

2024



# Outdoor Emergency Care SKILLS REFRESHER

2024  
CYCLE B



INSTRUCTOR GUIDE

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# INTRODUCTION

Welcome to the 2024 Outdoor Emergency Care Cycle B Refresher Instructor Guide. This guide is designed to provide information for Instructors, Instructors of Record (IOR), Instructor Trainers, and other members of the OEC team responsible for quality delivery of the 2024 OEC Cycle B Refresher.

Last year the layout was changed to reflect a more typical textbook layout. It seemed to have been well received so this year a similar layout has been created.

The content most frequently accessed is located toward the front of the guide and specific documents have been placed in the Appendices in the back.

## **THE OEC REFRESHER**

OEC technician cards are issued for a cycle of three years. The annual OEC Refresher reviews one-third of the material covered in the complete Outdoor Emergency Care course each year in order that all necessary material is covered by the end of the third year, thus renewing the OEC technician credentialing. Some essential material is covered every year. The National Refresher Committee goes to great lengths to ensure presented material remains in line with the current complete OEC course training.

The annual refresher is also intended to reinforce and upgrade OEC Technician emergency care knowledge and techniques in conformity with new science, procedures, and equipment. This course is a refresher and not a test; patrollers should be offered the opportunity to practice until they are competent with all the material.

In order for an OEC technician card to be valid, each sequential cycle on the OEC card must be completed prior to patrolling for the active year in the cycle. For example, a card is issued with an expiration date of 12/31/2026. In order to patrol in 2024, Cycle A would have to be completed. To patrol in 2025, both Cycle A and B would need to be completed and to patrol in 2026 all three cycles would need to be completed. Once an OEC technician has completed the refresher curriculum and skill competency of each of the three consecutive refresher cycles (cycles A, B, & C in no specific order), the requirements for OEC recertification have been met and a new OEC card is issued. Completion of the Refresher cycles does not meet the criteria for new OEC certification or recertification of an expired OEC certification.

Members who complete a full OEC course after May 31st of the current year do not have to complete the current refresher, but may be encouraged to do so. Please refer to the National Ski Patrol Policies and Procedures for guidelines on registering as an NSP member and other OEC technician refresher requirements. The current Policies and Procedures document can be found at [www.nsp.org](http://www.nsp.org) under the topic "Resources", select Governance, and look for Policies & Procedures.

## **THE 2024 OEC REFRESHER**

The NSP standard curriculum for the annual refresher continues to be presented in a hybrid format. This includes a required On-line Refresher component along with an also required Hands-on Skills component. With all didactic portions of the refresher presented in the On-line Refresher component, there should be little or no need for the instructor to 'Lecture' or 'Present' material during the Hands-on Skills Refresher component. Hands-on skills, patient assessment, and application of the skills should be the focus of the Hands-on Skills component of the refresher.

Both the On-line and Hands-on Skills portions, are required to receive refresher completion credit. Failure to complete any portion of either component will trigger an OEC delinquency status for the member.

The Instructor Guide no longer includes a version of the older format "Traditional Refresher" which did not include an On-line component. This format is no longer a provided option.

This refresher covers Cycle B Skills components of the OEC Refresher program. Only those specific skill objectives identified in the '2024 Cycle B OEC Refresher Skills Checklist' found in [Appendix A](#) are required, but bear in mind these skill objectives must be fulfilled as they are written. You do not need to follow the Sample Refresher presented in this Instructor Guide as long as you cover the required skill objectives.

Many documents, posters, charts, and an 'OEC Skills Refresher Guide' for participants have been created and are outlined in this OEC Refresher Instructor Guide.

Contact the OEC Refresher Committee at: [Refreshercomm@nsp.org](mailto:Refreshercomm@nsp.org)

## **SECTION I - INFORMATION FOR THE OEC TECHNICIAN**

The following material is content the OEC Technician will likely need in order to attend their annual OEC Skills Refresher. Feel free to cut and paste this material as needed.

### **PREPARING FOR AND COMPLETING THE REFRESHER**

**ONLINE REFRESHER INSTRUCTIONS** - It is highly recommended that the On-line Refresher component be completed prior to attending a hands-on OEC Skills Refresher. The former Refresher Workbook has been blended into the on-line refresher, thus eliminating the need for a workbook. An optional 'OEC Skills Refresher Guide' is available for those who prefer a written copy of the Skills Refresher material. A copy may be obtained via a link in the Online Refresher Modules. Once the upcoming Refresher materials are published, patrollers can begin preparing for the upcoming refresher. You do not need to wait until announcement of your local OEC Skills Refresher to begin the online portion!

**UPDATING YOUR NSP PROFILE** - It cannot be emphasized enough that patrollers should make a routine habit of checking their member profile to be certain all member records have been properly updated. This should be done at minimum before and after ANY training event a patroller participates in as well as during the annual Dues payment process.

**Check your personal NSP Profile** by visiting [www.nsp.org](http://www.nsp.org). Look for 'My Account', 'Education/ Roles', and look for 'My Courses Completed'. Ensure that all your information is correct. If you find an error, contact your Patrol Representative or the Instructor of Record (IOR) for a specific course. If you cannot resolve your concern, email the national office at [education@nsp.org](mailto:education@nsp.org).

**ENROLLING IN AND COMPLETING THE ONLINE MODULES** is found online at <https://www.nsp.org>. Click on 'Center for Learning'. Look for a tile under 'Featured Learning' on the landing page or: Click on 'Browse Catalog' then in the 'Search Catalog' search bar, type '2024 OEC Refresher Online'. Confirm you are looking at the 2024 OEC Refresher Cycle B Online Modules. Click on 'Enroll'. Follow the directions carefully and have your Outdoor Emergency Care Sixth Edition available for reference and study.

**Printing or Saving Your Completion Certificate** - Once you have completed this course, your course completion should automatically post to your NSP profile. Your IOR will have access to a list of those who have completed the Online Modules. You may print or save the course completion certificate to your device. This certificate may be required if you need to document completion of this course at a future date. The certificate may be found by going to: [www.nsp.org](http://www.nsp.org), Center for Learning. Look for 'Completed' in the ribbon tab, select the course and click on 'View Certificate'.

## **OEC SKILLS REFRESHER INSTRUCTIONS**

**Considerations before Enrolling:** If you are an active member of a local patrol, your patrol representative may have already enrolled you in the OEC Skills Refresher. You should receive information from them regarding whether you have been enrolled or you need to enroll yourself.

If you are not associated with a patrol, or if you are unable to attend your local OEC Skills Session, you will need to look for an OEC Skills Session to attend. Early enrollment is strongly recommended in either case to ensure a space or 'Seat' in your preferred refresher. (Read further for Instructions for enrolling). Contact your patrol representative or IOR if you have questions. Another resource is to visit your Local, Region, or Division website.

Confirm your enrollment at any time by going to NSP.org. Click on 'Center for Learning', look for and click on 'Go to your Learning Center', and under the 'Current' tab you will find a list of all courses you are currently enrolled in.

**ENROLLING IN AN OEC SKILLS REFRESHER INSTRUCTIONS:** Go to [NSP.org](http://NSP.org), click on 'Center for Learning'. Look for a tile under 'Featured Learning' on the landing page or click on 'Browse Catalog'. In the 'Search Catalog' search bar, type '2024 OEC Refresher Skills'. Confirm you are looking at the 2024 OEC Refresher Cycle B Skills Session. Click on 'Enroll'. You will now be given a menu of all 2024 OEC Skills Refreshers which are currently registered with NSP. Your enrollment is NOT Complete until you 'Select' a specific session!

Look for the 'Filter' Search Bar. When you click on the 'Filter' Search Bar, you will see two dropdown menus, Location, and Date. If you know the Location of your OEC Skills Refresher, it should be easily found in alphabetical order in the 'Location' Dropdown.

**If you do not know what OEC Skills Refresher you wish to attend** - Using the same 'Filter' Search Bar, look for an OEC Skills Refresher that meets your needs. If you complete a refresher with another patrol, contact the Instructor of Record before you attend to ensure they can accommodate you. There is no longer a need for a visiting patroller verification form since verification can be done online.

**Help Locating an OEC Skills Refresher** - may be obtained by visiting your Local, Regional, or Division websites.

## **PREPARING FOR THE OEC SKILLS REFRESHER**

Practice the skills that were identified during the online component of the online refresher or in the OEC Skills Refresher Guide. By being proficient at Outdoor Emergency Care Sixth Edition skills, you will feel more comfortable during the skill and scenario stations as well as being better prepared in the event you are called upon to use this skill in a real-life situation.

**The OEC Skills Refresher Guide** - This optional guide may be obtained via a link in the Online Refresher Modules. It is intended to identify the skills which will be covered at the OEC Skills Refresher. Use this Guide and your OEC Sixth Edition textbook to prepare for the hands-on OEC Skills Refresher.

### **What is needed for the OEC Skills Refresher event –**

- Determine if you need to bring a helmet for the helmet removal skill.
- Take your current OEC and CPR cards to the OEC Skills Refresher. Your OEC card should have a blank space in the Cycle B section. If it does not, go to your NSP profile page to print a current OEC card.
- Take a fully stocked first aid belt, vest, or pack, and any additional items required at the refresher you will attend.
- Take or wear weather-appropriate clothing for both indoor and outdoor refresher activities.
- You may also want a lunch, snacks, and drinks.

### **Attending the OEC Skills Refresher Session** which is a hands-on OEC Skills Event.

- Check with your local patrol to ensure that you are completing the appropriate refresher requirements.
- Know where to go, what to bring, and what time to arrive. Skills Refresher times vary. Check with your Instructor of Record for your timeline if needed.
- Ensure that you have completed the appropriate Online Refresher Modules by checking your NSP profile.

**OTHER PROGRAM REQUIREMENTS** - The OEC Skills Refresher is intended to be a standalone event. Most patrols have other requirements which you will need to complete. Look for communications from your patrol representative regarding such requirements.

**CPR FOR ACTIVE NSP MEMBERS:** Active NSP members must ensure that they maintain a current Professional-Rescuer Level CPR certification and demonstrate their CPR skills annually to an agency-approved certified CPR instructor, regardless of the requirements of the certifying agency or the expiration date on their card. This requirement is not meant to be part of the annual OEC refresher, but must be completed before your Patrol Representative may submit your name to their NSP roster. For a complete list of the NSP-approved CPR certifying agencies, please see the National Ski Patrol Policies and Procedures manual.

**INCIDENT COMMAND SYSTEM:** ICS-100 course requirement. As a reminder, all patrollers and new candidates must complete the FEMA ICS-100 course. You do not need to repeat this training if you have ever completed it. You only need to provide a copy of your completion certificate. You can self-enroll and complete the FEMA ICS-100 course through the NSP Center For Learning. ICS-200 and ICS-700 are optional and can also be accessed through the NSP Center for Learning, but are not a substitute for completing ICS-100. Completion of these three courses will count as a Senior Elective when you choose to pursue your Senior classification.

**Local patrol training** such as local patrol requirements, area needs, lift evacuation, CPR, AED, and other on-hill/on-trail training, is arranged through your home patrol and is NOT officially part of the OEC refresher process. The NSP is not responsible for the content, instruction, or scheduling of this training, so it is important to communicate with your local patrol regarding these requirements.

## **SECTION II – INFORMATION FOR THE OEC INSTRUCTOR**

The information contained in this section is that which will likely be needed by the OEC Refresher Instructor. There are additional resources found in Section I, the Appendices of this Instructor Guide, and in the '2024 OEC Cycle B Refresher Instructor Toolkit' located in the NSP Center for Learning.

**INSTRUCTOR RESPONSIBILITIES** – The 2024 OEC Skills Refresher is designed so that instruction, demonstrations, and lectures should not be necessary at most OEC Skills Refreshers. The Online Refresher Modules have already covered this material and therefore, instructors should refrain from using hands-on skill time to repeat didactic material.

This is not to say that remediation should not be offered when necessary. The instructor should consider a plan for remediation which will not hold back skill practice for an entire group. Your focus should be on giving attendees the opportunity for as much hands-on time as needed.

**ATTEND AN OEC SKILLS REFRESHER** – All OEC technicians are required to attend and participate in an OEC Skills Refresher. Typically, skills refreshers are held just for OEC Instructors or IT's to attend in order to prepare them to present the OEC Skills Refresher to other OEC technicians, but the refresher content is the same. If you are unable to attend an OEC Skills Refresher designated for Instructors, you will need to attend another refresher. It is strongly recommended that this be done prior to teaching at a refresher. Use this as an opportunity to determine how you would like to conduct your refresher:

Evaluate what went well. What did not? How was remediation handled? Was there adequate time and equipment for the size of the group(s)? What would you like to have seen done differently? Take what you learned and make a plan to apply it to your teaching experience.

**ATTEND A REFRESHER PLANNING MEETING** – Generally these are organized by the IOR (Instructor of Record). Review with others what you and they observed at the OEC Instructor Refresher. Apply these observations to make each refresher better than the last! The OEC Instructor is one of the most integral roles of the National Ski Patrol Program. Give yourself and others the credit you have all earned and continue to enhance!

### **REFRESHER RESOURCES**

This Instructor Guide is planned to offer you the resources you will need to produce the 2024 OEC Skills Refresher. The following is a short summary of what to look for.

**OEC SKILLS REFRESHER GUIDE 2024** is available as an option to patrollers who prefer printed refresher material and may also provide the instructor with resources for instruction. The OEC Skills Refresher Guide may be obtained via a link located in the Online Refresher Modules and in the OEC Refresher Instructor Toolkit.

**OEC Refresher Instructor Toolkit** – Some refresher resources, including and in addition to what you will find in this Instructor Guide and the OEC Skill Refresher Guide, have been made available online for ease of printing. Please sign in to [www.nsp.org](http://www.nsp.org). Click on 'Center for Learning, then 'Browse Catalog'. Under 'Browse by Category', look for 'OEC Instructor Resources' (Not Instructor Resources). Look for a catalog panel titled '**2024 OEC Cycle B Refresher Instructor Toolkit**'. It will appear as though you are enrolling in a course to access these materials.

**OEC REFRESHER SKILLS CHECKLIST** – [Appendix A](#) – Is a concise list of the required Refresher Skills for this Refresher Cycle. It may be reproduced as a 'Sign-off Sheet' to validate that the OEC Technician has completed the required skills. These skills may be presented in any order you choose, but all must be completed as individual or team skills as outlined in the Skills Checklist.

**CASE REVIEWS** – [Appendix D & E](#) – Each year Case Review(s) are presented to entice OEC technicians to problem solve and put their OEC Skills to task. This year the Case Reviews are embedded in the Heat-Related Emergencies and Adaptive Athletes skills. OEC technicians should familiarize themselves with each Case and be prepared to discuss how such situations might be handled with their local patrol.

\*To complete required skills, OEC technicians will be required to simulate and treat the patients outlined in the Case Reviews.

**REFRESHER POSTERS** – To be used at the appropriate refresher stations are available in the 'OEC Cycle B Refresher Instructor Toolkit' locate in the NSP Center for Learning. Please enlarge these to an appropriate size for the number of people and distance they will be viewed from. These are generally best reproduced from a PDF format which have been provided. Standard 8 ½" x 11" is rarely large enough!

**ENHANCED SKILL GUIDES** – OEC Skill guides for this refresher have been formatted for enlarging and printing for posters as well as general viewing. They should be posted at appropriate stations. They are available in PDF and Word format in the 'OEC Cycle B Refresher Instructor Toolkit' locate in the NSP Center for Learning.

**OVERVIEW SAMPLE OEC SKILLS REFRESHER** – A condensed outline of the SAMPLE OEC SKILLS REFRESHER for quick reference may be found beginning on page 12 of this Instructor Guide.

**DETAILED SAMPLE REFRESHER** – The SAMPLE SKILLS REFRESHER with detailed instructions begins on page 13 of this Instructor Guide. Remember, this is a suggested Refresher layout, the IOR is welcome to change it in any way that works for a specific refresher.

\* The one thing that may not be changed is the Objectives listed in the 2024 OEC Refresher Cycle B Skills Checklist found in [Appendix A](#) of this Instructor Guide. The order may be changed.

## SECTION III – INFORMATION FOR THE REFRESHER IOR & IT

The information contained in this section is that which will likely be needed by the OEC Refresher IOR and IT. Additional information is found in Sections I & II, the Appendices of this Instructor Guide, and in '2024 OEC Cycle B Refresher Instructor Toolkit' locate in the NSP Center for Learning.

**REFRESHER PLANNING CHECKLIST** – The OEC Refresher Planning Checklist 2024 Cycle B is designed to aid the IOR in completing necessary tasks and offering a timeline to complete them. It is recommended that the IOR complete every task in a timely manner. This checklist can be found in [Appendix G](#).

**OEC REFRESHER SKILL OBJECTIVES** – Can be found in [Appendix A](#) – REQUIRED refresher skill objectives for this Refresher Cycle B are listed in the Refresher Skills Checklist. It is the responsibility of the IOR to be certain each and every skill objective in any order is assigned to an Instructor for a Skill Station and that the objective is met for every OEC Technician. Those skills listed as 'Each OEC Technician must perform' need to be completed by every OEC Technician without exception. This list can be reproduced and used as a Sign-Off sheet for the OEC Technician at an OEC Skills Refresher. You may also produce one that matches the layout of your refresher.

**SUGGESTED TIMELINE FOR SAMPLE REFRESHER** – Can be found in [Appendix G](#) – Planning a timeline for a refresher is contingent on several variables including the size and experience of the group as well as the number of available Instructors and equipment. The IOR will need to take into account the variables they face when determining a timeline. This is merely a suggestion.

**NSP EVENT RELEASE FORM** – Can found in [Appendix H](#) – The completion of this form is required of all those attending any NSP event, including instructors and guests. You may find it helpful to have this as a future reference as well as for this OEC Skills Refresher.

**COURSE EVALUATION** – Can be found in [Appendix L](#) – This document is intended to be copied and distributed to all attending a Skills Refresher. It should be completed and turned in at the end of the Skills Refresher. The IT and IOR should review these evaluations to help determine what went well and what needs to be changed for future refreshers. Submit to your Region or Division per their guidelines. Do not send these to the National Office.

**REFRESHER QUALITY ASSESSMENT FORM** – Quality assurance is the primary responsibility of the IT. They must document all findings on the QA form included in [Appendix M](#). After completion, please send to the following:

- \_\_\_\_\_ Copy to IOR /patrol representative.
- \_\_\_\_\_ Copy to ROA or designee.
- \_\_\_\_\_ Copy sent to [refresher@nspserver.org](mailto:refresher@nspserver.org)

**2024 OEC SKILLS REFRESHER ENROLLMENT** - There are two ways a student can be enrolled in an NSP course. The first is when the students enroll themselves in the course via the NSP Learning Center. Instructions are listed on [Page 7](#) of this Guide for this method. The second method is the one that will be discussed here.

**IOR Enrolls Students** - When an IOR knows the roster of those who plan to attend their course, the IOR or IT has the ability to add students to the course when it is a non-fee course. Some IOR's may prefer to manage their roster by this method. Students can also be added by this means when they are having difficulty enrolling. The IOR should consider which method they prefer and notify all pending students with instructions regarding enrollment.

**To Enroll Students as IOR** - go to Center for Learning, Instructor Utilities, My Sessions. Click on the course you wish to add students to, then click on the "edit" icon. At the very bottom of the page, you will see the 'ADD' button. Follow the instructions as needed. Keep in mind that students can continue to enroll themselves when this method is used for an entire roster. Remember, this option is only available since this is a non-fee course.

## OVERVIEW OF SAMPLE 2024 OEC SKILLS REFRESHER

The following is a condensed overview of the Sample Refresher. The complete Detailed Sample Refresher begins on [page 15](#). Scenarios referenced are found in [Appendix C](#).

**[20- 40 Minutes]** - The lower number in these time notations denotes the time it may take a pair of proficient patrollers to complete this skill set. There is no actual time requirement for any given skill/station, only that the 'Objective' be met in a manner that 'Refreshes' the attendee. IOR's should consider the number of patrollers attending, the number of OEC instructors available, the equipment available, and the experience level of those attending when determining the time needed for each station.

**\*Every station should include BSI and treatment for shock as appropriate.**

### AIRWAY MANAGEMENT [20- 40 Minutes]

#### A Section--Airway Management [ 10 - 20 Minutes ]

- ◆ Describe and demonstrate how to place an oxygen tank into service
- ◆ Demonstrate use of a nasal cannula, non-rebreather mask, & pulse oximetry.
- ◆ Demonstrate Primary Patient Assessment/Unresponsive Patient
- ◆ Describe and demonstrate how to manually open the airway and mouth using:
  - ◆ Cross Finger technique
  - ◆ Head-tilt Chin-lift technique
  - ◆ Jaw Thrust technique
- ◆ Demonstrate the sizing and placement of an OPA and an NPA.

## **B Section – Lifts, Moves, & Carries [ 10 - 20 Minutes ]**

- ◆ Demonstrate the following drags, lifts and carries:
  - Power Grip
  - Power Lift
  - Move used when there is NO Suspicion of a spinal injury (suggested - Extremity Lift)
  - Move when you suspect a spinal injury (suggested - Flat transfer Lift)
  - An urgent move (suggested - Underarm Wrist Drag)
  - A non-urgent move (suggested - Fore and Aft Carry)
- ◆ Demonstrate the principle of “jams and pretzels”.

## **PATIENT ASSESSMENT [20- 40 Minutes]**

- ◆ Explain and demonstrate the following of the five parts of a patient assessment:
  - Scene size-up
  - Primary patient assessment, including Level of Responsiveness (also in Airway Station)
  - History taking
  - Secondary Patient Assessment
  - Reassessment
- ◆ Demonstrate the procedure for obtaining vital signs:
  - Pulse
  - Respiratory rate
  - Blood pressure
  - Oxygen Saturation

## **ABDOMINAL EMERGENCIES [20- 40 Minutes]**

### **A Section – GI/GU/Reproductive Emergencies [ 6- 13 Minutes ]**

- ◆ Demonstrate how to assess the abdomen of a patient, and how to assess the abdomen on a female patient.
- ◆ Describe and demonstrate how to manage a patient with a severe GI/GU/Reproductive emergency.
- ◆ Explain and demonstrate the recovery position.

### **B Section – Evisceration [ 6 - 13 Minutes ]**

- ◆ Describe and demonstrate how to manage an abdominal evisceration.

### **C Section – Abdominal Impalement [ 6 - 13 Minutes ]**

- ◆ Describe and demonstrate how to manage an impaled object in the abdomen or pelvis.

## **HEAT RELATED EMERGENCIES including Case Review #1 [20- 40 Minutes]**

- ◆ Case Review [ 6 - 12 - Minutes]
  - Moderated discussion of Case Review #1

### **Scenarios for Heat-Related Emergencies [ 14 - 28 Minutes]**

- ◆ Demonstrate the assessment and management of a patient suffering from each of the four types of heat-related illnesses:
  - Heat Syncope
  - Heat Cramps
  - Heat Exhaustion
  - Heat Stroke

## **HIP & PELVIC TRAUMA [20- 40 Minutes]**

### **A Section – Pelvic Trauma [ 10 - 20 Minutes]**

- ◆ Describe and demonstrate how to assess a patient with pelvic trauma.
- ◆ Demonstrate use of the Bridge/ BEAN lift for pelvic injuries.
- ◆ Describe and demonstrate how to manage a pelvic fracture (pelvic sling or pelvic binder). NO log roll.
- ◆ Describe and demonstrate how to remove a helmet-supine.
- ◆ Demonstrate complete SMR as part of care for hip/pelvic trauma.

### **B Section – Hip Fracture with SMR [ 10 - 20 Minutes]**

- ◆ Describe and demonstrate how to assess injuries of the hip.
- ◆ Demonstrate how to care for injuries of the hip.

## **CARE OF AN ADAPTIVE ATHLETE including CASE REVIEW #2 [20- 40 Minutes]**

### **A Section – Case Review #2 [ 6- 13 Minutes]**

Moderated discussion of Case Review #2

### **B Section – Scenario: Adaptive Athlete with Cognitive Disability [ 6 - 13 Minutes]**

- ◆ Demonstrate how to assess an adaptive athlete with a cognitive disability who is injured or ill.
- ◆ Demonstrate how to care for an adaptive athlete with a cognitive disability who is injured or ill.

### **C Section – Scenario: Adaptive Athlete with Physical Disability [ 6 - 13 Minutes]**

- ◆ Demonstrate how to assess an adaptive athlete with a physical disability who is injured or ill.
- ◆ Demonstrate how to care for an adaptive athlete with a physical disability who is injured or ill.

# DETAILED SAMPLE 2024 CYCLE B OEC SKILLS REFRESHER

## AIRWAY & OXYGEN / LIFTS, MOVES, & CARRIES [20- 40 Minutes]

### Assigned Station Objectives:

- ◆ Treating for shock and the use of PPE should be included in all stations as appropriate. [SG 10-1]
- ◆ Demonstrate Primary Patient Assessment/Unresponsive Patient
- ◆ Describe and demonstrate how to place an oxygen tank into service. [SG 9-5]
- ◆ Demonstrate use of a nasal cannula & non-rebreather mask.
- ◆ Demonstrate how to use a pulse oximeter. [[Appendix F](#)]
- ◆ Demonstrate the sizing and placement of an OPA and an NPA. [SG 9-3][9-4]
- ◆ Describe and demonstrate how to manually open the airway and mouth using:
  - Cross Finger,
  - Head-tilt Chin-lift, and
  - Jaw Thrust techniques
- ◆ Demonstrate the power grip and power lift. [SG 5-1][5-2]
- ◆ Demonstrate one or more moves used when there is NO suspicion of a Spinal Injury. [SG 5-3][5-4]
- ◆ Demonstrate one or more moves used when you Suspect a spinal injury. [SG 5-6][5-7][5-12]
- ◆ Demonstrate one or more Urgent moves.
- ◆ Demonstrate one or more non-urgent moves. [SG 5-8][5-9][5-10][5-11]
- ◆ Demonstrate the principle of “jams and pretzels”. Position 3A to 1(OEC 6e pg. 536)

### Equipment/Resources Needed:

- Review and print relevant documents available in the ‘OEC Cycle B Refresher Instructor Toolkit’ located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 5-1 through 5-12, 9-3, 9-4, and 9-5 found in Refresher Instructor Tool Kit.
- Print copies of patients #1 found here and in [Appendix C](#) for ease of printing.
- Airway manikin, including adjunct lubricant as needed.
- Additional manikins, patients, as indicated.
- Set of OPA’s and NPA’s
- Oxygen Tanks, non-rebreather masks, and nasal cannulas.
- Pulse Oximeters
- OEC Textbook for reference, identified pages for subjects bookmarked.

**General Station Instructions:** Set up this Station with two mini-sections. Depending on the number, participants can be divided into two groups, Group A completes the A Section skills while Group B completes the B Section skills.

Alternatively, the entire group can complete all of section A, then B. To complete all required skills, groups rotate sections every 20 minutes (or according to your refresher timeline.)

**A Section - [ 10 - 20 Minutes ]** Post Skill Guides 9-3, 9-4, and 9-5, and Station Objectives and Posters.



**EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:**

**OXYGEN & AIRWAY MANAGEMENT :** OEC Chapter 9; Pages 199-200, 205-209, 214-219.

- ◆ Using an Airway manikin or suitable substitute, each OEC technician will demonstrate:
  - Primary Patient Assessment of an Unresponsive Patient
  - Sizing and inserting an OPA and an NPA.
- ◆ Using an Airway manikin or partner, each OEC technician will Demonstrate the skills of:
  - Cross Finger technique
  - Head-tilt Chin-lift technique
  - Jaw Thrust technique
- ◆ Using a manikin or suitable substitute, each OEC technician will demonstrate:
  - An understanding of the use of pulse oximetry for determining oxygen delivery.
  - The use of a non-rebreather mask and
  - A nasal cannula

**OXYGEN TANK:** OEC Chapter 9; Pages 211-214. OEC technicians should each describe safety considerations when using an oxygen tank, inspection of the tank for use, identify required components, and apply an oxygen regulator to the tank. The OEC technician will prepare the tank for use, then demonstrate disassembly.

**OXYGEN & AIRWAY MANAGEMENT :** OEC Chapter 9; Pages 199-200, 205-209, 215-219.

- ◆ Using an Airway manikin or suitable substitute, each OEC technician will demonstrate:
  - Primary Patient Assessment of an Unresponsive Patient
  - Sizing and inserting an OPA and an NPA.
- ◆ Using an Airway manikin or partner, each OEC technician will Demonstrate the skills of:
  - Cross Finger technique
  - Head-tilt Chin-lift technique
  - Jaw Thrust technique
- ◆ Using a manikin or suitable substitute and the below scenario, each OEC technician will demonstrate:
  - An understanding of the use of pulse oximetry for determining oxygen delivery.
  - The use of a non-rebreather mask and
  - A nasal cannula

**Patient #1:** The OEC technician is asked to properly check with a pulse oximeter the Oxygen Saturation of a patient who has clinical signs of respiratory distress. The OEC technician should be able to identify what these clinical signs might be. They are told the patient has an SpO<sub>2</sub> of 89% with no aid of oxygen and they should treat the patient. The OEC technician should choose a non-rebreather mask and begin oxygen delivery. The OEC technician should now be told several minutes have passed and the patient is no longer showing clinical signs of respiratory distress. The OEC technician should again check the Oxygen Saturation. They are now told the SpO<sub>2</sub> is 95%. The OEC technician should change the oxygen delivery to a nasal cannula and be able to explain they are watching for the SpO<sub>2</sub> to remain at 94% or above as they titrate down. Please refer participants to the oxygen titration posters provided in [Appendix F](#) to help guide them.

**B Section - [ 10 - 20 Minutes ]** OEC Chapter 5; pages 86-104

Post the Station Objectives and Posters. Post Skill Guides 5-1 through 5-12.



**EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:**

In groups of approximately three, OEC technicians will each demonstrate the skills of:

- Power Grip [SG 5-1] and Power Lift [SG 5-2]
- Underarm/wrist drag (urgent move)(Segue into Extremity lift and Fore and aft Carry)
- Extremity lift (no suspicion of spinal injury) [SG 5-3]
- Fore and aft carry (non-urgent move) [SG 5-11]
- Flat Transfer Lift (suspicion of spinal injury) [SG 5-6]
- Demonstrate the principle of “jams and pretzels”. Position 3A to 1

\*Additional Lifts, Moves, & Carries can be reviewed as time allows. Consider the use of equipment used at your location including scoop stretcher, sitting lifting device, stokes basket, or SKED.

\*(BEAN/Bridge Lift will be used in Pelvic Injury Station.)

## **PATIENT ASSESSMENT, VITAL SIGNS [20- 40 Minutes]**

### **Assigned Station Objectives:**

- ◆ Treating for shock and the use of PPE should be included in all stations as appropriate.
- ◆ Explain and demonstrate the following five parts of a patient assessment.
  - Scene size-up
  - Primary patient assessment, include LOR
  - History taking
  - Secondary patient assessment, include pulse and respirations
  - Reassessment
- ◆ Describe and demonstrate the procedure for obtaining the following vital signs:
  - Pulse (heart rate)
  - Respiratory Rate
  - Blood Pressure
- ◆ Demonstrate treating a patient for SHOCK.

### **Equipment/Resources Needed:**

- Review and print relevant documents available in the ‘OEC Cycle B Refresher Instructor Toolkit’ located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 7-1 7-4, 7-5, 7-6, 14-1, and 10-1 found in Refresher Instructor Tool Kit.
- Print copies of patients #2, 3, & 4 found here and in [Appendix C](#) for ease of printing.
- Print copies of Sketches from [Appendix B](#) (thumbnails in A Section).
- Blood Pressure Cuffs, Stethoscopes, and sanitizing wipes.
- Blanket and oxygen (or suitable alternative) for treating shock.
- OEC Textbook for reference, identified pages for subjects bookmarked.

**General Station Instructions:** This station may be completed by completing each component and then moving on to the next.

Incorporate into the station the management of shock and use of PPE. Pair off OEC technicians.

Instruct one to serve as the rescuer, the other the patient, then reverse their roles. Use the scenarios provided or use your own. An entire assessment including vital signs must be completed on each patient.

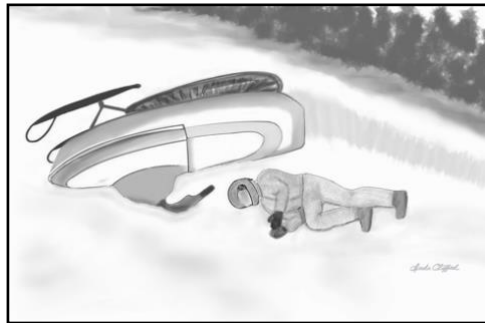
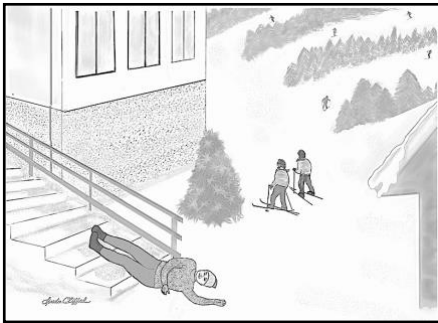


**EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:**

**SCENE SIZE-UP – [35 Minutes]** OEC Chapter 7; pages 143-174; Post Skill Guides 7-1, 7-4, 7-5, 7-6, and 10-1, and Station Objectives and Posters.

Using the Sketches provided in Appendix B (thumbnails pictured here), show the OEC technician one sketch. After about 5 – 6 seconds ask them to simulate a radio call to their dispatch regarding Scene Size-up. The call should include Scene Safety, MOI, Number of patients, and resources needed.

(Enlarged versions of these sketches may be found in [Appendix B](#))



**PATIENT ASSESSMENT – [35 Minutes]** OEC Chapter 7; pages 143-174; Post Skill Guides 7-1, 7-4, 7-5, 7-6, and 10-1, and Station Objectives and Posters.

OEC Technicians are then each given a printed copy of one of the following scenarios for which they will pose as the patient. Their partner must complete an entire patient assessment to include:

- Scene size-up
- Primary patient assessment, include LOR,
- History taking,
- Secondary patient assessment,
- Vital signs including pulse, respiratory rate, and blood pressure and
- Ongoing reassessment.

Remind OEC technicians when they are posing as a patient, they should not offer information regarding Patient History unless a specific question is asked relating to the answer! If time allows, have each technician assess each of these patients or add a scenario of your own. All scenarios will require all assessment steps and vital signs listed above.

**Patient #2** –Patient slipped on snowy steps as depicted in the Scene Size-up sketch and fell down approximately five steps. They are initially somewhat disoriented and feeling pretty banged up. They are not certain if they are hurt or not.

**S** – Bruise to left knee. They think they hit their left ‘funny bone’ and complain of tingling in the left hand. No LOC.

**A** – None

**M** – Dilantin for a seizure disorder

**P** – Last seizure more than six years ago. Dislocated a shoulder once a long time ago.

**L** – Ate about two hours ago when they first arrived at the ski area with their spouse and daughter.

**Patient #3** – You arrive on the scene of a Snowmobile overturned as depicted in the Scene Size-up Sketch. You find a patient who is responsive to pain stimulus, and infrequently responds to verbal stimulus. A colleague of the patient is able to answer some questions regarding patient history.

**S** – There are not obvious signs of trauma. The patient’s helmet is on and intact.

**A** – No known allergies.

**M** – The patient is athletic and has expressed pride that he doesn’t need any medications.

**P** – Nothing known.

**L** – The two colleagues had lunch together 90 minutes ago and have been together all day.

**E** – Snowmobile overturned on an uphill turn. The patient fell from the snowmobile while it was moving.

**Patient #4** – Your patient has collided with his brother at the tubing park. He is complaining of pretty severe knee pain and thinks his knee cap is in the wrong place. Another patroller is approaching the brother who is sitting up a short distance away.

**S** – There is a deformity where the knee cap has moved.

**A** – No known allergies.

**M** – Concerta

**P** – Attention Deficit Disorder

**L** – Lunch 2 hours ago.

## HEAT-RELATED EMERGENCIES / Case Review #1 [20- 40 Minutes]

### Assigned Station Objectives:

- ◆ Treating for shock and the use of PPE should be included in all stations as appropriate
- ◆ Moderated discussion of Case Review #1 found in Appendix D
- ◆ Demonstrate the assessment and management of a patient suffering from each of the four types of heat-related illness:
  - Heat Syncope
  - Heat Cramps
  - Heat Exhaustion
  - Heat Stroke

**General Station Instructions:** The instructor will lead a discussion of Case Review #1 found in Appendix D. Following the discussion, OEC technicians will work with a partner, one posing as patient, and one or more as rescuers to complete a full patient assessment and care for each patient listed below. Each scenario may be set up as a mini-station or the group may work through the scenarios simultaneously.

### **Equipment/Resources Needed:**

- Review and print relevant documents available in the 'OEC Cycle B Refresher Instructor Toolkit' located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 7-1, and 10-1 found in Refresher Instructor Tool Kit.
- Print copies of patients #8, 9, 10, & 11 and Case Review #1 from [Appendix C](#) for ease of printing.
- Simulations for drinking water, sports drinks, table salt, cold packs, misting, and fanning.
- OEC Textbook for reference, identified pages for subjects bookmarked.

### **CASE REVIEW - [ 12 Minutes ]**

The instructor will lead a discussion of Case Review #1 found in [Appendix D](#)



**EACH OEC TECHNICIAN MUST LEAD ONE & PARTICIPATE IN ALL OTHERS:**

**SKILL PRACTICE - [ 8 Minutes for each scenario ]** OEC Chapter 26; pages 615-623. Following the discussion, participants will be lead through the following scenarios. The participants are told their team has been assigned to cover the end of the race depicted in the Case Study. OEC technicians will work with at least one partner, one posing as patient, other(s) as rescuers. You may also use a dedicated patient.

**Patient #5** - Heat Syncope - Shortly after completing the race, the patient sat down, then collapsed with a brief loss of consciousness.

**Patient #6** - Heat Cramps - Crossing the finish line, the racer cries out from leg cramps and needs help dismounting from their bike and toe clips.

**Patient #7** - Heat Exhaustion - a patient approaches you complaining of dizziness, nausea, and a headache. They are sweating and pale.

**Patient #8** - Heat Stroke - You get called to a short distance from the finish line for a patient who is ill. You find a patient who does not respond to verbal stimuli, with hot, flushed, and relatively dry skin.

## **ABDOMINAL EMERGENCIES [20- 40 Minutes]**

### **Assigned Station Objectives:**

- ◆ Treating for shock and the use of PPE should be included in all stations as appropriate.
- ◆ Demonstrate how to assess the abdomen of a patient, and how to assess the abdomen on a female patient.
- ◆ Describe and demonstrate the management of a patient with a gastrointestinal, genitourinary, or reproductive emergency.
- ◆ Explain and demonstrate the recovery position.
- ◆ Describe and demonstrate how to manage an abdominal evisceration.
- ◆ Describe and demonstrate how to manage an impaled object in the abdomen or pelvis.

**General Station Instructions:** Set up this Station with three mini-sections. Depending on the number of participants, the group can be divided into three. Group A completes the A Section skills, while Group B completes the B Section skills, and Group C completes the C Section skills. Groups then rotate positions after about 13 minutes to complete all required skills. Alternatively, all OEC technicians may complete one section, and then as a whole group move on to the next section. Incorporate the management of shock & use of PPE into the station.

**Equipment/Resources Needed:**

- Review and print relevant documents available in the 'OEC Cycle B Refresher Instructor Toolkit' located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 7-1, 10-1, 19-4, and 19-8 found in Refresher Instructor Tool Kit.
- Print copies of patients #5, 6, & 7 found here and in Appendix C for ease of printing.
- Bandaging materials, items for stabilizing impalement, and creating occlusive dressings.
- Moulage or props for Wounds.
- OEC Textbook for reference, identified pages for subjects bookmarked.
- Portable oxygen, or mock substitute when appropriate.



**EACH OEC TECHNICIAN MUST LEAD ONE OF THE FOLLOWING SCENARIOS & PARTICIPATE IN OTHERS:** (Including three sections below)

**A Section – ABDOMINAL EVISCERATION [13 Minutes].** OEC Chapter 24; pages 587 & 591. Post Skill Guide [SG 19-4], and Station Objectives and Posters.

OEC technicians will work with at least one partner, one posing as patient, other(s) as rescuers. You may also use a dedicated patient, manikin, or other substitute.

Complete an assessment and care for the following patient:

**Patient #9** – You respond to an intermediate trail to find a patient who has a 2” abdominal wound with a small evisceration through the wound. You estimate it will take at least 35 minutes for an ambulance to transport this patient to the nearest facility.

**B Section – ABDOMINAL IMPALEMENT – [13 Minutes]** OEC Chapter 24; pages 587-593. Post Skill Guide [SG 19-8]

OEC technicians will work with at least one partner, one posing as patient, others as rescuers. You may also use a dedicated patient, manikin, or other substitute. Complete an assessment and care for the following patient:

**Patient #10** – You respond to a glade to find a patient with a tree branch impaled in the abdomen. The branch is about 6 inches in length and an inch in diameter. Bleeding is minimal to moderate.

**C Section – GI/GU/REPRODUCTIVE EMERGENCY** – Chapter 16; pages 340-352 **[13 Minutes].**



**EACH OEC TECHNICIAN MUST PERFORM THIS SKILL:**

Participants will pair off to each demonstrate how to assess the abdomen of a patient. Discuss and demonstrate what might be done differently if you are assessing the abdomen of female patient, possibly with a reproductive emergency. Each must explain and demonstrate the recovery position. Finally, as a team skill, demonstrate the management of the following patient:

**Patient #11** – A patient enters your first aid room complaining of suddenly feeling very ill.

**S** – The patient is saying repeatedly, “My stomach hurts. It really hurts.” It came on rather suddenly. They also complain of nausea and general malaise. There is no history of trauma. The patient looks pale with a rapid pulse. Their skin feels warm to the touch.

**A** – None

**M** – None

**P** – None, they hardly ever get sick.

**L** – Ate about three hours ago on the bus to the ski area.

## **CARE OF AN ADAPTIVE ATHLETE / Case Review #2 [20- 40 Minutes]**

### **Assigned Station Objectives:**

- Treating for shock and the use of PPE should be included in all stations as appropriate.
- Moderated discussion of Case Review #2
- Demonstrate how to assess an adaptive athlete with a cognitive disability who is injured or ill.
- Demonstrate how to care for an adaptive athlete with a cognitive disability who is injured or ill.
- Demonstrate how to assess an adaptive athlete with a physical disability who is injured or ill.
- Demonstrate how to care for an adaptive athlete with a physical disability who is injured or ill.
- Demonstrate how to manage a patient with an abdominal or pelvic emergency.
- Demonstrate the steps for properly assisting with epinephrine auto-injectors.

**General Station Instructions:** The instructor will lead a discussion of Case Review #2 found in [Appendix E](#). The Instructor should take special care to moderate the discussion in a way that promotes participants to consider assessment challenges of any patient with an Intellectual Disability. Identify how assessment techniques may be helpful in assessment of all patients. (Use any of the questions listed below or use your own). Following the discussion, OEC technicians can complete the following scenarios as two mini-stations or sequentially.

OEC technicians will collaborate with one or more partners, one posing as patient, one or more as rescuers. Using the provided scenarios, demonstrate how to complete an assessment and care for each patient. Incorporate into the station the management of shock and use of PPE.

### **Equipment/Resources Needed:**

- Review and print relevant documents available in the ‘OEC Cycle B Refresher Instructor Toolkit’ located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 7-1, 10-1, 14-1, and 22-1 found in Refresher Instructor Tool Kit.
- Print copies of patients #14 & 15 found here and in [Appendix C](#) for ease of printing.
- Print Case Review #2 found here and in [Appendix E](#) for ease of printing.
- Bandaging materials as needed.
- Practice epinephrine auto-injectors.
- Blindfolds, sleep masks, or patient can remain with eyes closed.
- OEC Textbook reference, identified pages for subjects bookmarked.



## EACH OEC TECHNICIAN PARTICIPATES IN THIS DISCUSSION & SCENARIO:

### CASE REVIEW - [12 Minutes]

Begin by moderating a discussion of Case Study #2 found in Appendix E with some of the following questions. When appropriate, share that Tom has abdominal pain with guarding.

- Do you think you should ask open-ended questions? [*It may be more difficult for them to process questions in a high stress situation. (OEC6, p. 756)*]
- Do you think a lot of extra help would be useful? [*Avoid additional stimulation which may be stressful, frightening, or distracting. (OEC6, p. 757)*]
- Do you think you can count on Tom telling you if he is having pain or other symptoms such as nausea? [*They may be less likely to complain about an injury or illness which makes careful evaluation paramount. (OEC6, p. 747)*]
- Do you think it is important to rush this exam? [*They may need more time to process questions and more time to express a response. (OEC6, p. 757)*]
- Do you think it is likely this 19-year-old has other health issues? [*Co-existing conditions should be considered with every patient. Low Muscle Tone is likely. (OEC6, p. 747)*]
- What might it be like for Tom who can see his care companion a short distance away, but they cannot approach one-another.
- What might it be like for Tom to have a Ski Patroller questioning him or wanting to touch him?
- How can you best proceed with further assessing this individual for injuries?
- What other challenges may you be faced with and how might you overcome them?
- How might this scenario be different if the individual has an Autism Spectrum Disorder, does not make eye contact, and moves away from any physical contact?

\***Treatment** of each of these patients will be **required** to meet refresher skill requirements.

Remind OEC technicians when they are posing as a patient, they should not offer information regarding Patient History unless a specific question is asked relating to the answer! If time allows, have each OEC technician assess each of these patients or add a scenario of your own.

### A Section - [13 Minutes] Intellectually Disabled Patient with an Abdominal Injury

Assess and care for the following patient:

**Patient #14** – Your patient is the 19-year-old from the Case Review. You will perform a thorough assessment of this intellectually disabled young adult and then care for the patient with an abdominal injury.

### B Section - [13 Minutes] Physically Disabled Patient with an Allergic Reaction.

Assess and care for the following patient:



**EACH OEC TECHNICIAN MUST PERFORM THIS SKILL:** \*Since assisting with an Epinephrine auto-injector is a skill required of all OEC technicians, each partner must play the role of assisting this patient with delivery of the auto-injector. Assessment may be done once using the following scenario:

**Patient #15** – Patient walks into the First Aid Room with a companion escorting them. The patient was attending an event when they started getting really itchy and finding it hard to breath. The patient fell on the walkway trying to rush to the First Aid Room. You observe widespread hives and swelling of the patient’s face and hands. You are told the patient is blind. The patient has an Epinephrine Auto-injector for an allergy to nuts, but they’re not sure how to use it.

**S** – Itchy widespread hives, swelling of the face and hands, and difficulty breathing;

**A** – Nuts;

**M** – Benadryl and Epinephrine Auto-Injector;

**P** – Total Blindness;

**L** – Snacks from snack bar at the event.

**E** – See above

## **HIP & PELVIC TRAUMA [20- 40 Minutes]**

### **Assigned Station Objectives:**

- ◆ Treating for shock and the use of PPE should be included in all stations as appropriate.
- ◆ Describe and demonstrate how to assess a patient with pelvic trauma.
- ◆ Demonstrate use of the Bridge/ BEAN lift for pelvic injuries.
- ◆ Describe and demonstrate how to manage a pelvic fracture (pelvic sling or pelvic binder). Describe and demonstrate how to assess injuries of the hip.
- ◆ Demonstrate how to care for injuries of the hip.
- ◆ Describe and demonstrate how to remove a helmet-supine.
- ◆ Demonstrate complete SMR as part of care of hip/pelvic trauma. NO log roll.

**General Station Instructions:** Due to the amount of time required to complete pelvic stabilization including BEAN/Bridge lift and full Spinal Motion Restriction, this station may best be completed in a sequential order of skills in groups of approximately 4 - 6 participants.

### **Equipment/Resources Needed:**

- Review and print relevant documents available in the ‘OEC Cycle B Refresher Instructor Toolkit’ located in the NSP Center for Learning.
- Print Station Objectives, Posters, and Skill Guides 7-1, 5-4, 21-4, and 24-1 found in Refresher Instructor Tool Kit.
- Print copies of patients #12 & 13 found here and in [Appendix C](#) for ease of printing.
- Pelvic Binder, Pelvic sling, or sheet to improvise a pelvic binder as used at your location.
- Long Spine Board, cervical collar, straps, adequate padding to accommodate splinting of a pelvis or hip fracture. Full body vacuum mattress if used at your location.
- Blankets or tarps for ground for treatment areas and to treat for shock.
- Assigned patients may be desirable.
- OEC Textbook reference, identified pages for subjects bookmarked.



## EACH OEC TECHNICIAN MUST LEAD ONE & PARTICIPATE IN ALL OTHERS:

**PELVIC TRAUMA – [ 12 - 25 Minutes ]** – OEC Chapter 20; pages 467-487. Post Skill Guides 20-1, 20-5, and Station Objectives and Posters.

- Technicians begin by pairing off and completing an assessment for pelvic trauma on each other.
- Technicians then work in groups of four or more to assess and care for a patient with a Pelvic fracture with one posing as the patient, others as rescuers using Patient #12 below.
- Technicians must demonstrate the use of a BEAN/Bridge lift to place the patient onto a pelvic binder, vacuum splint, or transport device.
- Technicians will demonstrate pelvic stabilization with use of pelvic binder used at their location.
- Technicians will complete Helmet Removal as a required team skill.
- Because this is a distracting injury, (pg. 593) Spinal Motion Restriction with Cervical Collar and head blocks will be completed (with padding underneath the knees and not placing straps directly on the pelvis).

**Patient #12** – Your patient is the Snowmobiler from the Sketch in Appendix B. They are complaining of severe pelvic pain which increases with any pressure to the pelvis.

**HIP TRAUMA – [ 8 - 15 Minutes ]** – OEC Chapter 20 ; pages 467-487.

OEC Technicians work in groups of four or more to assess and care for a patient with a Hip Fracture.

**Patient #13** – HIP TRAUMA – The patient has fallen on the steps as depicted in the Sketch in Appendix B. They are complaining of severe hip pain which increases with any movement of the leg or torso.

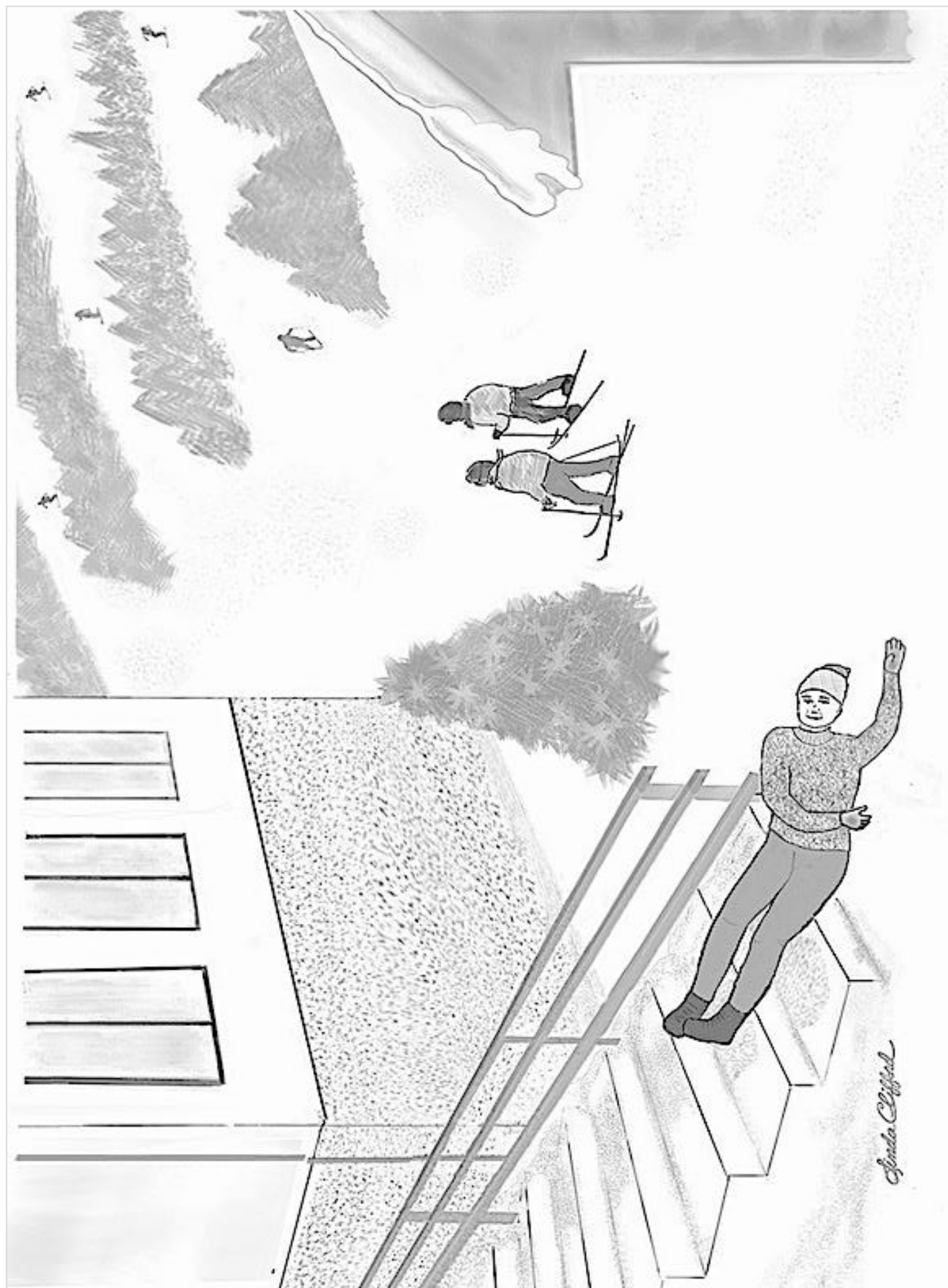
# APPENDIX A

## 2024 OEC REFRESHER SKILLS CHECKLIST

<b>2024 OEC Refresher Cycle B Skills Checklist</b>	<b>Each OEC Technician must perform the following skills</b>	<b>Each OEC Technician must participate in these as a team member</b>	<b>Instructor Sign Off</b>
X = skills that must be performed as an individual or within a team.			
<b>Each OEC Technician must perform the following skills:</b>			
Incorporate Shock management into all stations		x	
Incorporate <b>BSI</b> into all stations	x		
<b>Each OEC Technician must perform the following skills:</b>			
Demonstrate a power grip	x		
Demonstrate a power lift	x		
<b>Each OEC technician must lead one and participate in all others:</b>			
Demonstrate the following drags, lifts and carries. Choose one from each group			
<b>Moves when there is NO Suspicion of a spinal injury</b>			
Extremity lift		x	
Direct ground lift		x	
<b>Moves when you suspect a spinal injury</b>			
Draw sheet, plastic slider, or flat transfer lift, (BEAN lift - pelvic fracture)		x	
Log roll		x	
<b>Urgent moves: Choose one of the following individual skills</b>			
Shoulder drag	x		
Feet drag	x		
Blanket drag	x		
Underarm/wrist drag	x		
<b>Non-urgent moves: Choose one of the following skills</b>			
Human crutch	x		
Two-person assist		x	
Chair carry		x	
Fore and aft carry		x	
<b>Each OEC Technician must perform the following skills:</b>			
Demonstrate the following five parts of assessment			
Scene size up	x		
Primary patient assessment	x		
History taking	x		
Secondary patient assessment	x		
Reassessment	x		
Demonstrate the procedure for obtaining the following vital signs:			
Pulse (heart rate)	x		
Respiratory rate	x		
Blood Pressure	x		
<b>Each OEC Technician must perform the following skills:</b>			
Describe and demonstrate how to manually open the airway and mouth using:			
Cross-finger technique	x		
Head tilt-chin lift maneuver	x		
Jaw-thrust maneuver	x		

Demonstrate the sizing and placement of:			
Oropharyngeal airway	x		
Nasopharyngeal airway	x		
Demonstrate how to place an oxygen tank into service using:			
Nasal cannula and	x		
Non-rebreather mask	x		
Demonstrate pulse oximeter (or do with assessment-see above)	x		
Explain and demonstrate the recovery position	x		
<b>Each OEC Technician must perform the following skill:</b>			
Demonstrate the steps for properly assisting with epinephrine auto-injectors	x		
<b>Each OEC Technician must perform the following skill:</b>			
Describe and demonstrate how to assess the abdomen (illness)	x		
<b>Each OEC Technician must lead one and participate in all others:</b>			
Describe and demonstrate how to manage a patient with a severe Gastrointestinal/Genitourinary/Reproductive emergency (illness)		x	
<b>Each OEC Technician must perform the following skill:</b>			
Describe and demonstrate how to assess injuries of the hip	x		
<b>Each OEC Technician must participate as a group:</b>			
Demonstrate how to care for injuries of the hip		x	
<b>Each OEC Technician must lead one and participate in all others:</b>			
Describe and demonstrate how to remove a helmet-supine		x	
Demonstrate the principle of “jams and pretzels”- Position 3A to 1		x	
<b>Each OEC technician must perform the following skill:</b>			
Describe and demonstrate how to assess a patient with abdominal or pelvic trauma	x		
<b>Each OEC technician must lead one and participate in all others:</b>			
Demonstrate how to manage a patient with abdominal or pelvic trauma		x	
Demonstrate how to manage an evisceration		x	
Demonstrate how to manage an impaled object in the abdomen or pelvis		x	
<b>Each OEC technician must participate as a group</b>			
Describe and demonstrate how to manage a pelvic fracture (pelvic sling) <b>NO log roll</b>		x	
Demonstrate BEAN/bridge Lift for pelvic fracture and must include full SMR		x	
<b>Each OEC technician must lead one and participate in all others:</b>			
Describe and demonstrate the assessment and emergency care of a patient suffering from each of the four types of heat-related illnesses:			
Heat syncope		x	
Heat cramps		x	
Heat Exhaustion		x	
Heat Stroke		x	
<b>Each OEC technician must lead one and participate in all others:</b>			
Demonstrate how to assess an adaptive athlete		x	
Demonstrate how to care for an adaptive athlete who is injured or ill:			
Physical disability		x	
Cognitive disability		x	
<b>Group Participation:</b>			
Discussion Cycle B Case Review # 1		x	
Discussion Cycle B Case Review # 2		x	







Linda Clifford

## 2024 OEC REFRESHER PATIENT SCENARIOS

**Patient #1** – The OEC technician properly checks the patient’s Oxygen Saturation with a pulse oximeter and is told the patient has an SaO<sub>2</sub> of 89% on room air with clinical signs of respiratory distress. The OEC technician should be able to identify what these clinical signs might be. The OEC technician should choose a non-rebreather mask and begin oxygen delivery. The OEC technician should now be told several minutes have passed and the patient is no longer showing clinical signs of respiratory distress. The OEC technician should again check the Oxygen Saturation. They are told the SaO<sub>2</sub> is 95%. The OEC technician should change the oxygen delivery to a nasal cannula and be able to explain they are watching for the SaO<sub>2</sub> to remain at 94% or above as they titrate down.

**Patient #2** – Patient slipped on snowy steps as depicted in the Scene Size-up sketch and fell down approximately five steps. They are initially somewhat disoriented and feeling pretty banged up. They are not certain if they are hurt or not.

**S** – Bruise to left knee. They think they hit their left ‘funny bone’ and complain of tingling in the left hand. No LOC.

**A** – None

**M** – Dilantin for a seizure disorder

**P** – Last seizure more than six years ago. Dislocated a shoulder once a long time ago.

**L** – Ate about two hours ago when they first arrived at the ski area with their spouse and daughter.

**E** – See above

**Patient #3** – You arrive on the scene of a Snowmobile overturned as depicted in the Scene Size-up Sketch. You find a patient who is responsive to pain stimulus, and infrequently responds to verbal stimulus. A colleague of the patient is able to answer some questions regarding patient history.

**S** – There are not obvious signs of trauma. The patient’s helmet is on and intact.

**A** – No known allergies.

**M** – The patient is athletic and has expressed pride that he doesn’t need any medications.

**P** – Nothing known.

**L** – The two colleagues had lunch together 90 minutes ago and have been together all day.

**E** – Snowmobile overturned on an uphill turn. The patient fell from the snowmobile while it was moving.

**Patient #4** – Your patient has collided with his brother at the tubing park. He is complaining of pretty severe knee pain and thinks his knee cap is in the wrong place. Another patroller is approaching the brother who is sitting up a short distance away.

**S** – There is a deformity where the knee cap has moved.

**A** – No known allergies.

**M** – Concerta

**P** – Attention Deficit Disorder

**L** – Lunch 2 hours ago.

**E** – See above

**Patient #5** – You respond to an intermediate trail to find a patient who has a 2” abdominal wound with a small evisceration through the wound. You estimate it will take at least 35 minutes for an ambulance to transport this patient to the nearest facility.

**Patient #6** – A patient enters your first aid room complaining of suddenly feeling very ill.

**S** – The patient is saying repeatedly, “My stomach hurts. It really hurts.” It came on rather suddenly. They also complain of nausea and general malaise. There is no history of trauma. The patient looks pale with a rapid pulse. Their skin feels warm to the touch.

**A** – None

**M** – None

**P** – None, they hardly ever get sick.

**L** – Ate about three hours ago on the bus to the ski area.

**E** – See above

**Patient #7** – You respond to a glade to find a patient with a tree branch impaled in the abdomen. The branch is about 7 inches in length and an inch in diameter. Bleeding is minimal to moderate.

**Patient #8** – Heat Syncope – Shortly after completing the race, the patient sat down, then collapsed with a brief loss of consciousness.

**Patient #9** – Heat Cramps – Crossing the finish line, the racer cries out from leg cramps and needs help dismounting from their bike and toe clips.

**Patient #10** – Heat Exhaustion – a patient approaches you complaining of dizziness, nausea, and a headache. They are sweating and pale.

**Patient #11** – Heat Stroke – You get called to a short distance from the finish line for a patient who is ill. You find a patient who does not respond to verbal stimuli, with hot, flushed, and relatively dry skin.

**Patient #12** – Your patient is the Snowmobiler from the Sketch in Appendix B. They are complaining of severe pelvic pain which increases with any pressure to the pelvis.

**Patient #13** – HIP TRAUMA – The patient has fallen on the steps as depicted in the Sketch in Appendix B. They are complaining of severe hip pain which increases with any movement of the leg or torso.

**Patient #14** – Your patient is the 19-year-old from the Case Review. You will perform a thorough assessment of this Intellectually Disabled young adult and then treat the abdominal injury.

**Patient #15** – Patient walks into the First Aid Room with a companion escorting them. The patient was attending an event when they started getting really itchy and finding it hard to breath. The patient fell on the walkway trying to rush to the First Aid Room. You observe widespread hives and swelling of the patient's face and hands. You are told the patient is blind. The patient has an Epinephrine Auto-injector for an allergy to nuts, but they can't remember how to use it.

**S** – Itchy widespread hives, swelling of the face and hands, and difficulty breathing;

**A** – Nuts;

**M** – Benadryl and Epinephrine Auto-Injector;

**P** – Total Blindness;

**L** – Snacks from snack bar at the event.

**E** – Severe itching, then hard to breath; fall on the way to the First Aid Room

# 2024 OEC REFRESHER CASE REVIEWS

### CASE REVIEW #1

The Resort you are associated with offers both winter riding opportunities and mountain biking in the summer. The goal of this case review is to put you in charge of preparing for an upcoming Mountain bike race being run at your resort, specifically concentrating on heat related emergencies. Consulting with you is your medical advisor who will be present during the Race. The following information is discussed.

Weather conditions for the bike race are challenging. The ambient temperature is expected to reach 94 degrees Fahrenheit, with the relative humidity at 60%, towards the middle of the race. Prior discussions with the race officials and your medical advisor concentrated on preparing and dealing with heat related emergencies. E-mails have been sent out to participants reminding them to stay hydrated, and to eat salty snacks. However, you don't feel that enough has been done to prepare the Patrollers working the race or for that matter enough equipment preparation at the two aid stations. The first aid station is positioned by the snow making retaining pond at the top of steep 2.5-mile climb, and the other aid station is located at the end of the race, by the main chalet.

In order to help patrollers better understand heat related emergencies, your medical advisor has asked that you and other patrollers review Chapter 26 in the OEC 6th edition.

Consider the four kinds of heat related emergencies along with their signs and symptoms. Be prepared to discuss at your hands-on skills refresher.

To provide the proper medical care for heat related emergencies, what items you would need and want at each of the aid stations? Be prepared to discuss at your hands-on skills refresher.

Towards the end of the race a contestant crosses the finish line and immediately collapses. Staggering back up the racer tells you that they are hot and exhausted. Upon further questioning, it is stated that at the last rest stop he went to the bathroom and his urine appeared extremely dark. The racer is slow to answer your questions and you observed profound changes in their mental status. The racer is complaining of nausea, dizziness and is sweating excessively.

- List the steps that a Patroller would take to help this individual.
- What tools did you list above that may be helpful in this situation?
- Does this individual require an ambulance?

## CASE REVIEW #2

You are called to the Tubing Park to assist another patroller with an injury. Upon your arrival the other patroller is caring for an adult with a knee injury and you are requested to check out the second patient approximately thirty feet away.

You observe a young adult sitting on the ground next to their tube at the bottom of the run. The tubing lane has been closed by the attendant and the scene is safe. A helpful bystander is asking the individual if they can get up. The young person replies, "Yes", moves around a bit, but makes no significant attempt to stand. You observe no obvious signs of injury or distress.

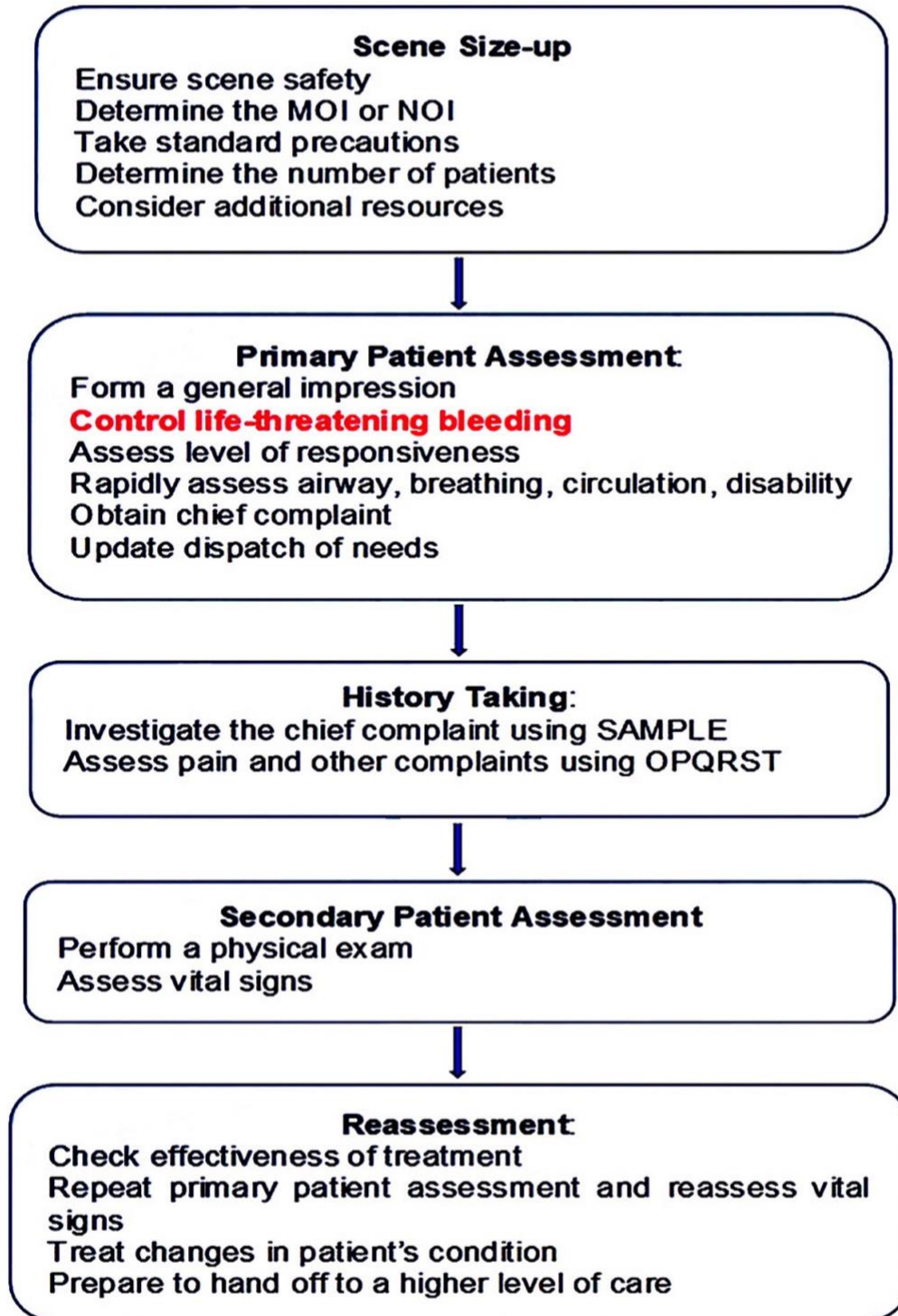
You introduce yourself and ask their name. He replies, "Tom". Tom also tells you he is 19. You ask Tom if he would like help and he replies, "Yes".

When you ask him what happened he tells his big brother smashed into him, pointing at the person with the knee injury. You ask Tom if he is hurt and he says, "yes" but offers nothing more. You ask him what hurts and he replies, "I'm okay". After a few more questions, you realize Tom is answering nearly every question you ask with "yes" or what he might expect you would want to hear.

You quickly observe Tom has several typical physical characteristics of someone with Down Syndrome. You also note that his skin is rather pale and his pulse is difficult to palpate with a rate of 110.

- How can you best proceed with assessing this individual for injuries? What challenges may you be faced with and how might you overcome them?
- After completing a thorough secondary patient assessment, you are concerned that Tom may have an Abdominal Injury. What may have led you to this conclusion? How will you proceed in caring for Tom?
- How might this scenario be different if the individual has an autism spectrum disorder, does not make eye contact, and moves away from any physical contact?
- Do you think you should ask open-ended questions? [It may be more difficult for them to process questions in a high stress situation. (OEC6, p. 756)]
  - Do you think a lot of extra help would be useful? [Avoid additional stimulation which may be stressful, frightening, or distracting. (OEC6, p. 757)]
  - Do you think you can count on Tom telling you if he is having pain or other symptoms such as nausea? [They may be less likely to complain about an injury or illness which makes careful evaluation paramount. (OEC6, p. 747)]
  - Do you think it is important to rush this exam? [They may need more time to process questions and more time to express a response. (OEC6, p. 757)]
  - Do you think it is likely this 19-year-old has other health issues? [Co-existing conditions should be considered with every patient. Low Muscle Tone is likely. (OEC6, p. 747)]
  - What might it be like for Tom who can see his care companion a short distance away, but they cannot approach one-another.
  - What might it be like for Tom to have a Ski Patroller questioning him or wanting to touch him?

# PATIENT ASSESSMENT PROCESS



# ADJUSTING OXYGEN DELIVERY

## HIGH FLOW OXYGEN

DOES THE PATIENT HAVE RESPIRATORY DISTRESS, APPEAR CYANOTIC OR ASHEN, OR HAVE SEVERE TRAUMA OR SIGNIFICANT BLOOD LOSS?

PLACE THE PATIENT ON HIGH FLOW OXYGEN WITH A NON-REBREATHER MASK AT 15 LPM. ENSURE THE RESERVOIR BAG STAYS AT LEAST 50% INFLATED.

EVALUATE TREATMENT EFFECTIVENESS  
DOES THE OXYGEN SATURATION REMAIN STABLE AT 94% OR ABOVE ?  
CAN THE PATIENT SPEAK IN COMPLETE SENTENCES?  
IS THE RESPIRATORY RATE, RHYTHM, DEPTH, AND QUALITY NORMAL?  
THERE ARE NO OTHER CLINICAL SIGNS OF SHOCK?

**NO**

CONTINUE TO USE HIGH FLOW OXYGEN WITH NON-REBREATHER MASK ( Repeat Previous Evaluation Step )

**YES**

REMOVE THE OXYGEN MASK. LITER FLOW SHOULD NEVER BE TURNED DOWN LOWER THAN REQUIRED TO KEEP THE MASK RESERVOIR BAG HALF INFLATED.

RE-EVALUATE THE EFFECTIVENESS OF THE TREATMENT USING THE CRITERIA LISTED ABOVE.

IF AFTER ONE MINUTE THE OXYGEN SATURATION DROPS BELOW 94% OR THERE ARE ANY CLINICAL SIGNS OF SHOCK - REPLACE THE MASK WITH A NASAL CANNULA AT 2 LPM. ( Continue With LOW FLOW OXYGEN Algorithm in the Next Column )  
IF THE OXYGEN SATURATION REMAINS 94% OR ABOVE, OXYGEN IS NO LONGER NEEDED.

## LOW FLOW OXYGEN

IS THE PATIENT FAIRLY STABLE BUT REPORTS MILD SHORTNESS OF BREATH OR MILD SYMPTOMS SUGGESTING THE NEED FOR OXYGEN? OR IS THE PATIENT REFUSING TO WEAR AN OXYGEN MASK?  
BEGIN OXYGEN USING A NASAL CANNULA AT 2 - 6 LPM.

EVALUATE TREATMENT EFFECTIVENESS  
DOES THE OXYGEN SATURATION REMAIN STABLE AT 94% OR ABOVE ?  
CAN THE PATIENT SPEAK IN COMPLETE SENTENCES?  
IS THE RESPIRATORY RATE, RHYTHM, DEPTH, AND QUALITY NORMAL?  
THERE ARE NO OTHER CLINICAL SIGNS OF SHOCK?

**NO**

INCREASE THE OXYGEN FLOW RATE FOR THE NASAL CANNULA TOWARD 6 LPM ( Then Repeat Previous Evaluation Step )  
OR  
PROCEED WITH HIGH FLOW OXYGEN - Move to HIGH FLOW OXYGEN Algorithm To The Left.

**YES**

DECREASE THE FLOW RATE TO NASAL CANNULA TOWARD 2 LPM OR REMOVE THE NASAL CANNULA.

RE-EVALUATE THE EFFECTIVENESS OF THE TREATMENT USING THE CRITERIA LISTED ABOVE.

SLOWLY RAISE OR LOWER THE FLOW RATE WHILE RE-EVALUATING THE TREATMENT USING THE PREVIOUS CRITERIA. WAIT ABOUT ONE MINUTE BETWEEN FOR ACCURATE READINGS. CONTINUE TO LOWER THE FLOW RATE WHEN POSSIBLE UNTIL SUPPLEMENTAL OXYGEN IS NO LONGER NEEDED.

## NO OXYGEN NEED

THE PATIENT CAN SPEAK IN COMPLETE SENTENCES. THE RESPIRATORY RATE, RHYTHM, DEPTH, AND QUALITY ARE NORMAL. THERE ARE NO OTHER CLINICAL SIGNS OF SHOCK.

DO NOT USE OXYGEN. CONTINUE TO MONITOR THE PATIENT FOR ANY CHANGES.

CONFIRM YOUR FINDINGS WITH PULSE OXIMETRY WHEN AVAILABLE.

ALWAYS USE A RELIABLE PULSE OXIMETER IN AN ENVIRONMENT APPROPRIATE FOR IT'S USE - USUALLY THE FIRST AID ROOM

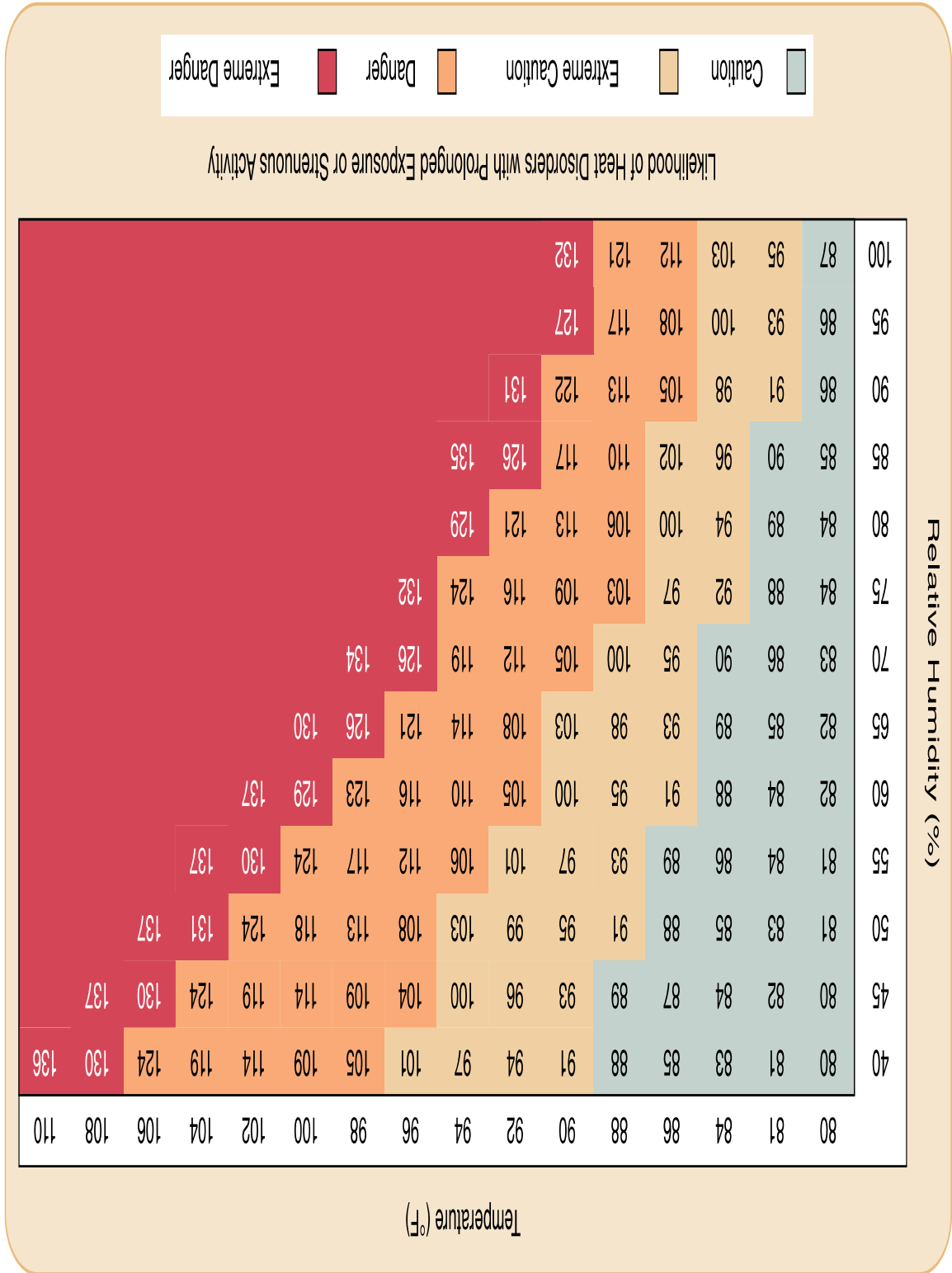
REFER TO YOUR OEC 6th EDITION, CHAPTERS 9 & 13 FOR MORE INFORMATION ON THE USE OF PULSE OXIMETRY.

**\* IF AT ANY TIME THE PATIENT DISPLAYS CLINICAL SIGNS OF SHOCK OR RESPIRATORY DISTRESS, REGARDLESS OF THE PULSE OXIMETRY READING - INCREASE THE OXYGEN DELIVERY.**

# HEAT & HUMIDITY INDEX CHART

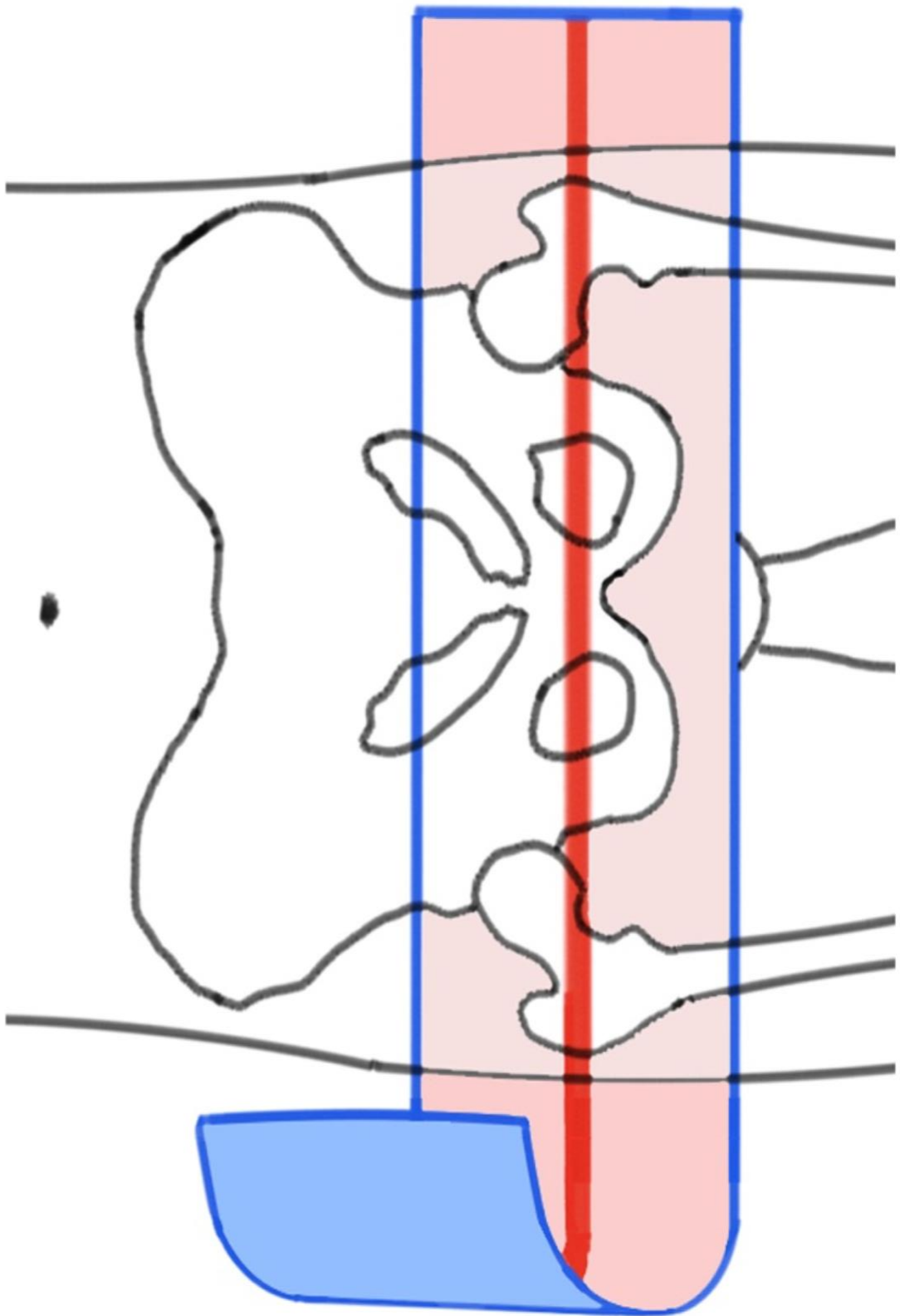
Courtesy of the National Weather Service/NOAA.

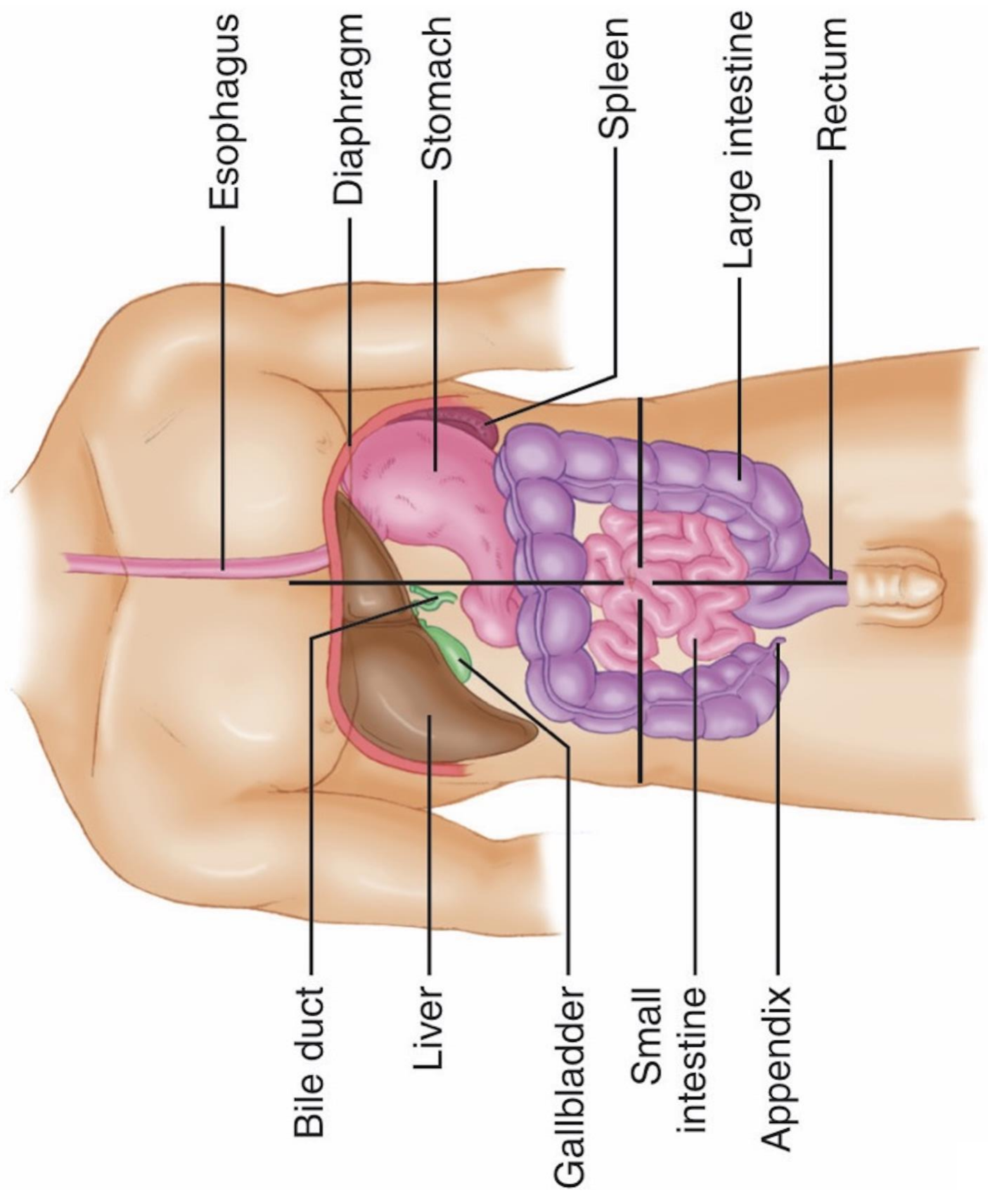
Figure 26-2 The heat and humidity index risk scale.



<b>Table 26-2 Differentiating Between Heat Exhaustion and Heatstroke</b>		
<b>Finding</b>	<b>Heat Exhaustion</b>	<b>Heatstroke</b>
Occurs in high environmental temperatures?	Yes	Yes
May be associated with exercise	Yes	Yes
Patient collapses	Possible	Yes
Level of responsiveness	Anxious	Significant altered mental status, progresses to coma
Elevated core body temperature	Yes, usually below 40°C (104°F)	Yes, may be higher than 40°C (104°F)
Pulse rapid	Yes	Yes
Breathing rapid	Yes	Yes
Responds to treatment in field or aid room	Yes, rapidly	Condition may worsen despite treatment
Shock, hypotension present	No	Yes
Action to take in the field	Treat in the field	Evacuate and initiate treatment
Treatment	Cooling, rehydration	Rapid cooling

Pelvic Binder should be Centered  
at the level of the Greater Trochanters







**Use this suggested timeline to help complete all IOR tasks.**

**12 WEEKS BEFORE OEC SKILLS REFRESHER**

- Notify all patrol members of the projected date of the OEC Skills Refresher. Advise them the Online Refresher is now available. Instruct them how to enroll, access, and complete the Online Portion of the Refresher.

**8 WEEKS BEFORE OEC SKILLS REFRESHER      DATE: \_\_\_\_\_**

- Review, address, and act upon prior Patroller Refresher Evaluation recommendations.
- Determine the date, time, and location of the following:
  - Refresher planning meeting: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
  - Annual OEC refresher for instructors: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
  - OEC refresher: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**7 WEEKS BEFORE OEC SKILLS REFRESHER      DATE: \_\_\_\_\_**

- Notify all patrol members of the date, time, location, and remind them to complete the Online OEC refresher; provide preparatory instructions and a list of items members must bring to the refresher.
- Send the region OEC administrator a notice to get name of assigned Instructor Trainer (IT). Once assigned an IT, register the OEC Skills Refresher at the NSP Center For Learning.
- Notify OEC instructors, assigned IT, OEC region administrator (if available), or other OEC supervisory staff of the date, time, and location of the following:
  - Refresher planning meeting.
  - OEC refresher for instructors and OEC refresher.
  - How to access the online refresher at the NSP Center For Learning.
- Ensure that all OEC instructors are current. (Refer to Region OEC Administrator)
- Notify any Webmaster that may need to post your Refresher to an Event Calendar.

**6 WEEKS BEFORE OEC SKILLS REFRESHER      DATE: \_\_\_\_\_**

***Refresher Planning Meeting (include the following)***

- Identify and implement a plan for quality management of this refresher.
- Determine station format, logistics, and flow (see sample refresher) by considering the following areas:
  - Number of patrollers expected to attend: \_\_\_\_\_
  - Number of stations needed: \_\_\_\_\_
  - Number of "patients" required: Adult \_\_\_\_\_ Pediatric \_\_\_\_\_
  - Number of instructors and facilitators needed: \_\_\_\_\_
  - Instructor assignments (notify all instructors of assignments, including specific station performance objectives).

**5 WEEKS BEFORE OEC SKILLS REFRESHER      DATE: \_\_\_\_\_**

- Formalize instructor assignments, share refresher schedule/outline course information with assigned IT.
- Determine equipment supply needs, i.e., medical/first aid, audiovisual, chart paper and easels, tape, markers and pens, station signs, poster board, index cards, trash receptacles, and refreshments.

**4 WEEKS BEFORE OEC SKILLS REFRESHER      DATE: \_\_\_\_\_**

- Delegate administrative responsibilities:
  - Identify responsible person(s): \_\_\_\_\_ Assigned Task(s): \_\_\_\_\_
  - Review the enrollment roster from NSP/Center for Learning/Instructor Utilities. Make additions and deletions of those planning to attend. Confirm attendance of those you are unsure may attend.
  - Send reminder to those attending to complete Online Refresher Modules prior to the Skills Refresher.



## Refresher Planning Checklist 2024 Cycle B (cont.)

- Determine and obtain logistical support in the following areas:
  - Communications, including radios if used.
  - You are encouraged to have an OEC instructor lead each station or activity. Stations can be supplemented by specialty instructors who are knowledgeable about the material covered in the OEC 6th edition standard of training. This is an opportunity to develop new instructors, involve NSP Alumni members, and involve local members of EMS, hospital staff, and administrative support.

### 3 WEEKS BEFORE OEC SKILLS REFRESHER

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

#### ***During the Interim***

- Remind patrollers of items they must bring, i.e., current NSP membership and OEC cards, CPR card, and a stocked belt or vest. Also apprise patrollers of local needs, dress requirements, and necessary lunch arrangements.
- Confirm the source and delivery of equipment, posters, supplies, and refreshments for both the annual OEC refresher for instructors and the OEC refresher.
- Confirm the instructor's commitment to teach, their understanding of assigned performance objectives, use of six-pack format, and the need to present their entire assignment at the annual OEC instructor refresher.
- Confirm the commitment of extra personnel.
- Ensure that the refresher facility is prepared (heat, cleanliness, restrooms, furniture, etc.). If you are not using a ski patrol facility, ensure that proper releases are secured with the facility owners.

### 2 WEEKS BEFORE OEC SKILLS REFRESHER

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

#### ***Annual OEC Skills refresher for instructors (this is not a refresher planning meeting)***

- Verify all refresher skills requirements for participating instructors; all instructors must personally complete all refresher requirements.
- Teach or present assigned objectives to fellow instructors.
- Critique and fine-tune presentations with help from the assigned IT.

### OEC SKILLS REFRESHER DAY

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

#### ***OEC Skills Refresher***

- Collect the national or division release forms prior to starting the refresher.
- Verify On-Line completion report for all OEC technicians at the NSP Center For Learning.
- Be sure everyone that attends registered themselves online. Have means to enter any who have not.
- Sign OEC Cards for those who attend and complete all requirements **INCLUDING Online Modules**. Do not sign OEC card if any portion is not completed. (There is no longer a need for Visiting Patroller Form.)
- ***Distribute and collect patroller evaluation forms, see Appendix L of this guide.***

### 1 WEEK POST OEC SKILLS REFRESHER

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

#### ***Post OEC Skills Refresher***

- Hold post-refresher meeting with instructor of record, assigned IT, and patrol representative to review the overall refresher.
- Review the patroller evaluation forms. Make notes for improvements at the next refresher.
- Forward IT QA form only to [refresher@nspserve.org](mailto:refresher@nspserve.org) and to others as requested/required.
- The IT must enter the course on the NSP Center For Learning site, and then mark each student as attending the course. Once marked attended, the students will immediately receive credit for the course. They will not show as completing both portions of the OEC refresher, just the Skills portion. You should mark only those who have completed all requirements of the OEC Skills Refresher and you may return at a later time to mark any who subsequently completed the requirements.
- Please make a special effort to complete these tasks in a timely manner.

# Station Planning Worksheet: 2024 OEC Skills Cycle B

For planning Refresher Stations (Make as many copies as needed)

<p><b>Station:</b> _____</p> <p><b>Station Location:</b> _____</p> <p><b>Topic:</b> _____</p> <p><b>OEC 6th ed. Chapter Reference:</b> _____</p> <p><b>Station Cross Reference?</b> (Does any content of this station overlap with other stations?) If so, where?</p> <p><b>Objectives:</b> (From Refresher Station Planning Matrix).</p>	<p><b>Assigned Instructor(s):</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Station Resources:</b></p> <p><b>Station Materials:</b> (e.g., tables, chairs, A/V equipment, flipcharts, etc.)</p>
<p><b>Instructional Strategy:</b> (Remember, this should not include lecture, it is for Hands-On Skills!)</p> <p>___ <b>GD</b> - Group Discussion</p> <p>___ <b>HP</b> - Hands on-Skill</p> <p>___ <b>HS</b> - Hands on-Scenario</p> <p>___ <b>GA</b> - Group Activity or Game</p> <p>___ <b>OL</b> - On-line (NSP Center For Learning)</p> <p>___ <b>OT</b> - Other (describe)</p>	<p><b>Personnel and Patients:</b> (e.g. instructors, assistants, patients, bystanders, moulage, etc.)</p>
<p><b>Considerations for Integrated Topics:</b></p> <ol style="list-style-type: none"> <li>1. Scene safety.</li> <li>2. Body substance isolation.</li> <li>3. Mechanism of injury/Nature of illness.</li> </ol>	<p><b>Equipment Needed:</b> (e.g. backboard, splints, bandages, O2 and adjuncts, skis, snowboards.)</p>

Use a blank page for additional notes.

## Appendix J

# Suggested Timeline SAMPLE Skills Refresher 2024

SUGGESTED TIMELINE FOR SAMPLE REFRESHER – Keep in mind when planning this refresher timeline that OEC Technicians only need ‘refresh’ the identified skills. There is no need to lecture since all didactic elements have been covered in the ONLINE portion of the refresher. If the technician can successfully complete the skill with little or no prompting, there is no need to extend the session. You may want to consider a plan for skill remediation/ enhancement if needed. In this example, OEC technicians rotate through seven stations. Another method some refreshers use is to require OEC technicians complete Airway and Oxygen station skills assembly line style as the participants arrive at the refresher.

The following schedule is a suggested timeframe and will vary with station variation, patrol/group size, number of instructors, and refresher location settings. This sample was created for a group size of four to eight participants and one instructor per Station or for larger groups one instructor per station Section (Minimum 11 Instructors). For smaller groups, you may want to consider the ‘High Efficiency Refresher’ outlined in [Appendix M](#).

7:15 – 8:15	Sign-in. Pre-assign OEC technicians into six evenly divided teams to facilitate the start of station visits and eliminate unbalanced rotations. These teams will remain together throughout the refresher and move from station to station.  · Distribute to each participant a copy of the locally developed participation tracking tool and a copy of the Cycle B 2024 Refresher Evaluation Form to be completed and turned in at the end of the refresher. Ensure that all participants have signed an activity release form prior to starting the refresher.
8:15 – 8:30	Welcome, announcements, overview of refresher goals, and schedules.
8:35 – 9:15	Pre-assigned teams of OEC technicians move to designated first station to begin the refresher. Stations are 40 minutes in length in this example with 5 minutes in between each rotation. Times should be adjusted by each IOR to reflect the needs of each refresher.
9:20 – 10:00	Second Rotation
10:05 – 10:45	Third Rotation
10:50 – 11:30	Fourth Rotation
11:30 – 12:15	LUNCH
12:15 – 12:55	Fifth Rotation
1:00 – 1:40	Sixth Rotation
1:45 – 2:30	Refresher Group Wrap-up, complete and collect refresher evaluations. Assist station takedown and cleanup.

## NSP EVENT RELEASE FORM

### NATIONAL SKI PATROL SYSTEM EVENT / TRAINING RELEASE FORM

I agree I am voluntarily participating in this National Ski Patrol EVENT/TRAINING. I understand that the EVENT/TRAINING may involve extensive field work on first aid scenarios, skiing, and toboggan handling along with other activities which ski patrollers (or other Outdoor Emergency Care providers in other settings, like bike patrols, white water, etc.) encounter in their duties of patrolling and training. I realize there are inherent risks in this type of activity including changing weather conditions, changing surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects or other skiers / riders, the exposure to bodily substances, pathogens and other infectious substances and that such activity can be dangerous and can result in serious injury, illness or death. I knowingly assume the risk of participation and understand I can withdraw from this EVENT/TRAINING at any time. I understand that by participating in this EVENT/TRAINING I may also encounter additional risks not inherent to a normal participant to the sport of skiing (or other outdoor activities). I agree to personally assume all of these risks. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to the terrain, circumstances and conditions in which I may be placed upon and asked to demonstrate or perform to accomplish the tasks involved in EVENT/TRAINING, and that I will decline to perform any activities if I believe I am placing myself in an unsafe situation or subject to possible injury or death if I proceeded.

As a requirement of this EVENT/TRAINING, I acknowledge that I agree to waive any right I might have to file a lawsuit for any injury or death resulting from my participation in this EVENT/TRAINING and I hereby remise, release, and forever discharge the venue hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, as well as the NSP's Sponsors and Industry Partners participating and I agree that no one else may file a lawsuit in my name related to my participation in this EVENT/TRAINING. If any part of this Release shall be determined to be unenforceable, all other parts shall be given full force and effect.

Participant Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Participant Name: (printed) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **ADDENDUM TO RELEASE**

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the EVENT/TRAINING and signs this Release on behalf of the Participant.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Guardian Name: (printed) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Not part of Release and for record keeping purposes only.*

To be completed by instructor:

Date: \_\_\_\_\_ Event/Training: Location: \_\_\_\_\_

**KEY TOPICS**

**RESCUE BASICS** (Chapter 3)

- Continued use of Personal Protective Equipment

**ANATOMY & PHYSIOLOGY** (Chapter 6)

- Nervous System
- Musculoskeletal System – Hip & Pelvis (Chapter 20)
- Gastrointestinal, Genitourinary, and Reproductive Systems (Chapter 24)

**PATIENT ASSESSMENT** (Chapter 7)

- Five parts of Patient Assessment
- Vital Signs including Blood Pressure

**CRITICAL INTERVENTIONS**

- Airway Management & Oxygen Administration (Chapter 9)
- Techniques for Opening the Airway
- Use of Airway Adjuncts
- Use of Pulse Oximetry
- Shock (Chapter 10)

**TRAUMA EMERGENCIES**

- Abdominal Pelvic Trauma (Chapter 24)
- Eviscerations
- Impaled Objects in the Abdomen
- Hip Injuries
- Pelvic Fractures
- Spinal Motion Restriction (Chapter 21)
- Helmet Removal
- Jams & Pretzels

**MEDICAL EMERGENCIES**

- Allergies and Anaphylaxis (Chapter 14)
- Use of epinephrine Auto-injector
- Gastrointestinal Emergencies (Chapter 16)
- Genitourinary Emergencies
- Reproductive Emergencies (Chapter 17)

**ENVIRONMENTAL EMERGENCIES**

- Heat-Related Emergencies (Chapter 26)
- Water Emergencies (Chapter 29)

**SPECIAL POPULATIONS** (Chapter 32)

- Adaptive Athletes

Keeping in mind that a skill refresher only requires that OEC Technicians 'refresh' the required skills, for those who have a high level of experience, a 'High Efficiency Refresher' option may be considered. Please carefully consider if this option is appropriate for your participants. Each Station is set up with the intent of guiding two OEC technician at a time through the station. There is no lecture involved, just monitoring demonstration of the skill.

This example is for a High Efficiency Refresher for up to 16 participants with seven stations. Participants should be highly capable of completing the required skills quickly, typically EMT's, Paramedics, Senior Patrollers, and others who are highly skilled. The time allotted for each station with only one pair of OEC technicians in this example is limited to 12 minutes per station for a total lapsed time of two hours. The Pelvic Trauma station is allotted 24 minutes with TWO pair of OEC technicians attending at one time.

Each pair of OEC Technicians is given a Team Label of A through H and follows the rotation in the table below.

Time:	9:00 - 9:12	9:15 - 9:27	9:30 - 9:42	9:45 - 9:57	10:00 - 10:12	10:15 - 10:27	10:30 - 10:42	10:45 - 11:00
AIRWAY OXYGEN	A	F	E	D	G	B	H	C
ASSESSMENT	B	A	F	E	H	G	C	D
ABDOMINAL	C	B	G	F	E	A	D	H
HEAT	D	C	H	G	F	E	A	B
HIP/LIFTS, MOVES	E	D	C	H	A	F	B	G
ADAPTIVE ATHLETE	F	E	D	C	B	H	G	A
PELVIC TRAUMA	G		A		C		E	
	H		B		D		F	

The Instructor should refer to the Detailed Sample Refresher for specific details of each of these stations.

### AIRWAY / OXYGEN STATION ≈ 12 minutes

EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:

- ⇒ Begin by setting up an **Oxygen Tank** for use.  
Your patient is a manikin, but you will be required to wear PPE and talk to your patient.
- ⇒ Complete a **PRIMARY ASSESSMENT** - Your patient appears to be unresponsive.
  - Check for breathing and a pulse. The instructor will advise you that the patient is breathing and does have a pulse.
- ⇒ Demonstrate how to open the mouth with cross-finger technique, then the airway with Jaw Thrust and Head tilt-Chin lift Maneuvers.
- ⇒ Check for a gag reflex. There is currently none. Insert an **OPA**.
  - After a minute the patient does begin to gag.
- ⇒ Next insert an **NPA**.
- ⇒ Place the patient on oxygen via a **non-rebreather mask**.
- ⇒ Demonstrate and describe the use of **pulse oximetry** to transition the patient to a **NASAL CANNULA**.
- ⇒ Finally, Disassemble the Oxygen Tank.

## **ASSESSMENT STATION** ≈ 12 minutes

EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:

- ⇒ Look first at the Scene Size-up Sketch. Give a radio report to your dispatch of the scene including the following information:
  - Scene Safety,
  - Mechanism of Injury,
  - Number of patients,
  - Need for additional resources
- ⇒ Using your partner as a patient, complete an entire patient assessment of Patient #6, then swap roles and use Patient # 15. Caring for each patient is required to complete required skills. Assisting a patient with an Epinephrine Auto-injector will be required of ALL technicians since it is a required individual skill.

PPE

**PRIMARY PATIENT ASSESSMENT**; Severe Bleeding? ABCD's

**CHIEF COMPLAINT**

Set of Vitals: **Pulse, Respirations, & Blood Pressure.**

**SAMPLE** History with **OPQRST** as appropriate

**SECONDARY ASSESSMENT**

Treat for **shock** – Blanket, Oxygen

**Reassess** – Describe what you will do including:

Effectiveness of treatment

Repeat Vital signs

**Patient #6** – A patient enters your first aid room complaining of suddenly feeling very ill.

**S** – The patient is saying repeatedly, “My stomach hurts. It really hurts.” It came on rather suddenly. They also complain of nausea and general malaise. There is no history of trauma. The patient looks pale with a rapid pulse. Their skin feels warm to the touch.

**A** – None

**M** – None

**P** – None, they hardly ever get sick.

**L** – Ate about three hours ago on the bus to the ski area.

**Patient #15** – Patient walks into the First Aid Room with a companion escorting them. The patient was attending an event when they started getting really itchy and finding it hard to breath. The patient fell on the walkway trying to rush to the First Aid Room. You observe widespread hives and swelling of the patient's face and hands. You are told the patient is blind. The patient has an Epinephrine Auto-injector for an allergy to nuts, but they can't remember how to use it.

**S** – Itchy widespread hives, swelling of the face and hands, and difficulty breathing;

**A** – Nuts;

**M** – Benadryl and Epinephrine Auto-Injector;

**P** – Total Blindness;

**L** – Snacks from snack bar at the event.

## **ABDOMINAL TRAUMA** ≈ 12 minutes

EACH OEC TECHNICIAN MUST PERFORM THIS SKILL:

- ⇒ Demonstrate how to assess the abdomen of a patient with a GI/GU or reproductive emergency.

EACH OEC TECHNICIAN MUST LEAD ONE OF THE FOLLOWING SCENARIOS & PARTICIPATE IN THE OTHER:

- ⇒ Assess and care for the following patients:

**Patient #9** – You respond to an intermediate trail to find a patient who has a 2" abdominal wound with a small evisceration through the wound. You estimate it will take at least 35 minutes for an ambulance to transport this patient to the nearest facility.

**Patient #10** – You respond to a glade to find a patient with a tree branch impaled in the abdomen. The branch is about 6 inches in length and an inch in diameter. Bleeding is minimal to moderate.

## **HEAT-RELATED EMERGENCIES** ≈ 12 minutes

**CASE REVIEW** – Moderated discussion of Case Review #2 found in Appendix D

EACH OEC TECHNICIAN MUST LEAD ONE & PARTICIPATE IN ALL OTHERS:

OEC technicians will alternately lead the assessment and care of the following patients from the bike race depicted in the Case Review:

**Patient #5** – Heat Syncope – Shortly after completing the race, the patient sat down, then collapsed with a brief loss of consciousness.

**Patient #6** – Heat Cramps – Crossing the finish line, the racer cries out from leg cramps and needs help dismounting from their bike and toe clips.

**Patient #7** – Heat Exhaustion – a patient approaches you complaining of dizziness, nausea, and a headache. They are sweating and pale.

**Patient #8** – Heat Stroke – You get called to a short distance from the finish line for a patient who is ill. You find a patient who does not respond to verbal stimuli, with hot, flushed, and relatively dry skin.

## **PELVIC TRAUMA** ≈ 12 minutes

EACH OEC TECHNICIAN MUST LEAD ONE & PARTICIPATE IN ALL OTHERS:

- ⇒ One OEC technician will lead a team through assessing and treating Patient #12. This is to include placing a patient on and applying a pelvic sling or binder.
- ⇒ Switching team lead, a BEAN/Bridge Lift will be used to place the patient on a long spine board.
- ⇒ Team lead may be switched again to complete securing the patient to a long spine board to complete the pelvic fracture stabilization.

## **HIP TRAUMA & LIFTS, MOVES, & CARRIES** ≈ 12 minutes

### **Hip Fracture**

⇒ One OEC technician will lead a team through assessing and treating Patient #13.

- Technicians will complete Helmet Removal as a required team skill as part of this scenario.

### **Lifts, Moves, & Carries**

**EACH OEC TECHNICIAN MUST PERFORM EACH OF THESE SKILLS:**

Demonstrate the power grip and power lift.

**EACH OEC TECHNICIAN MUST LEAD ONE & PARTICIPATE IN ALL OTHERS:**

Demonstrate the following lifts, moves, & carries:

- Extremity lift (no suspicion of spinal injury)
- Fore and aft carry (non-urgent move)
- Flat Transfer Lift (suspicion of spinal injury)
- Demonstrate the principle of “jams and pretzels”.

## **CARE OF AN ADAPTIVE ATHLETE** ≈ 12 minutes

**CASE REVIEW** - Moderated discussion of Case Review #1 found in Appendix E.

**EACH OEC TECHNICIAN MUST PARTICIPATE IN THIS SKILL:**

**Patient #14** - Your patient is the 19-year-old from the Case Review. You will perform a thorough assessment of this intellectually disabled young adult and then treat the patient with an abdominal injury.



# Refresher Quality Assessment Form **Cycle B 2024**

Name of IOR: \_\_\_\_\_ Patrol/Organization: \_\_\_\_\_

Assigned IT: \_\_\_\_\_ NSP Division: \_\_\_\_\_

Date: \_\_\_\_\_ Refresher Location: \_\_\_\_\_

### Check type of event:

Technician OEC Skills Refresher     IT OEC Skills Refresher     Other: \_\_\_\_\_

Instructor OEC Skills Refresher     Refresher Planning Meeting

This form is designed as a quality assurance tool to assess the planning and implementation process of the annual OEC refresher. The station format section of this form can be completed as part of the refresher planning discussion between the IOR and IT. During the refresher, the assigned IT will verify the station format section and complete the remaining sections of the QA form. Upon completion of the refresher the assigned IT will provide feedback to the IOR regarding the QA form. Copies of the form will then be distributed to the appropriate individuals listed at the end of the form.

*Station format:* Using the following key, please indicate the format in which the refresher topics were presented. (The IOR Refresher Planning Matrix may be attached instead of filling out this section.)

### KEY

- GP** = Group presentation
- GA** = Group activity
- HO** = Hands on single practical skill
- HS** = Hands on full scenario problem
- O** = Other (explain)
- GD** = Facilitated small group discussion
- INC** = Incorporated into scenarios throughout refresher. (IT to identify stations)

### TOPICS

- Critical Interventions** (Station\_\_\_\_\_)
- \_\_\_\_\_ Shock Management
- Rescue Basics** (Station\_\_\_\_\_)
- \_\_\_\_\_ Use of BSI    \_\_\_\_\_ Recovery Position
- Lifts, Moves, & Carries** (Station\_\_\_\_\_)
- \_\_\_\_\_ Power Grip    \_\_\_\_\_ Power Lift
- \_\_\_\_\_ Move when No Spinal Injury
- \_\_\_\_\_ Move when Spinal Injury
- \_\_\_\_\_ Urgent Move    \_\_\_\_\_ Non-urgent Move
- Patient Assessment** (Station\_\_\_\_\_)
- \_\_\_\_\_ Scene Safety/size-up
- \_\_\_\_\_ Primary Patient Assessment
- \_\_\_\_\_ History Taking
- \_\_\_\_\_ Secondary Assessment
- \_\_\_\_\_ Vital Signs (Pulse, Respirations, BP)
- \_\_\_\_\_ Re-assessment

### **Airway management** (Station\_\_\_\_\_)

- \_\_\_\_\_ O2 Tank Assembly
- \_\_\_\_\_ Epi Auto-injector
- \_\_\_\_\_ Jaw Thrust Maneuver
- \_\_\_\_\_ Head-tilt Chin-lift
- \_\_\_\_\_ Cross-finger Technique
- \_\_\_\_\_ OPA    \_\_\_\_\_ NPA
- \_\_\_\_\_ Pulse Oximetry    \_\_\_\_\_ Nasal Cannula
- \_\_\_\_\_ Non-rebreather Mask

### **Hip & Pelvic Injuries** (Station\_\_\_\_\_)

- \_\_\_\_\_ Abdomen/Pelvic Injury
- \_\_\_\_\_ Hip Fracture    \_\_\_\_\_ Pelvic Fracture
- \_\_\_\_\_ BEAN/Bridge Lift
- \_\_\_\_\_ Helmet Removal    \_\_\_\_\_ SMR

### **Abdominal Pelvic (Station\_\_\_\_\_)**

- \_\_\_\_\_ Evisceration
- \_\_\_\_\_ Abdomen Impalement
- \_\_\_\_\_ GI/GU/Reproductive Emergency

### **Environmental**

#### **Heat Related** (Station\_\_\_\_\_)

- \_\_\_\_\_ Heat Syncope    \_\_\_\_\_ Heat Cramps
- \_\_\_\_\_ Heat Exhaustion    \_\_\_\_\_ Heat Stroke
- \_\_\_\_\_ Case Review #1

#### **Adaptive Athlete** (Station\_\_\_\_\_)

- \_\_\_\_\_ Athlete with Physical disability
- \_\_\_\_\_ Athlete with Intellectual disability
- \_\_\_\_\_ Case Review #2

## REFRESHER QUALITY ASSESSMENT FORM - CYCLE B 2024 (continued)

The following questions are for use by the assigned IT to evaluate the refresher. Please answer all applicable questions.  
(Attach any additional pages used for your answers and comments.)

### THE REFRESHER

- In preparation for the skills portion of the refresher, was a planning meeting held at the:  
 Patrol Level       Region       Division       National  
What type of planning meeting was held in preparation for the skills portion of the event?  
 In person       Virtual       Combination       Multiple  
How far in advance of the refresher was the meeting?  
 0 - 6 days       1 week       2 - 3 weeks       1 month or more  
Did the IT assigned attend?     NO     YES:     In Person     By Video Call     By Phone
- Was an individual Instructor Skills Refresher held?     NO     YES  
Did the IT attend and/or monitor the skills activities?     NO     YES  
Did all instructors complete all skill stations?     NO     YES
- If a separate refresher was not held for the instructors: Did each instructor complete all the skills as required to complete the refresher requirements?     NO     YES  
If NO, please explain why they were not and when the instructors will complete the refresher requirements?
- Were all required skills from checklist demonstrated by OEC technicians as required?     NO     YES  
If NO, please identify how the situation was corrected to meet the refresher completion requirements?  
**CHECK ALL THAY APPLY**  
 All OEC technicians had to go through and demonstrate missed topic.  
 Missed topic was caught part way through the refresher and added to multiple other stations.  
 Additional instructors were added to complete missing skills.  
 Additional equipment was added to complete skills.  
 Other?
- Please comment on the quality and content of the skill stations.  
 Excellent     Very good     Good     Acceptable     Needs Improvement  
Skill stations were combined and moved around to fit the needs due to size or other reason?  
 NO     YES: Please explain:  
  
If any skill stations were exceptionally good, please provide details as to why? (Please describe.)  
  
Was there an introductory session prior to the skill station and if so, rate the value to OEC technicians?  
 Excellent     Very good     Good     Acceptable     Needs Improvement  
If so, did each instructor involve the entire group in the presentation?  
 Every Station     Very Often     Fairly Often     Occasionally     Rarely  
Did instructors lecture about material before participants performed the skill?  
 Rarely     Occasionally     Fairly Often     Very Often     Every Station  
Did instructor demonstrate the skill before participants performed the skill?  
 Rarely     Occasionally     Fairly Often     Very Often     Every.

Do you feel that there was adequate opportunity for every OEC technician to demonstrate their hands-on skills according to this year's OEC cycle objectives?

Excellent  Very good  Good  Acceptable  Needs Improvement

**7.** Were there any OEC Technicians who needed to go through remediation stations?  NO  YES  
If yes, please comment on how this was handled. (How were these OEC Technicians identified?)

How was the remediation process presented to the OEC Technician, etc?)

**8.** Please comment on the quality and availability of equipment used at the refresher.

Please comment on the quality and the suitability of the refresher facility.

**9.** How would you rate the organization of the skills portion of the refresher

Excellent  Very good  Good  Acceptable  Needs Improvement

Were there adequate opportunities for OEC technicians to ask questions and practice skills?

Excellent  Very good  Good  Acceptable  Needs Improvement

What recommendations did you make to the IOR to help better organize the skills refresher?

**10.** Did the IOR use the Instructors Guide to set up the refresher?

Frequently  Very Often  Often  Occasionally  Rarely

Did instructors at individual stations use the instructors guide to ensure meeting objectives?

Frequently  Very Often  Often  Occasionally

Rate the understanding of what the participants needed to complete at stations:

Excellent  Very good  Good  Acceptable  Needs Improvement

**11.** Were Objectives at each station and easily visible or obtainable?

Excellent  Very good  Good  Acceptable  Needs Improvement

Were Objectives at each station and easily visible or obtainable?

Excellent  Very good  Good  Acceptable  Needs Improvement

If not, how did OEC technicians know what needed to be accomplished?

**12.** Were skills demonstrated prior to the OEC technicians completing the skills?  NO  YES

Rate how the skill explanation or demonstration was completed prior to OEC techs completing the skills:  Excellent  Very good  Good  Acceptable  Needs Improvement

Were other tools used for review prior to skills?

Linked Material from the NSP Website:  Excellent  Very good  Good  Fair  Poor

On-Line from NSP Center For Learning  Excellent  Very good  Good  Fair  Poor

Posters and charts  Excellent  Very good  Good  Fair  Poor

3-D models  Excellent  Very good  Good  Fair  Poor

Other (describe below).  Excellent  Very good  Good  Fair  Poor

**13.** How was the "Case Review" completed?  Group Discussion  Skill Performance Station

Was it:  Interactive  Thought provoking  Generated discussion

Excellent  Very good  Good  Acceptable  Needs Improvement

The OEC refresher is meant to be a stand-alone event. Were any of these included in the refresher?

CPR  Chairlift evacuation  Patrol administrative business

Management concerns or training  Other (please describe)

## THE INSTRUCTOR GUIDE

14. Was the Instructor Refresher guide valuable to planning this refresher?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Was the Instructor Refresher guide timeline valuable to use?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Were the directions for enrolling students valuable and clear for the format of the skills refresher?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Were the links in the Instructor Refresher guide to other resources valuable?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Was the High Efficiency Refresher option or a version of it used?    NO    YES

What improvements would you like to see added/changed in the Instructor Refresher Guide?

- Less directions and more diagrams or pictures    More dialogue and problem solving  
 More bullet points:    Please Explain:

15. Rate the *Refresher Instructor Guide* for the following questions?

For the IOR how helpful was the *Refresher Instructor Guide*?

- Excellent    Very good    Good    Acceptable    Needs Improvement

For the instructor how helpful was the *Refresher Instructor Guide*?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Did the Guide provide enough information for the IT to evaluate the refresher?    NO    YES

List up to two additional items that you feel would be helpful to include in the Instructor Guide:

## SKILLS REVIEW ONLINE

16. Rate the OEC Skills review and assessment presentations included in the ONLINE refresher portion.

- Excellent    Very good    Good    Acceptable    Needs Improvement

How did you like being able to have optional links to skill videos such as assessment?

- I watched them all    I watched most    I watched many    I skipped most    I skipped all  
 Excellent    Very good    Good    Acceptable    Needs Improvement

Were skill videos used during skill stations the day of the hands-on skill activities?    NO    YES

## THE SUPPORTING DOCUMENTS

17. Objective posters are helpful to be printed out and posted at stations?

- Excellent    Very good    Good    Acceptable    Needs Improvement

Specific posters for skill stations were helpful to be printed out?

- Excellent    Very good    Good    Acceptable    Needs Improvement

The Refresher Skills Checklist is helpful to set skill expectation.

- Excellent    Very good    Good    Acceptable    Needs Improvement

Instructions for enrolling in courses were helpful

- Excellent    Very good    Good    Acceptable    Needs Improvement

Online directions were helpful

- Excellent    Very good    Good    Acceptable    Needs Improvement

## REFRESHER EVALUATION FORM – 2024 CYCLE B

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Home Patrol: \_\_\_\_\_ Refresher Location: \_\_\_\_\_

1. The refresher was well-organized.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
2. The presentations were clear and well-prepared.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
3. At the skills stations, I understood what I needed to do at each one.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
4. The equipment we used was in good condition, and there was enough to go around.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
5. The instructor(s) provided fair feedback of my skills.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
6. The refresher was run in a relaxed, positive manner.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
7. Did you use your \_\_\_\_\_ to review the refresher topics?  
 Yes     No
8. Were the Skills shown within the On-Line portion helpful in preparing for this refresher?  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
9. The On-Line portion reviewed the skills required for this year's refresher cycle.  
Did the instructors incorporate this material into the skills stations?     Yes     No
10. The "Case Reviews" were helpful, and a valuable part of the refresher.  
 Strongly agree     Agree     Neutral     Disagree     Strongly disagree
11. Overall, I would rate this refresher:  
 Excellent     Very good     Good     Needs improvement
12. At the end of the refresher I felt that my skills had been enhanced from the practice and performance sessions?  
 Excellent     Very Good     Good     Fair     Poor
13. What did the instructors offer to improve my cycle required OEC skill performance?
14. What did the instructors not offer to improve my cycle required OEC skill performance?
15. Did a particular instructor or station do something unique that captured your attention and make you want to be more en in the learning process?
16. Were there any lectures performed at the refresher that you found unnecessary?

Please rate the Skill based objectives?

- Excellent     Very good     Good     Needs improvement

Participants: Please return this completed form to your instructor.  
Instructors: Please submit this form to the proper person per your region or division guidelines.  
Please DO NOT mail forms to the national office.



We welcome your comments and suggestions for improving NSP OEC programs.  
Please be as specific as possible, and use another sheet if needed.

## 2024 Cycle B OEC Refresher Committee Statement

The mission of the OEC Refresher Committee is to provide assistance to all Outdoor Emergency Care technicians so that they may effectively review Outdoor Emergency Care content and skills each year and render competent emergency care to the public they serve. The objectives of the program are to:

- Provide a source of continuing education of all OEC technicians.
- Provide a method for verifying OEC technician competency in OEC knowledge and skills.
- Review the content of the OEC curriculum over a three-year period.
- Meet local patrol and area training needs in emergency care.

Email the Refresher Committee at [refresher@nspsperves.org](mailto:refresher@nspsperves.org)

### 2024 OEC Refresher Committee

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**Videographer with voice overs:** Greg Snow

**Assessment Video:** Rick Wayne

**Skills Photos and Videos:**

**OEC 6th edition** © Jones & Bartlett Learning

**Cover photo:** OEC-MSP, Mad River Glen, Vt.

**Refresher Committee** with many thanks to all of our patrollers, family and friends who graciously appear in photos; Three Rivers Park District-Hyland Hills Ski and Snowboard Area