only on your treatment plan, but also your communication and team skills. You and your partners will manage the scene. Do you have any questions for me before we begin the scenario?

DISPATCH INFORMATION:

You and your team are dispatched to the home of an unresponsive (fe)male patient.

CONTINUED INSTRUCTIONS TO STUDENTS:

You pull up in front of a mid-sized home in a middle-class area of your district. Police car is noted in front of house. As you enter the home you are guided to the bed (living) room and find the patient.

DEBRIEF AND EVALUATION:

1. Discuss what went well and what could be improved.
2. How did the EMS crew react to a gun being pulled on the scene?
3. What was the perception about needing personal protection prior to the simulation training and what was the perception after?
4. Did the EMS crew know how to react once the gun was pulled? Had they practiced for a similar situation previously?
5. How did the crew work to de-escalate the situation from becoming potentially more dangerous? What other ways could have been considered?
6. Did everyone know their role and react accordingly (i.e. Law Enforcement vs. EMS)?
7. Should patient care continue to be administered when a scene becomes dangerous?
8. What signs, if any, could have kept the situation from escalating sooner?