

DATE: 09Sept2005

(b) 6 & 7(c)

SCENARIO: While doing dishes in the scullery FN xxx picks up a glass that is broken. While walking to the garbage she slips and falls on a wet soapy deck. The glass shatters and impales the right side of her chest, causing a sucking chest wound. During the fall she sustains an open skull fracture.

TRAINING MODE: Training

OBJECTIVES:

1. 1001.2 Provide first Aid to a casualty with a sucking chest wound.
2. 1001.14 Provide first Aid to a casualty with a head injury.

TIME	LOCATION/ W/S POSITION	TYPE INJURY (CATEGORY)	ITT MEMBER EVALUAT ING	METHOD OF DISCLOSURE	TRAINING/EVAL OBJECTIVE	REMARKS IF CORRECT ACTIONS TAKEN RTD	EFFECTIVENESS		
							Watch standers	Training team	Objective met
0930	FN XXX	Sucking Chest Wound	HSC XXX	MOULAGE	EO 1001.2		Y	Y	Y
							N	N	N
0930	FN XXX	Head Injury	HSC XXX	MOULAGE	EO 100.14		Y	Y	Y
							N	N	N

SAFETY

GAR Eval/SAFETY: Green

Transportation will be simulated unless ships MEDICAL REPRESENTATIVE is present to supervise AND a minimum of 4 stretcher-bearers is present. Under no circumstances will a patient be carried up or down ladders. In the event of an actual personal casualty that is beyond the scope of the immediate watchstanders, the medical portion of the drill will be suspended and the HS will be dispatched to the scene.

Risk Level:

- 0-25 Low Risk
- 26-52 Med Risk/ Benefits
- 53-70 High Risk/ Benefits

0- No Risk

10- Max Risk

- Planning (Definition, Scope): 3
- Supervision (Direct, Level): 2
- Crew Selection (Quals): 3
- Crew Fitness (Fatigue, Ect.): 6
- Environment (Night/Day, Weather, Conflicts): 3
- Evolution Complexity (Location, Length): 4
- Equipment: 2

Total: 23
Overall risk is low

HSC xxx
MDR/MTT

CDR Jeffrey Jackson
Executive Officer

Capt xxx
Commanding Officer

Enabling Objectives and Measures of Performance		
MUST ACHIEVE 100% OF CRITICAL STEPS AND 70% OF NON-CRITICAL		
1001.2	Provide First Aid for casualty with a Sucking Chest Wound	
1001.2.1	Was prompt self-aid/buddy-aid started?	Yes No N/A
1001.2.2	Was the casualty reported? If so, a complete and accurate plot of the casualty must be maintained on the bridge, in repair lockers, DCC, and BDS's.	Yes No N/A
1001.2.3	Did watchstanders obtain any needed assistance from other watchstanders or request stretcher bearers if on-scene personnel can not adequately handle the casualty?	Yes No N/A
1001.2.4	Were watchstanders familiar with the location and contents of the closest first aid supplies in their area?	Yes No N/A
1001.2.5	Did watchstanders recognize the need to plug the wound?	Yes No N/A
1001.2.6	Was the wound properly dressed? a. Was blood and sweat wiped from around the wound? b. Was the wound covered with a piece of plastic and not an ID card? c. Was the plastic covering secured on three sides with tape leaving the outside or bottom edge open to allow for any drainage? d. Was the plastic seal reinforced with a battle dressing?	Yes No N/A
1001.2.7	Was a head to toe check for further injuries conducted? If an exit wound is found on the back, it should be covered with a piece of plastic, taped on all four sides, and reinforced with a battle dressing.	Yes No N/A
1001.2.8	Was the casualty positioned properly and treated for shock? The casualty should be positioned lying on their side with the wounded side down.	Yes No N/A

Enabling Objectives and Measures of Performance			Objectives Met?
MUST ACHIEVE 100% OF CRITICAL STEPS AND 70% OF NON-CRITICAL			
1001.14	1001.14 Provide First Aid to a casualty with a head injury		
1001.14.1	1001.14.1 Was prompt self-aid/buddy-aid started?		Yes No N/A
1001.14.2	1001.14.2 Was the casualty reported? If so, a complete and accurate plot of the casualty must be maintained on the bridge, in repair lockers, DCC, and BDS's.		Yes No N/A
1001.14.3	1001.14.3 Did watchstanders obtain any needed assistance from other watchstanders or request stretcher bearers if on-scene personnel can not adequately handle the casualty?		Yes No N/A
1001.14.4	1001.14.4 Were watchstanders familiar with the location and contents of the closest first aid supplies in their area?		Yes No N/A
1001.14.5	1001.14.5 Did watchstanders recognize the signs of a head injury? These include bumps, bruises, or cuts on the head; headache; dizziness; unconsciousness; bruising around the eyes or behind the ears; blood or clear fluid dripping from the nose and ears; pupils of one eye larger or smaller than the other; and extreme sleepiness.		Yes No N/A
1001.14.6	1001.14.6 Did watchstanders take precautions against any unnecessary movement of the casualty?		Yes No N/A
1001.14.7	1001.14.7 Was a head to toe check for further injuries conducted?		Yes No N/A

1001.14.8	<p>1001.14.8 Was the casualty properly positioned. The casualty should be positioned flat with the head and neck stabilized. Any bleeding should be controlled with gentle, continuous pressure. Direct pressure should not be applied if the skull is depressed or bone fragments are seen. If blood or clear fluid is dripping from the nose or ears, they should be covered with a loose dressing to absorb, but not stop the flow. If the casualty is vomiting or bleeding around the mouth, place them on their side, keep the neck as straight as possible.</p>	<p>Yes No N/A</p>
1001.14.9	1001.14.9 Was the casualty's breathing continuously monitored?	<p>Yes No N/A</p>
1001.14.10	1001.14.10 Was the casualty treated for shock? The legs should not be elevated.	<p>Yes No N/A</p>