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.