Tips on Taking the Senior Emergency Mgt. (OEC) Evaluation*

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As outlined in the Chapter 18 (Senior Program) of *The Ski Patroller's Manual*, National Ski Patrol, 14th edition, a candidate at Senior level must demonstrate above average decision making, problem management and leadership abilities. This includes above average problem assessment, resource management, communication and team interaction in every scenario. The Senior candidate must be able to identify and coordinate all actions necessary to manage available helpers and bystanders and the scene in order to satisfy OEC skill performance objectives while ensuring the safety of the patient(s).
You can do it. You really can!

- Patient assessment begins with the dispatch. Listen carefully to the description being provided to you.
- Ensure a safe scene - make sure the scene is safe for you. Mark the area with skis etc. Clear debris out of your way so you can get to your patient(s).
- Determine how to utilize available bystanders who are rational and mature (e.g. clear away debris; mark the area; possibly assist you.) Do not send obnoxious bystanders too far away; they may be patients! Determine that they are not also patients, then assign them tasks, such as watching for help to arrive, and writing down a complete description of everything that happened.
- Introduce yourself; ask if you can help; ask the patient's name and remember it. Ask the bystanders if they know what happened. In general, there are four essential questions to ask early on:
    - "Are you okay?" (contributes to our "first impression" and evaluation of their level of responsiveness (LOR), etc.)
    - "Can I help you?" (obtain permission to help)
    - "Can you (or the bystanders) tell me what happened?" (mechanism of injury (MOI), events just prior, etc.)
    - "Where do you hurt?" (identify the chief complaint)
- **Use gloves and other body substance isolation precautions as necessary**.
- Complete the "urgent survey" on all patients. Remember to take the pulse and respirations. Treat all life-threatening injuries and/or medical emergencies.
- With an unconscious patient: check airway/respirations and report them; remember to call for airways; assume possible spinal injuries; feel for deformities in the spine, especially the cervical spine; and watch the patient's eyes. Following the NSPS OEC protocol, if the patient is found prone or semiprone, carry out the initial assessment in that position until additional help arrives, unless an emergency logroll is necessary because of airway obstruction, severe bleeding, or other

life threatening problems. Continue to talk to the patient and listen for moans. Try to obtain the medical/trauma history from bystanders.

- Complete the non-urgent survey on all patients whose injuries/illness won't require immediate treatment and transport off the hill to the next level of EMS. Touch patients thoroughly and firmly during the whole body survey; remember the DCAP BTLS acronym. Be sure to ask patients at intervals if they can feel what you are touching. Be sure to get patient history (trauma/medical); remember the SAMPLE acronym. Look for the medical alert tag; check with witnesses.
- Expose and view all injuries; open pants, sleeves, etc.
- In your call for help include: location; number of patients; need for oxygen, 911/EMS (specify type of injury/illness, "code 2" or "code 3"(lights and siren); how many ambulances); number of toboggans needed; equipment needed - backboard, traction splint, trauma pack (oxygen, airways), rigid collars, and "all the help I can get!"
- When your trained helpers arrive: 1) **brief** them as to the number and condition of the patients, and 2) **assign** specific tasks to them.
- Keep communication and eye contact flowing with your patient(s) and helpers. Continually check with your patient(s) and your helpers. Keep checking on tasks you delegate to your helpers, especially critical things.
- Remember to keep in communication with less critical patients, either directly or via your helpers (e.g. status of patient histories, injuries found, injuries treated, non-urgent surveys, etc.)
- During training sessions and the pre-courses/evaluation, try to work as a team just as if the situation were real.
- During a pre-course or evaluation, if you send your help away, they <u>will not</u> come back; so make sure that you don't send them away if you will still need their help!
- Rather than telling your evaluators you would do something, **do it**! i.e. call for help, take the pulse, take the respirations.
- Keep it simple - take a deep breath and remember the basics (ABC's)
- Have a note pad handy. You may want to have a rehearsed outline for each patient; i.e. chief complaint/injury/illness, AVPU, pulse, respirations, time taken, SAMPLE DCAP BLTS.
- Be sure that all splints are tied securely. It never hurts to put on extra cravats.
- **Listen to your patient(s) and helpers**! They may be trying to give you cues, help and suggestions.
- Be sure your treatments are accomplishing what they are supposed to do:
    - Is the oxygen turned on?
    - Is the splint immobilizing the injured part?
    - Is the bandage/pressure stopping the bleeding?
    - Is the patient feeling any better? (Are the signs and symptoms improving?)
- Always look for one more way to make the situation better before you leave the scenario. Check the vital signs again. Evaluate again the circulatory/neurological status.
- Check the CMS (Circulation, Motor (movement), Sensory (feeling)) before and after any treatment (bandaging, splinting, etc.)
- Remember the "Senior" touches - pad all knots, pad all splints.
- Don't overlook the psychological treatment. Talking confidently to the patient usually has a calming effect. Ask the patient to help if they are able. e.g. "Hold this bandage here.", "Are you able to help us load you into the toboggan?"
- Be confident, decisive, swift. Show your helpers and evaluators that you know what the medical conditions are, what needs to be done, and how to do it!

- Maintain a good sense of humor and a positive attitude.

The acronyms "SAMPLE", "AVPU", "BLRPS", "PERL", "DCAP BTLS", and "OPQRST" are useful to remind us of important steps, and questions to ask while doing patient assessments.

- **SAMPLE**
  - Signs and symptoms
  - Allergies (including food)
  - Medications being taken
  - Previous/existing medical condition(s)
    (Pertinent medical history)
  - Last oral intake (last meal - when, what)
  - Events just prior to the accident/onset

- **AVPU**
  - **A**lert and oriented
  - Not alert, but responds to **V**oice
  - Responds only to **P**ainful stimuli
  - **U**nresponsive

- **Vital Signs "BLRPS"**
  - Blood Pressure
  - Level of Responsiveness
  - Respirations (rate, quality)
  - Pulse (rate, quality)
  - Skin (temperature, color, moisture)

- **PERL**
  - "Are the **P**upils **E**qual and **R**eactive to **L**ight?"

- **DCAP BTLS** (During the whole-body survey, you are looking for:)
  - Deformities
  - Contusions
  - Abrasions
  - Punctures
  - Burns
  - Tenderness
  - Lacerations
  - Swelling

- **OPQRST** (With respect to pain:)
  - Onset (sudden, gradual)
  - Provoke (cause)
  - Quality (dull, sharp, throbbing)
  - Radiates (localized, dispersed)
  - Severity (1 - 10, "How bad is it?")
  - Time (how long)

*A clarification for the term "OEC Senior..." There is only one standard of emergency medical care within the NSP, and that is OEC, regardless of a patroller's certification level. In other words, there are no new or additional OEC procedures or OEC skills taught in the training sessions which prepare candidates for the Senior Emergency Management Evaluation. Senior training in general, focuses on tuning skills, and enhancing a patroller's decision making, problem management, and leadership abilities.