

ARMOR NOW SIMULATION TRAINING

Responding to a Medical Call for Chest Pain & 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" for Chest Pain. Once on the scene the students are met by a woman who answers the door and guides the crew to the living room where they find her husband on the couch. The crew will find a gunshot wound to the chest. As the crew finds the wound the son enters the room and is confrontational with his parents. Weapon is noted in waistband of pants.

WHEN STUDENTS ASK	YOUR RESPONSE	PATIENT ACTIONS
Is the scene safe?	Medical call	None
What do I see?	Patient on couch C/O chest pain	Complains of chest pain
What do I find on my exam?	As you see it (bullet wound chest small caliber)	Son enters room/confrontational/ weapon can be seen in his waistband

FACILITATOR/PATIENT/BYSTANDER INSTRUCTIONS:

1. (Wife) Answers door states husband having chest pain
2. (Patient) Complaining of chest pain, hand on right chest
3. (Son) Enters room and is confrontational with parents and Crew (weapon in waistband)

INSTRUCTIONS FOR SCENARIO SETUP:

NEEDED:

1. One (1) 50-year-old patient
2. One (1) actor depicting wife
3. One (1) actor depicting son
4. Standard EMS entry bags and equipment

MOULAGE

1. Small caliber wound to right chest wall with minor bleeding (hidden under hand)

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 a responsive 50 Y/O male patient complaining of Chest Pain.

CONTINUED INSTRUCTIONS TO STUDENTS:

You pull up in front of a mid-sized home in a middle-class area of your district. It is 1300 hrs. As you enter the home you are greeted by a woman who identifies herself as the patient's wife.

DEBRIEF AND EVALUATION:

1. Discuss what went well and what could be improved.
2. How did the EMS crew react to a gun being 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 to the gun? Had they trained for a similar situation previously?
5. How long did it take the EMS crew to notice the gun?
6. How did the crew work to de-escalate the situation from becoming potentially more dangerous? What other ways could have been considered?
7. Did everyone know their role and react accordingly?
8. Should patient care continue to be administered when a scene becomes dangerous?
9. What signs, if any, could have kept the situation from escalating sooner?