

On behalf of the Center for Wilderness Safety, **thank you** for volunteering as a “victim” for one of our upcoming courses. Your authors names here are Mariah and Emma, and despite the program directors, Phil and Clif often referring to us as “professional victims,” that is not totally accurate, since professional, by definition would mean we get paid. Playing victim is just something we enjoy doing and have done many times previously. What follows are several things that in the past have worked for us and have been well received by individuals taking the course. From the list below, choose what works for you and makes you comfortable!

JOB DESCRIPTION

As a ‘victim’, you will be moulaged with fake blood and injuries and get a crash course in what your rescuers should and might do – and how you should react to various treatments that they may (or may not) give you. You will be touched and handled much like as if you were actually having an emergency (in a professional manner), and you will be playing the role of a person who is a part of one big final scenario.

PREPARATION

Because we want to incorporate as many LTC’s (*Life-Threatening Conditions*) into a scenario as possible the scenarios are often very unlikely and absurd – however are generally not too completely off the wall. That said, we still want to make them as realistic as possible. The scenarios have a story to them which the course participants have figure out in order to get an overall picture of what it is they’re dealing with, how many patients there may be, and what types of injuries they might expect to encounter and have to treat.

You will not be asked to help come up with a scenario, however they’ll most likely ask for your input.

- **Know What Happened!** Depending on the scenario, you will need to know the story that’s been set into play, know who’s who and what happened. Don’t just give this information out though! Make your rescuers work for it and try to only give out small pieces of information at a time. This is more realistic to what generally happens in ‘real world’ emergencies.
- **Know Your Injuries & Illnesses!** You want to be confident in your knowledge of how the injury should be treated as well as how you would need to act/react to the treatment you are being administered, according to patient care. You also want to choose an injury that you are comfortable acting out. For example, are you comfortable screaming at the top of your lungs for 30 minutes as you might with a femur fracture... Don’t worry, if you don’t know much about how your rescuers should treat you, the instructors will give you the low-down on what to do / when / why, etc. Don’t hesitate to ask them questions *before* you have to go out and start acting!
- **Know Your Medical History** to include allergies and medical conditions. You will be given a fake medical form to fill out. It is something that the course participants will end up (hopefully) finding and using to treat you. You can put down whatever you want, however make sure you properly act out what’s on the form!



- You will also need to **come up with names/relationships**. Do you need to be concerned for and trying to get to your "brother" or were with a local outing club on an orienteering course and then lightning struck? That type of thing...

THE SCENARIO

Now you head out to the location of the scenario. You'll need to decide where each victim will be located. To make it as realistic as possible place a victim with a broken bone near rocks (they could have tripped), burn victims near a fire (you can make a fake make-shift fire), et cetera. Once each victim has a spot, it is time to settle in and wait. This usually doesn't last too long, unless the instructors are holding up the participants for some reason (Y'all know how they can get sometimes - Haha). The participants' scenario is usually that they have set off on a hike and come across a scenario and have to manage the situation...

Now the fun begins. When you spot the participants, you want to start to holler and whimper a bit so that they can find you, in short, you start acting. If you're placed out farther away from the rest of the victim group, don't be too loud – as you don't want to make it too easy for them to find you! At the same time, don't cover yourself up with leaves and twigs; this isn't the Marines!

One thing to keep in mind is that after the scenario you will debrief the class in general and those that cared for you in particular. So try to pay attention to who is giving you care and how they are doing it. Things to look at/keep in mind are the hard and soft skills used, or in some cases not used.

NOTE: 'OUT OF CHARACTER' is when you need to leave your poor suffering character for some reason. Example, "Out of character, I am actually becoming cold." Or "Out of character, the wound that you have discovered is bleeding profusely." After you are done being out of character you must then let your caregivers know you are back in character by telling them such.

HARD SKILLS

- Did they find all of your injuries?
- Did they treat your injuries in the correct order? (Ex. Did they treat your LTCs first?)
- Did they properly treat your injuries? (Ex. Did they fully immobilize your broken bone?)
- C-Spine: Was your C-spine held well/properly? Were you immobilized fully?
- Did they find your medical alert bracelet or health form? (If applicable.)

SOFT SKILLS

- Asking your name.
- Calming/comforting you.
- Making you as comfortable as possible (physically and emotionally).
- Keeping your mind off of your horrific situation, injuries and group-mates.
- Talking you through what they are doing.
- Giving you info about others in your party without freaking you out.
- Keeping upbeat and positive. Not freaking out themselves and no negative language.



- Making note of whether or not they discuss your near death situation well out of ear-shot, even for unconscious victims. It is a solid idea to continue to talk to an unconscious victim since you are unconscious, not deaf.
- Getting the info they need (ex. SAMPLE) without interrogating you.

MOVING A VICTIM

- Did you feel comfortable and secure?
- Where there spotters?
- Was there good communication? / Did they talk to you?
- If you have a C-Spine injury: Did they keep your head and neck immobilized even as they had to lift and transport you?

OVERALL ASSESSMENT

- **Communication:** Did they talk to you? Each other? Did they share information with each other?
- Did they **formulate an evac plan**? Did they evacuate the most critical patient first?
- Did someone **call for help** or put a communication plan into action?
- If someone other than your initial care-taker has to step in and take over/help out do they introduce themselves and speak to you?

ACTING (GENERAL)

Something to keep in mind when it actually comes to acting is that it is better to be a little over the top than to be docile. For people taking the course, it is better to practice with the most extreme cases; so if they are met with an extreme case in reality they will be better able to handle it. If they are caring for a docile blob who only needs a band-aid they will be relieved but not learn nearly as much.

We are going to assume that you know the signs and symptoms of shock, hypothermia, broken bones, et cetera. In this case use your discretion. If not, please ask one of the instructors!!

Example: You have hypothermia and they have piled blankets on top of you but neglected to put any under you, thus not properly insulating you. You would go deeper into shock because you are still losing vast amounts of body heat. This is actually true for you (out of character), as even in the summertime have volunteer victims become nearly hypothermic just from lying on the ground!

Once you know what injury you have been assigned to act out, start thinking through what your symptoms would be. Almost all injuries you would have for the scenario would be accompanied by shock, and when it is cold probably a mild to moderate case of hypothermia.

CONSCIOUS ACTING: As a conscious victim you have far more acting. You have to keep in mind what your injury is and how lucid you would be. Don't be totally helpful and answer each question they ask you with clarity and full information. Here you can really play on your “relationships” with fellow victims. If a bear had attacked your family member, you would probably really want to know their condition and not really care about your simple cuts and scrapes – or even your twisted ankle.

UNCONSCIOUS ACTING: As an unconscious victim it will be more difficult for your care-takers to know what your injury is/where it is located. As they are doing an assessment and come to your injury, you want to be sure to grimace or whimper a bit so that they can use these clues to find your injury (this is actually a truism for real-life unconscious patients; they often times react to pain but not verbal stimuli). This might make it seem too easy, but because they do not have the visual aid of seeing your blood or disfigurements, this is really the only way they can know where and what your injury is.

IN CONCLUSION...

We know that we've given you a *lot* of things to be looking for, doing and paying attention to. It is hard, but do know that any constructive criticism is very helpful to the course participants. We don't expect you to memorize all of this and come into this being 'uber' fantastic victims. These are all ideas and suggestions, things we have learned from our many instances as victims for these Wilderness First Aid courses. Also note that there will be people there that you can help you. You can ask Clif, Phil, Emma or Mariah anything, and we will all do our best to help you out (we usually try to make it out to courses to help out if we're available).

We hope you find this at least a tiny bit helpful. We don't expect all of you to be as crazy excited about this as we are—to be honest we'd be a little worried for your sanity if you were—but we do hope that you enjoy your time as a victim and learn something. We've actually learned a lot about wilderness medicine through playing victim. It gives you a very different perspective.

If you have any questions, please feel free to contact us or Clif (Clif@WildSafe.com) and Phil (Phil@WildSafe.com) at (703) 444-9468 or Toll Free 1-888-945-3402.

Hope to see you at a future course!

