



2012-2013 OEC FINAL PRACTICAL EXAM

INTRODUCTION

In the interest of quality assurance of the OEC Program, the final practical 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 exam is sent to the IOR along with the final written exam.

This edition of the practical exam has been designed in accordance with the 5th Edition of the Outdoor Emergency Care manual. The 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 the OEC Instructor Manual, Evaluation section):

1. Patient assessment and vital signs
2. Airway management, oxygen equipment
3. Bleeding management and bandaging
4. Fracture management skills
 - Upper extremities
 - Lower extremities
5. Spinal immobilization
6. Lifting, transport techniques (should include moving patient into toboggan)
7. Ski boot and helmet removal
8. Medical Emergencies (i.e. asthma, diabetes, heart attack, stroke etc)

There are two options for the final exam. One option includes two scenarios and four skill stations. The scenarios require each trainee to perform primary and secondary assessments, including obtaining 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.

The second option presented includes four scenarios requiring full (primary and secondary) assessments, including 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. 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 exam packet and its contents (except for the blank forms) should not be used as a tool for the trainee prior to the final exam.

There is a section that contains separate re-test scenarios, skill stations and evaluation forms. Please refer to the IOR tips regarding clarifications to the re-test policy for trainees and challenge applicants.

Your feedback on this "packaged" exam is welcome. Please direct your comments to education@nsp.org.

**OUTDOOR EMERGENCY CARE COURSE OR CHALLENGE
STANDARDIZED FINAL PRACTICAL EXAM**

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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 at both the written and practical exam to ensure the quality of the final.

To familiarize trainees with the final exam 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 as an 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 course final.

It is strongly recommended that evaluators serve as evaluators only. 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.

IMPORTANT: The environment of a scenario may be adapted to meet the particular needs of the exam and the time of year; 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 or untrained helper. 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 (2010-2011 Edition), Section 14.2.2., 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.
- 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. Each scenario or skill station may be re-tested only once.

The OEC challenge applicant may fail a maximum of one practical scenario 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 of this packet that contains re-test options for scenarios and/or skill stations.

If possible, the final exam 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 and patients 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 exam.

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—Simulaid 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"
- Simulaid—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 three questions:

- Was the objective met?
- Was the patient compromised in any way?
- Did the student follow the OEC 5th Edition skill guide?

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 assessment and treatment of the "patient's" injury /illness, including, but not limited to: primary and secondary assessment, including vital signs, , exposure of any injury, "radio" call for equipment and assistance, obtaining SAMPLE information, etc. A skill station does not require you to perform an assessment. You are told what the injury is; you must still introduce yourself, check CMS, select the correct equipment, ask for assistance if appropriate, properly treat the injury, and then recheck CMS.

Do your primary assessment, , expose the injury site, treat life-threatening injuries/conditions, take pulse and respirations, and call out your findings to the evaluators.

Radio for help: give patient's gender, approximate age, injury, and location; request appropriate equipment and assistance (e.g., O₂ and splints such as traction, backboard, rigid/c-collar, additional help, etc.).

Check SAMPLE and do a secondary assessment; 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 *tell* 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-test 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 **are for TEST PURPOSES ONLY.**

EVALUATION SCENARIO #	DEGREE OF DIFFICULTY	TYPE OF INJURY/SKILL	WHAT IT EVALUATES
Scenarios			
OPTION 1-1	4	Unresponsive closed head injury	Assessment, Spinal immobilization, extrication, lifting and transportation
OPTION 1-2	4	Diabetic, hypoglycemia w/high laceration	Assessment, Bleeding and bandaging, medical emergency
Skill Stations			
		O ₂ and Airway Management	O ₂ tank assembly/airway insertion and airflow application/suction
		Shoulder injury	Upper extremity
		Boot and Helmet Removal	Skills in removing boots and helmets
		Femur Fracture	Lower extremity

OUTDOOR EMERGENCY CARE

Evaluation Scenario Option 1-1

Degree of Difficulty = 4

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

GENERAL SCENARIO DESCRIPTION

Teenager in a terrain park does an inverted jump and slams the back of their head onto the hard packed snow (can substitute skateboard park feature)

INFORMATION GIVEN TO TRAINEE

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

PATIENT SUMMARY

Patient is unresponsive throughout the scenario. Patient is not wearing a helmet. Witnesses state that the patient attempted an inverted jump and messed up the landing, and the back of their head slammed 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
15 minutes	P = 116 R = 24

SCENARIO OBJECTIVES

Assessment

Scene size up, ensure scene is safe for you and other rescuers

Primary assessment reveals unresponsive patient with elevated pulse and respirations; witnesses indicate the patient's head slammed onto the snow/ground very hard

Secondary assessment, no bleeding or deformities noted

Rote Skills

Standard precautions

Maintain airway

Maintain spinal stabilization during c-collar application and until completely secured to long spine board (LSB)

Check CMS on all four extremities before and after securing the patient to LSB

Oxygen high flow, non rebreather mask

Problem Management

Maintain spinal stabilization

Direct team with competence and confidence

Ongoing assessment, continue to monitor LOR and VS; repeat assessment as appropriate

Transportation plan verbalized; 911

Evaluation Scenario Option 1-1

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:

Long spine board
C-collar
Oxygen, airways
Blankets
Toboggan

Moulage:

None

Weather:

Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Lying on back with head turned to one 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 went off the jump doing an inverted maneuver, missed the landing and slammed the back of their head on the snow/ground

Behaviors:

Unresponsive throughout. Bystanders do not hinder rescue efforts

SPECIFIC COMMENTS FOR EVALUATORS

Once c-spine stabilization is taken, it must be maintained until the patient is secured to the long spine board. Candidates should verbalize the use of airways.

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario Option 1-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Diabetic/hypoglycemia (2) Laceration-thigh (2)	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 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, slipped and fell while still holding a large knife. 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/respirations diabetes treated	Pulse/respirations Diabetes un-treated
Initial	P = 90 R = 20	P = 90 R = 20
5 minutes	P = 96 R = 22	P = 96 R = 22
10 minutes	P = 90 R = 18	P = 96 R = 22

SCENARIO OBJECTIVES

Assessment

Scene size up reveals one patient who is a resort employee

Primary assessment reveals slightly elevated pulse, slowed responses, slightly slurred speech, and bleeding from a two inch laceration on the thigh just above the knee

Secondary assessment, no other injuries found

Rote Skills

Standard precautions

Bleeding control: direct pressure and bandaging with sterile gauze

Give sugar/glucose

Problem Management

Control bleeding first, and then address hypoglycemia

Avoid exposure to blood

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

Notify manager, patient is an employee

Transportation plan verbalized

Evaluation Scenario Option 1-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Resort kitchen or other suitable indoor area

Equipment:

Sterile gauze and bandage material
Candy, sugar, glucose

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 on the floor and holding their thigh.

Answers to SAMPLE

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

Behaviors:

Patient's responses are slow and speech is slightly slurred. Condition rapidly improves if sugar is given. If sugar is not given, patient's condition deteriorates into complete unresponsiveness.

SPECIFIC COMMENTS FOR EVALUATORS

Candidate needs to address bleeding first, then hypoglycemia quickly. Notify management of employee injury.

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

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION
Evaluation Scenario: Option 1-1 Unresponsive, closed head injury

Trainee: _____

SAMPLE: **S**= unresponsive throughout; **A**= unknown; **M**= unknown; **P**=unknown; **L**= unknown; **E**= witnesses state patient went off jump doing inverted maneuver, missed landing and slammed back of head on 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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Checks CMS before splinting.	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Directs/maintains manual stabilization of head and neck.	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Aligns all parts of body into position 1. *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.	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.	
Assists breathing, manages/treats life threats, if applicable	CPI			
Verbalizes any necessary interventions related to airway/breathing	CPI		*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.	
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1		Correctly measures and applies rigid/c-collar (per area protocol).	
Calls for transport, equipment and/or additional assistance, EMS if needed.	1			
SECONDARY ASSESSMENT			Secures torso & pelvis to backboard.	
Performs head to toe detailed body assessment. DCAP-BTLS				
Head (ears, pupils)	1		Secures head to backboard.	
Neck & cervical spine	1			
Clavicles and shoulders	1		Checks CMS after splinting.	
Chest and ribs	1			
Abdomen	1		Ensures patient clears the side of sled. Performs lift into toboggan smoothly without compromising injury.	
Pelvis	1			
Lower limbs	1			
Upper limbs	1			
Back (T through S spine)	1			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = *??*)		(*43)		
*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.			+1 or 2 for lift or roll and long axis drag	

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION
Evaluation Scenario: Option 1-2 Diabetic/hypoglycemia, thigh laceration

Trainee: _____

SAMPLE: **S**= bleeding, slow responses, shaky; **A**= none; **M**=insulin; **P**=diabetes; **L**=breakfast; **E**= skipped lunch, got shaky and fell with the knife in hand

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1			
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Applies sterile dressing and direct pressure	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Bandages the wound and immobilizes as appropriate	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		Addresses hypoglycemia by assisting patient with candy/sugar/glucose	
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI		Based on chief complaint, gathers information by asking QPQRST questions.	
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 30)		(38)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

Moulage and Equipment Required For Option 1 Scenarios

EVALUATION SCENARIO: OPTION 1-1 Unresponsive, closed head injury

The patient should be wearing snowboard or ski boots for this scenario. There is no moulage for the head injury.

Equipment needed: Long spine board, C-collar, oxygen, airways, blankets, toboggan

EVALUATION SCENARIO: OPTION 1-2 Diabetic—hypoglycemia, thigh laceration

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.)

Equipment needed: Sterile gauze and bandage material, candy, sugar or glucose.

Skill Stations

SKILL STATION #1 O₂ 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 SHOULDER INJURY

- Patient is complaining of severe shoulder pain and arm is locked in a 45 degree angle out from their side. 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

BOOT:

Trainee is required to correctly remove a downhill ski boot, cross country ski boot, or snowboard boot.

- Stabilize and manually immobilizes the lower leg and ski boot.
- Assess distal circulation, motion and sensation (CMS), swelling, displacement, bruising, etc. in injured extremity.

HELMET:

Trainee is required to correctly remove a fully applied ski, bike, motorcycle, or water-sports helmet (chin strap snapped).

- The second rescuer manually stabilizes the patient's head and neck at the occiput and chin.
- The first rescuer spreads the sides of the helmet and begins to ease it off the patient's head.

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 must verbalize placement of patient on a backboard.

Moulage and Equipment Required For Skill Stations

Skill Station #1 O₂ 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 Shoulder Injury

- No moulage needed. Patient should hold arm rigidly at a 45 degree from their side.
- Blankets and splints should be made available to trainee.

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 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 long spine board.

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	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Properly assembles oxygen tank.	
Initiates Standard Precautions	CPI		Inserts an airway using the proper technique.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Demonstrates adequate ventilation with barrier device (BVM/pocket mask).	
Chooses correct equipment	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1		Chooses appropriate O₂ delivery device by patient needs.	
Demonstrates skill competency	1			
Communicates with patient	1		Applies O₂ delivery device and verifies patient is receiving O₂.	
Directs other capably	1			
			Demonstrates use of suction device.	
TOTAL POINTS (minimum passing score = 11)		(14)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP				Directs helper to stabilize above and below the injury site	
Initiates Standard precautions	CPI				
Introduces self, obtains permission to examine/treat.	1			Assesses for CMS	
GENERAL OBSERVATIONS				Extremity is splinted and stabilized with minimal movement	
Quickly deals with the situation	1			Reassesses for CMS	
Correctly handles patient and injury	1				
Demonstrates skill competency	1				
Communicates with patient	1				
Directs other capably	1				
TOTAL POINTS (minimum passing score = 8)		(11)			

**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
SCENE SIZE-UP			Checks CMS before removing boot.	
Initiates Standard precautions	CPI		Stabilizes injured extremity, and properly removes boot.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Checks CMS after removing boot.	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score = 8)	(10)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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
SCENE SIZE-UP			Provides cervical stabilization for strap removal.	
Initiates Standard precautions	CPI		Directs transfer of cervical stabilization.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Removes helmet with minimal cervical movement.	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score = 8)	(10)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Checks CMS before splinting	
Initiates BSI precautions	CPI		Properly applies ankle hitch	
Introduces self	1		Properly applies and maintains manual traction until mechanical traction is applied.	
GENERAL OBSERVATIONS			Properly sizes and applies splint	
Quickly deals with the situation	1		Provides adequate support of leg/injured area.	
Correctly handles patient and injury	1		Secures patient to a backboard	
Demonstrates skill competency	1		Checks CMS after splinting	
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score 11)				
			(14)	

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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	TYPE OF INJURY/SKILL	WHAT IT EVALUATES
Scenarios			
OPTION 2-1	4	Unresponsive, closed head injury	Assessment, spinal immobilization, lifting, extrication and transport, helmet removal
OPTION 2-2	4	Diabetic, hypoglycemia w/thigh laceration	Assessment, bleeding and bandaging, medical emergency
OPTION 2-3	4	Closed clavicle fracture, knee strain	Assessment, upper extremity, lower extremity, boot removal
OPTION 2-4	3	Closed, mid-shaft femur fracture	Assessment, lower extremity
Skill Station			
		O ₂ and Airway Management	O ₂ tank assembly/airway insertion and airflow application/suction

OUTDOOR EMERGENCY CARE

Evaluation Scenario Option 2-1

Degree of Difficulty = 4

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

GENERAL SCENARIO DESCRIPTION

Teenager in a terrain park does an inverted jump and slams the back of their helmeted head onto the hard packed snow (can substitute skateboard park feature).

INFORMATION GIVEN TO TRAINEE

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

PATIENT SUMMARY

Patient is unresponsive throughout the scenario. Patient is wearing a helmet, which has a partial crack in the back of it. Witnesses state that the patient attempted an inverted jump and messed up the landing, and the back of their head slammed 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
15 minutes	P = 116 R = 24

SCENARIO OBJECTIVES

Assessment

Scene size up, ensure scene is safe for you and other rescuers

Primary assessment reveals unresponsive patient with elevated pulse and respirations; a cracked helmet; witnesses indicate the patient's head slammed into the snow/ground very hard

Secondary assessment no bleeding, or deformities noted

Rote Skills

Standard precautions

Maintain airway

Maintain spinal stabilization during c-collar application and until completely secured to long spine board (LSB)

Check CMS on all four extremities before and after securing the patient to LSB

While maintaining spinal stabilization, correctly remove helmet

Oxygen high flow, non rebreather mask

Problem Management

Maintain spinal stabilization

Direct team with competence and confidence

Ongoing assessment, continue to monitor LOR and VS; repeat assessment as appropriate

Transportation plan verbalized; 911

Evaluation Scenario Option 2-1

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:

Long spine board
C-collar
Oxygen, airways
Blankets
Toboggan

Moulage:

Helmet with a partial or simulated crack in the back.

Weather:

Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Lying on back with head turned to one 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 went off the jump, did an inverted maneuver, missed the landing and slammed the back of their head on the snow/ground

Behaviors:

Unresponsive throughout. Bystanders do not hinder rescue efforts

SPECIFIC COMMENTS FOR EVALUATORS

Once c-spine stabilization is taken, it must be maintained until the patient is secured to the long spine board. Candidates should verbalize the use of airways. Helmet should have a crack in the back, simulated or verbalized.

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario Option 2-2

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Diabetic/hypoglycemia (2) Laceration-thigh (2)	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 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, slipped and fell while still holding a large knife. 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/respirations diabetes treated	Pulse/respirations Diabetes un-treated
Initial	P = 90 R = 20	P = 90 R = 20
5 minutes	P = 96 R = 22	P = 96 R = 22
10 minutes	P = 90 R = 18	P = 96 R = 22

SCENARIO OBJECTIVES

Assessment

Scene size up reveals one patient who is a resort employee

Primary assessment reveals slightly elevated pulse, slowed responses, slightly slurred speech, and bleeding from a two inch laceration on the thigh just above the knee

Secondary assessment, no other injuries found

Rote Skills

Standard precautions

Bleeding control: direct pressure and bandaging with sterile gauze

Give sugar/glucose

Problem Management

Control bleeding first, then address hypoglycemia

Avoid exposure to blood

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

Notify manager, patient is an employee

Transportation plan verbalized

Evaluation Scenario Option 2-2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Resort kitchen or other suitable indoor area

Equipment:

Sterile gauze and bandage material
Candy, sugar, glucose

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 on the floor and holding their thigh.

Answers to SAMPLE

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

Behaviors:

Patient's responses are slow and speech is slightly slurred. Condition rapidly improves if sugar is given. If sugar is not given, patient's condition deteriorates into complete unresponsiveness.

SPECIFIC COMMENTS FOR EVALUATORS

Candidate needs to address bleeding first, then hypoglycemia quickly. Notify management of employee injury.

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario: Option 2-3

Degree of Difficulty =4

INJURY	ENVIRONMENT	PERSONNEL
Closed clavicle fracture (2) Knee strain (2)	Cross country trail (0), or Roller blades on paved trail (0)	Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

Patient was skiing along, caught an edge, twisted a knee and fell on an out-stretched arm.

Summer modification: Patient was roller blading or skating along, wheels got caught in a crack in the pavement and caused a twisting of the knee and patient 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; states they were gliding along, caught an edge (wheel) and twisted their knee and fell on their out-stretched arm. They have pain in the knee and 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 size up, ensure scene is safe for you and other rescuers

Primary assessment reveals an alert and oriented patient, VS near normal, ABC's intact; mid-clavicle pain and tenderness with deformity, and a slightly swollen knee.

Secondary assessment, no other injuries found

Rote Skills

Standard precautions

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

Check CMS before and after splinting both injuries

Problem Management

Prioritize clavicle over knee injury

Direct team with competence and confidence

Maintain stabilization while removing boot/skate

Ongoing assessment, monitor CMS as appropriate

Transportation plan verbalized

Evaluation Scenario # 2-3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Cross country trail or area to simulate cross country trail; or paved path, side walk, or other area suitable for roller blades or skates

Equipment:

Toboggan, box splint, cravats (for summer: wheel chair or other means of transporting patient to aid room)

Moulage:

Deformity mid-clavicle area
Swelling around 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 knee/leg is slightly bent

Answers to SAMPLE

Signs and symptoms:	pain mid-clavicle and slight knee pain
Allergies:	none
Medication:	none
Past history:	none
Last meal:	report actual
Events leading:	skiing/skating along, caught an edge (wheel), twisted knee and fell on out-stretched arm

Behaviors:

Both injuries are quite painful. Clavicle is worse than the knee.

SPECIFIC COMMENTS FOR EVALUATORS

Boot removal should take place once the box splint is applied and it is verbalized that patient is in the aid room. Proper support of the injury must be maintained during boot removal.

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario # 2-4

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Closed mid-shaft femur fracture (3)	Off to side of race course (0)	Trained help upon request (0)

GENERAL SCENARIO DESCRIPTION

A ski racer's tip catches a race gate, causing a 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. 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 size up, ensure scene is safe for you and other rescuers

Primary assessment reveals an alert patient, ABC's intact and a mid-shaft femur injury, severe pain and swelling

Secondary assessment; no other injuries found

Rote Skills

Standard precautions

Oxygen administration with high flow, non-rebreather

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

Correctly apply traction splint/device and secure patient on long spine board

CMS before and after splinting

Problem Management

Provide correct support to injury during splinting

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

Ongoing assessment, monitor CMS and VS as appropriate

Transportation plan verbalized, 911

Evaluation Scenario # 2-4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

On a slope where a race course might be--slope does not add difficulty to scenario.

Equipment:

Traction splint/device
Long spine board
Toboggan
Oxygen

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

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

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 what traction and the traction splinting process should feel like.

Patients:	1
Helpers/Bystanders	2
Evaluators	1-3
Total personnel needed:	4-6

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Option 2-1 Unresponsive, closed head injury, helmet removal

Trainee: _____

SAMPLE: S= unresponsive throughout; A= unknown; M= unknown; P=unknown; L= unknown; E= witnesses state patient went off jump doing inverted maneuver, missed landing and slammed back of head on 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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Checks CMS before splinting.	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Directs/maintains manual stabilization of head and neck.	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Aligns all parts of body into position 1. *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.	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.	
Assists breathing, manages/treats life threats, if applicable	CPI			
Verbalizes any necessary interventions related to airway/breathing	CPI		*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.	
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1		Provides cervical stabilization for strap removal.	
Calls for transport, equipment and/or additional assistance, EMS if needed.	1			
SECONDARY ASSESSMENT			Directs transfer of cervical stabilization.	
Performs head to toe detailed body assessment. DCAP-BTLS				
Head (ears, pupils)	1		Removes helmet with minimal cervical movement.	
Neck & cervical spine	1			
Clavicles and shoulders	1		Correctly measures and applies rigid/c-collar (per area protocol).	
Chest and ribs	1			
Abdomen	1		Secures torso & pelvis to backboard.	
Pelvis	1			
Lower limbs	1		Secures head to long spine board.	
Upper limbs	1			
Back (T through S spine)	1		Checks CMS after splinting.	
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI		Ensures patient clears the side of sled. Performs lift into toboggan smoothly without compromising injury.	
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1		(*46) +1 or 2 for lift or roll and long axis drag	
TOTAL POINTS (minimum passing score = *??*)				
*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.				

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION
Evaluation Scenario: Option 2-2 Diabetic/hypoglycemia, thigh laceration

Trainee: _____

SAMPLE: **S**= bleeding, slow responses, shaky; **A**= none; **M**=insulin; **P**=diabetes; **L**=breakfast; **E**= skipped lunch, got shaky and fell with the knife in hand

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1			
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Applies sterile dressing and direct pressure	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1			
PRIMARY ASSESSMENT			Bandages the wound and immobilizes as appropriate	
Assesses airway, breathing, circulation, disability (ABCD's)	CPI			
Assists breathing, manages/treats life threats, if applicable	CPI		Addresses hypoglycemia by assisting patient with candy/sugar/glucose	
Provides any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1		Based on chief complaint, gathers information by asking QPQRST questions.	
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 30)		(38)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Option 2-3 Closed clavicle injury, knee strain, boot removal

Trainee: _____

SAMPLE: S= pain mid clavicle, slight knee pain and swelling; A= none; M=none; P=none; L=report actual; E= skiing/skating along, caught an edge (wheel), twisted knee and fell on out-stretched arm

	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
SCENE SIZE-UP			Directs helper to stabilize clavicle injury Assess for CMS	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Upper extremity is splinted and stabilized with minimal movement Reassesses for CMS	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Directs helper to stabilize above and below the knee injury Assesses for CMS	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Lower extremity is splinted and stabilized with minimal movement Reassesses for CMS	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		Stabilizes injured extremity, removes splint and properly removes boot Reassesses CMS after removing boot	
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 34)		(43)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION
Evaluation Scenario: Option 2-4 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 gate and twisted upper leg

	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
SCENE SIZE-UP			Checks CMS before splinting	
Determines scene is safe.	CPI		Properly applies ankle hitch	
Introduces self, obtains permission to examine/treat.	1		Properly applies and maintains manual traction until mechanical traction is applied.	
Initiates Standard Precautions	CPI		Properly sizes and applies splint	
Determines MOI &/or NOI—pt's chief complaint	CPI		Provides adequate support of leg/injured area.	
Identifies number of patients and LOR of each	1		Secures patient to a LSB	
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Checks CMS after splinting	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI			
Assists breathing, manages/treats life threats, if applicable	CPI			
Verbalizes any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed.	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 32)		(40)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

Moulage and Equipment Required For Option 2 Scenarios

EVALUATION SCENARIO: OPTION 2-1 Unresponsive, closed head injury, helmet removal

The patient should be wearing snowboard or ski boots for this scenario.

Patient should be wearing helmet that has (or has simulated) crack on the back side.

Equipment needed: Long spine board, C-collar, oxygen, airways, blankets, toboggan

EVALUATION SCENARIO: OPTION 2-2 Diabetic—hypoglycemia, thigh laceration

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.)

Equipment needed: Sterile gauze and bandage material, candy, sugar or glucose.

EVALUATION SCENARIO: OPTION 2-3 Closed clavicle injury, knee strain, boot removal

Affix a wad of clay, cotton batting or paper with tape mid-clavicle.

Simulate swelling around the knee using cotton batting or similar, held in place with nylon sock/hose.

Patient will be wearing scenario appropriate sport boots/shoes.

Equipment needed: cravats, quick splint

EVALUATION SCENARIO OPTION 2-4 Closed, mid-shaft femur fracture

Patient will have slight bruising and swelling mid-thigh.

Equipment needed: traction splint/device and a long spine board.

Skill Station

SKILL STATION #1 O₂ 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 O₂ 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	Skill Station Specific CPI's (Trainee must have all boxes checked in this section--1 point per CPI)	✓ = done
SCENE SIZE-UP			Properly assembles oxygen tank.	
Initiates Standard Precautions	CPI		Inserts an airway using the proper technique.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Demonstrates adequate ventilation with barrier device (BVM/pocket mask).	
Chooses correct equipment	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1		Chooses appropriate O₂ delivery device by patient needs.	
Demonstrates skill competency	1			
Communicates with patient	1		Applies O₂ delivery device and verifies patient is receiving O₂.	
Directs other capably	1			
TOTAL POINTS (minimum passing score = 11)			Demonstrates use of suction device.	
			(14)	

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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 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.

Scenarios				
OPTION 1 (2 Scenarios/4 Skill Stations) FAILED SCENARIO #	OPTION 2 (4 Scenarios) FAILED SCENARIO #	USE RE-TEST SCENARIO #	INJURIES	WHAT IT EVALUATES
1-1	2-1	#1 <small>(if failed scenario 1-1, take out boot removal)</small>	Tib-fib fracture, asthma	Lower extremity, boot removal (2-1 only), medical emergency
1-2	2-2	#2	Humerus fracture	Upper extremity
	2-3	#3	Fracture clavicle, Laceration of shin	Upper extremity, bleeding control and bandaging
	2-4	#4	Mid-thoracic back injury	Spinal immobilization, lifting, extrication and transport, oxygen administration (skill station), helmet removal
Skill Station				
OPTION 1 FAILED SKILL	OPTION 2 FAILED SKILL	USE RE-TEST SKILL	WHAT IT EVALUATES	
O₂ and Airway Management	O₂ and Airway Management	O₂ and Airway Management	O₂ tank assembly/airway insertion and airflow application/suction	
Bleeding and bandaging		Laceration to forearm	Bleeding control and bandaging	
Boot and/or Helmet Removal		Boot and/or Helmet Removal	Skills in removing boots and helmets	
Spinal Immobilization		C-spine injury	Spinal immobilization, lifting, extrication and transport	

OUTDOOR EMERGENCY CARE

Evaluation Scenario: Re-Test 1

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Fractured Tib/Fib (2) Asthma (1)	Groomed moderate slope (0)	Single Patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A skier has been skiing hard all day, and is getting tired. S/He decides to go on one more run before calling it a day. His/Her asthma begins to act up and they are feeling slightly short of breath. As they try to stop, the ski tips cross and cause a twisting of the left lower leg

INFORMATION GIVEN TO TRAINEE

You are called to report to the scene on a moderate slope. Equipment and personnel to be sent upon request.

PATIENT SUMMARY

You are slightly short of breath, and experiencing a lot of pain in your left lower leg. You have exercise induced asthma.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 82 R = 16
5 minutes	P = 88 R = 14 if inhaler used
10 minutes	P = 88 R = 12 if inhaler used

SCENARIO OBJECTIVES

Assessment

Verify Scene safety; obtain permission to assist
Primary assessment reveals mild shortness of breath and closed deformity of left lower leg
Request needed equipment and personnel including EMS as appropriate
Secondary assessment, no other injuries found

Rote Skills

Standard precautions
Help patient retrieve inhaler and assist patient
Boot removal with minimal movement of injury (for Option 2 re-test)
Fracture management-lower leg correctly splint/immobilize injury
CMS before and after splinting

Problem Management

Closely monitor respirations, determine need for oxygen and/or EMS transport.
Direct help appropriately
Treat for shock as appropriate.
Transportation plan verbalized

Evaluation Scenario: Re-Test 1

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Groomed moderate slope

Equipment:

Toboggan, quick/hill splint, blanket, oxygen per area protocol (for asthma, but must also complete Skill Station if re-testing for oxygen administration/airway)

Moulage:

Closed deformity of left lower leg. inhaler

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting up with ski on uninjured leg

Answers to SAMPLE

Signs and symptoms:	mild shortness of breath, pain left lower leg
Allergies:	none
Medication:	provental inhaler
Past history:	cold and exercise induced asthma
Last meal:	actual
Events leading:	skiing hard all day, asthma started to act up, tried to stop to use inhaler and ski tips crossed

Behaviors:

You are mildly short of breath, which resolves completely if assisted with using your inhaler. Your leg really hurts. You scream out if the leg is bumped or mis-handled.

SPECIFIC COMMENTS FOR EVALUATORS

If candidate is being re-tested for the oxygen administration/airway portion of the scenario, they must also complete the skill station. If not, oxygen may be used determined on patient symptoms and candidate's request.

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario: Re-Test 2

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Fractured humerus (3)	Terrain park (0) Site does not impact scenario	Single patient (0) Trained help upon request

GENERAL SCENARIO DESCRIPTION

A snowboarder in the terrain park went off a rail and tried to break his/her fall with an outstretched arm.

INFORMATION GIVEN TO TRAINEE

You are called to the terrain park for a report of an injured snowboarder.

PATIENT SUMMARY

You went off the rail, knew you were going to fall and tried to break your fall with your arm. You felt it snap and it really hurts.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 86 R = 12
5 minutes	P = 88 R = 14
10 minutes	P = 90 R = 14

SCENARIO OBJECTIVES

Assessment

Verify scene safety, obtain permission to assist
Primary assessment reveals pain and bruising in anterior mid-humerus
Request needed equipment and personnel
Secondary assessment, no other injuries found

Rote Skills

Standard precautions
Fracture management, correctly splint/immobilize humerus
CMS before and after splinting

Problem Management

Direct help appropriately
Treat for shock as appropriate.
Transportation plan verbalized

Evaluation Scenario: Re-Test 2

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Terrain park, off to the side, (area does not add difficulty to scenario)

Equipment:

Moldable, cardboard, or board splint, blanket

Moulage:

Bruising of anterior mid-humerus area

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Sitting up, holding injured arm

Answers to SAMPLE

Signs and symptoms:	pain and bruising in upper arm
Allergies:	cats
Medication:	none
Past history:	fractured wrist two years ago
Last meal:	actual
Events leading:	went off the rail and tried to break fall with outstretched arm

Behaviors:

You are in a great deal of pain.

SPECIFIC COMMENTS FOR EVALUATORS

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario: Re-Test 3

Degree of Difficulty = 4

INJURY	ENVIRONMENT	PERSONNEL
Fractured clavicle (2) Laceration of shin, significant bleeding (2)	Chalet's outdoor patio (0)	Single Patient (0) Trained rescuers (0)

GENERAL SCENARIO DESCRIPTION

A patron just finished lunch, planning to go back out skiing. As they are walking along the resort's outdoor patio, they slipped and fell, putting their hand out to break their fall. This caused a fracture to the clavicle. While falling, the patron bumped a snowboard, which fell over and struck the patron's shin, causing a 2 inch laceration with significant bleeding

INFORMATION GIVEN TO TRAINEE

You are called to the resort's outdoor patio for an injured patron. Equipment and personnel sent upon request.

PATIENT SUMMARY

You were walking along the outdoor patio, slipped and fell on your out stretched hand, in the process you knocked over a snowboard, which hit your shin, causing a 2 inch laceration.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 80 R = 10
5 minutes	P = 82 R = 12
10 minutes	P = 82 R = 10

SCENARIO OBJECTIVES

Assessment

Verify scene safety, obtain permission to assist

Primary assessment reveals closed clavicle injury; a 2 inch laceration of the shin with significant bleeding

Request needed equipment and personnel

Secondary assessment, no other injuries found

Rote Skills

Standard precautions

Bleeding control: direct pressure and bandaging—if bleeding continues, verbalizes application of tourniquet and marks forehead.

Fracture management-clavicle, correctly splint/immobilize

CMS before and after splinting

Problem Management

Direct help appropriately

Treat for shock as appropriate.

Transportation plan verbalized

Evaluation Scenario: Re-Test 3

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:
Outdoor patio

Equipment:
Sterile dressings, bandages, tourniquet, marker, cravats, wheeled stretcher or wheelchair

Moulage:
2 inch laceration on the shin with significant bleeding, clavicle-none

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:
Sitting on the ground.

Answers to SAMPLE

Signs and symptoms: 2 inch laceration on shin, pain in clavicle
Allergies: none
Medication: Lipitor
Past history: high cholesterol
Last meal: lunch
Events leading: slipped and fell on out-stretched hand, snowboard fell over and cut leg

Behaviors:
Both injuries are causing you pain and discomfort, the clavicle pain is worse than the shin laceration.

SPECIFIC COMMENTS FOR EVALUATORS

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

OUTDOOR EMERGENCY CARE

Evaluation Scenario: Re-Test 4

Degree of Difficulty = 3

INJURY	ENVIRONMENT	PERSONNEL
Mid-thoracic spine injury (3)	Below a jump (0)	Single patient (0) Trained rescuers upon request (0)

GENERAL SCENARIO DESCRIPTION

The patient and some friends built a jump on the side of a moderate slope. They have been getting some really "big air" on the jump and the patient attempted an inverted maneuver. S/He was not able to complete the rotation and landed hard on their upper back/shoulder area.

Summer version: can be a skateboarder using boards to create a jump

INFORMATION GIVEN TO TRAINEE

You are called to the scene of an injured snowboarder. Equipment and personnel will be sent upon request.

PATIENT SUMMARY

You are a teenage snowboarder/skateboarder. You have a lot of pain in your back, right in the middle of your shoulder blades with point tenderness on the mid-thoracic vertebrae. You know you aren't supposed to build jumps at the area and so you are pretty scared that you might be in trouble.

VITAL SIGNS

Time in minutes	Pulse and respirations
Initial	P = 98 R = 14
5 minutes	P = 100 R = 16
10 minutes	P = 100 R = 18

SCENARIO OBJECTIVES

Assessment

Verify scene safety, obtain permission to assist

Primary assessment reveals back pain, mid-thoracic vertebrae region

Request needed equipment and personnel, including EMS

Secondary assessment, no other injuries found

Rote Skills

Standard precautions

Spinal immobilization- correctly apply rigid/c-collar and secure to back board

CMS before and after back boarding

Oxygen administration

Helmet removal

Problem Management

Direct help appropriately

Maintain spinal stabilization until completely secured to back board.

Treat for shock as appropriate.

Oxygen administration, high flow with non-rebreather mask.

Notify management of self-made jump; ensure that it is taken down.

Minor patient-notify parents/guardians

Transportation plan verbalized

Evaluation Scenario Re-Test 4

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

Location/terrain:

Below a self-made jump; site does not impact extrication

Equipment:

Rigid/c-collar, back board, oxygen

Moulage:

Patient should have a helmet on.

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

SPECIFIC INSTRUCTIONS FOR INJURED PATIENT

Position:

Lying on back one leg slightly bent

Answers to SAMPLE

Signs and symptoms:	pain in back "right between shoulder blades"
Allergies:	dogs
Medication:	none
Past history:	none
Last meal:	actual
Events leading:	did an inverted maneuver and didn't complete the rotation

Behaviors:

You are in a lot of pain. You are scared because you know you are not supposed to build jumps.

SPECIFIC COMMENTS FOR EVALUATORS

Patients:	1
Helpers/Bystanders	2-3
Evaluators	1-3
Total personnel needed:	4-7

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Re-Test 1 Fractured tib/fib, asthma (**NO BOOT REMOVAL**)

Trainee: _____

SAMPLE: **S**= mild shortness of breath, pain left lower leg; **A**= none; **M**=Provental inhaler; **P**=cold and exercise induced asthma; **L**=actual; **E**= skiing hard all day, asthma started to act up, tried to stop to use inhaler, ski tips crossed

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Checks CMS before splinting.	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Stabilize and manually immobilize above and below injury (lower leg) providing proper support during splinting.	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Applies splint correctly. Checks CMS after splinting.	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		Based on chief complaint, gathers information by asking QPQRST questions.	
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI		Addresses asthma by assisting patient with inhaler.	
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 32)		(40)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Re-Test 1 Fractured tib/fib, asthma (BOOT REMOVAL INCLUDED)

Trainee: _____

SAMPLE: **S**= complaining of knee pain, nausea/vomiting; **A**= none; **M**=none; **P**=none; **L**=breakfast; **E**= feeling sick when getting off lift, attempting to get to side of run

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1			
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI			
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Stabilize and manually immobilize above and below injury (lower leg) providing proper support during splinting.	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI			
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 32)		(41)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Re-Test 2 Fractured humerus

Trainee: _____

SAMPLE: **S**= pain and bruising in upper arm; **A**= cats; **M**=none; **P**=fractured wrist two years ago; **L**= actual; **E**= went off rail and tried to break fall with outstretched arm

	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	
SCENE SIZE-UP					
Determines scene is safe.	CPI		Exposes and inspects injury to identify level of emergency and formulate treatment plan.		
Introduces self, obtains permission to examine/treat.	1				
Initiates Standard Precautions	CPI			Checks CMS before splinting.	
Determines MOI &/or NOI—pt's chief complaint	CPI			Correctly immobilizes humerus with splint above and below injury site.	
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Correctly applies sling and swathe.		
Identifies number of patients and LOR of each	1		Checks CMS after splinting.		
PRIMARY ASSESSMENT					
Assesses airway, breathing, circulation, disability (ABCD's)	CPI				
Assists breathing, manages/treats life threats, if applicable	CPI				
Provides any necessary interventions related to airway/breathing	CPI				
Checks for and controls any major bleeding	CPI				
Confirm and monitor LOR (AVPU or GCS)	1				
Calls for transport, equipment and/or additional assistance, EMS if needed	1				
SECONDARY ASSESSMENT					
Performs head to toe detailed body assessment. DCAP-BTLS					
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				
Obtains SAMPLE history from patient &/or witness	1				
Obtains baseline set of vitals	CPI				
Provides interventions per local protocols	1				
Treats for shock	1				
Prepares patient for transport	1				
Reassesses vital signs and primary assessment	1				
GENERAL OBSERVATIONS					
Correctly prioritizes emergency care	1				
Quickly deals with the situation	1				
Correctly handles patient and injury	1				
Communicates with patient	1				
Directs other capably	1				
Demonstrates skill competency	1				
TOTAL POINTS (minimum passing score = 30)		(38)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION

Evaluation Scenario: Re-Test 3 Fractured clavicle, laceration

Trainee: _____

SAMPLE: **S**= 2 inch laceration on shin, pain in clavicle; **A**= none; **M**= Lipitor; **P**=high cholesterol; **L**= lunch; **E**= slipped and fell on outstretched hand, snowboard fell over and cut leg

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Controls bleeding with sterile dressing and direct pressure.	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		If bleeding continues, verbalizes application of a tourniquet and marks forehead.	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Bandages wound and immobilizes as appropriate. Checks CMS before splinting. Properly applies sling and swathe. Checks CMS after splinting (sling and swathe).	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI			
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed.	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = 32)	(40)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

NSP OUTDOOR EMERGENCY CARE PRACTICAL STATION
Evaluation Scenario: Re-Test 4 Mid-thoracic spine injury, helmet removal

Trainee: _____

SAMPLE: **S**= pain in back, between shoulder blades; **A**= dogs; **M**= none; **P**=none; **L**= actual; **E**= did an invetered maneuver and didn't complete the rotation

	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
SCENE SIZE-UP			Exposes and inspects injury to identify level of emergency and formulate treatment plan.	
Determines scene is safe.	CPI			
Introduces self, obtains permission to examine/treat.	1		Checks CMS before splinting.	
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt's chief complaint	CPI		Directs/maintains manual stabilization of head and neck.	
Identifies number of patients and LOR of each	1			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1		Aligns all parts of body into position 1. *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.	
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD's)	CPI		*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.	
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI		*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.	
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1		Removes helmet with minimal cervical movement.	
Calls for transport, equipment and/or additional assistance, EMS if needed.	1			
SECONDARY ASSESSMENT			Correctly measures and applies rigid/c-collar (per area protocol).	
Performs head to toe detailed body assessment. DCAP-BTLS				
Head (ears, pupils)	1		Secures torso & pelvis to backboard.	
Neck & cervical spine	1			
Clavicles and shoulders	1		Secures head to backboard.	
Chest and ribs	1			
Abdomen	1		Checks CMS after splinting.	
Pelvis	1			
Lower limbs	1		Ensures patient clears the side of sled.	
Upper limbs	1			
Back (T through S spine)	1		Performs lift into toboggan smoothly without compromising injury.	
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1		(*44) +1 or 2 for lift or roll and long axis drag	
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score = *??*) *NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.				

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

MOULAGE

EVALUATION SCENARIO: RE-TEST 1 Tibia/Fibula fracture and asthma
Tib/Fib deformity-Form clay deformity and affix with Alene's glue, or tape to the tibia
Asthma-Inhaler prop
Equipment needed: quick/hill/jiffy splint
Snow-sport boot if needed for re-test.

EVALUATION SCENARIO: RE-TEST 2 Fractured humerus
Humerus fracture- Apply blue and purple make up to the mid anterior humerus area to simulate bruising. A stipple sponge works well to create bruising.
Equipment needed: moldable or cardboard or board splints, cravats

EVALUATION SCENARIO: RE-TEST 3 Fractured clavicle and shin laceration
Shin laceration-Form a 2 inch laceration out of clay, and apply to shin. Use a sizeable amount of fake blood on clay laceration and shin.
Clavicle fracture-none
Equipment needed: Sterile gauze, bandages, tourniquet, marker, cravats

EVALUATION SCENARIO: RE-TEST 4 Mid-thoracic back injury
Back injury-none
Helmet for helmet removal.
Equipment needed: backboard/long spine board, rigid c-collar, oxygen

Skill Station Re-Test Options

RE-TEST SKILL STATION #1 O₂ 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 BLEEDING AND BANDAGING—1 inch laceration to forearm

- Apply direct pressure with a sterile dressing.
- If bleeding continues, verbalizes application of a tourniquet and marks forehead.
- Bandage wound and immobilize as necessary.

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 SPINAL IMMOBILIZATION, EXTRICATION AND LIFT INTO TOBOGGAN Pain in mid-thoracic spine

NOTE: *Cross out lifts not being used under Specific CPI column & determine points accordingly.

- Use manual stabilization techniques to firmly stabilize the head and neck
- If using log roll, roll patient toward rescuers on command from the leader (at the head) onto uninjured side if possible, keeping the body in line. Patient's arm may be along side or elevated per local protocol. Roll patient onto device on command from the leader, keeping the spine/body in line.
- If using a lift, execute the lift and slide the device into place, lifting the patient as a unit.
- If using a long-axis drag, maintain manual stabilization of the patient's head and neck throughout the maneuver.
- Apply a rigid/c-collar according to manufacturer's instructions and according to local protocol
- Adequately secure torso and pelvis to spinal immobilization device. Note: the torso and extremities must be mechanically secured before the head and neck.
- Secure the patient's head to the spinal immobilization device.
- Perform lift into toboggan smoothly without compromising injury.
- Ensure that the patient clears the side of the sled.

Moulage and Equipment Required For Skill Station Re-Test Options

Re-Test Skill Station #1 O₂ 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 Bleeding and Bandaging

- Affix a 1.5 inch laceration to the underside of patient's forearm, simulating significant bleeding.

Patients: 1
Helpers/Bystanders 0
Evaluators 1-3
Total personnel needed 2-4

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 Spinal Immobilization and Lift into Toboggan

- No moulage is needed for injury to mid-thoracic spine.
- Equipment needed is an immobilization device (backboard), rigid/c-collar, and toboggan.

Patients: 1
Helpers/Bystanders 3-5
Evaluators 1-3
Total personnel needed 5-9

**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
SCENE SIZE-UP			Properly assembles oxygen tank.	
Initiates Standard Precautions	CPI		Inserts an airway using the proper technique.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Demonstrates adequate ventilation with barrier device (BVM/pocket mask).	
Chooses correct equipment	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1		Chooses appropriate O ₂ delivery device by patient needs.	
Demonstrates skill competency	1			
Communicates with patient	1		Applies O ₂ delivery device and verifies patient is receiving O ₂ .	
Directs other capably	1			
			Demonstrates use of suction device.	
TOTAL POINTS (minimum passing score = 11)		(14)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

**NSP OUTDOOR EMERGENCY CARE SKILL STATION
RE-TEST SKILL STATION 2 Bleeding and bandaging--laceration to forearm**

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
SCENE SIZE-UP				Controls bleeding with sterile dressing and direct pressure.	
Initiates Standard precautions		CPI			
Introduces self, obtains permission to examine/treat.		1		If bleeding continues, verbalizes application of a tourniquet and marks forehead.	
GENERAL OBSERVATIONS					
Chooses correct equipment		1		Bandages wound and immobilizes as appropriate.	
Quickly deals with the situation		1			
Correctly handles patient and injury		1			
Demonstrates skill competency		1			
Communicates with patient		1			
Directs other capably		1			
TOTAL POINTS (minimum passing score = 8)			(11)		

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

**NSP OUTDOOR EMERGENCY CARE SKILL STATION
RE-TEST 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
SCENE SIZE-UP			Checks CMS before removing boot.	
Initiates Standard precautions	CPI		Stabilizes injured extremity, and properly removes boot.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Checks CMS after removing boot.	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score = 8)	(10)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

**NSP OUTDOOR EMERGENCY CARE SKILL STATION
RE-TEST 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
SCENE SIZE-UP			Provides cervical stabilization for strap removal.	
Initiates Standard precautions	CPI		Directs transfer of cervical stabilization.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Removes helmet with minimal cervical movement.	
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
TOTAL POINTS (minimum passing score = 8)	(10)			

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

**NSP OUTDOOR EMERGENCY CARE SKILL STATION
RE-TEST SKILL STATION 4 Spinal Immobilization, Extrication and Lift into Toboggan**

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
SCENE SIZE-UP			Checks CMS before splinting.	
Initiates Standard precautions	CPI		Directs/maintains manual stabilization of head and neck.	
Introduces self, obtains permission to examine/treat.	1			
GENERAL OBSERVATIONS			Aligns all parts of body into position 1.	
Quickly deals with the situation	1		*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.	
Correctly handles patient and injury	1			
Demonstrates skill competency	1			
Communicates with patient	1			
Directs other capably	1			
			*If using a lift, executes the lift and slides the device into place, lifting the patient as a unit.	
			*Centers patient on the device using long axis drag, if needed, maintaining manual stabilization of head and neck throughout the maneuver.	
			Correctly measures and applies rigid/c-collar (per area protocol).	
			Secures torso & pelvis to backboard.	
			Secures head to backboard.	
			Checks CMS after splinting.	
TOTAL POINTS (minimum passing score = *??)		(*16)	Ensures patient clears the side of sled.	
*NOTE: Cross out lift or roll not used; add point for centering patient on device. Determine points accordingly.		+1 or 2 for lift or roll and long axis drag	Performs lift into toboggan smoothly without compromising injury	

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

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)

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
SCENE SIZE-UP				
Determines scene is safe	CPI			
Introduces self, obtains permission to examine/treat.	1			
Initiates Standard Precautions	CPI			
Determines MOI &/or NOI—pt’s chief complaint	CPI			
General Impression—Evaluates extrication issues; considers c-spine stabilization/immobilization	1			
PRIMARY ASSESSMENT				
Assesses airway, breathing, circulation, disability (ABCD’s)	CPI			
Assists breathing, manages/treats life threats, if applicable	CPI			
Provides any necessary interventions related to airway/breathing	CPI			
Checks for and controls any major bleeding	CPI			
Confirm and monitor LOR (AVPU or GCS)	1			
Calls for transport, equipment and/or additional assistance, EMS if needed	1			
SECONDARY ASSESSMENT				
Performs head to toe detailed body assessment. DCAP-BTLS				
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			
Obtains SAMPLE history from patient &/or witness	1			
Obtains baseline set of vitals	CPI			
Provides interventions per local protocols	1			
Treats for shock	1			
Prepares patient for transport	1			
Reassesses vital signs and primary assessment	1			
GENERAL OBSERVATIONS				
Correctly prioritizes emergency care	1			
Quickly deals with the situation	1			
Correctly handles patient and injury	1			
Communicates with patient	1			
Directs other capably	1			
Demonstrates skill competency	1			
TOTAL POINTS (minimum passing score _____)				

Comment [DMM1]: Add minimum/ maximum scores

Failure to perform any of the CPI’s is an automatic failure.

PASS FAIL

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)

SKILL _____

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
SCENE SIZE-UP				
Initiates Standard precautions	CPI			
Introduces self	1			
GENERAL OBSERVATIONS				
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			
TOTAL POINTS (minimum passing score _____)				

Failure to perform any of the CPI's is an automatic failure.

PASS FAIL

Evaluator's signature: _____ Score: _____

OEC FINAL EXAM QUALITY ASSURANCE FORM

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 exam 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?