

**HOW TO CONDUCT A MOCK EMERGENCY EVENT
ON A UNIT LEVEL**

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Preface

This document is intended to assist unit leaders in the execution of a ‘Mock’ Emergency event for their unit. The purpose of a ‘mock’ emergency event is to provide realistic situations which may arise in a Scout’s life and to help a Scout be better prepared to respond appropriately.

The Aims of Scouting are to build strong moral character, participating citizenship, and development of physical, mental and emotion fitness. By providing a Mock Emergency Event, one helps in building upon these areas. Providing care to others in need demonstrates strong character and citizenship. Having learned the essential proper care in Scouting enables the youth to feel confident enough to provide aid. The third aim of personal fitness encompasses much. Living a healthy and safe life as emphasized by being personally fit in mind, body, and soul is reiterated through the enactment of the scenarios that are contained in this thesis.

Note: The scenarios which are a part of this thesis include ‘Expected Responses.’ The ‘Expected Responses’ are based on the current standards in the Boy Scouts of America publications. As the Boy Scouts of America publications are revised to meet the latest guidelines issued by the American Heart Association and the American Red Cross, this document will be updated to match those new standards.

Table of Contents

<i>Preface</i>	<i>i</i>
<i>Table of Contents</i>	<i>ii</i>
How to Conduct a Mock Emergency	1
Scenarios (Non-Competition)	
1. Fall From Tree, Broken Leg – Urban Setting	7
2. Fall From Tree, Broken Leg – Rural Setting	8
3. Soft Tissue Injury	9
4. Mountain Bike Accident	10
5. Conscious Choking	11
6. Unconscious Choking	12
7. Heart Attack	13
8. Heart Attack with Cardiac Arrest	14
9. 1 st and 2 nd Degree Burns to Hand and Legs	15
10. 3 rd Degree Burn	16
11. Hypothermia	17
12. Heat-related Illness	18
13. Diabetic Reaction	19
14. Bicycle Hit by Car	20
15. Circular Saw Injury - Severe Bleeding	22
Scenarios (Competitive)	
1A. Fall From Tree, Broken Leg – Urban Setting	23
2A. Fall From Tree, Broken Leg – Rural Setting	24
3A. Soft Tissue Injury	25
4A. Mountain Bike Accident	26
5A. Choking	27
6A. Unconscious Choking	28
7A. Heart Attack	29
8A. Heart Attack with Cardiac Arrest	30
9A. 1 st and 2 nd Degree Burns to Hand and Legs	31
10A. 3 rd Degree Burn	32
11A. Hypothermia	33
12A. Heat-related Illness	34
13A. Diabetic Reaction	35
14A. Bicycle Hit by Car	36
15A. Circular Saw Injury - Severe Bleeding	38
Appendices	
A. Timeline	39
B. Supply List	40
C. Recognizing Emergencies	41
D. Fake Blood Recipes	42
E. Evaluation	43
Bibliography	44

How to Conduct a Mock Emergency

Being a leader in the Scouting program is an awesome responsibility. We help to shape the lives of future leaders. We teach them to “Be Prepared”, but are they? Sure, they learn their knots and how to lead others. They learn by ‘doing’, often through merit badges and/or rank advancements. When it comes to first aid, they learn the basics including splinting and CPR, but all in a classroom setting. Do the Scouts really remember what to do if, or when, a real-life situation unfolds before them? Too often the answer is no...they forget what was taught in that classroom setting. How can we change that? How can we prepare our youth for the awful event of a real emergency? By providing ‘mock’ emergency scenarios that test our Scouts’ first aid skills! That’s how!

The American Red Cross estimates “one in 12 people” are involved in an incident that “requires medical treatment for an injury. An estimated 170,000 people die from injuries they receive. Injury is the leading cause of death for people of all ages”. Risk factors include: age (injury rates are highest among people 15 to 24 years of age), gender (males are at greater risk than females), environmental factors (farm versus city, home construction, low-income), and alcohol use and abuse (most related to motor vehicle crashes).

When you review this list of risk factors, it’s easy to see how the Boy Scout program can be a positive influence to help reduce the risk of injury. We teach to THINK SAFETY FIRST, to know their risk, to take measures that make a difference, and to learn and use first aid skills. If everyone knew what to do, think how many lives would be saved, how many injuries would be lessened? A little research in newspaper archives finds where Scouts have been involved in lightening strikes, trees falling on tents, carbon monoxide poisoning, hypothermia, and hiking accidents. *Boys Life* magazine has article

after article about what to do in emergencies and highlights the success of boys who come to the aid of others in real-life situations. Do the youth of your unit really know what to do in an emergency? Through the practice scenarios found later in this paper, your Scouts can practice real-life situations. Hands-on practice/experience is the best way to learn!

Some of the resources available to you through Boy Scouts of America include the Boy Scout handbook, the Venture handbook, the Fieldbook, the First Aid Merit Badge Book, the Emergency Preparedness Merit Badge Book, and the Wilderness Survival Merit Badge book. Many other merit badge books and activities require first aid knowledge as well, including but not limited to, water sports and cycling. The list does not end here. Many additional books and courses are available.

Hands-on courses are taught by the American Red Cross and include Standard First Aid, CPR (Adult and/or Child/Infant), and Wilderness First Aid. Why is hands-on experience in a ‘mock’ environment valuable? Upon speaking with Scouts from Troop 514 who previously participated in ‘mock’ first aid scenario event, statements heard included “I feel more prepared now...that I know what to do in a real emergency”; “I forgot a few things, but now I know what to do”; “It was fun, but serious, too. I got a lot out of it”; “A lot of kids forgot what to do. It was a real eye opener. There is no question that many boys learn just enough first aid to pass their Scoutmaster conference and then promptly forget what they studied.” Do you think you will hear any of these same statements from any of your Scouts? Providing a ‘mock’ scenario emergency event for your unit will truly help those youth be better prepared for a real-life emergency.

To begin, discuss the idea with your Unit Committee and other leaders. (See Appendix “A” for a sample timeline.) Once a decision is made, forming a small committee will help make the event run smoothly. Begin by gathering a few people to

help you. The first step to planning your mock emergencies is to determine the date.

You also need to decide how much time to devote to each scenario and whether or not your event is going to include any extras such as lunch. If you decide to hold your event on a Saturday, an example of how the event may flow follows.

Day: Saturday, Month/Date/Year (xx/xx/xxxx)

Time: 10:00 am – 1:00 pm

(Scenarios from 10:00 to 12:15; lunch from 12:15 to 1:00)

Set up: 8:30 am – 9:30 am (allow time before participants arrive)

Clean up: 1:00 pm – 2:00 pm

You may choose to hold your event on a meeting night in which there is no advance notice given to the participants. The element of surprise may add to the effectiveness of the event. While the participants are holding the opening of their meeting, the ‘victims’ would take their positions. The Senior Patrol Leader or President would then announce ‘mock’ emergency. He/She would divide the participants appropriately and the event would begin. Under the timeframe of a normal meeting, this option would allow for five scenarios. Each scenario should last 15 minutes of which 10 minutes is care and 5 minutes is review and evaluation. Although this time frame does not allow for as many scenarios as a Saturday event, the plan could be easily repeated with different scenarios at a later date. The number of scenarios you wish to have may also determine your location. If the event is to be outdoors, you want a large enough area so that there is at least 30 feet between each scene. If your event is to be held indoors, do you have enough separate rooms to hold each scenario? The reason for the distance or separate rooms is so each scene will stand on its own without the distractions of the other scenes. Do you have a location where you can have scenarios inside and out, if desired?

Once you have decided on your date and times, you need to determine which scenarios to reenact. Most units wish to choose a variety of scenarios such as (1) fracture injury, (2) soft tissue injury, (3) heart condition, (4) heat or cold-related emergency, (5) sudden illness, (6) burn, (7) back/neck injury, (8) traffic accident, (9) choking emergency, or (10) combination of conditions/injuries. Scenario examples begin on page 7.

Now that you have chosen your scenarios, you must make a list of the volunteer ‘victims’ needed and a list of the supplies needed. Appendix “B” is a worksheet to aid your committee in listing volunteers and supplies needed. Once your lists are made, it is time to solicit your volunteers and procure your supplies. The more help you have getting volunteers, the easier your job will be. Your volunteers should be obtained at least two weeks prior to your event date. This gives you plenty of time should you need to make any changes to your original plan. You also have a minimum of two weeks to gather supplies/equipment/ingredients, etc. In selecting your volunteers, ask individuals who will be sure to ‘act out’ the scenario. If the scenario calls for someone to be in a lot of pain, be sure to ask someone who will really play the part...loud and clear! (You get the idea!) Who do you ask to be your volunteers? Your resources include other leaders and committee members, parents, siblings, Commissioners, and professionals. Be sure each volunteer has a copy of the scenario they are acting out. In addition, ask your volunteer(s) to bring some of the supplies/props/equipment. An example would be if you are doing a bike accident, your victim will bring the bike. You may also want to give your actors a copy of the American Red Cross handout “*Recognizing Emergencies*” (Appendix “C”). Your volunteers may want to include some of the listed items to help in creating the scene. You may also want to use this handout as a teaching tool for the scouts. It can be used before the event to educate or it can be used at the conclusion of

each scenario as part of the wrap-up/review; i.e. did you see anything unusual, hear something out-of-the-ordinary, detect an inappropriate odor?

You must also determine how you are going to divide the youth into groups. Determine how many groups do you need? You should have the same number of groups as you have scenarios. (Each group rotates to each scenario.) Do you want a designated individual at each station as an observer to positively critique (or score) the performance of the youth? This can be done by the ‘victim’/volunteer or by another individual. (Each scenario includes the desired response.) This response should be reviewed with each group prior to rotating to the next station.

Keeping on schedule is very important. A timekeeper with a stopwatch and whistle is helpful. You may want to establish a signal. If your scenarios are to be 15 minutes, start the segment with one long blast; after 10 minutes, blow 2 shorter blasts to indicate its time to do the discussion/critique. After 5 minutes of discussion, signal with short-long-short blasts. The youth now have 5 minutes to gather for the next scenario. Repeat with your long starting blast.

After the last session, ask your participants to complete the evaluation (Appendix “E”) and place in your designated box. If you have more than five stations, you will need to use two evaluation sheets or modify your evaluation form. Stating the station names on the evaluation form will help the participants remember each station. You may wish to conclude the event with a short discussion. As a follow-up to the event, review the evaluations. You will learn what needs to be improved upon and what you may need to review at future meetings.

Another option for this event is to add competition. Each scenario has two desired response sheets. The first lists just the responses. The second sheet has points assigned to each response. By adding up the totals of each group, you can determine a winning

group. Your committee may decide that competition is just for fun or you may have a prize for each winner in the group.

Should you or your unit wish to further your knowledge in emergency preparedness, check out CERT. CERT stands for Community Emergency Response Teams. As quoted from their internet home page, “The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.” There is also a SERT program (Students Emergency Response Team). For more information, check out <https://www.citizenscorps.gov/cert>.

For high adventure units, it is recommended that the unit have at least two people trained in Wilderness First Aid which is taught by the American Red Cross. Contact your nearest American Red Cross chapter for a course near you. Your Boy Scout Council may also conduct classes periodically in conjunction with the American Red Cross.

SCENARIO #1

FALL FROM TREE

BROKEN LEG – URBAN SETTING

You will need: (1) Victim

(1) Tree or object that can depict a tree

Scene: A youth has been climbing a tree. He/she slipped and fell approximately 10 feet. The victim is under a tree and his/her leg is in an awkward position (probably broken) and he/she is in considerable pain.

Expected Response:

- Survey the scene; put on gloves.
- Determine that the victim is conscious, breathing properly and is not bleeding excessively.
- Since victim is conscious, ask if you can help.
- Talk to victim, ask questions: where does it hurt, etc.
- Assume a broken leg by victim's statements and position of leg.
- Do NOT move victim – may have head, neck or back injury (fall was greater than victim's height).
- Call/send for help.
- Do secondary assessment of victim.
- Make victim as comfortable as possible.

Continue to monitor and reassure victim.

SCENARIO #2

FALL FROM TREE

BROKEN LEG – RURAL SETTING

You will need: (1) Victim

(1) Tree or object that can depict a tree

Scene: A youth has been climbing a tree. He/she slipped and fell approximately 10 feet. The victim is under a tree and his/her leg is in an awkward position (probably broken) and he/she is in considerable pain.

Expected Response:

- Survey the scene; put on gloves.
- Determine that the victim is conscious, breathing properly and is not bleeding excessively.
- Since victim is conscious, ask if you can help.
- Talk to victim, ask questions: where does it hurt, etc.
- Assume a broken leg by victim's statements and position of leg.
- Do NOT move victim at this time– may have head, neck or back injury (fall was greater than victim's height).
- You are in a 'help delayed' situation...establish a plan: who will provide first aid (splint leg); can you call for help or do you send for help and, if so, who do you send or do you make a stretcher and transport victim to help.
- Determine if victim can/should be moved.
- Splint leg.
- Carry out remainder of plan (transport only if youth are strong enough to carry and if distance is minimal.)
- Call/send for help.
- Do secondary assessment of victim.
- Make victim as comfortable as possible.

Continue to monitor and reassure victim.

SCENARIO #3

SOFT TISSUE INJURY

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Skateboard
Near a curb or steps

Scene: The victim has been skateboarding when he/she fell against the curb and received a deep thigh bruise. The first aiders have to determine if the victim has a broken leg or just has a soft tissue injury.

Expected Response:

- Survey the scene. Does victim need to be moved from harms way?
- Do initial assessment. Determine victim is not bleeding.
- Ask the victim to move his/her toes. Place hand against the bottom of the shoe. Have the victim press down against the first aider's hand. Put the hand on top of the shoe and have the victim move his/her foot toward the hand.
- Do secondary assessment by gently palpate the leg from the foot up.
- Assist the victim to a standing position to determine if he/she can put weight on the leg.
- At this time the first aider should feel fairly sure that the victim has a deep bruise and not a break.
- Assist the victim to a comfortable location.
- Procure some ice in a bag and place on the bruise to help keep swelling to a minimum.

Instruct the victim to take some anti-inflammation medication (ibuprofen or acetaminophen) and to seek medical assistance if pain and swelling does not subside.

SCENARIO #4

MOUNTAIN BIKE ACCIDENT

CHEST INJURY (BROKEN RIBS) & BROKEN WRIST

You will need: (1) Bike Rider (Victim)
(1) Bike & Helmet
(1) Fairly large rock
(1) Fake blood (for scrapes – Appendix “D”)

Scene: The mountain bike hit a rock in the trail and the victim flew over the handlebars. The victim hit the handlebars and is in a lot of pain...in his chest and wrist. He/she is also having a little trouble breathing because of the pain. Since the victim went over the front of the bike, the bike could be partially on top of the victim or the bike could be to the side. Prior to starting, apply a small amount of fake blood to victim to depict scrapes (hands, elbows, knees). Position rock; have victim lie on ground; position bike. The victim may want to ‘hold’ onto chest (with good arm) because of pain or they may want to hold onto injured wrist. The victim should be vocal and animated regarding the pain.

Expected Response:

- Survey the scene; put on gloves.
- Determine if victim is in a potentially dangerous location which would require moving the victim.
- A designated ‘in charge’ person should send someone down the trail a few yards to stop additional bikers who could be coming.
- If it will cause no further damage to the victim, remove the bike and place it out of the way.
- A designated first aider should do a visual assessment while talking to the victim which will help determine possible injuries and calm the victim.
- Once it is determined there is no “hurry” case situation, a more thorough exam is done at which time possible broken ribs and wrist are determined.
- Place the victim in a position in which they are most comfortable.
- Splint wrist and place in sling.
- Secure upper arm with broken wrist to chest if victim is comfortable with the cravat.
- Treat for shock. Continue monitoring victim.

Determine a plan to evacuate the victim.

SCENARIO #5

CONSCIOUS CHOKING

UNDETERMINED

You will need: (1) Victim
(1) Chair or something to sit on, if you choose
(1) Table
(1) Bowl with grapes

Scene: The victim is snacking on grapes when he/she chokes on a grape. The First Aiders observe the choking/coughing and should proceed to render aid.

Expected response:

- State that you know first aid and ask if you can help. (Victim nods 'yes'.)
- The first aider encourages the victim to (continue) coughing.
- If and when the victim stops coughing or fails to exchange air, the first aider positions himself/herself behind the victim.
- First aider positions feet and hands correctly.
- First aider **pretends** to perform abdominal thrusts (Heimlich maneuver.)
- Continue until object is expelled.

SCENARIO #6

UNCONSCIOUS CHOKING

UNDETERMINED

You will need: (1) Victim
(1) Chair or something to sit on, if you choose
(1) Table
(1) Bowl with grapes

Scene: The victim has been snacking on grapes when he/she chokes on a grape. Victim is unconscious (lying on floor/ground) when First Aiders approach the scene.

Expected response:

- Survey the scene (notice grapes were being eaten).
- Check the victim (not breathing).
- Direct someone to call 911 (victim not breathing).
- Put on gloves; turn victim onto back.
- Tip head back to clear airway; look, listen and feel for breathing.
- Attempt to give two (2) breaths.
- Retip head and repeat trying to give breaths – determine victim has obstructed airway.
- Begin chest compressions (15 times).
- Tip head back and look in mouth; do finger sweep if object is visible.
- Attempt to give two breaths again.
- If air still won't go in, repeat compressions, finger sweep (if object is visible) and breath attempts until object is expelled or EMS arrives.
- If object is expelled, make sure object and vomit is removed from mouth. If victim is breathing, place victim in recovery position and continue monitoring while awaiting EMS arrival.
- If object is expelled, but victim does not begin breathing, remove anything in mouth, tip head back, check breathing, give two breaths, and check pulse. Begin rescue breathing or CPR as indicated.

SCENARIO #7

HEART ATTACK

UNDETERMINED ILLNESS

You will need: (1) Victim

(1) Chair or something to sit on, if you choose

(1) Squirt bottle (to depict profuse sweating)

Scene: Begin by squirting the victim so that it appears he/she is sweating profusely (under arms, neck/chest area, face). Create a location of your choice – maybe a classroom where students walk in and find their teacher in distress. The victim, when asked, will complain of chest and arm pain and possibly nausea. The victim may have labored breathing...irregular breathing.

Expected response:

- Upon noticing the victim's obvious and unnatural sweating, the First Aider should begin asking questions: Are you okay? Do you have any chest pain? Do you feel sick to your stomach?
- Upon receiving positive responses, send someone for help and to call 911 (must know exact location.)

Reassure victim and make comfortable until help (EMS) arrives.

SCENARIO #8

HEART ATTACK – with CARDIAC ARREST

UNDETERMINED ILLNESS

You will need: (1) Victim

(1) Chair or something to sit on, if you choose

(1) Squirt bottle (to depict profuse sweating)

(1) Manikin

Scene: Begin by squirting the victim so that it appears he/she is sweating profusely (under arms, neck/chest area, face). Create a location of your choice – maybe a classroom where students walk in and find their teacher in distress. The victim, when asked, will complain of chest and arm pain and possibly nausea. The victim may have labored breathing...irregular breathing. Victim collapses and becomes unconscious indicating cardiac arrest.

Expected response:

- Upon noticing the victim's obvious and unnatural sweating, the First Aider should begin asking questions: Are you okay? Do you have any chest pain? Do you feel sick to your stomach?
- Upon receiving positive responses, send someone for help and to call 911 (must know exact location).
- Upon the victim's collapse, the First Aider immediately begins Cardio-pulmonary Resuscitation - CPR (using the manikin). NOTE: DO NOT perform CPR on a person who is not in cardiac arrest – USE MANIKIN. (Gloves should be donned and a face barrier used.)
- Providing the First Aider is performing CPR correctly, continue CPR until AED (Automatic External Defibrillator) arrives or until EMS (Emergency Medical Service) personnel arrive.

SCENARIO #9

1ST and 2ND DEGREE BURNS TO HAND AND LEGS

BURN

You will need: (1) Victim
(1) Small charcoal grill
Handful of charcoal briquettes
Light Gray Paint
Red or pink blush and red or pink lipstick
Lotion
Wax Paper
Elmer's Glue

Scene Preparation: In advance, paint coals with the light gray paint to mimic "white hot" coals. For the 'blisters', spread a thin layer of Elmer's glue on a piece of wax paper – about 6" square. Let dry.

Scene: The victim has 1st and 2nd degree burns from the grill tipping over when the victim accidentally placed his hand on the side lip of the grill...2nd degree burns to the hand; 1st and 2nd degree burns to the legs. Rub lotion onto the skin of the victim where the burns are going to be depicted and allow lotion to soak in. To illustrate the 2nd burns, use small pieces of dried glue for the blisters. Cut out various size circles from the dried glue. Draw circles on the victim's skin with the lipstick where you want the blisters. Puff up the pieces of glue and place over the lipstick circle. The glue blister will stick to the lipstick. Use the lipstick to indicate other really red (burned) skin. Use the blush to show the 1st degree burns and around the 2nd degree area. The victim will be in a lot of pain...screaming/crying.

Expected Response:

- Survey the scene (determine burned as a result of the overturned grill).
- Immediately cool the burned areas with cool water (continuously talk to victim to calm them).
- Lightly dry with sterile gauze.
- Lightly wrap burned areas with sterile gauze.
- Treat for shock.
- Transport to doctor's office or Emergency Medical facility.

SCENARIO #10

3rd DEGREE BURN

BURN

You will need: (1) Victim
(1) Pile of leaves & rake
(1) Squeeze bottle that has been decorated to appear as a lighter fluid container
Charcoal
Water

Scene Preparation: In advance, use cardboard or construction paper to decorate a squeeze bottle (such as an empty liquid dishwashing soap container) to indicate that it contains an accelerant such as lighter fluid.

Scene: Put water in the squeeze bottle. Create a pile of leaves with the rake. Blacken the hand of the victim, both fingers and palm, with the charcoal. Using the squeeze bottle, squirt water from the pile of leaves and on the ground leading up to the victim. Place the bottle on the ground near the victim where the victim would have dropped it. The victim story is that he/she was attempting to burn leaves, but the leaves would not burn fast enough so he/she got some lighter fluid to use as an accelerant. The victim squirted the fluid on the leaves and a spark ignited the liquid, followed up the stream of liquid to the bottle being held in the victim's hand. The victim suffered 3rd degree burns on the hand. The victim is using the good hand to hold the burned hand. The victim is acting dazed. The victim is not experiencing any pain at this time.

Expected Response:

- Survey the scene; put on gloves.
- Instruct someone to call 911.
- Have the victim sit or lay down.
- Wrap the burned area in sterile gauze.
- Treat for shock.
 - Depending on the temperature, loosen clothing or add a blanket or coat if needed.
 - Elevate feet if victim is comfortable with lying down.
 - Continue talking to and calming the victim.
- Continue monitoring victim until EMS arrives.

SCENARIO #11

HYPOTHERMIA

UNDETERMINED ILLNESS

You will need: (1) Young Victim
(1) Lightweight coat
(1) Fan

Scene: It is cool outside and the wind is blowing. Use the fan to illustrate the wind. The young victim has been out exploring in the woods and creek. The victim got a little wet while playing in the creek. The combination of wetness, wind and lightweight clothing has resulted in hypothermia. The victim is pretending he is cold and is shivering uncontrollably. He is also disoriented.

Expected Response:

- Survey the scene.
- Begin asking questions of the victim.
- Immediately get the victim to shelter.
- Remove wet clothing, if possible.
- Add warm clothing, blankets or coats.
- Give sips of warm liquid if the victim is able.
- Monitor the victim.

SCENARIO #12

HEAT-RELATED ILLNESS

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Weed-whacker
(1) Squirt bottle with water
(1) Cup or drink bottle

Scene: Wet the victim with the squirt bottle so that the victim appears to be sweating profusely. The victim has been trimming the yard. It's very hot out and the victim hasn't had much to drink. He/she is sweating, dizzy, and confused when the first aiders arrive on the scene.

Expected Response:

- Survey the scene.
- Talk to the victim and take them to shade or indoors where it is cool.
- Loosen victim's clothing.
- Cool victim by wiping with cold, wet clothes and fanning with a towel or similar item.
- Providing victim is cognizant, begin giving him or her sips of water.
- Continue monitoring victim.
- If victim does not show improvement within a short period, call 911.

SCENARIO #13

DIABETIC REACTION

UNDETERMINED ILLNESS

You will need: (1) Victim

(1) Basketball

(1) Basketball goal, if possible

(1) Small pieces of chocolate candy or orange juice and sugar

(1) Chair or bench

Scene: The victim is shooting some baskets or working on ball handling when he/she begins to stagger and appear disoriented/light-headed. The victim also begins to shake.

Expected Response:

- Survey the scene.
- Ask the victim questions: Are you okay? Do you take any medicine? What do you take? When was the last time you ate?
- Determine that the victim is a diabetic and is going into diabetic shock.
- Have the victim sit down.
- Give the victim some chocolate or sips of orange juice with added sugar.
- Continue monitoring the victim.

If the victim does not show marked improvement within minutes, call 911.

SCENARIO #14

BICYCLE HIT BY CAR:

MULTIPLE INJURIES (Possible head/neck/back injury, broken bones and scrapes and bruises)

TRAFFIC ACCIDENT

You will need: (1) Victim
(1) Bicycle and helmet
(1) Vehicle
(1) Driver of vehicle
(1) Fake blood (recipe: Appendix "D")
(1) Small stick (about 1-1/2" long and 1/2" diameter)
(1) White athletic tape

Scene Preparation: Position a vehicle in the corner of the parking lot where this scenario can be executed safely. Be sure that the emergency brake on the vehicle is engaged. Place the bicycle at an angle partially under the front of the vehicle. Apply fake blood to the victim as appropriate (scrapes, etc.). To depict a compound fracture, wrap the stick in white athletic tape and tape to the leg (or arm) that will be broken. Dribble fake blood from the wound. Position the victim on the ground near the bike and vehicle. The victim's helmet should be on.

Scene: The victim starts out conscious, but becomes unconscious. The driver of the car has the car door open and has gotten out to see what he/she hit and becomes hysterical. The car could be running, if you feel safe with this. Perhaps the driver was talking on a cell phone.

Expected Response:

- Survey the scene.
- Determine who will take control and direct the scene.
- Quickly assess victims for "hurry" injuries.
- Instruct the driver to turn off the vehicle. If the driver is too hysterical, direct a bystander to turn off the vehicle.
- Instruct a bystander to call 911 – car hit bicyclist, one seriously injured and one possibly in shock.
- Instruct bystander to stop traffic, if necessary.

- The primary first aider requests a bystander to obtain a first aid kit if one is nearby and begins a more complete assessment of injuries. If the victim is not in immediate danger, do not move the victim.
- Apply gloves. If a neck or back injury is suspected, another first aider should immobilize the head.
- Control bleeding; cover the protruding bone with sterile gauze.
- Talk to the victim continuously, reassuring him or her until EMS arrives.
- Concurrently, a second first aider attends to the driver, having the driver sit down, preferably away from the victim.
- Talk to the driver in an effort to calm him/her while assessing the driver for any injuries that may have been sustained as a result of the impact.
- Treat for shock: maintain temperature, elevate feet, keep victim calm until EMS arrives.

SCENARIO #15

CIRCULAR SAW INJURY

SEVERED ARTERY

You will need: (1) Handyman (Victim) – wearing shorts
(1) Circular Saw
(1) Workmate or two sawhorses
(2) Pieces of wood (such as 2x4x4)
(2) Fake blood (recipe: Appendix “D”)
(1) Small squeeze bottle w/small circular top to use to squirt blood
Washable markers to “draw” laceration

Scene Preparation: Place one piece of wood on the workmate or between the sawhorses and the other piece of wood on the ground. The circular saw should be on the ground near where the victim falls. “Draw” the laceration on the victim over the artery in the leg. Fill the squirt bottle with the fake blood; pour some fake blood on the laceration so that it runs down the leg. Then, have the victim sit on the ground as if he collapsed after the accident. Pour more fake blood from the wound running down as gravity would flow. The victim should put the small squirt bottle in his hand and as the scenario proceeds, he will ‘squirt’ the bottle as the heart beats.

Scene: The handyman did not use the safety guard on the saw and cut his leg when he cut through the wood. (The saw dropped down into the leg.) The victim grabbed his leg and fell to the ground. The victim is screaming in pain

Expected Response:

- Survey the scene.
- Put on gloves or get a barrier of some sort.
- Quickly assesses the victims as having a “hurry” injury, direct someone to call 911.
- Apply direct pressure to the wound.
- Apply gauze, T-shirts, whatever is available to absorb the blood.
- Elevate the leg slightly as long as no additional pain.
- When bleeding continues, apply pressure to the pressure point.
- Treat for shock.
- Continue to apply material to absorb blood.
- Talk to the victim continuously, reassuring him or her until EMS arrives.

Station # _____

Patrol/Group _____

SCENARIO #1A

FALL FROM TREE

BROKEN LEG – URBAN SETTING

You will need: (1) Victim

(1) Tree or object that can depict a tree

Scene: A youth has been climbing a tree. He/she slipped and fell approximately 10 feet. The victim is under a tree and his/her leg is in an awkward position (probably broken) and he/she is in considerable pain.

Expected Response: (Possible points in parenthesis)

_____ Survey the scene; put on gloves. (10)

_____ Determine that the victim is conscious, breathing properly and is not bleeding excessively. (10)

_____ Since victim is conscious, ask if you can help. (10)

_____ Talk to victim, ask questions: where does it hurt, etc. (10)

_____ Assume a broken leg by victim's statements and position of leg. (10)

_____ Do NOT move victim – may have head, neck or back injury (fall was greater than victim's height). (10)

_____ Call/send for help. (10)

_____ Do secondary assessment of victim. (10)

_____ Make victim as comfortable as possible. (10)

_____ Continue to monitor and reassure victim. (10)

_____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #2A

FALL FROM TREE

BROKEN LEG – RURAL SETTING

You will need: (1) Victim

(1) Tree or object that can depict a tree

Scene: A youth has been climbing a tree. He/she slipped and fell approximately 10 feet. The victim is under a tree and his/her leg is in an awkward position (probably broken) and he/she is in considerable pain.

Expected Response: (Possible points in parenthesis)

_____ Survey the scene; put on gloves. (10)

_____ Determine that the victim is conscious, breathing properly and is not bleeding excessively. (5)

_____ Since victim is conscious, ask if you can help. (5)

_____ Talk to victim, ask questions: where does it hurt, etc. (10)

_____ Assume a broken leg by victim's statements and position of leg. (10)

_____ Do NOT move victim – may have head, neck or back injury (fall was greater than victim's height). (5)

_____ You are in a 'help delayed' situation...establish a plan: who will provide first aid (splint leg); can you call for help or do you send for help and, if so, who do you send or do you make a stretcher and transport victim to help. (10)

_____ Determine if victim can/should be moved. (5)

_____ Splint leg. (10)

_____ Carry out remainder of plan (transport only if youth are strong enough to carry and if distance is minimal.) (5)

_____ Call/send for help. (10)

_____ Do secondary assessment of victim. (5)

_____ Make victim as comfortable as possible. (5)

_____ Continue to monitor and reassure victim. (5)

_____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #3A

SOFT TISSUE INJURY

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Skateboard
Near curb or steps

Scene: The victim has been skateboarding when he/she fell against the curb and received a deep thigh bruise. The first aiders have to determine if the victim has a broken leg or just has a soft tissue injury.

Expected Response:

- _____ Survey the scene. Does victim need to be moved from harms way? (10)
- _____ Do initial assessment. Determine victim is not bleeding. (10)
- _____ Ask the victim to move his/her toes. Place hand against the bottom of the shoe. Have the victim press down against the first aiders hand. Put the hand on top of the shoe and have the victim move his/her foot toward the hand. (20)
- _____ Do secondary assessment by gently palpating the leg from the foot up. (10)
- _____ Assist the victim to a standing position to determine if he/she can put weight on the leg. (10)
- _____ At this time the first aider should feel fairly sure that the victim has a deep bruise and not a break. (10)
- _____ Assist the victim to a comfortable location. (10)
- _____ Procure some ice in a bag and place on the bruise to help keep swelling to a minimum. (10)
- _____ Instruct the victim to take some anti-inflammation medication (ibuprofen or acetaminophen) and to seek medical attention if pain and swelling does not subside. (10)
- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #4A

MOUNTAIN BIKE ACCIDENT

CHEST INJURY (BROKEN RIBS) & BROKEN WRIST

You will need: (1) Bike Rider (Victim)
(1) Bike & Helmet
(1) Fairly large rock
(1) Fake blood (for scrapes – Appendix “D”)

Scene: The mountain bike hit a rock in the trail and the victim flew over the handlebars. The victim hit the handlebars and is in a lot of pain...in his chest and wrist. He/she is also having a little trouble breathing because of the pain. Since the victim went over the front of the bike, the bike could be partially on top of the victim or the bike could be to the side. Prior to starting, apply a small amount of fake blood to victim to depict scrapes (hands, elbows, knees). Position rock; have victim lie on ground; position bike. The victim may want to ‘hold’ onto chest (with good arm) because of pain or they may want to hold onto injured wrist. The victim should be vocal and animated regarding the pain.

Expected Response:

- _____ Survey the scene; put on gloves. (10)
- _____ Determine if victim is in a potentially dangerous location which would require moving the victim. (5)
- _____ A designated ‘in charge’ person should send someone down the trail a few yards to stop additional bikers who could be coming. (5)
- _____ If it will cause no further damage to the victim, remove the bike and place it out of the way. (5)
- _____ A designated first aider should do a visual assessment while talking to the victim which will help determine possible injuries and calm the victim. (10)
- _____ Once it is determined there is no “hurry” case situation, a more thorough exam is done at which time possible broken ribs and wrist are determined. (10)
- _____ Place the victim in a position in which they are most comfortable. (10)
- _____ Splint wrist and place in sling. (10)
- _____ Secure upper arm with broken wrist to chest if victim is comfortable with the cravat. (10)
- _____ Treat for shock. (10)
- _____ Continue monitoring victim. (5)
- _____ Determine a plan to evacuate the victim. (10)

- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #5A

CONSCIOUS CHOKING

UNDETERMINED

You will need: (1) Victim
(1) Chair or something to sit on, if you choose
(1) Table
(1) Bowl with grapes

Scene: The victim is snacking on grapes when he/she chokes on a grape. The First Aiders observe the choking/coughing and should proceed to render aid.

Expected response:

_____ State that you know first aid and ask if you can help. (Victim nods 'yes'.) (10)

_____ The first aider encourages the victim to (continue) coughing. (10)

_____ If and when the victim stops coughing or fails to exchange air, the first aider positions himself/herself behind the victim. (10)

_____ First aider positions feet and hands correctly. (30)

_____ First aider **pretends** to perform abdominal thrusts (Heimlich maneuver.) (30)

_____ Continue until object is expelled. (10)

_____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #6A

UNCONSCIOUS CHOKING

UNDETERMINED

You will need: (1) Victim
(1) Chair or something to sit on, if you choose
(1) Table
(1) Bowl with grapes

Scene: The victim has been snacking on grapes when he/she chokes on a grape. Victim is unconscious (lying on floor/ground) when First Aiders approach the scene.

Expected response:

- _____ Survey the scene (notice grapes were being eaten). (5)
- _____ Check the victim (not breathing). (5)
- _____ Direct someone to call 911 (victim not breathing). (5)
- _____ Put on gloves; turn victim onto back. (5)
- _____ Tip head back to clear airway; look, listen and feel for breathing. (10)
- _____ Attempt to give two (2) breaths. (10)
- _____ Retip head and repeat trying to give breaths – determine victim has obstructed airway. (10)
- _____ Begin chest compressions (15 times). (10)
- _____ Tip head back and look in mouth; do finger sweep if object is visible. (5)
- _____ Attempt to give two breaths again. (10)
- _____ If air still won't go in, repeat compressions, finger sweep (if object is visible) and breath attempts until object is expelled or EMS arrives. (10)
- _____ If object is expelled, make sure object and vomit is removed from mouth. Check for breathing and if victim is breathing, place victim in recovery position and continue monitoring while awaiting EMS arrival. (10)
- _____ If object is expelled, but victim does **not** begin breathing, remove anything in mouth, tip head back, check breathing, give two breaths, and check pulse. Begin rescue breathing or CPR as indicated. (5)
- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #7A

HEART ATTACK

UNDETERMINED ILLNESS

You will need: (1) Victim

(1) Chair or something to sit on, if you choose

(1) Squirt bottle (to depict profuse sweating)

Scene: Begin by squirting the victim so that it appears he/she is sweating profusely (under arms, neck/chest area, face). Create a location of your choice – maybe a classroom where students walk in and find their teacher in distress. The victim, when asked, will complain of chest and arm pain and possibly nausea. The victim may have labored breathing...irregular breathing.

Expected response:

_____ Upon noticing the victim's obvious and unnatural sweating, the First Aider should begin asking questions: Are you okay? Do you have any chest pain? Do you feel sick to your stomach? (10)

_____ Upon receiving positive responses, send someone for help and to call 911 (must know exact location). (10)

_____ Reassure victim and make comfortable until help (EMS) arrives. (10)

_____ Total Points (30)

Station # _____

Patrol/Group _____

SCENARIO #8A

HEART ATTACK – with CARDIAC ARREST

UNDETERMINED ILLNESS

You will need: (1) Victim

(1) Chair or something to sit on, if you choose

(1) Squirt bottle (to depict profuse sweating)

(1) Manikin

Scene: Begin by squirting the victim so that it appears he/she is sweating profusely (under arms, neck/chest area, face). Create a location of your choice – maybe a classroom where students walk in and find their teacher in distress. The victim, when asked, will complain of chest and arm pain and possibly nausea. The victim may have labored breathing...irregular breathing. Victim collapses and becomes unconscious indicating cardiac arrest.

Expected response:

_____ Upon noticing the victim's obvious and unnatural sweating, the First Aider should begin asking questions: Are you okay? Do you have any chest pain? Do you feel sick to your stomach? (10)

_____ Upon receiving positive responses, send someone for help and to call 911 (must know exact location). (10)

_____ Upon the victim's collapse, the First Aider immediately begins CPR (using the Manikin). NOTE: DO NOT perform CPR on a person who is not in cardiac arrest – USE MANIKIN. (50) (*Gloves should be donned and face barrier should be used. Give Bonus Points if gloves and face barrier is used!*)

_____ Providing the First Aider is performing CPR correctly, continue CPR until AED arrives or until EMS personnel arrive. (30)

_____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #9A

1ST & 2ND DEGREE BURNS TO HAND AND LEGS

BURN

You will need: (1) Victim
(1) Small charcoal grill
Handful of charcoal briquettes
Light Gray Paint
Red or pink blush and red or pink lipstick
Lotion
Wax Paper
Elmer's Glue

Scene Preparation: In advance, paint coals with the light gray paint to mimic "white hot" coals. For the 'blisters', spread a thin layer of Elmer's glue on a piece of wax paper – about 6" square. Let dry.

Scene: The victim has 1st and 2nd degree burns from the grill tipping over when the victim accidentally placed his hand on the side lip of the grill...2nd degree burns to the hand; 1st and 2nd degree burns to the legs. Rub lotion onto the skin of the victim where the burns are going to be depicted and allow lotion to soak in. To illustrate the 2nd burns, use small pieces of dried glue for the blisters. Cut out various size circles from the dried glue. Draw circles on the victim's skin with the lipstick where you want the blisters. Puff up the pieces of glue and place over the lipstick circle. The glue blister will stick to the lipstick. Use the lipstick to indicate other really red (burned) skin. Use the blush to show the 1st degree burns & around the 2nd degree area. The victim will be in a lot of pain...screaming/crying.

Expected Response:

- _____ Survey the scene (determine burned as a result of the overturned grill). (10)
- _____ Immediately cool the burned areas with cool water (continuously talk to victim to calm them). (30)
- _____ Lightly dry with sterile gauze. (20)
- _____ Lightly wrap burned areas with sterile gauze. (20)
- _____ Treat for shock. (10)
- _____ Transport to doctor's office or Emergency Medical facility. (10)
- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #10A

3rd DEGREE BURN

BURN

You will need: (1) Victim
(1) Pile of leaves & rake
(1) Squeeze bottle that has been decorated to appear as a lighter fluid container
Charcoal
Water

Scene Preparation: In advance, use cardboard or construction paper to decorate a squeeze bottle (such as an empty liquid dishwashing soap container) to indicate that it contains an accelerant such as lighter fluid.

Scene: Put water in the squeeze bottle. Create a pile of leaves with the rake. Blacken the hand of the victim, both fingers and palm, with the charcoal. Using the squeeze bottle, squirt water from the pile of leaves and on the ground leading up to the victim. Place the bottle on the ground near the victim where the victim would have dropped it. The victim story is that he/she was attempting to burn leaves, but the leaves would not burn fast enough so he/she got some lighter fluid to use as an accelerant. The victim squirted the fluid on the leaves and a spark ignited the liquid, followed up the stream of liquid to the bottle being held in the victim's hand. The victim suffered 3rd degree burns on the hand. The victim is using the good hand to hold the burned hand. The victim is acting dazed. The victim is not experiencing any pain at this time.

Expected Response:

- _____ Survey the scene; put on gloves. (10)
- _____ Instruct someone to call 911. (10)
- _____ Have the victim sit or lay down. (10)
- _____ Wrap the burned area in sterile gauze. (10)
- _____ Treat for shock
- _____ >Depending on the temperature, loosen clothing or add a blanket or coat if needed. (20)
- _____ >Elevate feet if victim is comfortable with lying down. (15)
- _____ >Continue talking to and calming the victim. (15)
- _____ Continue monitoring victim until EMS arrive. (10)
- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #11A

HYPOTHERMIA

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Lightweight coat
(1) Fan

Scene: It is cool outside and the wind is blowing. Use the fan to illustrate the wind. The young victim has been out exploring in the woods and creek. The victim got a little wet while playing in the creek. The combination of wetness, wind and lightweight clothing has resulted in hypothermia. The victim is pretending he is cold and is shivering uncontrollably. He is also disoriented.

Expected Response:

- _____ Survey the scene. (5)
- _____ Begin asking questions of the victim. (20)
- _____ Immediately get the victim to shelter. (20)
- _____ Remove wet clothing, if possible. (10)
- _____ Add warm clothing, blankets or coats. (20)
- _____ Give sips of warm liquid if the victim is able. (20)
- _____ Monitor victim. (5)
- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #12A

HEAT-RELATED ILLNESS

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Weed-whacker
(1) Squirt bottle with water
(1) Cup or drink bottle

Scene: Wet the victim with the squirt bottle so that the victim appears to be sweating profusely. The victim has been trimming the yard. It's very hot out and the victim hasn't had much to drink. He/she is sweating, dizzy, and confused when the first aiders arrive on the scene.

Expected Response:

- _____ Survey the scene. (10)
- _____ Talk to the victim and take them to shade or indoors where it is cool. (20)
- _____ Loosen victim's clothing. (10)
- _____ Cool victim by wiping with cold, wet clothes and fanning with a towel or similar item. (20)
- _____ Providing victim is cognizant, begin giving him or her sips of water. (20)
- _____ Continue monitoring victim. (10)
- _____ If victim does not show improvement within a short period, call 911. (10)

- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #13A

DIABETIC REACTION

UNDETERMINED ILLNESS

You will need: (1) Victim
(1) Basketball
(1) Basketball goal, if possible
(1) Small pieces of chocolate candy or orange juice and sugar
(1) Chair or bench

Scene: The victim is shooting some baskets or working on ball handling when he/she begins to stagger and appear disoriented/light-headed. The victim also begins to shake.

Expected Response:

- _____ Survey the scene. (5)
- _____ Ask the victim questions: Are you okay? Do you take any medicine? What do you take? When was the last time you ate? (30)
- _____ Determine that the victim is a diabetic and is going into diabetic shock. (20)
- _____ Have the victim sit down. (10)
- _____ Give the victim some chocolate or sips of orange with added sugar. (20)
- _____ Continue monitoring the victim. (10)
- _____ If the victim does not show marked improvement within minutes, call 911. (5)

- _____ Total Points (100)

Station # _____

Patrol/Group _____

SCENARIO #14A

BICYCLE HIT BY CAR **MULTIPLE INJURIES**

TRAFFIC ACCIDENT

- You will need:*
- (1) Victim
 - (1) Bicycle and helmet
 - (1) Vehicle
 - (1) Driver of vehicle
 - (1) Fake blood (recipe: Appendix "D")
 - (1) Small stick (about 1-1/2" long and 1/2" diameter)
 - (1) White athletic tape

Scene Preparation: Position a vehicle in the corner of the parking lot where this scenario can be executed safely. Be sure that the emergency brake on the vehicle is engaged. Place the bicycle at an angle partially under the front of the vehicle. Apply fake blood to the victim as appropriate (scrapes, etc.). To depict a compound fracture, wrap the stick in white athletic tape and tape to the leg (or arm) that will be broken. Dribble fake blood from the wound. Position the victim on the ground near the bike and vehicle. The victim's helmet should be on.

Scene: The victim starts out conscious, but becomes unconscious. The driver of the car has the car door open and has gotten out to see what he/she hit and becomes hysterical. The car could be running, if you feel safe with this. Perhaps the driver was talking on a cell phone.

Expected Response:

- _____ Survey the scene. (10)
- _____ Determine who will take control and direct the scene. (10)
- _____ Quickly assess victims for "hurry" injuries. (10)
- _____ Instruct the driver to turn off the vehicle. If the driver is too hysterical, direct a bystander to turn off the vehicle. (10)
- _____ Instruct a bystander to call 911 – car hit bicyclist, one seriously injured and one possibly in shock. (10)
- _____ Instruct bystander to stop traffic, if necessary. (10)

- _____ Primary first aider requests a bystander obtain a first aid kit if one is nearby and begins a more complete assessment of injuries. If the victim is not in immediate danger, do not move the victim. (10)
- _____ Apply gloves. If a neck or back injury is suspected, another first aider should immobilize the head. (10)
- _____ Control bleeding; cover the protruding bone with sterile gauze. (10)
- _____ Talk to the victim continuously, reassuring him or her until EMS arrives. (10)
- _____ Concurrently, a second first aider attends to the driver, having the driver sit down, preferably away from the victim. (10)
- _____ Talk to the driver in an effort to calm him/her while assessing the driver for any injuries that may have been sustained as a result of the impact. (10)
- _____ Treat for shock: maintain temperature, elevate feet, keep victim calm until EMS arrives. (10)
- _____ Total Points (130)

Station # _____

Patrol/Group _____

SCENARIO #15A

CIRCULAR SAW INJURY

SEVERED ARTERY

You will need: (1) Handyman (Victim) – wearing shorts
(1) Circular Saw
(1) Workmate or two sawhorses
(2) Pieces of wood (such as 2x4x4)
(2) Fake blood (recipe: Appendix “D”)
(1) Small squeeze bottle w/small circular top to use to squirt blood
Washable markers to “draw” laceration

Scene Preparation: Place one piece of wood on the workmate or between the sawhorses and the other piece of wood on the ground. The circular saw should be on the ground near where the victim falls. “Draw” the laceration on the victim over the artery in the leg. Fill the squirt bottle with the fake blood; pour some fake blood on the laceration so that it runs down the leg. Then, have the victim sit on the ground as if he collapsed after the accident. Pour more fake blood from the wound running down as gravity would flow. The victim should put the small squirt bottle in his hand and as the scenario proceeds, he will ‘squirt’ the bottle as the heart beats.

Scene: The handyman did not use the safety guard on the saw and cut his leg when he cut through the wood. (The saw dropped down into the leg.) The victim grabbed his leg and fell to the ground. The victim is screaming in pain

Expected Response:

- _____ Survey the scene (10)
- _____ Put on gloves or get a barrier of some sort (10)
- _____ Quickly assesses the victims as having a “hurry” injury, direct someone to call 911 (10)
- _____ Apply direct pressure to the wound. (10)
- _____ Apply gauze, T-shirts, whatever is available to absorb the blood (10)
- _____ Elevate the leg slightly as long as no additional pain (10)
- _____ When bleeding continues, apply pressure to the pressure point. (10)
- _____ Treat for shock. (10)
- _____ Continue to apply material to absorb blood. (10)
- _____ Talk to the victim continuously, reassuring him or her until EMS arrives. (10)
- _____ Total Points (100)

Appendix "A"
TIME LINE

Six weeks prior to event	Committee Approval Establish scope of event, date & time
Four to two weeks prior	Determine which scenarios you are going to reenact Make copies of scenarios Obtain your volunteer victims - obtain your volunteer victims; present volunteers with scenarios & information they need to "act" out the scene - determine props they may be able to bring
Last two weeks	Obtain your supplies/equipment/ingredients
One week before event	Prepare any necessary signs; i.e. STATION 1, STATION 2, etc. Copy event evaluations Make sure all leaders/volunteers who may be present at the mock emergency, but not part of the scenarios, are briefed and that they know they are not to help the youth, but that they are expected to help keep the event on tract
Three days before event	Determine rotation schedule and make copies for each Patrol/Group Patrol/Group"1" starts at Station 1 Patrol/Group"2" starts at Station 2
Two days before event	Follow up with your volunteers to be sure they are ready and make sure they have the supplies/equipment they agreed to bring
One day before event	Make fake blood - Appendix "D"
Day before or day of	Load vehicle with your supplies
Day of event:	
One hour before	Unload and begin set-up
30 minutes prior	'Dress' your victims – explain whistle code, if using
During opening	Places everyone!
Conclusion of Opening	Divide unit into the number of groups necessary and explain event and procedures (10 minutes to provide care, 5 minute review, rotate, etc.)
Begin event	The whistle sounds
Conclusion	Have all participants complete evaluation while volunteers get 'undressed'
<i>If Saturday event</i>	<i>Lunch</i>
Prior to Closing	If time allows, have short discussion about the event
Closing	
Cleanup	

Appendix “C”

American Red Cross **RECOGNIZING EMERGENCIES**

Your senses – hearing, sight and smell – may help you recognize an emergency. Emergencies are often signaled by something unusual that catches your attention. Examples include:

Unusual Sights

- Stopped vehicle on the roadside
- Broken glass
- Overturned pot in the kitchen
- Spilled medicine container
- Downed electrical wires
- Sparks, smoke or fire

Unusual Appearances or Behaviors

- Unconsciousness
- Confused or unusual behavior
- Trouble breathing
- Clutching chest or throat
- Slurred, confused or hesitant speech
- Unexplainable confusion or drowsiness
- Sweating for no apparent reason
- Uncharacteristic skin color
- Inability to move a body part

Unusual Odors

- Odors that are stronger than usual
- Unrecognizable odors
- Inappropriate odors

Unusual Noises

- Screaming, yelling, moaning or calling for help
- Breaking glass, crashing metal or screeching tires
- Sudden, loud or unidentifiable sounds
- Unusual silence

Appendix “D”

FAKE BLOOD RECIPES

The blood recipes below contain food coloring which will temporarily stain the skin and can permanently stain clothing. Please use caution when using and have your volunteers wear old clothing.

Realistic Looking Mint Blood

- 2/3 cup Corn Syrup
- 1/3 cup Water
- 5 Tablespoons Cornstarch
- 3 to 5 Teaspoons Red Food Coloring
- 2 or 3 Drops Green Food Coloring
- 1 Drop Peppermint extract, if desired

Mix the cornstarch thoroughly with the water. Add the corn syrup. Mix well. Add red food coloring into the mixture, using only three teaspoons at first. Then add a couple drops of green food coloring to take the ‘pink’ edge off the red coloring. If the mixture is too light, add one or two teaspoons more red food coloring. Add an extra drop of green food coloring if the mixture gets too pink again. (Real blood is slightly on the dark red to reddish brown side, when it’s not fresh from the heart.) Add one drop of peppermint extract if you wish a fresh minty blood mixture.

Milk can be added (instead of or with the cornstarch) to keep the blood from being too transparent.

Chocolate Blood

- ½ cup water
- 1 tablespoon cocoa powder
- 3 or 4 tablespoon corn syrup
- ½ to 1 teaspoon red food coloring
- 2 drops yellow or green food coloring (optional)

Mix the cocoa powder thoroughly into the water before adding the other ingredients – it may help to use warm water. After adding the rest, blend the concoction well, and then wait for it to settle a bit. Either skim the bubbles and chocolate scum off the top with the edge of a Kleenex, or pour the mixture into another container. The longer it sits, the more the cocoa tends to settle to the bottom, which oddly mimics the effect of real blood separating.

If you splatter this mixture onto cloth, it makes neat two-part marks which dry into pretty convincing bloodstains. If you let it run from a victim's mouth and then let it dry, the blood darkens and cakes to the skin in much the same way real blood does.

Gore Blood

- 2/3 cup Oriental 'Cherry' Dipping Sauce
- 1/3 cup Water
- 1/2 Teaspoon Red Food Coloring
- 2 or 3 Drops Green Food Coloring

Mix the Cherry dipping sauce with water, thoroughly enough to thin down the sauce into a goeey consistency. Add food coloring. Stir again, and let the sauce sit, preferable in a fridge. When needed, take it out and spoon it onto areas where 'gore' effect blood is needed. The blood will drip in glops and globs, but doesn't puddle out like watery blood does.

MB2 Blood (*Flour Base*)

1/2 to 2 level teaspoons of **plain flour** per cup. Mix flour into water completely (no lumps) before heating. Bring to boil then simmer for 1/2 hour. Stir frequently.

Cool before adding food color. Stir in any surface scum. Makes a good base for stage blood. Slightly slimy. Fairly low surface tension. Soaks and spreads well.

One cup batch of MB2:

1 oz Red Food Coloring

1/8 teaspoon Green Food Coloring

Add flour base described above to a total of one cup

There is no sugar and very little food in the MB2 formula so it's probably less attractive to insects. Shelf life is fairly short (days) at room temp. Does not go rank but ferments a bit and loses viscosity.

Appendix "E"
"MOCK" EMERGENCY EVALUATION

DATE _____

We thank you for completing this evaluation sheet and returning it!

What about this event has been especially useful to you?

What about this event, if anything, could be improved? If you have suggestions on how the improvements could be carried out, please indicate those as well.

Are there ways that you - and the other Scouts - could make this event more effective?

Please rate the volunteer victims. *Rating scale: A: excellent / B: good / C: fair / D: poor* Please circle:

Station 1	(A) (B) (C) (D)	Comments: _____ _____
Station 2	(A) (B) (C) (D)	Comments: _____ _____
Station 3	(A) (B) (C) (D)	Comments: _____ _____
Station 4	(A) (B) (C) (D)	Comments: _____ _____
Station 5	(A) (B) (C) (D)	Comments: _____ _____

Name(s) - Patrol/Group (optional):

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