

# ARMOR NOW SIMULATION TRAINING

## Responding to a Cardiac Arrest & 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 to a situation that is encountered in the day-to-day that goes bad once the situation is fully discovered.

### OBJECTIVES:

1. Recognize the dynamic environment of seemingly every day calls
2. The need to constantly look at the patient's hands
3. Performs 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 "Medical Call" Cardiac Arrest. Once on the scene the students are met by a police officer who guides the crew to the living room where they find a man's wife on the floor in cardiac arrest. The crew will administer CPR and other standard BCLS and ACLS procedures based on the scope of their practice. After 10 minutes of care the patient remains in cardiac arrest with an asystole rhythm. The patient is then pronounced.

WHEN STUDENTS ASK	YOUR RESPONSE	PATIENT ACTIONS
Is the scene safe?	Medical call	Guide to living room
What do I see?	Patient on floor in cardiac arrest	Asystole, no pulse no respirations
What do I find on my exam?	As you see cardiac arrest	Patient is pronounced
Student to talk with husband	Husband is guided to other room	Husband reenters despondent with gun to head

### FACILITATOR/PATIENT/BYSTANDER INSTRUCTIONS:

1. Police officer guides crew to patient.
2. Husband goes to second room and becomes despondent. Gets gun and points at his head threatening suicide. Briefly points gun at crew.

## INSTRUCTIONS FOR SCENARIO SETUP:

### NEEDED:

1. One (1) 70-year-old patient
2. One (1) actor depicting police officer
3. One (1) ACLS mannequin and rhythm simulator if appropriate
4. 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 of me before we begin the scenario?

### DISPATCH INFORMATION:

You and your team are dispatched to home for an unresponsive 70 Y/O female patient in cardiac arrest.

### CONTINUED INSTRUCTIONS TO STUDENTS:

You pull up in front of a mid-sized home in a middle-class area of your district. It is 700 hrs. As you enter the home you are guided to the living room by a police officer.

## 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?