



**OEC**  
OUTDOOR  
EMERGENCY  
CARE

## **2010-2011 OEC PRACTICAL FINAL EVALUATION**

### **INTRODUCTION**

In the interest of quality assurance of the OEC Program, the practical final exam is now prepared for each Instructor of Record (IOR). When an OEC course is ordered (registered) and course and challenge enrollment fees are submitted, this practical evaluation is sent to the IOR along with the final written evaluation.

This packet includes a series of scenarios and skill stations that enable instructors to evaluate the individual skills of an OEC technician trainee (referred to as "trainee"). Skills to be evaluated are the trainee's ability to:

- assess the patient/problem,
- determine the appropriate emergency care for the patient, and
- carry out and/or direct that emergency care.

According to NSP guidelines, the following skills must be evaluated for each candidate (refer to 2002 OEC Instructor Manual, page 48):

1. Patient assessment and vital signs
2. Airway management, oxygen equipment
3. Bleeding management and bandaging
4. Fracture management skills, upper and lower extremities
5. Spinal immobilization
6. Extrication, lifting, transport techniques (should include moving patient into toboggan)
7. Ski boot and helmet removal per local protocols

There are two options for final evaluation. One option includes two scenarios and four skill stations. This is very useful for larger trainee classes because it is less time-consuming. The scenarios require each trainee to perform full assessments, obtain vital signs, and determine and provide the required emergency care. The skill stations are designed for the trainee to perform specific skills, without requiring an assessment of the patient prior to treatment. This option gives evaluators more opportunity to evaluate the trainee's ability to provide adequate treatment in more injury-specific situations. Another advantage of this option would be easier re-evaluation of a single skill set for a trainee who did not pass a skill station, versus having to set up an entire scenario. It also reduces the trainee's chance of not passing due to missing one facet of an assessment or treatment. A disadvantage would be that this option could require more participants than the second option.

The second option presented includes four scenarios requiring full assessments, vital signs determination, emergency care, and transport. This option also requires a skill station to address airway management and oxygen equipment. The advantages to this option are that the evaluators have four opportunities to evaluate the complete skills of a trainee. The disadvantage of this option is that it is very time consuming and could require many more helpers, patients, and evaluators. This option works well with small trainee classes.

You, as the IOR, are encouraged to review this packet and become familiar with its contents. Blank evaluation forms are provided for you to copy and use throughout your course for practice scenarios and/or skill stations. The final practical evaluation packet and its contents (except for the blank forms) should not be used as a tool for the trainee prior to the final evaluation.

This year's packet includes scenarios, skill stations and evaluation forms for each for re-testing trainees/applicants. Please refer to the IOR tips regarding recent changes/clarifications to the re-test policy for trainees and challenge applicants.

Your feedback on this "packaged" evaluation is welcome. Please direct your comments to [education@nsp.org](mailto:education@nsp.org).

The National OEC Committee

**OUTDOOR EMERGENCY CARE COURSE OR CHALLENGE  
STANDARDIZATION OF PRACTICAL EVALUATION**

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## INSTRUCTOR OF RECORD (IOR) TIPS

IORs must submit course paperwork to the national office and others as required locally within two weeks of course completion. Paperwork should not be held up while waiting for any incomplete trainees, but should be updated when those trainees convert to a pass or fail.

The OEC Instructor Trainer (IT) assigned to the course must be present to ensure the quality of the final.

To familiarize trainees with the final evaluation format, practice scenarios should be performed as often as possible throughout the OEC course. Instructors will show trainees samples of the evaluation form, so the trainee knows what the evaluators are looking for.

A minimum of one evaluator is required at each station; however it is preferable to have multiple evaluators. ***There must be a minimum of one OEC instructor evaluator for each station.*** If multiple evaluators are used, a simple majority of evaluators passing a trainee is required (2 of 3 evaluators). If multiple evaluators are present at a station and cannot reach a pass or fail consensus, the OEC instructor/evaluator at that station would render the final decision regarding the trainee's status. The use of assistants or the patient to verify that a step was completed is acceptable. It is recommended that some evaluators from other patrols be used as evaluators whenever possible. This is key to the quality assurance of the OEC Program and recognizes that a "fresh set of eyes" can see things from a different perspective. For quality assurance purposes, the IOR MAY NOT serve as an evaluator at their own OEC class final.

It is advisable that evaluators not serve in any other role. When used as bystanders or patients, evaluators cannot always thoroughly observe all aspects of the trainee's activities.

On the evaluation form, place a checkmark in the column next to the action/skill performed. If an action/skill was not performed, leave the box blank.

Trainees must achieve a score of at least 80 percent of the points assigned to the station **AND** all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.

The environment of a scenario may be adapted to meet the particular needs of the evaluation; however, the injury or illness must remain the same. Example: Rather than a skier who is found off the trail and unresponsive, the scenario could involve a mountain biker in the same situation.

Color coding the evaluation forms so that each "station" has a different color will help you keep track of what forms go with each scenario or skill station.

Trainees **MUST** be tested individually in each station.

In stations that require additional personnel to complete the skill (lifting, traction splints, etc.), current OEC technicians should be used to reduce the chance of a trainee not passing due to the inexperience of a fellow trainee. This allows evaluators to assess the trainee's ability to both direct experienced participants and the trainee's ability to verbalize instructions. Scenarios requiring additional assistants will allow those assistants to be available on the scene within 2-4 minutes after the trainee's radio call is made. If the trainee does not request assistance, it should not be sent.

Read "Information given to the trainee" prior to the trainee entering the scenario. Ask the trainee if he or she understands or if there are any questions.

Maximum timing for each station depends on the injury or illness, and should reflect appropriate patient treatment in an actual situation, but is not to exceed 20 minutes. The time starts when the trainee reaches the patient and ends at a point where loading the patient into a toboggan is apparent.

Patients do not have to be OEC technicians; however, if non-OEC technicians are used as patients, they need to be adequately coached on the injury and how they should act, including the amount and type of movement allowed with their type of injury, how much pain should be expressed, etc. All patients must be coached to provide the proper responses to trainee questions and actions.

In cases where there is a large group of trainees, duplicate scenarios may be set up to reduce the amount of time needed to move all trainees through the scenarios.

From the NSP Policies and Procedures Manual last modified June 2010, Section 14, the following information addresses the procedures to follow if a trainee does not pass all or part of the practical exam:

- Trainees may fail 100% of the final practical exam stations and be eligible to retest. Trainees may fail up to 50% of the final practical exam stations and be able to retest the failed stations on the same day as the original final practical exam.
- Trainees who fail more than 50% of the final practical exam stations must retake the failed final practical exam stations on another day.
- Retest of the final practical exam must be completed within 90 days of the original exam. This timeline may be extended at the discretion of the Division OEC Supervisor.
- Each scenario or skill station may be re-tested only once.
- Failure of any re-tested final practical exam skill station or scenario constitutes failure of the entire OEC course.

A trainee must retake another full OEC course should they fail any portion of the re-test.

The OEC challenge applicant may fail a maximum of one practical OR one skill station and be allowed to re-test that skill station OR scenario on the same day. Failure of more than one skill station OR scenario will result in an overall failure and the student will have to successfully complete the full OEC program. If a challenge candidate fails any portion of the re-test, they must enroll in a full OEC program. For complete information regarding a Challenge Course, see Chapter 14 of the current edition of the NSP Policies and Procedures Manual.

See the new section that contains re-test options for scenarios and/or skill stations.

If possible, the final evaluation should occur in an outdoor environment appropriate to the needs of the trainee, such as on snow, in backcountry areas, on mountain bike trails, etc.

IOR's should review "Evaluator, Patient and Trainee Tips" sheets with appropriate participants prior to commencing the final. Evaluators should be "calibrated" prior to the beginning of the test.

Remind evaluators and patients to refrain from discussing trainees amongst themselves, diminishing pre-conceived notions. They should also avoid coaching and providing unsolicited feedback to trainees.

## MOULAGE TIPS

Moulage for the OEC practical final is an important part of the evaluation.

You or one of your instructors may already be experienced in moulage techniques. You can find moulage techniques and information in the *OEC Instructor's Manual*.

Included with each OEC final scenario are detailed moulage instructions.

As you practice moulage, you may develop techniques that work just as well or better than those given. A basic moulage kit will include the following:

- Van Aken Plastalina modeling clay, flesh colored or morticians wax
- Clown white greasepaint (Ben Nye, professional clown white FP-102)
- Purple greasepaint (Ben Nye, cream color liner CL-18 purple)
- Blue greasepaint (Ben Nye, cream color liner CL-23 blue-grey)
- Red greasepaint; 2 shades (Ben Nye, cream color liner CL-14 blood red; and CL-131 fresh cut)
- Flesh-tone foundation make up (a couple of shades to blend clay pieces to the patient's skin)
- Black or brown eyebrow pencil
- Texas dirt (powder)
- Ground ashes (crushed, burnt wood works well)
- White PVC, or plastic tubes about ½ inch in diameter and about 1 ½ inches long (for making bones)
- Alene's tacky glue or Elmer's craft glue
- Medical alert tags, blank on the back
- Cotton tip applicators
- Make-up sponge wedges
- Stipple sponges
- Toothbrush with clumps of bristles removed
- Artificial blood—Simulaids powdered, or ready to use. (A good time to stock up on artificial blood, which can be purchased at many retailers, is around Halloween.)
- Petroleum jelly (Vaseline)
- Cold cream for removing make-up
- Plastic knife
- Cotton batting or gauze to insert into clay "lacerations"
- Simulaids—casualty simulation wax
- ALLERGY ALERT: Be sure to inquire about patient allergies before using/applying any product

Note: Costume shops have many of these supplies available.

Specific instructions for scenarios will be described later in this presentation.

## EVALUATOR TIPS

Maximum timing for each station depends on the injury or illness, and should reflect appropriate patient treatment in an actual situation, but is not to exceed 20 minutes. The time starts when the trainee reaches the patient and ends at a point where loading the patient into a toboggan is apparent or performed.

Scenarios requiring additional assistants, can allow those assistants to be available on the scene within 2 to 4 minutes after the radio call for assistance is made. If the trainee does not request assistance, it should not be sent.

For head and neck injury scenarios, candidates are expected to demonstrate knowledge and application of skills by maintaining as well as directing the steps of spinal immobilization, including stabilization of the head and neck, moving the patient on to a spinal immobilization device, and correct sequential application of straps. Additionally, for helmet removal, candidates must direct or perform stabilization and transfer of stabilization in order to be observed physically removing the helmet.

Please be objective, with no discussion about trainees, attitudes, personal likes or dislikes.

Be attentive and in position to see what the trainee is doing. Refrain from conversation.

On the evaluation form, place a checkmark in the column next to the action/skill performed. If an action/skill was not performed, leave the box blank.

If you think you missed something, ask the patient or other assistants for clarification, after the trainee leaves the scenario.

Do not engage in discussion or feedback with the trainees.

Ask yourself two questions:

- Was the objective met?
- Was the patient compromised in any way?

Come to your own decision regarding a pass or fail.

Trainees must achieve a score of at least 80 percent of the points assigned to the station **AND** all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.

Finally, thank you very much for your help!

## PATIENT TIPS

You are a critical component in the assessment process. Your actions and reactions cause a trainee to react to the specific situation you are in. Some reminders are presented here to aid you in helping the trainees perform to the best of their ability.

Try not to over act, but understand that some acting is necessary. Depending upon your injury, some reaction to pain may be necessary—some severe reaction to pain may be necessary. For extremity injuries, determine the range of motion for your specific injury. Discuss your degree of acting with your moulage person and/or the evaluators.

Stay in character (i.e., do not joke around with evaluators or even trainees when the trainee is trying to complete his or her tasks as this can be very distracting and may affect the trainee's performance).

Watch your facial expressions and comments if a trainee makes a mistake or is struggling to complete a task. Frowning, inappropriate smiling, etc., again, can be very distracting.

Offer information regarding any medical condition only when asked.

Avoid giving specific instructions or hints.

**ALLERGY ALERT:** Be sure to inform the moulage person of any allergies you have (such as latex) before using or having any product applied.

Check the moulage of your injury to ensure it has the same appearance and is secure prior to the start of each scenario or skill station. If the moulage needs to be refreshed or reapplied, this should be accomplished before the trainee arrives at the scenario.

Be consistent with each trainee you see (i.e., same reactions to actions, same injuries at the same locations on the body, same starting position, etc.).

## TRAINEE TIPS

Make sure your pack is well stocked. Have a watch with a second hand on it to track vital signs.

Wear exam gloves (due to latex allergies, vinyl or nitrile gloves should be used if available). Latex gloves should not be used.

Ensure the scene is safe. Verbalize this fact to the evaluators (i.e., "The scene appears to be safe.").

Scenarios versus skill stations: A scenario requires full assessment and treatment of the "patient's" injury /illness, including, but not limited to: focused and total body survey, exposure of any injury, "radio" call for assistance, obtaining SAMPLE information, etc. In a skill station you do not have to do an assessment. You are told what the injury is, you must still introduce yourself, check CMS, select the right equipment and properly treat the injury and then recheck CMS.

Do your focused exam and history, treat life-threatening injuries, take pulse and respirations, and call out your findings to the evaluators.

Expose the injury site.

Radio for help; give patient's gender, approximate age, injury, and location; request appropriate equipment and assistance (e.g., O<sub>2</sub> and splints such as traction, backboard, C-collar, additional help, etc.).

Check SAMPLE and do a rapid body survey; remember to check for medical-alert tags.

Be sure to communicate continually with your patient, even if unresponsive—reassure your patient. Also communicate effectively with your help when they arrive.

Remember that you are in charge. Be confident, decisive, and swift. Show the evaluators and helpers that you know what the problem is, and how to provide the necessary emergency care.

Don't *te//* the evaluators you would do something, just *do it*, as long as the appropriate equipment is available.

If you think you forgot something, go back and do it.

Check CMS before and after splinting.

Check all splints to be sure they are secure.

**Trainees must achieve a score of at least 80 percent of the points assigned to the station AND all CPI's must be met in order to pass each scenario and skill station. Skills must be performed adequately and in a timely fashion that does not compromise the patient.**

Relax, take a deep breath, and remember the basics: ABC's.

## OPTION 1: TWO SCENARIOS AND FOUR SKILL STATIONS

Scenarios require full assessments and vital signs determination.

At skill stations, the trainee is told what the injury is and is instructed to provide emergency care for the injury. Trainees are not required to perform an assessment and are informed of this prior to entering the skill station.

The descriptions shown on page 17 indicate which skills need to be demonstrated. The evaluation forms list specific CPI's for those skills.

If a re-evaluation is needed for a skill station the IOR would need to re-set the same station, i.e., still assessing the same skill.

The scenarios given are **new scenarios and are for TEST PURPOSES ONLY.**

EVALUATION SCENARIO #	DEGREE OF DIFFICULTY	TYPE OF INJURY/SKILL	WHAT IT EVALUATES
<b>Scenarios</b>			
<b>OPTION 1-1</b>	<b>4</b>	<b>Responsive head/neck injury</b>	<b>Assessment, spinal immobilization, extrication, lifting and transportation</b>
<b>OPTION 1-2</b>	<b>4</b>	<b>Asthmatic with impaled object in palm</b>	<b>Assessment, bleeding and bandaging, medical emergency</b>
<b>Skill Stations</b>			
		<b>O<sub>2</sub> and Airway Management</b>	<b>O<sub>2</sub> tank assembly/airway insertion and airflow application/suction</b>
		<b>Humerus injury</b>	<b>Upper extremity</b>
		<b>Boot and Helmet Removal</b>	<b>Skills in removing boots and helmets</b>
		<b>Distal femur injury</b>	<b>Lower extremity</b>

**OUTDOOR EMERGENCY CARE**

**Scenario # 1-1**

**Degree of Difficulty = 4**

<b>INJURY</b>	<b>ENVIRONMENT</b>	<b>PERSONNEL</b>
Head/neck injury (4)	Side walk, walk way (0)	Single patient (0) Trained help upon request (0)

**GENERAL SCENARIO DESCRIPTION**

Patient slipped and fell on icy sidewalk at ski area entrance; striking back of head.

For summer scenario options, use the following modifications to reflect a summer setting:

- At the park’s restroom area the patient slipped and fell on wet ceramic tile floor, striking their head.

**INFORMATION GIVEN TO TRAINEE**

You are called to respond to a patient at the front entrance of the resort/restroom.

**PATIENT SUMMARY**

Patient slipped and fell on an icy sidewalk/on wet tile, at the entrance of the resort/restroom; striking the back of their head. Patient is dazed, confused and disoriented, with complaints of head and neck pain.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 90 R = 18
5 minutes	P = 96 R = 20
10 minutes	P = 96 R = 20

**SCENARIO OBJECTIVES**

Assessment

Scene safety-mark/caution near icy sidewalk/wet tile, advise maintenance

Initial assessment identifies patient injury

Focused history and physical exam reveals confused, disoriented patient with a lump on the back of the head, and pain upon palpation of neck

Rapid body survey reveals no other injuries

Rote Skills

BSI

Request equipment, help, EMS

Administer O<sup>2</sup> with high flow

Spinal immobilization

CMS before and after splinting

Transportation plan verbalized

Extrication/lift; log roll or bridge lift

Problem Management

Maintain spinal stabilization throughout

Direct help with confidence

EMS transport

Notify management of icy sidewalk/wet tile

On-going assessment as needed

## Scenario # 1-1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Sidewalk at area (near entrance if possible)/tile in restroom area

Equipment:

Back board, c-collar, wheeled stretcher (or other devise for moving patient to aid room)

Oxygen, non re-breather mask,

Blankets

Toboggan

Moulage:. none

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Lying on back

Answers to SAMPLE

Signs and symptoms: pain back of head and neck; headache, feels nauseous, dazed and confused

Allergies: none

Medication: none

Past history: none

Last meal: can't remember

Events leading: can't remember

Behaviors:

Complains of head and neck pain, can't remember what happened. Repeatedly asks the same questions: "What happened?, Did I fall? I fell?, My head hurts, I don't feel good."

### SPECIFIC COMMENTS FOR EVALUATORS

Candidate must recognize the need for oxygen and EMS transport, and ensures spinal immobilization.

Candidate is expected to demonstrate knowledge and application of skills by maintaining as well as directing the steps of spinal immobilization, including stabilization of the head and neck, moving the patient on to a spinal immobilization device, and correct sequential application of straps.

Patients	1
Helpers/bystanders	2-3
Evaluator	1-3
Total	5-7

## OUTDOOR EMERGENCY CARE

Scenario # 1-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Impaled object in palm (2) Asthma (2)	Near fence, deck rail, tree or other obstacle where hand can be impaled (0)  Does not impede transport (0)	Single patient (0) Trained help upon request (0)

### GENERAL SCENARIO DESCRIPTION

Patient was riding along, skiing or snowboarding, and ran into the rail of a sundeck. Railing is old and splintered.

For summer scenario options, use the following modification to reflect a summer setting:

- Patient was running around and ran into an old wooden splintered deck rail, impaling a splinter into the palm. The site of seeing the injury causes stress induced asthma.

### INFORMATION GIVEN TO TRAINEE

You are called to the scene near an outdoor sundeck railing

### PATIENT SUMMARY

You have a large splinter (approximately 3/4 inches wide and 2 inches long exposed) impaled in your palm, with mild bleeding, and you have stress induced asthma

You are “freaked out” by the size of the splinter, and this is causing you a great deal of anxiety which has brought on an asthma attack. You are slightly short of breath; but improve rapidly if assisted with your inhaler.

You calm down considerably when reassured and cared for appropriately

### VITAL SIGNS

Time in minutes	Pulse and respirations	Pulse and respirations
Initial	P = 96 R = 28	P = 96 R = 28
	If treated appropriately	If not treated
5 minutes	P = 88 R = 22	P = 98 R = 28
10 minutes	P = 80 R = 18	P = 100 R = 30

### SCENARIO OBJECTIVES

#### Assessment

Scene safety-mark scene

Initial assessment reveals breathing difficulty

Focused history and physical exam reveals impaled object in palm

Rapid body survey- reveals no other injuries

#### Rote Skills

BSI

Request equipment, help, EMS

Assist patient with inhaler

Apply sterile dressing and stabilizing bandage (may splint, sling and swathe for extra stability)

Administer O<sup>2</sup> with high flow

Transportation plan verbalized

#### Problem Management

Direct help with confidence

EMS transport

Notify management of broken deck rail

On-going assessment as needed

## Scenario # 1-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Near a deck rail, fence post, tree or other suitable object a patient could crash into and impale a large splinter in palm

Equipment:

Sterile dressings, roller gauze, cravats, splint  
Toboggan,

Moulage:

Large splinter approximately  $\frac{3}{4}$  inches wide by 2 inches long protruding from fleshy part of palm  
Inhaler

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting, holding injured hand with uninjured hand.

Answers to SAMPLE

Signs and symptoms: impaled object in hand with mild bleeding, "freaked out", short of breath  
Allergies: none  
Medication: albuterol inhaler as needed  
Past history: stress induced asthma  
Last meal: report actual  
Events leading: riding along/running, got going a little fast and crashed into deck rail,

Behaviors:

Scared, anxious and short of breath. "Freaked out" by the piece of wood sticking out of the palm. You calm down significantly when reassured and cared for appropriately (assisted with inhaler). If not treated, respirations increase and your anxiety level increases

### SPECIFIC COMMENTS FOR EVALUATORS

Prioritize shortness of breath over impaled object (only minor bleeding). Trainee should assist patient with inhaler, checking it for correct patient name, type of medication, and expiration date. If candidate never addresses asthma and does not assist with the inhaler, patient worsens and candidate fails the station. Securely applies sterile dressing and stabilizing bandage.

Local protocol will determine if splint, and/or sling and swathe are required.

Patient	1
Helpers/bystander	1
Evaluators	1-3
Total	3-5

# NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Option 1-1 Responsive, head/neck injury

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= pain in back of head and neck, headache, feels nauseous, dazed and confused; **A**= none; **M**=none; **P**=none; **L**=can't remember; **E**= can't remember.

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Checks CMS before splinting	
Surveys scene	1		Directs/maintains manual stabilization of head and neck	
<b>Initiates BSI precautions</b>	CPI		Aligns all parts of body into position 1	
Introduces self	1		<b>*If using a log roll, rolls patient toward rescuers on command from leader, onto the uninjured side if possible, keeping the body in line, rolls patient onto immobilization device on command from leader, keeping the body in line.</b>	
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>				
AVPU	1			
<b>Airway: Assesses and maintains</b>	CPI		<b>*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.</b>	
<b>Breathing: Assesses respirations rate &amp; quality</b>	CPI			
<b>Circulation: Assesses pulse rate &amp; quality</b>	CPI			
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	CPI			
Stabilizes ABC's	1		<b>*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver</b>	
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>	CPI			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1		<b>Correctly measures and applies C-collar (per area protocol)</b>	
<b>Calls for help and equipment</b>	CPI			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1		<b>Secures torso &amp; pelvis to backboard</b>	
Neck & cervical spine	1		<b>Secures head to backboard</b>	
Clavicles and shoulders	1		<b>Performs lift into toboggan smoothly without compromising injury</b>	
Chest and ribs	1		<b>Ensures patient clears the side of sled</b>	
Abdomen	1		<b>Checks CMS after splinting</b>	
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score *36)</b> <b>*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.</b>		<b>(*45)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

**NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION**  
**Evaluation Scenario: Option 1-2 Asthmatic with impaled object in palm**

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= impaled object in hand, freaked out, short of breath; **A**= none; **M**= albuterol inhaler as needed; **P**= stress induced asthma; **L**= report actual; **E**= riding/running along, got going a little fast and crashed into deck rail

	<b>Point Value (CPI's 1 point)</b>	<b>✓ = done</b>	<b>Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)</b>	<b>✓ = done</b>
<b>SCENE SIZE-UP</b>			<b>Addresses asthma by assisting patient with inhaler</b>	
Surveys scene	1			
<b>Initiates BSI precautions</b>	<b>CPI</b>			
Introduces self	1		<b>Controls bleeding with sterile dressing</b>	
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>				
AVPU	1		<b>Bandages and immobilizes/stabilize wound/impaled object with bulky dressing</b>	
<b>Airway: Assesses and maintains</b>	<b>CPI</b>			
<b>Breathing: Assesses respirations rate &amp; quality</b>	<b>CPI</b>			
<b>Circulation: Assesses pulse rate &amp; quality</b>	<b>CPI</b>			
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	<b>CPI</b>			
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>	<b>CPI</b>			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>	<b>CPI</b>			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 28)</b>		<b>(36)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## **Moulage and Equipment Required For Option 1 Scenarios**

### **EVALUATION SCENARIO OPTION 1-1 Head/Neck Injury**

There is no moulage for this injury.

### **EVALUATION SCENARIO OPTION 1-2 Asthmatic with impaled object in palm**

If an empty, unused inhaler is not available, a simulated inhaler can be made with one inch diameter pvc piping. Carefully cut one piece into a two inch piece and the other piece into a one inch piece. Use duct tape and secure into an "L" joint. Apply a "patient's" label, including patient name, name of medication, and expiration date.

For the impaled object, in the fleshy part of the palm you will need a piece of wood approximately  $\frac{3}{4}$  inch wide and 4 inches long. Using plastilina clay, form a "rope" about  $\frac{1}{2}$  inch wide and  $1\frac{1}{2}$  inches long. Flatten into an oval, thin out the edges and leave the clay mounded (thicker) in the middle. Insert one end of the stick into the mounded clay, making sure to pack the clay around the end of the stick, securing it in the clay. Do not push the stick all the way through the clay. Use fake blood around the "wound". Attach the clay piece to the fleshy part of the palm with Alene's flexible craft glue. Apply a thin layer of glue to the back of the clay piece and to the skin where you will be affixing the piece. Double stick toupee tape may be used instead of the glue.

## Skill Stations

### **SKILL STATION #1** O<sub>2</sub> AND AIRWAY MANAGEMENT

- Trainee is required to assemble an oxygen tank and demonstrate proper application to a patient/mannequin.
- Trainee is required to correctly measure and apply either an oropharyngeal or nasal airway to a mannequin.
- Trainee is required to demonstrate adequate ventilation (rate and depth) on a mannequin, with a bag valve and pocket mask
- Trainee is required to make sure oxygen is being received by patient/mannequin.
- Trainee is required to demonstrate the proper procedure for suctioning using the appropriate equipment.

### **SKILL STATION #2** HUMERUS INJURY

- Patient is complaining of severe mid-shaft humerus pain and is self-splinting the arm slightly away from body, allowing room for splints to be applied. There is no diminished CMS. Trainee is informed of patient's status and is advised to provide emergency care for the specific injury.
- Trainee is required to appropriately care for an upper extremity injury, making sure to meet all CPI's found on the evaluation form.

### **SKILL STATION #3** BOOT AND HELMET REMOVAL

- Trainee is required to correctly remove a downhill ski boot, cross country ski boot, or snowboard boot. Patient has a knee injury, with quick splint in place. Candidate must maintain stabilization of the injured extremity during boot removal and must meet all CPI's found on the evaluation form.
- Trainee is required to correctly remove a fully applied helmet (chin strap snapped), making sure to meet all CPI's found on the evaluation form.

### **SKILL STATION #4** DISTAL FEMUR FRACTURE

- Patient has a distal femur injury (just above the knee) with no diminished CMS. Trainee is informed of injury and is advised to treat same.
- Trainee is required to treat lower extremity injury with the appropriate splint(s), immobilizing bones above and below injury, making sure to meet all CPI's found on evaluation form. Additionally, candidate should verbalize placement of patient on a backboard.

## Moulage and Equipment Required For Skill Stations

### **Skill Station #1** O<sub>2</sub> and Airway Management

- Oxygen tank with regulator and means to dispense oxygen (non-rebreather mask, bag-valve mask or nasal cannula)
- Various sized airways (oral and nasal). If possible, a mannequin used for CPR may be used; otherwise, trainee will measure on available patient or evaluator.
- Suction devices

Patients (use mannequin): 0  
Helpers/Bystanders 0  
Evaluators 1-3  
**Total personnel needed 1-3**

### **Skill Station #2** Humerus Injury

Moulage is a deformity on the lateral aspect of humerus. Simulate a closed deformity with an oval mound of clay with the edges feathered out. Affix with Alene's craft glue (apply a thin layer to the clay piece and to the area on the arm), or use double stick tape, to the lateral side of mid-shaft humerus area.

Patients: 1  
Helpers/Bystanders 1  
Evaluators 1-3  
**Total personnel needed 3-5**

### **Skill Station #3** Boot and Helmet Removal

Patient or evaluator with boot and helmet fully applied (boots buckled, helmet chin strap snapped). Patient has a quick splint in place for a knee injury.

Patients: 1  
Helpers/Bystanders 1  
Evaluators 1-3  
**Total personnel needed 3-5**

### **Skill Station #4** Distal Femur Injury

Moulage is bruising, anterior, just above the knee. Using a stipple sponge, dab blue and purple grease paint/make-up to create bruised area.

Equipment available should be area specific such as, long, padded board splints, airplane splints, quick/rigid fixation splints.

Patients: 1  
Helpers/Bystanders 1-2  
Evaluators 1-3  
**Total personnel needed 3-6**

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #1      Oxygen and Airway Management

TRAINEE  
NAME:

DATE:

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Properly assembles oxygen tank</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Inserts an airway using the proper technique</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Demonstrates adequate ventilation with barrier device (BVM/pocket mask)</b>	
Chooses correct equipment	1			
Quickly deals with the situation	1		<b>Chooses appropriate O<sub>2</sub> delivery device by patient needs</b>	
Correctly handles patient and injury	1			
Demonstrates skill competency	1		<b>Applies O<sub>2</sub> delivery device and verifies patient is receiving O<sub>2</sub></b>	
Communicates with patient	1			
Directs other capably	1			
<b>Demonstrates use of suction device</b>				
<b>TOTAL POINTS (minimum passing score 11)</b>		<b>(14)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician?    YES    NO

Were all CPI's [Shaded Boxes] performed adequately?    YES    NO

Evaluator's signature: \_\_\_\_\_      Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

SKILL STATION # 2

Humerus Injury

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>	
<b>Initiates BSI precautions</b>			<b>Provides adequate support of arm during splinting</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Demonstrates proper application of splint</b>	
Chooses correct equipment	1			
Quickly deals with the situation	1		<b>Demonstrates correct application of sling and swathe</b>	
Correctly handles patient and injury	1			
Demonstrates skill competency	1		<b>Checks CMS after splinting</b>	
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 10)</b>				<b>(13)</b>

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #3      Boot Removal

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Checks CMS before removing boot</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Stabilizes injured extremity, and properly removes boot</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Checks CMS after removing boot</b>	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 8)</b>		<b>(10)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #3      Helmet Removal

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Provides cervical stabilization for strap removal</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Directs transfer of cervical stabilization</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Removes helmet with minimal cervical movement</b>	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 8)</b>		<b>(10)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #4      Distal Femur Injury

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Provides adequate support of leg/injured area.</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Properly applies splint ensuring immobilization of bones above and below injury</b>	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1		<b>Checks CMS after splinting</b>	
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 8)</b>		<b>(11)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

**OPTION 2: FOUR SCENARIOS**  
**(Must include Oxygen and Airway Management Skill Station)**

Scenarios for Option 2 all require full assessments and vitals; and therefore those skills are not listed in the "What it Evaluates" section on the following table.

The scenarios given are **new scenarios and are for TEST PURPOSES ONLY.**

EVALUATION SCENARIO #	DEGREE OF DIFFICULTY	INJURIES	WHAT IT EVALUATES
<b>Scenarios</b>			
<b>OPTION 2-1</b>	<b>4</b>	<b>Responsive head/neck injury</b>	<b>Assessment, helmet removal spinal immobilization, extrication, lifting and transportation</b>
<b>OPTION 2-2</b>	<b>4</b>	<b>Asthmatic with impaled object in palm</b>	<b>Assessment, bleeding and bandaging, medical emergency</b>
<b>OPTION 2-3</b>	<b>4</b>	<b>Fractured humerus</b>	<b>Assessment, upper extremity</b>
<b>OPTION 2-4</b>	<b>3</b>	<b>Distal femur fracture</b>	<b>Assessment, lower extremity boot removal</b>
<b>Skill Station</b>			
		<b>O<sub>2</sub> and Airway Management</b>	<b>O<sub>2</sub> tank assembly/airway insertion and airflow application/suction</b>

**OUTDOOR EMERGENCY CARE**

**Scenario # 2-1**

**Degree of Difficulty = 4**

<b>INJURY</b>	<b>ENVIRONMENT</b>	<b>PERSONNEL</b>
Head/neck injury (4)	Side walk, walk way (0)	Single patient (0) Trained help upon request (0)

**GENERAL SCENARIO DESCRIPTION**

Patient slipped and fell on icy sidewalk at ski area entrance; striking back of head and cracking their helmet. For summer scenario options, use the following modification to reflect a summer setting:

- At the park’s restroom area the patient slipped and fell on wet ceramic tile floor, striking their head, cracking their bike helmet.

**INFORMATION GIVEN TO TRAINEE**

You are called to respond to a patient at the front entrance of the resort/restroom.

**PATIENT SUMMARY**

Patient slipped and fell on an icy sidewalk/on wet tile at the entrance of the resort/restroom; striking the back of their head and cracking their helmet. Patient is dazed, confused and disoriented, with complaints of head and neck pain.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 90 R = 18
5 minutes	P = 96 R = 20
10 minutes	P = 96 R = 20

**SCENARIO OBJECTIVES**

Assessment

- Scene safety-mark/caution near icy sidewalk/wet tile, advise maintenance
- Initial assessment identifies patient injury
- Focused history and physical exam reveals confused, disoriented patient with a lump on the back of the head, and pain upon palpation of neck
- Rapid body survey reveals no other injuries

Rote Skills

- BSI
- Request equipment, help, EMS
- Administer O<sup>2</sup> with high flow
- Properly remove helmet
- Spinal immobilization
- CMS before and after splinting
- Transportation plan verbalized
- Extrication/lift; log roll or bridge lift

Problem Management

- Maintain spinal stabilization throughout
- Direct help with confidence
- EMS transport
- Notify management of icy sidewalk/wet tile
- On-going assessment as needed

## Scenario # 2-1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Sidewalk at area (near entrance if possible)/tile in restroom area

Equipment:

Back board, c-collar, wheeled stretcher (or other devise for moving patient to aid room)

Oxygen, non re-breather mask,

Blankets

Toboggan

Moulage:. none

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Lying on back

Answers to SAMPLE

Signs and symptoms: pain back of head and neck; headache, feels nauseous, dazed and confused

Allergies: none

Medication: none

Past history: none

Last meal: can't remember

Events leading: can't remember

Behaviors:

Complains of head and neck pain, can't remember what happened. Repeatedly asks the same questions: "What happened?, Did I fall? I fell?, My head hurts, I don't feel good"

### SPECIFIC COMMENTS FOR EVALUATORS

Candidate must recognize the need for oxygen and EMS transport, and ensures spinal immobilization.

Candidate is expected to demonstrate knowledge and application of skills by maintaining as well as directing the steps of spinal immobilization, including stabilization of the head and neck, moving the patient on to a spinal immobilization device, and correct sequential application of straps.

Patients	1
Helpers/bystanders	2-3
Evaluator	1-3
Total	5-7

**OUTDOOR EMERGENCY CARE**

**Scenario # 2-2**

**Degree of Difficulty = 4**

<b>INJURY</b>	<b>ENVIRONMENT</b>	<b>PERSONNEL</b>
Asthma (2) Impaled object-palm (2)	Near fence, deck rail, tree or other obstacle where hand can be impaled (0) Does not impede transport (0)	Single patient (0) Trained help upon request (0)

**GENERAL SCENARIO DESCRIPTION**

Patient was riding along, skiing or snowboarding, and ran into the rail of a sundeck. Railing is old and splintered. For summer scenario options, use the following modification to reflect a summer setting:

- Patient was running around and ran into an old wooden splintered deck rail, impaling a splinter into the palm. The site of seeing the injury causes stress induced asthma.

**INFORMATION GIVEN TO TRAINEE**

You are called to the scene near an outdoor sundeck railing

**PATIENT SUMMARY**

You have a large splinter (approximately 3/4 inches wide and 2 inches long exposed) impaled in your palm, with mild bleeding, and you have stress induced asthma

You are “freaked out” by the size of the splinter, and this is causing you a great deal of anxiety which has brought on an asthma attack. You are slightly short of breath; but improve rapidly if assisted with your inhaler.

You calm down considerably when reassured and cared for appropriately

**VITAL SIGNS**

Time in minutes	Pulse and respirations	Pulse and respirations
Initial	P = 96 R = 28	P = 96 R = 28
	If treated appropriately	If not treated
5 minutes	P = 88 R = 22	P = 98 R = 28
10 minutes	P = 80 R = 18	P = 100 R = 30

**SCENARIO OBJECTIVES**

Assessment

- Scene safety-mark scene
- Initial assessment reveals breathing difficulty
- Focused history and physical exam reveals impaled object in palm-
- Rapid body survey- reveals no other injuries

Rote Skills

- BSI
- Request equipment, help, EMS
- Assist patient with inhaler
- Apply sterile dressing and stabilizing bandage (may splint, sling and swathe for extra stability)
- Administer O<sup>2</sup> with high flow
- Transportation plan verbalized

Problem Management

- Direct help with confidence
- EMS transport
- Notify management of broken deck rail
- On-going assessment as needed

## Scenario # 2-2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Near a deck rail, fence post, tree or other suitable object a patient could crash into and impale a large splinter in palm

Equipment:

Sterile dressings, roller gauze, cravats, splint

Oxygen

Toboggan,

Moulage:

Large splinter approximately  $\frac{3}{4}$  inches wide by 2 inches long protruding from fleshy part of palm

Inhaler

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting, holding injured hand with uninjured hand.

Answers to SAMPLE

Signs and symptoms: impaled object in hand with mild bleeding, "freaked out", short of breath

Allergies: none

Medication: albuterol inhaler as needed

Past history: stress induced asthma

Last meal: report actual

Events leading: riding along/running, got going a little fast and crashed into deck rail,

Behaviors:

Scared, anxious and short of breath. "Freaked out" by the piece of wood sticking out of your palm. If not treated, respirations increase and your anxiety level increases

You calm down significantly when reassured and cared for appropriately (assisted with inhaler).

### SPECIFIC COMMENTS FOR EVALUATORS

Prioritize shortness of breath over impaled object (only minor bleeding). Trainee should assist patient with inhaler, checking it for correct patient name, type of medication, and expiration date. If candidate never addresses asthma and does not assist with the inhaler, patient worsens and candidate fails the station. Securely applies sterile dressing and stabilizing bandage.

Local protocol to determine if splint, and/or sling and swathe are required.

Patient	1
Helpers/bystander	1
Evaluators	1-3
Total	3-5

**OUTDOOR EMERGENCY CARE**

**Scenario # 2-3**

**Degree of Difficulty = 3**

INJURY	ENVIRONMENT	PERSONNEL
Fractured humerus (3)	3 foot wall near side of run, or other suitable 3 foot retaining wall; does not add difficulty (0)	Single patient (0) Trained help upon request (0)

**GENERAL SCENARIO DESCRIPTION**

Patient was snowboarding in the beginners' area that has a retaining wall at the top of the bunny hill. You have been climbing over the retaining wall, into the woods, which is out of bounds, and snow boarding from the woods, over the wall onto the bunny hill. You fell and injured your upper arm

For summer scenario options, use the following modification to reflect a summer setting:

- Patient was skateboarding in an area with a three foot retaining wall. Patient was climbing over the wall and skating down and off the wall when they fell on their arm.

**INFORMATION GIVEN TO TRAINEE**

You are called to the scene near the retaining wall at the top of the bunny hill.

**PATIENT SUMMARY**

You jumped over the wall and landed on your arm; you have a lot of pain in your upper arm.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 90 R = 18
5 minutes	P = 92 R = 20
10 minutes	P = 94 r = 22

**SCENARIO OBJECTIVES**

Assessment

Scene safety-mark scene; notify management that patrons are using the retaining wall as a jump

Initial assessment identifies patient injury

Focused history and physical exam reveals mid-shaft humerus deformity

Rapid body survey reveals no other injuries

Rote Skills

BSI

Request equipment and help

Apply splint appropriate for fractured humerus

CMS before and after splinting

Transportation plan verbalized

Problem Management

Provide adequate support to humerus during splinting

Apply appropriate splint to humerus

Direct help with confidence

Notify management of patrons using retaining wall as a jump

On-going assessment as needed

## Scenario # 2-3

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Area near a 3 foot high retaining wall

Equipment:

Splint

Toboggan

Moulage:

Deformity on lateral aspect of humerus

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Laying on back with arm out slightly from body

Answers to SAMPLE

Signs and symptoms: pain in mid-shaft humerus area

Allergies: none

Medication: aderal

Past history: ADHD

Last meal: report actual

Events leading: climbing up wall, going into woods behind the wall and snowboarding/skating down over wall onto bunny hill/ground

Behaviors:

Crying, arm really hurts

### SPECIFIC COMMENTS FOR EVALUATORS

Candidate should perform appropriate application of splint; check CMS before and after splinting. Ensure patient's behavior does not increase difficulty of scenario.

Patient	1
Helpers/bystanders	1
Evaluators	1-3
Total	3-5

## OUTDOOR EMERGENCY CARE

Scenario # 2-4

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Fractured femur just above the knee (3)	Side of trail, no impact on scenario (0)	Single patient (0) Trained help upon request (0)

### GENERAL SCENARIO DESCRIPTION

While skiing, patient caught an edge that caused a violent twisting of the leg and an injury to area just above the knee. For summer scenario options, use the following modification to reflect a summer setting:

- Patient was roller blading in their favorite park, the wheels got caught in a crack of the asphalt and caused serious twisting of the leg, just above the knee.

### INFORMATION GIVEN TO TRAINEE

You are called to the scene of a downed skier at the side of a more difficult slope/roller blader down along a paved trail

### PATIENT SUMMARY

You are experiencing severe pain in your leg, just above the knee.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 96 R = 16
5 minutes	P = 98 R = 18
10 minutes	P = 100 R = 18

### SCENARIO OBJECTIVES

#### Assessment

Scene safety- mark scene

Initial assessment identifies patient injury

Focused history and physical exam reveals bruising just above the knee

Rapid body survey reveals no other injuries

#### Rote Skills

BSI

Request equipment and help

Proper application of splint (area specific such as, long, padded board splints, airplane splints, quick/rigid fixation splints).

Maintain proper support of leg during splinting

CMS before and after splinting

Administer O<sup>2</sup> with high flow

Proper boot removal; on slope or in aid room, per area protocol

Transportation plan verbalized

#### Problem Management

Maintain proper support of leg during splinting

Direct help with confidence

Maintain proper support of leg and injury during boot removal

On-going assessment as needed

## Scenario # 2-4

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Side of run/paved trail on a more difficult slope

Equipment:

Equipment available should be area specific such as long, padded board splints, airplane splints, quick/rigid fixation splints

Blankets

Oxygen

Toboggan

Moulage:

Bruising just above the knee, anterior aspect, patient is wearing a snow sport boot/roller blade

Weather: Must be the same as the day of scenario

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position: Lying down, injured leg slightly bent at knee

Answers to SAMPLE

Signs and symptoms: severe pain just above the knee

Allergies: penicillin

Medication: none

Past history: none

Last meal: report actual

Events leading: skiing/blading quite fast, caught an edge/got caught in a crack, and twisted leg

Behaviors:

You are in severe pain. Cry out if injured leg is bumped or not supported correctly.

### SPECIFIC COMMENTS FOR EVALUATORS

Proper support of leg needs to be maintained while splinting and during boot removal.

Help can either support leg or manage splint as directed by candidate.

This is not a mid-shaft femur injury; therefore a traction splint is not indicated.

Candidate should verbalize placement of patient on a backboard.

Patient	1
Helpers/Bystanders	1
Evaluators	1-3
Total	3-5

**NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION**  
**Evaluation Scenario #: Option 2-1 Responsive, head/neck injury**

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= pain in back of head and neck, headache, feels nauseous, dazed and confused; **A**= none; **M**= none; **P**=none; **L**= can't remember; **E**= can't remember.

	<b>Point Value (CPI's 1 point)</b>	<b>✓ = done</b>	<b>Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)</b>	<b>✓ = done</b>	
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>		
Surveys scene	1		<b>Directs/maintains manual stabilization of head and neck</b>		
<b>Initiates BSI precautions</b>	<b>CPI</b>				
Introduces self	1		<b>Aligns all parts of body into position 1</b>		
Asks permission to help	1				
<b>INITIAL ASSESSMENT</b>			<b>*If using a log roll, rolls patient toward rescuers on command from leader, onto the uninjured side if possible, keeping the body in line, rolls patient onto immobilization device on command from leader, keeping the body in line.</b>		
AVPU	1				
<b>Airway: Assesses and maintains</b>	<b>CPI</b>				
<b>Breathing: Assesses respirations rate &amp; quality</b>	<b>CPI</b>				
<b>Circulation: Assesses pulse rate &amp; quality</b>	<b>CPI</b>				
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	<b>CPI</b>		<b>*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.</b>		
Stabilizes ABC's	1				
<b>HISTORY &amp; EXAM</b>			<b>*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver</b>		
<b>Determines major complaint &amp; MOI or NOI</b>	<b>CPI</b>				
Obtains SAMPLE history	1				
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1				
<b>Calls for help and equipment</b>	<b>CPI</b>		<b>Provides cervical stabilization for helmet strap removal</b>		
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>					
Conducts systematic body check					
Head (ears, pupils)	1			<b>Directs transfer of cervical stabilization</b>	
Neck & cervical spine	1			<b>Removes helmet with minimal cervical movement</b>	
Clavicles and shoulders	1			<b>Correctly measures and applies C-collar (per area protocol)</b>	
Chest and ribs	1				
Abdomen	1			<b>Secures torso &amp; pelvis to backboard</b>	
Pelvis	1			<b>Secures head to backboard</b>	
Lower limbs	1			<b>Performs lift into toboggan smoothly without compromising injury</b>	
Upper limbs	1				
Back (T through S spine)	1			<b>Ensures patient clears the side of sled</b>	
Finds all injuries	1				
Checks pulse and respirations	1			<b>Checks CMS after splinting</b>	
<b>GENERAL OBSERVATIONS</b>					
Correctly prioritizes emergency care	1				
Treats for shock	1				
Quickly deals with the situation	1				
Correctly handles patient and injury	1				
Demonstrates skill competency	1				
Communicates with patient	1				
Directs other capably	1				
Performs ongoing assessment	1				
<b>TOTAL POINTS (minimum passing score *38)</b> <b>*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.</b>		<b>(*48)</b>			

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO  
 Were all CPI's [Shaded Boxes] performed adequately? YES NO  
 Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

**NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION**  
**Evaluation Scenario #: Option 2-2 Asthmatic with impaled object in palm**

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= impaled object in hand, freaked out, short of breath; **A**= none; **M**= albuterol inhaler as needed; **P**=stress induced asthma; **L**= report actual; **E**= riding along, got going a little fast and crashed into deck rail

	<b>Point Value (CPI's 1 point)</b>	<b>✓ = done</b>	<b>Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)</b>	<b>✓ = done</b>
<b>SCENE SIZE-UP</b>			<b>Addresses asthma by assisting patient with inhaler</b>	
Surveys scene	1			
<b>Initiates BSI precautions</b>			<b>Controls bleeding with sterile dressing</b>	
Introduces self	1			
Asks permission to help	1		<b>Bandages and immobilizes/stabilize wound/impaled object with bulky dressing</b>	
<b>INITIAL ASSESSMENT</b>				
AVPU	1			
<b>Airway: Assesses and maintains</b>				
<b>Breathing: Assesses respirations rate &amp; quality</b>				
<b>Circulation: Assesses pulse rate &amp; quality</b>				
<b>Circulation: Assesses &amp; manages any severe bleeding</b>				
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>				
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>				
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 28)</b>		<b>(36)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

# NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-3 Fractured Humerus

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= pain in mid-shift humerus area; **A**= none; **M**= aderal; **P**= ADHD; **L**= report actual; **E**= climbing up wall, going into woods behind the wall and snowboarding/skating down over wall

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done				
<b>SCENE SIZE-UP</b>			<b>Checks CMS of arm/hand before splinting</b>					
Surveys scene	1							
<b>Initiates BSI precautions</b>					<b>Properly applies splint</b>			
Introduces self	1				<b>Properly applies sling and swath</b>			
Asks permission to help	1		<b>Checks CMS of arm/hand after splinting</b>					
<b>INITIAL ASSESSMENT</b>								
AVPU	1							
<b>Airway: Assesses and maintains</b>					<b>CPI</b>			
<b>Breathing: Assesses respirations rate &amp; quality</b>					<b>CPI</b>			
<b>Circulation: Assesses pulse rate &amp; quality</b>					<b>CPI</b>			
<b>Circulation: Assesses &amp; manages any severe bleeding</b>					<b>CPI</b>			
Stabilizes ABC's	1							
<b>HISTORY &amp; EXAM</b>								
<b>Determines major complaint &amp; MOI or NOI</b>							<b>CPI</b>	
Obtains SAMPLE history	1							
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1							
<b>Calls for help and equipment</b>			<b>CPI</b>					
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>								
Conducts systematic body check								
Head (ears, pupils)	1							
Neck & cervical spine	1							
Clavicles and shoulders	1							
Chest and ribs	1							
Abdomen	1							
Pelvis	1							
Lower limbs	1							
Upper limbs	1							
Back (T through S spine)	1							
Finds all injuries	1							
Checks pulse and respirations	1							
<b>GENERAL OBSERVATIONS</b>								
Correctly prioritizes emergency care	1							
Treats for shock	1							
Quickly deals with the situation	1							
Correctly handles patient and injury	1							
Demonstrates skill competency	1							
Communicates with patient	1							
Directs other capably	1							
Performs ongoing assessment	1							
<b>TOTAL POINTS (minimum passing score 29)</b>		<b>(37)</b>						

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario #: Option 2-4 Distal femur fracture

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= severe mid-thigh pain; **A**= latex; **M**=none; **P**=none; **L**=report actual, **E**= caught tip of ski on the gate, and really twisted upper leg

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>	
Surveys scene	1		<b>Provides adequate support of leg/injured area.</b>	
<b>Initiates BSI precautions</b>	CPI			
Introduces self	1		<b>Properly applies splint ensuring immobilization of bones above and below injury</b>	
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>				
AVPU	1		<b>Checks CMS after splinting</b>	
<b>Airway: Assesses and maintains</b>	CPI		<b>Checks CMS before removing boot</b>	
<b>Breathing: Assesses respirations rate &amp; quality</b>	CPI		<b>Stabilizes injured extremity, and properly removes boot</b>	
<b>Circulation: Assesses pulse rate &amp; quality</b>	CPI		<b>Checks CMS after removing boot</b>	
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	CPI			
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>	CPI			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>	CPI			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 30)</b>	<b>(38)</b>			

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## **Moulage and Equipment Required For Option 2 Scenarios**

### **EVALUATION SCENARIO OPTION 2-1**

#### **Head/neck injury**

Moulage is a helmet with a crack in the back: Can simulate by drawing a jagged line on the back of the helmet and verbalize.

### **EVALUATION SCENARIO OPTION 2-2**

#### **Asthmatic with impaled object in palm**

If an empty, unused inhaler is not available, a simulated inhaler can be made with one inch diameter pvc piping. Carefully cut one piece into a two inch piece and the other piece into a one inch piece. Use duct tape and secure into an "L" joint. Apply a "patient's" label, including patient name, name of medication, and expiration date.

For the impaled object, in the fleshy part of the palm you will need a piece of wood approximately  $\frac{3}{4}$  inch wide and 4 inches long. Using plastilina clay, form a "rope" about  $\frac{1}{2}$  inch wide and  $1\frac{1}{2}$  inches long. Flatten into an oval, thin out the edges and leave the clay mounded (thicker) in the middle. Insert one end of the stick into the mounded clay, making sure to pack the clay around the end of the stick, securing it in the clay. Do not push the stick all the way through the clay. Use fake blood around the "wound". Attach the clay piece to the fleshy part of the palm with Alene's flexible craft glue. Apply a thin layer of glue to the back of the clay piece and to the skin where you will be affixing the piece. Double stick toupee tape may be used instead of the glue.

### **EVALUATION SCENARIO OPTION 2-3**

#### **Fractured humerus**

Moulage is a deformity on the lateral aspect of humerus. Simulate a closed deformity with an oval mound of clay with the edges feathered out. Affix with Alene's craft glue (apply a thin layer to the clay piece and to the area on the arm), or double stick tape, to the lateral side of mid-shaft humerus area.

### **EVALUATION SCENARIO # OPTION 2-4**

#### **Distal femur fracture**

Moulage is bruising, anterior, just above the knee. Using a stipple sponge, dab blue and purple grease paint/make-up to create bruised area.

Equipment available should be area specific such as long, padded board splints, airplane splints, quick/rigid fixation splints.

## Skill Station

### **SKILL STATION #1** O<sub>2</sub> AND AIRWAY MANAGEMENT

- Trainee is required to assemble an oxygen tank and demonstrate proper application to a patient/mannequin.
- Trainee is required to correctly measure and apply either an oropharyngeal or nasal airway to a mannequin.
- Trainee is required to demonstrate adequate ventilation (rate and depth) on a mannequin, with a bag valve and pocket mask
- Trainee is required to make sure oxygen is being received by patient/mannequin.
- Trainee is required to demonstrate the proper procedure for suctioning using the appropriate equipment.

### **Moulage and Equipment Required For Skill Station**

#### **Skill Station #1** O<sub>2</sub> and Airway Management

- Oxygen tank with regulator and means to dispense oxygen (non-rebreather mask, bag-valve mask or nasal cannula)
- Various sized airways (oral and nasal). If possible, a mannequin used for CPR may be used; otherwise, trainee will measure on available patient or evaluator.
- Suction devices

Patients (use mannequin):	0
Helpers/Bystanders	0
Evaluators	1-3
Total personnel needed	1-3

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #1      Oxygen and Airway Management

TRAINEE  
NAME:

DATE:

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Properly assembles oxygen tank</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Inserts an airway using the proper technique</b>	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			<b>Demonstrates adequate ventilation with barrier device (BVM/pocket mask)</b>	
Chooses correct equipment	1		<b>Chooses appropriate O<sub>2</sub> delivery device by patient needs</b>	
Quickly deals with the situation	1			
Correctly handles patient and injury	1		<b>Applies O<sub>2</sub> delivery device and verifies patient is receiving O<sub>2</sub></b>	
Demonstrates skill competency	1			
Communicates with patient	1		<b>Demonstrates use of suction device</b>	
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 11)</b>		<b>(14)</b>		

Does candidate demonstrate the necessary skills required of an OEC Technician?    YES    NO

Were all CPI's [Shaded Boxes] performed adequately?    YES    NO

Evaluator's signature: \_\_\_\_\_      Score: \_\_\_\_\_

## RE-TEST OPTIONS

Refer to the current edition of the NSP Policies and Procedures (P&P) Manual regarding re-testing trainees and challenge applicants. This manual can be found at the NSP website.

The purpose of this section is to provide options for re-testing those trainees or challenge applicants who did not pass a portion of the practical exam. It is imperative to refer to page 4 of this manual, and/or the current P&P manual, for specific details as to why and how a trainee or challenge applicant should be re-tested.

Use the following chart to determine which "re-test" scenario or skill to use according to skill or scenario failed. DO NOT RE-USE the scenarios or skills provided in Test Option 1 or Test Option 2 (with the exception of the oxygen/airway and boot/helmet removal skill stations).

These scenarios are NOT to be used for practice or training. They are only to be used for re-testing purposes.

<b>Scenarios</b>				
OPTION 1 (2 Scenarios/4 Skill Stations) FAILED SCENARIO #	OPTION 2 (4 Scenarios) FAILED SCENARIO #	USE RE-TEST SCENARIO #	INJURIES	WHAT IT EVALUATES
<b>1-1</b>	<b>2-1</b>	<b>#1</b> (For Option 1, omit helmet removal from this scenario)	<b>Unresponsive, closed head injury</b>	<b>Assessment, spinal immobilization, lifting, extrication and transport, helmet removal (Option 2-1 only)</b>
<b>1-2</b>	<b>2-2</b>	<b>#2</b>	<b>Diabetic, hypoglycemia w/high laceration</b>	<b>Assessment, bleeding and bandaging, medical emergency</b>
	<b>2-3</b>	<b>#3</b>	<b>Closed clavicle fracture, knee strain</b>	<b>Assessment, upper extremity, lower extremity, boot removal</b>
	<b>2-4</b>	<b>#4</b>	<b>Closed, mid-shaft femur fracture</b>	<b>Assessment, lower extremity</b>
<b>Skill Station</b>				
OPTION 1 FAILED SKILL	OPTION 2 FAILED SKILL	USE RE-TEST SKILL	WHAT IT EVALUATES	
<b>O<sub>2</sub> and Airway Management</b>	<b>O<sub>2</sub> and Airway Management</b>	<b>O<sub>2</sub> and Airway Management</b>	<b>O<sub>2</sub> tank assembly/airway insertion and airflow application/suction</b>	
<b>Humerus</b>		<b>Shoulder injury</b>	<b>Upper extremity</b>	
<b>Boot and/or Helmet Removal</b>		<b>Boot and/or Helmet Removal</b>	<b>Skills in removing boots and helmets</b>	
<b>Distal Femur</b>		<b>Closed, mid-shaft femur</b>	<b>Lower extremity</b>	

## OUTDOOR EMERGENCY CARE

Re-Test Scenario # 1

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Unresponsive (closed head injury) (4)	Terrain park/skateboard park	Trained help upon request (0)

### GENERAL SCENARIO DESCRIPTION

Teenager in the terrain park does an inverted jump and slams the back of their head onto the hard packed snow, cracking their helmet (Option 2-1 only) and is unresponsive.

Can substitute skateboard park feature for summer scene.

### INFORMATION GIVEN TO TRAINEE

You are called to the terrain/skateboard park for an injured boarder.

### PATIENT SUMMARY

Patient is unresponsive throughout the scenario. Patient is wearing a helmet (Option 2-1 only), which has a partial crack in the back of it. Witnesses state the patient attempted an inverted jump and messed up the landing, slamming their head into the snow/ground.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 100 R = 20
5 minutes	P = 110 R = 22
10 minutes	P = 116 R = 24

### SCENARIO OBJECTIVES

#### Assessment

Scene safety-mark/caution scene

Initial assessment reveals unresponsive patient with elevated pulse and respirations

Focused history and exam on unresponsive patient--witnesses indicate the patient's head slammed into the snow/ground very hard

Rapid body survey finds no bleeding or deformities

#### Rote Skills

BSI

Maintain airway

Request equipment, help, EMS

Administer O<sup>2</sup> with high flow

Properly remove helmet (Option 2-1 only)

Spinal immobilization

CMS before and after splinting

Transportation plan verbalized

Extrication/lift; log roll or bridge lift

#### Problem Management

Maintain spinal stabilization throughout

Direct help with confidence

EMS transport

On-going assessment as needed

## Re-test Scenario # 1

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

#### Location/terrain:

Terrain park, just below a jump, or just below any jump or skateboard park feature

#### Equipment:

Back board, c-collar, wheeled stretcher (or other device for moving patient to aid room)

Oxygen, non re-breather mask,

Blankets

Toboggan

#### Moulage:

Helmet with a partial crack in the back (simulate or verbalize). OMIT if Option 1-1 is being re-tested; use helmet only if Option 2-1 is being re-tested.

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

#### Position:

Lying on back with head turned to the side and one knee flexed

#### Answers to SAMPLE

Signs and symptoms: Unresponsive throughout

Allergies: Unknown

Medication: Unknown

Past history: Unknown

Last meal: Unknown

Events leading: Witnesses state the patient attempted an inverted jump and messed up the landing, slamming their head into the snow/ground.

#### Behaviors:

Patient is unresponsive throughout scenario. Bystanders/witnesses do not hinder rescue efforts.

### SPECIFIC COMMENTS FOR EVALUATORS

Candidate must recognize the need for oxygen and EMS transport, and ensures spinal immobilization. Candidates should verbalize the use of airways—evaluation of actual airway insertion will occur in the Airway Management Skill Station. Helmet should have a (simulated or verbalized) crack in the back (Option 2-1 only).

Candidate is expected to demonstrate knowledge and application of skills by maintaining as well as directing the steps of spinal immobilization, including stabilization of the head and neck, moving the patient on to a spinal immobilization device, and correct sequential application of straps.

Patients	1
Helpers/bystanders	2-3
Evaluators	1-3
Total	4-7

## OUTDOOR EMERGENCY CARE

Re-test Scenario # 2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Diabetic/hypoglycemia (2) Laceration on thigh (2)	Chalet/resort kitchen (0)	Trained help upon request (0)

### GENERAL SCENARIO DESCRIPTION

Kitchen employee fell with a knife and cut thigh.

### INFORMATION GIVEN TO TRAINEE

You are called to the chalet/resort kitchen for an injured employee.

### PATIENT SUMMARY

Patient is a diabetic who is experiencing hypoglycemia. They took their morning insulin and ate breakfast. It was a very busy day, and they skipped lunch. It is late afternoon and they are preparing for the dinner rush. While dicing tomatoes, they became shaky, buckled, and fell with a large knife in their hand. The knife caused a 2 inch laceration on the thigh just above the knee. There is moderate bleeding. Hypoglycemia continues to worsen if not treated quickly with sugar/glucose.

### VITAL SIGNS

Time in minutes	Pulse and respirations	
Initial	P = 90	R = 20
5 minutes	P = 96	R = 22
10 minutes	P = 90	R = 18

### SCENARIO OBJECTIVES

#### Assessment

Scene size up reveals one patient who is a resort employee.

Initial assessment reveals slightly elevated pulse, slowed responses, slightly slurred speech, and bleeding from a thigh laceration

Focused history and exam reveals slowed responses, two inch laceration on thigh, just above the knee.

Rapid body survey reveals no other injuries.

#### Rote Skills

BSI

Control bleeding with sterile gauze and direct pressure

Address hypoglycemia by assisting patient with sugar/glucose

Bandage thigh

#### Problem Management

Control bleeding first, and then address hypoglycemia

Avoid exposure to blood

Notify manager as patient is an employee

Transportation plan verbalized, to include requesting EMS

Ongoing assessment, continue to monitor level of responsiveness and patient's hypoglycemia

## Re-Test Scenario # 2

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Resort kitchen or other suitable indoor area

Equipment:

Sterile gauze and bandage material  
Candy/sugar and/or glucose  
Wheeled stretcher (or other device for moving patient to aid room)  
Blankets

Moulage:

Two inch laceration on anterior thigh just above the knee

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Patient is sitting and holding their thigh.

Answers to SAMPLE

Signs and symptoms: bleeding, slow responses, shaky  
Allergies: none  
Medication: insulin  
Past history: diabetes  
Last meal: breakfast (and it is late afternoon)  
Events leading: skipped lunch, got shaky, and fell with the knife.

Behaviors:

Patient's responses are slow and speech is slightly slurred. Condition rapidly improves if sugar/glucose is administered. If no sugar is given, patient's condition deteriorates into complete unresponsiveness.

### SPECIFIC COMMENTS FOR EVALUATORS

Candidate needs to address bleeding first, then hypoglycemia, quickly. (If patient goes unresponsive, the candidate has not recognized and/or treated the condition, and thus will result in a fail of this scenario.) Notify management of employee injury.

Patient/s	1
Helper/bystanders	1
Evaluators	1-3
Total	3-5

## OUTDOOR EMERGENCY CARE

Re-Test Scenario 3

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Closed clavicle fracture (2) Knee strain (2)	Cross country trail (0) <u>or</u> Paved path for in-line skating (0)	Trained help upon request (0)

### GENERAL SCENARIO DESCRIPTION

Skiing along, caught an edge, twisted knee and fell on out-stretched arm.

Summer modification: Skating on paved path, wheels got caught in a crack in the pavement, caused a twisting of the knee and fell on out-stretched arm

### INFORMATION GIVEN TO TRAINEE

You are called to the middle of the cross country trail (or paved path)

### PATIENT SUMMARY

Patient is alert and oriented. Patient states they were gliding along and caught an edge (wheel), twisted their knee, and fell on their out-stretched arm. They have pain in the knee and in the mid-clavicle area. The clavicle pain is worse than the knee.

### VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 86 R = 18
5 minutes	P = 88 R = 18
10 minutes	P = 88 R = 18

### SCENARIO OBJECTIVES

#### Assessment

Scene safety-mark/caution scene, ensure scene is safe for you and other rescuers

Initial assessment reveals an alert and oriented patient with vital signs near normal

Focused history and exam reveals mid-clavicle pain and tenderness with deformity, and a slightly bruised and swollen knee

Rapid body survey reveals no other injuries

#### Rote Skills

BSI

Provide appropriate support and splint clavicle injury with sling and swathe

Provide appropriate support and splint knee injury with box splint

Once inside aid room, remove boot/skate

CMS before and after splinting both injuries

Transportation plan verbalized

#### Problem Management

Prioritize clavicle over knee injury

Direct help with confidence

Maintain stabilization while removing boot/skate

Ongoing assessment as needed, monitor CMS as appropriate

### Re-Test Scenario # 3

#### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Cross country trail or area to simulate cross country trail or, paved path, side walk, other area suitable for in-line skating

Equipment:

Box splint, cravats

Toboggan (for summer, wheel chair other means of transporting the patient to aid room)

Moulage:

Deformity mid-clavicle area

Bruising about the knee

Weather: Must be the same as the day of scenario use

#### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting, cradling injured arm with other arm; injured leg is slightly bent

Answers to SAMPLE

Signs and symptoms: Pain mid-clavicle and knee

Allergies: none

Medication: none

Past history: none

Last meal: report actual

Events leading: gliding along caught edge (caught wheel), twisted knee and fell on out-stretched arm.

Behaviors:

Both injuries are quite painful—the clavicle is worse than the knee

#### SPECIFIC COMMENTS FOR EVALUATORS

Boot/skate removal should take place once the patient is in the aid room. Proper support of injury must be maintained during boot/skate removal

Patient/s	1
Helper/s/bystanders	1
Evaluators	1-3
Total	3-5

**OUTDOOR EMERGENCY CARE**

**Re-test Scenario # 4**

**Degree of Difficulty = 3**

<b>INJURY</b>	<b>ENVIRONMENT</b>	<b>PERSONNEL</b>
Closed mid-shaft femur fracture (3)	Off the side of race course (0)	Trained help upon request (0)

**GENERAL SCENARIO DESCRIPTION**

Racer's ski tip catches a gate causing a severe twisting of the upper leg.

Summer modification: Motocross bicycle racer fell and caught leg in bicycle, causing severe twisting of the upper leg.

**INFORMATION GIVEN TO TRAINEE**

You are called to the side of a race course

**PATIENT SUMMARY**

A racer's ski tip caught a gate causing a severe twisting of the leg. The patient has severe pain in the mid-thigh area.

Summer modification: racer's leg was caught in the bike during a fall and caused severe twisting of the upper leg.

Patient has severe pain in the mid-thigh area.

**VITAL SIGNS**

Time in minutes	Pulse and respirations
Initial	P = 106 R = 20
5 minutes	P = 120 R = 22
10 minutes and throughout	P = 126 R = 26

**SCENARIO OBJECTIVES**

Assessment

Scene safety-mark/caution scene, ensure scene is safe for you and other rescuers

Initial assessment reveals an alert and oriented patient with elevated VS

Focused survey reveals a mid-shaft femur injury, severe pain and swelling

Rapid body survey reveals no other injuries

Rote Skills

BSI

Correctly identify mid-shaft femur fracture and need for traction splint device

Correctly apply traction splint device

CMS before and after splinting

Ensures fracture site, the joints above and below the injury, and the limb are immobilized (Places and secures patient on backboard).

Administer O<sup>2</sup> with high flow

Transportation plan verbalized, to include requesting EMS

Problem Management

Provide correct support to injury during splinting

Once manual traction is taken, maintain manual traction until mechanical traction is taken.

On-going assessment as needed, monitor CMS and vital signs as appropriate

## Re-Test Scenario # 4

### INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

A slope where a race course might be. Slope does not add difficulty to scenario

Equipment:

Traction Splint, Backboard

Oxygen

Blankets

Toboggan

Moulage:

Bruising and swelling of mid-thigh

Weather: Must be the same as the day of scenario use

### SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Laying on back, skis off (bike next to patient, not entangled)

Answers to SAMPLE

Signs and symptoms: Severe mid-thigh pain

Allergies: latex

Medication: none

Past history: none

Last meal: report actual

Events leading: Caught tip of ski on the gate, and really twisted upper leg  
(leg was caught in bike while patient was falling, upper leg was twisted when landing)

Behaviors:

Patient is experiencing severe pain in mid-thigh area. If the injured leg is jostled in any way patient screams in pain. If traction is lost during splinting, patient's pain intensifies.

### SPECIFIC COMMENTS FOR EVALUATORS

Patient needs to be well versed in how traction and the traction splinting process should feel like. Candidate must ensure fracture site, the joints above and below the injury, and the limb are immobilized (Places and secures patient on backboard).

Patient/s	1
Helpers/bystanders	2
Evaluators	1-3
Total	4-7

## NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

**Evaluation Scenario #: Re-Test-1 for OPTION 1-1 Unresponsive (closed head injury) WITHOUT HELMET**

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= unresponsive throughout; **A**= none; **M**=none; **P**=none; **L**=report actual; **E**= witnesses state the patient attempted an inverted jump and messed up the landing, slamming their head into the snow/ground.

	Point Value (CPI's 1 point)	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done		
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>			
Surveys scene	1		<b>Directs/maintains manual stabilization of head and neck</b>			
<b>Initiates BSI precautions</b>	<b>CPI</b>					
Introduces self	1		<b>Aligns all parts of body into position 1</b>			
Asks permission to help	1		<b>*If using a log roll, rolls patient toward rescuers on command from leader, onto uninjured side if possible, keeping the body in line, rolls patient onto immobilization device on command from leader, keeping the body in line.</b>			
<b>INITIAL ASSESSMENT</b>						
AVPU	1		<b>*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.</b>			
<b>Airway: Assesses and maintains</b>	<b>CPI</b>					
<b>Breathing: Assesses respirations rate &amp; quality</b>	<b>CPI</b>					
<b>Circulation: Assesses pulse rate &amp; quality</b>	<b>CPI</b>					
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	<b>CPI</b>		<b>*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.</b>			
Stabilizes ABC's	1					
<b>HISTORY &amp; EXAM</b>						
<b>Determines major complaint &amp; MOI or NOI</b>	<b>CPI</b>		<b>*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.</b>			
Obtains SAMPLE history	1					
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1					
<b>Calls for help and equipment</b>	<b>CPI</b>		<b>Correctly measures and applies C-collar (per area protocol)</b>			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>						
Conducts systematic body check						
Head (ears, pupils)	1				<b>Secures torso &amp; pelvis to backboard</b>	
Neck & cervical spine	1				<b>Secures head to backboard</b>	
Clavicles and shoulders	1				<b>Performs lift into toboggan smoothly without compromising injury</b>	
Chest and ribs	1				<b>Ensures patient clears the side of sled</b>	
Abdomen	1				<b>Checks CMS after splinting</b>	
Pelvis	1				<b>Verbalizes proper airway insertion</b>	
Lower limbs	1					
Upper limbs	1					
Back (T through S spine)	1					
Finds all injuries	1					
Checks pulse and respirations	1					
<b>GENERAL OBSERVATIONS</b>						
Correctly prioritizes emergency care	1					
Treats for shock	1					
Quickly deals with the situation	1					
Correctly handles patient and injury	1					
Demonstrates skill competency	1					
Communicates with patient	1					
Directs other capably	1					
Performs ongoing assessment	1					
<b>TOTAL POINTS (minimum passing score *36)</b> <b>*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.</b>		<b>(*46)</b>				

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario #: Re-Test-1 for OPTION 2-1 Unresponsive (closed head injury) **WITH HELMET**

Trainee: \_\_\_\_\_

**SAMPLE:** **S**= unresponsive throughout; **A**= none; **M**=none; **P**=none; **L**=report actual; **E**= witnesses state the patient attempted an inverted jump and messed up the landing, slamming their head into the snow/ground.

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Checks CMS before splinting	
Surveys scene	1		Directs/maintains manual stabilization of head and neck	
<b>Initiates BSI precautions</b>			<b>Aligns all parts of body into position 1</b>	
Introduces self	1		<b>*If using a log roll, rolls patient toward rescuers on command from leader, onto uninjured side if possible, keeping the body in line, rolls patient onto immobilization device on command from leader, keeping the body in line.</b>	
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>			<b>*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.</b>	
AVPU	1			
<b>Airway: Assesses and maintains</b>	CPI		<b>*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.</b>	
<b>Breathing: Assesses respirations rate &amp; quality</b>	CPI			
<b>Circulation: Assesses pulse rate &amp; quality</b>	CPI			
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	CPI			
Stabilizes ABC's	1		Provides cervical stabilization for helmet strap removal	
<b>HISTORY &amp; EXAM</b>			<b>Directs transfer of cervical stabilization</b>	
<b>Determines major complaint &amp; MOI or NOI</b>	CPI			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1		<b>Removes helmet with minimal cervical movement</b>	
<b>Calls for help and equipment</b>	CPI			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>			<b>Correctly measures and applies C-collar (per area protocol)</b>	
Conducts systematic body check				
Head (ears, pupils)	1		<b>Secures torso &amp; pelvis to backboard</b>	
Neck & cervical spine	1			
Clavicles and shoulders	1		<b>Secures head to backboard</b>	
Chest and ribs	1			
Abdomen	1		<b>Performs lift into toboggan smoothly without compromising injury</b>	
Pelvis	1			
Lower limbs	1		<b>Ensures patient clears the side of sled</b>	
Upper limbs	1			
Back (T through S spine)	1		<b>Checks CMS after splinting</b>	
Finds all injuries	1			
Checks pulse and respirations	1		<b>Verbalizes proper airway insertion</b>	
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score *39)</b>				
<b>*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.</b>		(*49)		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario #: Re-Test Option 2 Diabetic with hypoglycemia, thigh laceration

Trainee: \_\_\_\_\_

**SAMPLE:** **S**= bleeding, slow responses, shaky; **A**= none; **M**=insulin; **P**=diabetes; **L**=breakfast (it is now late afternoon); **E**= skipped lunch, got shaky, and fell with the knife

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Controls bleeding with a dressing and direct pressure</b>	
Surveys scene	1			
<b>Initiates BSI precautions</b>			<b>Bandages wound</b>	
Introduces self	1			
Asks permission to help	1		<b>Addresses hypoglycemia with candy/sugar/glucose</b>	
<b>INITIAL ASSESSMENT</b>				
AVPU	1			
<b>Airway: Assesses and maintains</b>				
<b>Breathing: Assesses respirations rate &amp; quality</b>				
<b>Circulation: Assesses pulse rate &amp; quality</b>				
<b>Circulation: Assesses &amp; manages any severe bleeding</b>				
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>				
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>				
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 28)</b>		<b>(36)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

**Evaluation Scenario #: Re-Test 3** Closed clavicle fracture, knee strain

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= Pain mid-clavicle and knee; **A**= none; **M**=none; **P**=none; **L**=report actual; **E**= skiing/blading along, caught edge/wheel, twisted knee and fell on out-stretched arm

	Point Value (CPI's 1 point)	✓ = done	<b>Scenario Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Checks CMS of arm/hand before splinting	
Surveys scene	1			
<b>Initiates BSI precautions</b>	CPI		Properly applies sling and swath to splint clavicle injury	
Introduces self	1			
Asks permission to help	1		Checks CMS of arm/hand after splinting	
<b>INITIAL ASSESSMENT</b>			Checks CMS of leg/foot before splinting	
AVPU	1			
<b>Airway: Assesses and maintains</b>	CPI		Provides adequate support of knee during splinting	
<b>Breathing: Assesses respirations rate &amp; quality</b>	CPI		Properly applies splint	
<b>Circulation: Assesses pulse rate &amp; quality</b>	CPI		Checks CMS of leg/foot after splinting	
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	CPI		Stabilizes and properly removes boot (Area protocol determines <u>when</u> boot is removed.)	
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>	CPI			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>	CPI			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 32)</b>		<b>(40)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

**NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION**  
**Evaluation Scenario #: Re-Test 4 Closed mid-shaft femur fracture**

**Trainee:** \_\_\_\_\_

**SAMPLE:** **S**= severe mid-thigh pain; **A**= latex; **M**=none; **P**=none; **L**=report actual, **E**= caught tip of ski on the gate, and really twisted upper leg

	<b>Point Value (CPI's 1 point)</b>	<b>✓ = done</b>	<b>Scenario Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)</b>	<b>✓ = done</b>
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>	
Surveys scene	1		<b>Properly applies ankle hitch</b>	
<b>Initiates BSI precautions</b>			<b>Properly applies and maintains manual traction until mechanical traction is applied</b>	
Introduces self	1			
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>			<b>Properly sizes and applies splint</b>	
AVPU	1		<b>Provides adequate support of leg/injured area</b>	
<b>Airway: Assesses and maintains</b>				
<b>Breathing: Assesses respirations rate &amp; quality</b>			<b>Checks CMS after splinting</b>	
<b>Circulation: Assesses pulse rate &amp; quality</b>			<b>Ensures fracture site, the joints above and below the injury, and the limb are immobilized (Places and secures patient on backboard).</b>	
<b>Circulation: Assesses &amp; manages any severe bleeding</b>				
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>				
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>				
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score 30)</b>			<b>(38)</b>	

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## MOULAGE

### **EVALUATION SCENARIO # RE-TEST 1                      Unresponsive head injury**

- Helmet with a crack in the back: Can simulate by drawing a jagged line on the back of the helmet and verbalize. DO NOT USE A HELMET FOR RE-TESTING OPTION 1.

### **EVALUATION SCENARIO# RE-TEST 2                      Laceration on thigh; diabetic/hypoglycemia**

- Diabetic medic alert tag
- Two inch laceration for lower lateral thigh: To form a two inch laceration, begin with a "rope" of clay, flatten into a 2½ by 1 inch oval, leaving the clay thicker in the middle. Feather out the edges. Score the center of the clay with a plastic knife or tongue depressor to create a slit, using care not to cut all the way through the clay. Pack a small amount of cotton batting or gauze into the slit to simulate underlying tissue. Drizzle fake blood into the slit. Affix the clay piece to the lower lateral thigh with double stick tape, or apply a thin layer of Alene's non toxic craft glue to the back of the clay piece and on the desired location on thigh. Allow the glue to set for a few minutes and place the clay laceration on to the thigh. (Shave area if necessary and patient agrees.)

### **EVALUATION SCENARIO # RE-TEST 3                      Mid-clavicle fracture and knee strain**

- Clavicle deformity: Using a small "rope" of clay, flatten into an oval, feather out the edges, leaving the center mounded higher. Apply to mid clavicle area with double stick tape, or apply a thin layer of Alene's non-toxic craft glue to the clay piece and to the desired area of the mid clavicle. Allow to set for several minutes and place the clay on to the clavicle. Another option is to tape a wad of gauze onto the desired position.
- Bruised knee: Use blue and purple make-up and a stipple sponge and dab onto the desired location of the knee to create a bruise about 3 inches on the knee.

### **EVALUATION SCENARIO # RE-TEST 4                      Mid-shaft femur fracture**

- Bruised and swollen mid thigh: To simulate swelling use several stacked layers of cotton batting about 4 inches in diameter and hold in place on middle of the thigh with a nylon "sleeve". To create a nylon "sleeve" use a flesh-tone knee hi nylon and cut an opening into the toe area. Apply blue and purple make-up to simulate bruising. Make-up can be applied to cotton batting under nylon or onto the nylon.

## Skill Station Re-Test Options

### RE-TEST SKILL STATION #1

#### O<sub>2</sub> AND AIRWAY MANAGEMENT

- Trainee is required to assemble an oxygen tank and demonstrate proper application to a patient/mannequin.
- Trainee is required to correctly measure and apply either an oropharyngeal or nasal airway to a mannequin.
- Trainee is required to demonstrate adequate ventilation (rate and depth) on a mannequin, with a bag valve and pocket mask
- Trainee is required to make sure oxygen is being received by patient/mannequin.
- Trainee is required to demonstrate the proper procedure for suctioning using the appropriate equipment.

### RE-TEST SKILL STATION #2

#### SHOULDER INJURY

- Patient is complaining of severe shoulder pain and is unable to move his or her arm past a 45 degree angle. There is no diminished CMS. Trainee is informed of patient's status and is advised to provide emergency care for the specific injury.
- Trainee is required to appropriately care for an upper extremity injury, making sure to meet all CPI's found on the evaluation form.

### RE-TEST SKILL STATION #3

#### BOOT AND HELMET REMOVAL

- Trainee is required to correctly remove a downhill ski boot, cross country ski boot, or snowboard boot. Patient has a knee injury, with quick splint in place. Candidate must maintain stabilization of the injured extremity during boot removal.
- Trainee is required to correctly remove a fully applied helmet (chin strap snapped).

### RE-TEST SKILL STATION #4

#### FEMUR FRACTURE

- Patient has a closed mid-shaft femur fracture with no diminished CMS. Trainee is informed of injury and is advised to treat same. Trainee is required to appropriately treat lower extremity injury with a traction splint, making sure to meet all CPI's found on evaluation form. Additionally, candidate should verbalize placement of patient on a backboard.

## Moulage and Equipment Required For Skill Station Re-Test Options

### Re-Test Skill Station #1 O<sub>2</sub> and Airway Management

- Oxygen tank with regulator and means to dispense oxygen (non-rebreather mask, bag-valve mask or nasal cannula)
- Various sized airways (oral and nasal). If possible, a mannequin used for CPR may be used; otherwise, trainee will measure on available patient or evaluator.
- Suction devices

Patients (use mannequin): 0  
Helpers/Bystanders 0  
Evaluators 1-3  
**Total personnel needed 1-3**

### Re-Test Skill Station #2 Shoulder Injury

No moulage needed. Blankets and splints should be made available to trainee.

Patients: 1  
Helpers/Bystanders 1  
Evaluators 1-3  
Total personnel needed 3-5

### Re-Test Skill Station #3 Boot and Helmet Removal

Patient or evaluator with boot and helmet fully applied (boots buckled, helmet chin strap snapped). Patient has a quick splint in place for a knee injury.

Patients: 1  
Helpers/Bystanders 1  
Evaluators 1-3  
Total personnel needed 3-5

### Re-Test Skill Station #4 Femur Fracture

Moulage would be a small (2+ inch round) lump located mid-shaft on either thigh. Equipment needed is a traction splint, **and a backboard.**

Patients: 1  
Helpers/Bystanders 1-2  
Evaluators 1-3  
Total personnel needed 3-6

**NSP OUTDOOR EMERGENCY CARE SKILL STATION**  
 Re-Test Skill Station #1 Oxygen and Airway Management

TRAINEE  
NAME:

DATE:

		Point Value (CPI's 1 point)	✓ = done	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>				Properly assembles oxygen tank	
<b>Initiates BSI precautions</b>		<b>CPI</b>		Inserts an airway using the proper technique	
Introduces self		1			
<b>GENERAL OBSERVATIONS</b>				Demonstrates adequate ventilation with barrier device (BVM/pocket mask)	
Chooses correct equipment		1			
Quickly deals with the situation		1		Chooses appropriate O <sub>2</sub> delivery device by patient needs	
Correctly handles patient and injury		1			
Demonstrates skill competency		1		Applies O <sub>2</sub> delivery device and verifies patient is receiving O <sub>2</sub>	
Communicates with patient		1			
Directs other capably		1		Demonstrates use of suction device	
<b>TOTAL POINTS (minimum passing score 11)</b>			<b>(14)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

# NSP OUTDOOR EMERGENCY CARE SKILL STATION

SKILL STATION # 2

Shoulder Injury

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Checks CMS before splinting	
<b>Initiates BSI precautions</b>			Provides adequate support of arm/shoulder during splinting	
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>			Demonstrates proper application of splint or blanket roll	
Chooses correct equipment	1			
Quickly deals with the situation	1		Demonstrates correct application of sling and swathe if splint is applied	
Correctly handles patient and injury	1			
Demonstrates skill competency	1		Checks CMS after splinting	
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 10)</b>		<b>(13)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #3      Boot Removal

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Checks CMS before removing boot	
<b>Initiates BSI precautions</b>	<b>CPI</b>		Stabilizes injured extremity, and properly removes boot	
Introduces self	1		Checks CMS after removing boot	
<b>GENERAL OBSERVATIONS</b>				
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 8)</b>		<b>(10)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #3      Helmet Removal

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			Provides cervical stabilization for strap removal	
<b>Initiates BSI precautions</b>	<b>CPI</b>		Directs transfer of cervical stabilization	
Introduces self	1		Removes helmet with minimal cervical movement	
<b>GENERAL OBSERVATIONS</b>				
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score 8)</b>		<b>(10)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## NSP OUTDOOR EMERGENCY CARE SKILL STATION

Skill Station #4      Femur Fracture

TRAINEE  
NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>			<b>Checks CMS before splinting</b>	
<b>Initiates BSI precautions</b>	<b>CPI</b>		<b>Properly applies ankle hitch</b>	
Introduces self	1		<b>Properly applies and maintains manual traction until mechanical traction is applied.</b>	
<b>GENERAL OBSERVATIONS</b>				
Quickly deals with the situation	1		<b>Properly sizes and applies splint</b>	
Correctly handles patient and injury	1			
Demonstrates skill competency	1		<b>Provides adequate support of leg/injured area.</b>	
Communicates with patient	1			
Directs other capably	1		<b>Checks CMS after splinting</b>	
			<b>Ensures fracture site, the joints above and below the injury, and the limb are immobilized (Places and secures patient on backboard).</b>	
<b>TOTAL POINTS (minimum passing score 10)</b>		<b>(13)</b>		

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION (FORM FOR PRACTICE ONLY—  
SPECIFIC CPI'S MAY BE FOUND IN OEC INSTRUCTOR'S MANUAL, PG 82)

SCENARIO: \_\_\_\_\_

Trainee: \_\_\_\_\_

SAMPLE: S = \_\_\_\_\_; A = \_\_\_\_\_; M = \_\_\_\_\_; P = \_\_\_\_\_;  
L = \_\_\_\_\_; E = \_\_\_\_\_

	Point Value	✓ = done	Scenario Specific CPI's (Trainee must have all boxes checked in this section)	✓ = done
<b>SCENE SIZE-UP</b>				
Surveys scene	1			
<b>Initiates BSI precautions</b>	<b>CPI</b>			
Introduces self	1			
Asks permission to help	1			
<b>INITIAL ASSESSMENT</b>				
AVPU	1			
<b>Airway: Assesses and maintains</b>	<b>CPI</b>			
<b>Breathing: Assesses respirations rate &amp; quality</b>	<b>CPI</b>			
<b>Circulation: Assesses pulse rate &amp; quality</b>	<b>CPI</b>			
<b>Circulation: Assesses &amp; manages any severe bleeding</b>	<b>CPI</b>			
Stabilizes ABC's	1			
<b>HISTORY &amp; EXAM</b>				
<b>Determines major complaint &amp; MOI or NOI</b>	<b>CPI</b>			
Obtains SAMPLE history	1			
Conducts a focused exam (expose, DCAP-BTLS, OPQRST)	1			
<b>Calls for help and equipment</b>	<b>CPI</b>			
<b>RAPID BODY SURVEY OR DETAILED PHYSICAL EXAM</b>				
Conducts systematic body check				
Head (ears, pupils)	1			
Neck & cervical spine	1			
Clavicles and shoulders	1			
Chest and ribs	1			
Abdomen	1			
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Finds all injuries	1			
Checks pulse and respirations	1			
<b>GENERAL OBSERVATIONS</b>				
Correctly prioritizes emergency care	1			
Treats for shock	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
Performs ongoing assessment	1			
<b>TOTAL POINTS (minimum passing score ____ ) ( ____ )</b>				

Does candidate demonstrate the necessary skills required of an OEC Technician? YES NO

Were all CPI's [Shaded Boxes] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

**NSP OUTDOOR EMERGENCY CARE SKILL STATION (FORM FOR PRACTICE ONLY – SPECIFIC CPI’S MAY BE FOUND IN OEC INSTRUCTOR’S MANUAL, PG 82)**  
**SKILL \_\_\_\_\_**

TRAINEE  
 NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Point Value (CPI's 1 point)	✓ = done	<b>Skill Station Specific CPI's</b> (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
<b>SCENE SIZE-UP</b>				
<b>Initiates BSI precautions</b>	<b>CPI</b>			
Introduces self	1			
<b>GENERAL OBSERVATIONS</b>				
Chooses correct equipment	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
<b>TOTAL POINTS (minimum passing score _____)</b>				

Does candidate demonstrate the necessary skills requires of an OEC Technician? YES NO

Were all CPI's [**Shaded Boxes**] performed adequately? YES NO

Evaluator's signature: \_\_\_\_\_ Score: \_\_\_\_\_

## OEC FINAL EVALUATION FORM (QA)

AREA \_\_\_\_\_ DATE: \_\_\_\_\_

OBSERVING INSTRUCTOR TRAINER (IT) \_\_\_\_\_

1. How many candidates were tested? \_\_\_\_\_
2. Which option was used (please check)?  
 2 Scenarios/4 Skill Stations  
 4 Scenarios
3. Did the IOR give thorough and appropriate instructions to participants? (patients, evaluators, helpers, candidates)  YES  NO COMMENTS: \_\_\_\_\_
4. How many evaluators were used per station? \_\_\_\_\_
5. How many evaluators were from other areas? \_\_\_\_\_
6. Did the stations (scenarios or skills) meet criteria for the standardized test?  
 YES  NO COMMENTS: \_\_\_\_\_
7. Were sufficient supplies/equipment provided for the candidates?  
 YES  NO COMMENTS: \_\_\_\_\_
8. Was all equipment in good working order?  
 YES  NO COMMENTS: \_\_\_\_\_
9. Did the IOR have any questions/problems with the standardized test/forms?  
 YES  NO COMMENTS: \_\_\_\_\_
10. Did the IT have any questions/problems with the standardized test/forms?  
 YES  NO COMMENTS: \_\_\_\_\_
11. Did the IT have need to resolve any issues with candidate performances?  
 YES  NO What were those issues? \_\_\_\_\_

OTHER COMMENTS: Was the final evaluation organized? What if any suggestions did you make to improve the overall organization of the final? Did the IOR review or hand out the appropriate tip sheets with those involved?