**Introduction**

A significant portion of an OEC instructor’s responsibility is to support local patrols and members during their OEC refreshers. As an OEC instructor, the information we provide to OEC technicians must be correct and meet the requirements of the *Outdoor Emergency Care Fifth Edition*. Each OEC instructor must be committed to the program as the “standard of training” while balancing the different ways OEC technicians learn. The “standard of training” is what each OEC technician needs to be able to discuss and demonstrate.

OEC instructors must be enthusiastic, have a great imagination, be sincere to the needs of the program and the students/participants, be knowledgeable on the *Outdoor Emergency Care Fifth Edition*, and, above all, practice their teaching and OEC skills.

Over the last two years, the OEC refresher has reviewed materials that have been changed and updated in the *Outdoor Emergency Care Fifth Edition*. Along with the standard Cycle C material, there will be additional information and skills that have been updated since the inception of the *Outdoor Emergency Care Fifth Edition*. This is our opportunity as instructors to ensure that all OEC technicians can perform these new skills in an acceptable way.

Understanding the language in the *Outdoor Emergency Care Instructor’s Guide* will help the instructor best meet the standards of the refresher. Each requirement is written as though looking through the student’s eyes. “List,” “describe,” “identify,” and “demonstrate” are key verbs that OEC technicians going through the refresher must complete. It is up to the OEC instructor to engage each student to meet these requirements. Hence, the method an instructor chooses to deliver the training or skill must be interactive, energetic, and require the OEC technician to be engaged throughout the entire activity.

This year’s Cycle C will include the normal cycle-specific topics. As mentioned earlier, some materials that were introduced in the *Outdoor Emergency Care Fifth Edition* will be reinforced during this cycle.
Refresher Planning Matrix/Master List of Objectives: Cycle C 2013

(To be filled out by the IOR when developing the OEC refresher and made available to the IT for QA purposes.)

IOR: ________________________ Refresher location: ______________________

Patrol/Group participating: ________________________ Refresher date: _____

<table>
<thead>
<tr>
<th>Refresher Topics (Chapter Reference)</th>
<th>Objective(s)</th>
<th>Skill Guide (SG) or OEC Skill Number (OECS)</th>
<th>Station Reference Number, or Replace With Your Own Number</th>
<th>General Ideas (Evaluation Notes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI, MOI, Scene Safety (Ch. 3)</td>
<td>• Identify the MOI or NOI for a scenario.</td>
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<td></td>
<td>• Demonstrate how to ensure scene safety.</td>
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<td>• Demonstrate the use of personal protective equipment.</td>
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<tr>
<td>Incident Command and Triage (Ch. 4)</td>
<td>• Discuss and/or demonstrate how to use the ID-ME triage system.</td>
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<td>• Discuss and/or demonstrate how to use the START triage system.</td>
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<tr>
<td>Section 2: Patient Care – Anatomy and Physiology</td>
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<tr>
<td><strong>Endocrine System</strong> (Ch. 6)</td>
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<tr>
<td>Review the fundamental anatomy and physiology of the endocrine system.</td>
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<tr>
<td><strong>Lymphatic System</strong> (Ch. 6)</td>
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<tr>
<td>Review the fundamental anatomy and physiology of the lymphatic system.</td>
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<tr>
<td><strong>Reproductive System</strong> (Ch. 6 and 34)</td>
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<tr>
<td>Review the fundamental anatomy and physiology of the reproductive system, including identifying the:</td>
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<tr>
<td>a. Major anatomical structures within the pelvic cavity;</td>
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<td>b. Functions of the female genitourinary and reproductive system; and</td>
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<tr>
<td>c. Functions of the major gynecologic structures.</td>
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<table>
<thead>
<tr>
<th>Patient Assessment – Trauma Focus (Ch. 7)</th>
<th>Perform an assessment as the lead rescuer on an adult and a pediatric trauma patient, including the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Scene size-up;</td>
<td>a. Scene size-up;</td>
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<tr>
<td>b. Primary assessment;</td>
<td>b. Primary assessment;</td>
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<tr>
<td>c. Secondary assessment; and</td>
<td>c. Secondary assessment; and</td>
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<td>OECS 7-2 SG: pages 252-254</td>
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<tr>
<th>Section 3: Critical Interventions</th>
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<tr>
<td><strong>Airway Management</strong> (Ch. 9)</td>
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<tr>
<td>Demonstrate how to properly set up an oxygen tank for use with the appropriate airway adjunct.</td>
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<td>OECS 9-4 SG: pages 322-325</td>
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</tbody>
</table>
### Section 4: Medical Emergencies

| Substance Abuse and Poisoning (Ch. 12) | • Identify the four ways a drug enters and moves through the body.  
• Identify commonly-abused substances and poisons.  
• Identify the signs and symptoms of commonly-abused substances and poisonings.  
• Identify emergency sources for poison-related and chemical-related information.  
• Demonstrate proper care of a patient who has abused a substance or been poisoned. | 5 |

### Section 5: Trauma

| Principles of Trauma (Ch. 17) | • Identify the role of a trauma center in improving the survival rate of a trauma patient (refer to state/local protocol).  
• Identify the five mechanisms of injury.  
• Compare and contrast high-velocity injuries and low-velocity injuries. | 1 |

| Injuries to the Knee, Tibia/Fibula, Ankle, Foot, and Toe (Ch. 20) | • Compare and contrast the signs and symptoms of dislocations, sprains, strains, and fractures of lower extremities.  
• Review the use and application of different splints.  
• Demonstrate how to remove a ski or sport boot from an injured lower extremity.  
• Demonstrate the care of the following specific leg injuries. If available, a variety of splints should be used:  
a. Knee (dislocation);  
b. Tib/fib (open fracture); and  
SG: page 689, 691 | 1 |
### Refresher Planning Matrix/Master List of Objectives (cont.)

<table>
<thead>
<tr>
<th></th>
<th>Objectives</th>
<th>Reference</th>
<th>Weight</th>
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</table>
| **Face, Eye, and Neck Injuries (Ch. 22)** | • Identify the signs and symptoms of emergent injuries to the face, eye, and neck.  
• Demonstrate how to care for an impaled object in the eye.  
• Demonstrate how to care for a soft tissue wound to the neck.  
• Identify the signs and symptoms and pathology of the following thoracic injuries:  
  a. Flail chest;  
  b. Pneumothorax;  
  c. Hemothorax;  
  d. Tension pneumothorax;  
  e. Sucking chest wound; and  
  f. Pericardial tamponade.  
• Demonstrate how to assess and care for a patient with an open chest wound.  
• Demonstrate proper use of oxygen. | O ECS 22-1         
SG: page 766 | 3 |
| **Thoracic Trauma (Ch. 23)** | | SG: page 788 | 3 |
| **Pediatric Emergencies (Ch. 30)** | • Identify the anatomical and physiological differences between children and adults.  
• Describe communication tips and techniques for assessing and interacting with pediatric patients.  
• Identify the signs and symptoms of respiratory distress and failure in a child.  
• Identify the use of the pediatric assessment triangle.  
• Review the use of specialized equipment involving pediatric patients.  
• Discuss and/or demonstrate the care of an asthmatic pediatric patient with signs and symptoms of abuse and/or neglect using the pediatric assessment triangle (PAT).  
• Demonstrate the assessment and emergency care of a pediatric orthopedic trauma patient. | | 4 |
### Behavioral Emergencies and Crisis Response (Ch. 33)
- Identify the four factors that can cause stress and lead a person to behave strangely.
- Identify the signs and symptoms of common behavioral emergencies.
- Identify techniques to help maintain rescuer safety when responding to a behavioral emergency.
- Demonstrate care for a patient with a behavioral emergency in accordance with state and local protocol.

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<th>Objective</th>
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<tr>
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<td>OEC 33-1</td>
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<td>SG: page 1063</td>
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### Obstetric and Gynecologic Emergencies (Ch. 34)
- Identify causes of abdominal pain of gynecologic or obstetric origin.
- Identify causes of abnormal vaginal bleeding.
- Demonstrate the care for a normal childbirth, including the primary assessment and care of the newborn.
- Demonstrate how to care for a pregnant patient with abdominal trauma.

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<tr>
<td>-</td>
<td>OEC 34-1</td>
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<td>SG: page 1094</td>
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### Section 7: Beyond OEC

#### Special Operations and Ambulance Operations (Ch. 35)
- Identify several public safety activities that are classified as special operations.
- Identify basic operational tasks or objectives of several special operational groups.
- Identify HAZWOPER.
- Identify the purpose of the International Hazard Classification System diamond placard system.
- Identify the three hazard control zones.
- Identify the purpose and mechanism of action for contents of a nerve-agent antidote kit.

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### Case Presentation Forum
Provide opportunities for participation in discussions of scenarios.

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The following sample refresher is a complete, fully-descriptive, total package for those who would like the “Plug ‘n Play” version. It provides a structured pace, with formalized station rotation times to ensure adequate focus on new *Outdoor Emergency Care Fifth Edition* material; however, it may be adapted to self-driven movement from station to station that is entirely performance-driven. By design, the schedule requires both individual and team participation (solo or in groups of two to 12 OEC technicians). Efficient, strongly-prepared OEC technicians who are well versed in the new content of the *Outdoor Emergency Care Fifth Edition* will enjoy the performance-driven approach, and will complete the stations ahead of schedule. This sample refresher may be adjusted in scale for small or large patrols by replicating stations as needed. You can easily add a station to meet a specific requirement for your patrol. *(For details of refresher preplanning, please refer to the “Refresher Planning Matrix” on pages 3-7.)*

The extensive use of scenarios focuses attention on skill performance and hands-on experience, rather than lecture and mini-presentation; however, this approach requires recruitment of patients. Local high school or college drama students, senior members of the community, Scouts, or special populations may be successfully and enthusiastically employed in this capacity. When available in the OEC textbook, page references for OEC Skills and Skill Guides are provided with listed station objectives.

**Integrate into your refresher for all stations:**
- Participant demonstrations of body substance isolation procedures to minimize exposure to body fluids in all relevant patient care situations.
- Consideration of the applicable mechanism of injury and its influence on the suspected injury(s).
- Emphasis on scene safety, protecting both the rescuers and the patients.

At every station, large, easy-to-read poster charts should be put up for participants to review. Time spent reviewing posters will buffer the flow of participants from station to station. Some of the posters will provide preparation for participation in the station, including review of station objectives. Other posters may review topics not otherwise covered in the stations. All posters are available for download from the NSP website ([www.nsp.org](http://www.nsp.org)) in 8.5-by-11-inch format, ready for enlarged printing on poster paper or poster board.

New this year on the NSP website are scenario cards that have been developed based on the scenarios in the sample refresher. You can download these and print them out for your patients to use. The cards have all the signs and symptoms, answers to SAMPLE, and vital information for that specific scenario so you can print and go.
7:00 – 8:00: Sign-in.
● Pre-assign OEC technicians into five (5) 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 Complete Sample Refresher Skills Checklist (see pages 23-24) or locally-developed participation tracking tool, as well as a copy of the Cycle C 2013 Refresher Evaluation Form (see page 31 of the Refresher Workbook) to be completed and turned in at the end of the refresher. Ensure that all participants have signed an activity release form (see page 25) prior to starting the refresher.

8:00 – 8:30: Welcome, announcements, overview of refresher goals, and Outdoor Emergency Care Fifth Edition objectives.

8:30 – 8:45: Five (5) pre-assigned teams of OEC technicians move to the designated individual station location (see table below). For large patrols/groups, stations may need to be replicated to maintain the optimal size of no greater than 12 OEC technicians per team. The preferred ratio of instructors to participants should be no greater than 1:6.

8:45 – 12:30: Station rotations. All stations are 75 minutes in length, which includes five minutes to rotate to the next station. Start with teams as assigned. Providing adequate attention to the refresher material will require timely launch of each station’s activities, with an orderly and rapid rotation between stations during the five minutes allotted in the schedule. See a detailed description of each station’s activities following the table of station assignments.

12:30 – 1:15: Lunch (bag lunch or box lunch provided onsite).

1:15 – 3:45: Continue station rotations.

3:45 – 4:00: Refresher group wrap-up.

4:00 – 4:15: Complete and collect participant refresher evaluations.

4:15 – 4:45: Assist station take-down and clean-up.
Station 1: Review the anatomy and physiology of the musculoskeletal system and injuries to the lower extremities, including patient assessment. The OEC technician will review and demonstrate care of injuries using a variety of splints, including ski or sport boot removal. (Chapters 7, 10, 17, and 20.)

Skill Station: Facilitate a group discussion of the mechanisms of injury, common musculoskeletal injuries, and the assessment of lower extremity injuries, including all objectives listed below. Demonstrate the use of a variety of splints. All OEC technicians will perform an assessment, including scene size-up and both a primary and secondary assessment.

Equipment: LCD projector and laptop, splints (quick/hasty splints, SAM splints, airplane splints, and board splints), blankets, variety of snowboard and ski boots.

Posters: DCAP-BTLS; Signs and Symptoms of Sprain, Fracture, and Dislocation; Knee/Tibia/Fibula Injuries; Ankle Injuries; Foot and Toe Injuries.

PowerPoint: Refer to MyNSPkit.com for PowerPoints for the above-noted chapters.

The OEC technician will:

- Identify the role of a trauma center in improving the survival chances of a trauma patient. (Refer to your local protocol and the location of your trauma center.)
- Compare and contrast high-velocity injuries and low-velocity injuries.
- Identify, compare, and contrast the signs and symptoms of dislocations, sprains, and fractures of lower extremities.
- Demonstrate the care of patients with the following injuries, using a variety of splints:
  1. Knee (dislocation);
  2. Tib/fib (open fracture); and
  3. Foot or ankle injury when the patient indicates that pain is an eight on a scale of 1-to-10.
- OEC technician will demonstrate an adult patient assessment (trauma) for a lower extremity injury (see Skill Guide: “Trauma Assessment,” page 252), to include:
  1. Scene size-up;
  2. Primary assessment;
  3. Secondary assessment; and
  4. Reassessment.
- Identify the five mechanisms of injury.
- Demonstrate the removal of a ski or sport boot from an injured lower extremity.
OEC technicians will work in teams of two and alternate the lead as they move from scenario to scenario. By completing the following scenarios/skill stations, they will fulfill the listed objectives.

Scenario 1-1: Tib/fib closed fracture. A mother is standing near the fence surrounding the children’s ski school watching her 3-year-old daughter take a lesson when she is struck by an out-of-control beginner skier who is unable to stop or avoid running into her. The mother is struck and pushed against the fence rail, where she strikes her right lower leg against a fence post. The mother has a closed fracture of the lower right leg. There is noticeable deformity, swelling, and pain upon palpitation. Distal CMS is intact.

Scenario 1-2: Knee dislocation. A skier in search of the last bit of untouched powder on the hill has fallen under the lift line and banged his left knee into a tree, dislocating it. The skier is complaining of severe pain in the knee and states that the foot feels numb (impaired circulation). You expose the injured knee and see localized swelling and a deformity with intact circulation and sensation, but limited motion.

Scenario 1-3: Unstable ankle of a hiker. A 34-year-old hiker lost her balance stepping over a fallen tree, and her right foot stepped into a hole below the fallen tree that she did not see. When you arrive, the patient is sitting on the fallen tree. She reports that she heard a loud pop and is unable to put weight on her foot. Upon exposing the injured area, you discover swelling on the lateral side of the ankle.

Scenario 1-4: Severe bleeding with leg fracture at the boot top. A 20-year-old male skier merges into another trail at the same time as a 15-year-old boarder is coming down the trail. The boarder is moving faster than the skier and strikes the skier on his left leg just at the boot top with his board. When you arrive, the skier is sitting on the snow holding his hand over the bleeding area complaining of pain (seven out of 10 on a pain scale) at the 3-inch cut on the lower left leg. It appears that the bleeding has been controlled by direct pressure. The boarder is uninjured. You discover they are brothers spending time together. The OEC technician must demonstrate removal of a ski or sport boot from the injured leg before splinting.

Station 2: Review the “Case Presentations.” One will be a mass casualty incident, and one is behavioral and crisis response. Review special operations and ambulance operations. (Chapters 4, 33, and 35.)

The OEC technician will review the objectives for Cycle C by use of discussion, skill demonstration, or completing the scenarios below:

- Describe and/or demonstrate ID-ME using triage tags.
- Describe and/or demonstrate how to use the START triage system.
- Identify the four factors that can cause stress and lead a person to behave strangely.
- Identify the signs and symptoms of common behavioral emergencies.
- Identify techniques to help maintain rescuer safety when responding to a behavioral emergency.
- Demonstrate care for a patient with a behavioral emergency in accordance with state and local protocol. (Refer to patrol director/representative and area management.)
- Identify several public safety activities that are classified as special operations.
- Identify basic operational tasks or objectives of several special operational groups.
- Identify HAZWOPER.
- Identify the purpose of the International Hazard Classification System diamond placard system.
- Identify the three hazard control zones.
- Identify the purpose and mechanism of action for the contents of a nerve-agent antidote kit.

**Discussion:** Led by the station facilitator in a guided discussion of two “Case Presentation” scenarios, the OEC technicians will discuss both “Case Presentations.” In advance of the refresher, OEC technicians are required to have reviewed and prepared responses for the two scenarios in order to complete the refresher objectives. The quality and depth of the discussion must be paced to allow discussion of both scenarios. Remember, there are many “right” answers, and the quality of the discussion depends on thorough preparation by both the station facilitator and the OEC technicians. The true benefit of the discussion is in trying out new approaches and including any local concerns or protocols.

**Equipment:** Flip chart with the “Case Presentations,” or laptop and LCD projector.

**PowerPoint:** “Case Presentation: A Guided Discussion.” (Use only as a tool to facilitate discussion.)

The OEC technician will perform all the listed skills above by use of discussion, skill demonstration, or completing the scenarios below.

**Case Presentation 1: Mass Casualty Scenario**

1. Discuss the rules of START triage and how this differs from normal patient care and patient assessment.
2. Mark each individual patient with a triage color (green, yellow, red, or black) or ID-ME categorization (I – Immediate, D – Delayed, M – Minimal, or E – Expectant). In the START/color column, indicate when you have sufficient information to make your decision by placing an A for ability to walk, R for respiration, P for pulse, or M for mental status next to the color that was selected.

<table>
<thead>
<tr>
<th>Time</th>
<th>Events and Information: Case 1</th>
<th>Decision</th>
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<tbody>
<tr>
<td>Background info: Temperature 34°F at 11:00 a.m.</td>
<td>Your patrol has been asked to be on standby for the Fall Festival, which includes several hayrides in a small town near the ski resort. You have been issued a radio and are in contact with the patrol director at the ski patrol base, which is seven miles behind you on the route of the proposed hayride. A call comes in over the radio of an accident near you involving the hayride, and you respond to the scene. A Boy Scout troop and family members were riding on the hayride trailer being pulled by a farm tractor. There are 11 children, ages 7-15, involved in the accident, along with three adults: a Scout leader, a tractor driver, and the driver of a truck.</td>
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<td>Time</td>
<td>Events and Information: Case 1</td>
<td>Decision</td>
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<tr>
<td>11:15 a.m.</td>
<td>The truck, going too fast, came out of a curve and rear-ended the trailer. The tractor was knocked into a ditch on the right and the trailer jackknifed, throwing most of the people off. You are the first rescuer to arrive after the accident, and begin triage. Police and other first responders have been contacted, but are not yet present.</td>
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<td>11:16 a.m.</td>
<td>When you yell, “Anyone who is able to walk, please come to me,” six children begin to walk toward you. Describe how you deal with this group, and how to keep them out of the way of arriving emergency vehicles. Mark each individual patient with a triage color (green, yellow, red, or black) or ID-ME categorization (I – Immediate, D – Delayed, M – Minimal, or E – Expectant). In the START/color column, indicate when you have sufficient information to make your decision by placing an A for ability to walk, R for respiration, P for pulse, or M for mental status next to the color that was selected.</td>
<td>Indicate all six children as a single choice: START/ID-ME</td>
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<td>11:18 a.m.</td>
<td><strong>Patient 1:</strong> Scout in red and black jacket, blue boots, with very swollen left ankle. He is crying and breathing. Breaths are 15/minute if counted, pulse is present in right arm if palpated, and he will blink his eyes or state his name and address if asked.</td>
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<td>11:19 a.m.</td>
<td><strong>Patient 2:</strong> Scout in plaid coat with no obvious injury; he is not responsive and not breathing. When a jaw thrust is used to open airway, Scout gasps and begins breathing. Breaths are 15/minute if counted, pulse is present in right arm if palpated, but he will not respond to any requests.</td>
<td>START/ID-ME</td>
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<td>11:20 a.m.</td>
<td><strong>Patient 3:</strong> Scout leader in red shirt. Left leg is severed below the knee, and there is moderate bleeding. He is conscious and able to talk to you. Breaths are less than 22/minute. If you take a radial pulse, it is absent. If you ask him to blink his eyes twice, he complies.</td>
<td>START/ID-ME</td>
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<td>11:21 a.m.</td>
<td><strong>Patient 4</strong>: Scout with brown hair, green jacket. Bruise on forehead over left eye, dazed, not responsive to shouts or pinching inner arm. Breaths are 18/minute, radial pulse may be detected if palpated. He does not respond to a request to blink his eyes.</td>
<td>START/ID-ME</td>
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<td>R ___ M ___</td>
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<td>B ___ E ___</td>
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<tr>
<td>11:22 a.m.</td>
<td><strong>Patient 5</strong>: Tractor driver with black coat and blue hat. Has deformed fracture of the right arm and is moaning and holding injured arm with his left arm on ground next to running tractor. Breathing is irregular due to moaning, and breaths are 36/minute. Pulse is present in good arm if palpated, and he will talk to you and answer questions if asked.</td>
<td>START/ID-ME</td>
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<td>G ___ I ___</td>
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<tr>
<td>11:23 a.m.</td>
<td><strong>Patients 6 and 7</strong>: Scout 6 in black and grey jacket with no visible injuries is sitting beside Scout 7 in a camouflage jacket, who is holding his right knee. Scout 6 is screaming for someone to save his big brother, Scout 7. He keeps screaming the same thing over and over. Breaths are 18/minute if counted, pulse is present in right arm if palpated, and he will blink his eyes or state his name and address if you get in his face and demand he answer. He returns to screaming as soon as he answers the question. Scout 7 in camouflage jacket is holding his right knee and is breathing. He is dazed, and will not answer anything you ask. Breaths are 15/minute if counted, pulse is present in left arm if palpated, and he will not blink his eyes, nor state his name and address.</td>
<td><strong>Patient 6</strong></td>
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<td><strong>Patient 7</strong></td>
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<td>START/ID-ME</td>
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<td>11:25 a.m.</td>
<td><strong>Patient 8</strong>: Truck driver. No injuries noted, but walks around in a daze, screaming, “This was not my fault, this was not my fault. I never even saw the trailer. I need another beer. What did I do with my beer?”</td>
<td>START/ID-ME</td>
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</tbody>
</table>
# Case Presentation 2: Pediatric Lower Extremity Injury and Physical Abuse

<table>
<thead>
<tr>
<th>Time</th>
<th>Events and Information: Case 2</th>
<th>Vitals</th>
</tr>
</thead>
</table>
| 9:12 p.m.  | John and Mary arrive at your house with their son Mike, age 5. They are new neighbors you met several days earlier. They explain that they asked another neighbor and learned you were trained in first aid. They tell you Mike fell down the basement stairs and hurt his right leg. While Mary holds Mike, who is crying, you begin to talk to Mike at eye level and ask him about a truck he is holding. You question John and Mary why they did not call an ambulance, and they answer that Mike bounced right up and said he didn’t hurt anything other than his leg. | AVPU: A  
Temperature: normal  
Pulse: 96, regular and normal for a five year old. |
| 9:16 p.m.  | Mike calms down, and you begin to gain his confidence. He lets you take his hand and you begin to take his pulse. When you ask Mike if it is OK to roll up his sleeve to put a balloon on his arm, John says that it is not necessary. Mary looks down and says nothing. You explain that you need a baseline BP and have a pediatric BP cuff that will fit Mike, and it will not hurt Mike at all but will be fun. Mike says he would like to see the balloon. Nothing seems unusual until you roll up his left sleeve to take the BP and notice several round marks the size of a pencil eraser on the inside of his forearm and upper arm. There are eight marks total, one of which has a slight blister that looks several days old. | AVPU: A  
Temperature: 99 F  
Pulse: 96, regular and normal.  
Resp.: 18, regular and normal.  
B/P: 116/86  
Skin: warm, dry, and pink.  
Eyes: PERRL |
| 9:20 p.m.  | You do a primary survey and take SAMPLE and vitals and find nothing remarkable. In doing your secondary survey, you examine the uninjured leg and continue to talk to Mike about his truck. He allows you to examine his injured leg, and you see a bruise on the lateral side of his calf that is slightly yellow and looks old. As you continue to check the leg, you find it is very tender at the midshaft of the fibula on the right leg. Mike also lets you lift his shirt to check his back, and you notice several red lines across his back. John and Mary tell you this is from the stairs, but the marks are sharp and distinct lines, not like normal bruise marks from an impact. |
Station 3: Review of specific injuries: chest, face, eye, neck, vital signs, thoracic trauma, and shock management. (Chapters 7, 9, 10, 22, and 23.)

Skill Station: Yes

Equipment: Moulage, branch for impalement in an eye, bent and broken ski pole for chest injury, bandages and dressing for soft tissue injuries (including open chest wound), blankets, and an O2 pack.

Posters: Poster of Figure 23-1: “Anatomy of the Chest Cavity.”

PowerPoint: Refer to MyNSPkit.com for PowerPoint presentations.

The OEC technician will:

- Identify the signs and symptoms of emergent injuries to the face, eye, and neck.
- Demonstrate how to care for an impaled object in the eye. (See OEC Skill 22-1, Skill Guide page 766.)
- Demonstrate how to care for a soft tissue wound to the neck.
- Identify the signs and symptoms and pathology of the following thoracic injuries:
  a) Flail chest;
  b) Sucking chest wound (see OEC Skill Guide page 788);
  c) Pneumothorax;
  d) Tension Pneumothorax;
  e) Hemothorax; and
  f) Pericardial tamponade.
- Demonstrate how to assess and care for a patient with an open chest wound.
- Demonstrate the proper use of oxygen for treatment of chest injuries.

The OEC technician will perform all the listed skills above by use of discussion, skill demonstration, or completing the scenarios below.

Scenario 3-1: You are sent to respond to an incident with a skier involved in a collision with another skier on the edge of the run. The skier went off the side of the run into a tree, breaking off a part of a tree branch which went through the patient’s goggles and into his eye. When you arrive, you find the injured skier off to the side of the run in the trees. The patient has a branch about the size of a pencil impaled into his eye and is in a great deal of pain. Equipment and available help will be sent upon request.

Scenario 3-2: A patron was sitting on the deck of the lodge area having a meal and some drinks after a day of exploring the mountain. Getting up from the table, the patron slips on the deck and falls backwards into a window in the lodge, crashing...
through it. The patient sustains a laceration to the neck from the broken glass. Bleeding is controllable with direct pressure, and there does not appear to be any effect on the respiratory system. Equipment and available help will be sent upon request.

**Scenario 3-3:** You receive a call to respond to a report of a skier and snowboarder colliding on a ramp in the terrain park. You find both parties on the side of the ramp. The boarder is uninjured. The 19-year-old skier was struck in the throat with the snowboard. The skier is having difficulty breathing, and has some swelling, an abrasion with minor bleeding, and bruising around the larynx. Equipment and available help will be sent upon request.

**Scenario 3-4:** You are at the top of the mountain when you get a radio call to respond to a skier who has fallen and slid into a tree below the lift line. As you approach the scene and begin to make it safe, you start a conversation with the skier. As the skier turns on his side, you see blood visible on his clothes and the snow. As you approach your patient, you see a bent ski pole on the ground next to your patient. While performing your primary assessment, you discover that the patient pulled his ski pole out of his chest. As he fell, his pole broke off just below the basket, bounced up, and penetrated about 4 inches deep into the right side of his chest below the nipple line. The patient is short of breath, having difficulty breathing, and is rapidly getting worse. You hear a sucking sound coming from under his coat. Equipment and available help will be sent upon request.

**Station 4:** Airway management with oxygen administration, pediatric emergencies. (Chapter 7, 9 and 30.)

**Skill Station:** The OEC technician will demonstrate how to properly set up an oxygen tank for use with the appropriate airway adjunct.

**Equipment:** Oropharyngeal airways, nasopharyngeal airways, personal rescue mask, fully-charged O2 tank and regulator, bag value mask, non-rebreather mask, nasal cannula, airway manikin.

**Posters:** Objectives, O2 administration.

**The OEC technician will:**
- Demonstrate how to properly set up an oxygen tank, including placing the regulator on the tank (including the delivery device).
- Describe and demonstrate use of the following airway adjuncts, and demonstrate the proper method for choosing the correct size and inserting them:
  a) Oropharyngeal airway; and
  b) Nasopharyngeal airway.
- Identify the anatomic and physiological differences between children and adults.
- Describe communication tips and techniques for assessing and interacting with pediatric patients.
- Identify the signs and symptoms of respiratory distress and failure in a child.
- Describe the use of the pediatric assessment triangle.
- Discuss and/or demonstrate the care of an asthmatic pediatric patient using the pediatric assessment triangle.
- Review the use of specialized equipment involving pediatric patients.
• Demonstrate the emergency care of a pediatric orthopedic trauma patient.

The OEC technician will perform all the listed skills above by use of discussion, skill demonstration, or completing the scenarios below.

Scenario 4-1: The OEC technician must demonstrate a full pediatric trauma assessment with application of oxygen. A 10-year-old snowboarder is hitting some new features in the terrain park and goes off the tabletop and lands on his back left side. The park is crowded, and the temperature is about 20 F. When you respond, you see the patient is lying on his back with his left leg flexed and bent outward. His board is attached and he is holding his left boot. The boarder is complaining of severe pain in his left lower leg and ankle. When asked, the patient rates his pain as a nine on a scale of 0-to-10. The patient is shivering slightly, and is not wearing a helmet or hat. Equipment and additional help will be sent upon request.

Demonstrate Skill 4-2: Demonstrate how to properly set up an oxygen tank for use. The regulator is not attached and is lying in the bottom of the oxygen bag. If required, the O-ring should be readily visible to secure to the regulator.

Demonstrate Skill 4-3: Describe and demonstrate how to use the following oxygen delivery, ventilation, and barrier devices: nasal cannula, non-rebreather mask, pocket mask, and a bag value mask. Discuss appropriate use of NPA and OPA airway adjuncts, and demonstrate proper measurement and use on an airway manikin.

Scenario 4-4: You have been requested to work a local junior bike race through the streets of your town. You are stationed midway through the course near a major intersection. Several bikers have passed by when one veers off the course into a parked car for no apparent reason. You estimate the speed upon impact at approximately 20 mph. A male in his early teens is down on the ground beside a parked car. He has a laceration of the right knee and is coughing. He is responsive when you question him, and he says he needs help. The patient informs you his ankle is killing him, his knee hurts, and he is having trouble breathing. He says he suffers from asthma, but thought he could participate in the race without a problem. He explains that he started coughing about a mile back, and it got worse as he continued to ride. He started to feel light-headed and dizzy, and when he got to this location, he lost control of his bike and ran into the parked car. You request permission and begin your patient assessment. He is breathing fast. His coughing spasms interrupt your count of his breathing cycle. He hears a noise like air leaking from a tire when he exhaled, especially at the end of his exhalation. He is gasping for air and can only speak in short sentences. His right ankle is beginning to swell and is painful. SAMPLE is

...
normal, except he has a doctor’s prescription for albuterol to use when he needs it, but forgot to bring it with him since he was running late for the race. He has chronic asthma, which gets worse if he is in the vicinity of certain plants. He is not sure what he may have been exposed to this morning. Equipment and available help will be sent upon request.

Objectives:
- Adequate breathing is the vital concern, and the NOI and treatment plans for asthma should take precedence over the two other minor injuries.
- MOI for the leg and ruling out a life-threatening injury would be secondary.
- Oxygen and attempting to obtain ALS to give appropriate treatment for the breathing problems would require ALS to come to your location, if possible.
- Obtain consent for treatment of minor patient.

Station 5: Review the anatomy and physiology of the endocrine system, lymphatic system, and reproductive system. Review obstetric and gynecologic emergencies and trauma in pregnancy. Review substance abuse and poisoning. (Chapters 6, 12, and 34.)

Equipment: LCD projector and screen, childbirth manikin.
Posters: Endocrine system, lymphatic system, reproductive system.

The OEC technician will:
- Review the fundamental anatomy and physiology of the endocrine system.
- Review the fundamental anatomy and physiology of the lymphatic system.
- Review the fundamental anatomy and physiology of the reproductive system, including:
  a. Identify the major anatomical structures within the pelvic cavity; and
  b. Identify the functions of the female genitourinary and reproductive system.
- Identify the cause of abdominal pain of gynecologic or obstetric origin.
- Identify causes of abnormal vaginal bleeding.
- Demonstrate the care for a normal childbirth, including the primary assessment and care of a healthy newborn. (See OEC Skill 34-1, Skill Guide page 1094.)
- Demonstrate how to care for a pregnant patient with abdominal trauma.
- Identify the four ways a drug enters and moves through the body.
- Identify commonly-abused substances and poisons.
- Identify the signs and symptoms of commonly-abused substances and poisoning.
- Identify emergency sources for poison and chemical-related information.
- Demonstrate proper care of a patient who has abused a substance or been poisoned.
The OEC technician will perform all the listed skills above by use of discussion, skill demonstration, and completing the below scenarios. There will be two OEC technicians for a single patient. All groups will complete the same scenario at the same time, and debrief as one group.

**Scenario 5-1: Behavioral scenario/spice OD.** A 16-year-old male has smoked spice (a known synthetic cannabis that can cause hallucinations) with his friends in the bathroom. Fifteen minutes later, he became paranoid and retreated to the bathroom. He states he is seeing spiders on the walls and thinks people are coming to take him away. The patient will interact with his friends, but is very slow to answer questions. He can only provide limited information before staring off into space. Before you arrive on scene, it has been reported that the patient has torn the towel dispenser off of the wall in the bathroom and has been kicking/punching at the walls. The friends are hesitant to say anything to responding OEC technicians because they do not want to admit to any illegal activity. His friends do tell you that the patient has a history of mental health issues that have caused hospitalizations in the recent past.

**Instructor points to emphasize:**

- How to deal with a patient that has complex mental problems: mental illness, drug abuse, or alcohol abuse all occurring simultaneously. Review *Outdoor Emergency Care Fifth Edition* Chapter 12, pages 391-392.
- Does this problem involve issues of consent, implied consent, and legal issues involving the competence of the disturbed patient? What are local policies/procedures to consider when dealing with the minor patient and possible mental health/drug issues?

**Scenario 5-2:** You have been sent to respond to a female snowboarder found sitting at the side of a moderately-difficult run in the terrain park. The only information given to you by dispatch is that she was complaining of severe abdominal pain. The 25-year-old patient reports that she thinks she is 8–10 weeks pregnant, as she has missed two menstrual periods. She experienced a sudden onset of abdominal pain about 30 minutes earlier while riding the chairlift, but decided to continue snowboarding, hoping it would “just go away.” Upon questioning the patient, she states that she has not fallen. She is continuing to have pain, and states she cannot stand up or ride her snowboard due to the severity of her pain. She is not aware of any vaginal bleeding or discharge. Equipment and available help will be sent upon request.

**Instructor points to emphasize:**

- Patient assessment should correctly identify possible complications of early pregnancy and recognize impending shock.
- Provide the appropriate treatment for the medical problem/shock, and treat with oxygen.
- EMS with ALS level of care and rapid transport to hospital, as per area protocol.

**Scenario 5-3:** You are in the patrol room when the husband of a 38-weeks-pregnant patient walks into the patrol room at the base area to request assistance for his wife. She is in the picnic area next to the beginner area. The husband reports that she is having severe abdominal pain and needs immediate assistance. When you arrive on scene, she is lying on the ground with her feet elevated on the bench of the picnic table. She has placed her feet in this position in an attempt to slow the moderate bleeding from her vagina. You note that the
The blood has a brownish-red color. She is pale, anxious, and crying. Your SAMPLE reveals she is diabetic and that she had two previous miscarriages since her last pregnancy. Equipment and available help will be sent upon request.

**Instructor points to emphasize:**
- Secure scene and provide patient privacy by removing the crowd.
- Correctly identify possible labor.
- Request EMS and ALS for rapid transport to advanced medical care.
- Conduct ongoing assessment to monitor the progress of labor.
- Monitor patient for any signs/symptoms of a diabetic emergency.

**Scenario 5-4:** You are dispatched to the bathroom of your resort’s day lodge to respond to a report that a child was splashed with an unknown substance. You find a child splashed with several colors of liquids from bathroom cleaning products that were left unattended and within easy reach of small children. The child pulled the bucket down on top of his shoulder and upper extremities. Your patient assessment reveals chemical burns are present on the exposed skin on the right arm and around the neck. The patient is crying. Equipment and available help will be sent upon request.

**Instructor points to emphasize:**
- Correctly identify the patient’s condition and recognize need for urgent treatment.
- Provide the appropriate treatment.
- Locate/contact the parents/guardian of the patient.
- Activate EMS and ALS, notify area management.

---

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“Build Your Own Refresher” Station Planning Worksheet
(Use with the objectives for Cycle C listed at the front of this Instructor’s Guide. Duplicate as necessary for each refresher station. Add pages if needed.)

<table>
<thead>
<tr>
<th>Station: _______</th>
<th>Assigned Instructor(s): __________</th>
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<tbody>
<tr>
<td>Station Location: __________</td>
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<tr>
<td>Topic: ______________________________</td>
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<tr>
<td>OEC 5E Chapter References: __________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Station Cross Reference? (Does any content of this station overlap with other stations?) If so, where?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Objectives: (From Refresher Station Planning Matrix).</td>
<td>____________________________</td>
</tr>
<tr>
<td>Instructional Strategy:</td>
<td>Station Resources:</td>
</tr>
<tr>
<td>_ PG – Group Presentation (not lecture!)</td>
<td>____________________________</td>
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<tr>
<td>_ GD – Group Discussion</td>
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<tr>
<td>_ HP – Hands-on Skill</td>
<td>____________________________</td>
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<tr>
<td>_ HS – Hands-on Scenario</td>
<td>____________________________</td>
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<tr>
<td>_ GA – Group Activity or Game</td>
<td>____________________________</td>
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<tr>
<td>_ OT – Other (describe)</td>
<td>____________________________</td>
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<tr>
<td>Considerations for Integrated Topics:</td>
<td>Personnel and Patients: (e.g., instructors, assistants, patients, bystanders, moulage)</td>
</tr>
<tr>
<td>1. Scene Safety</td>
<td>____________________________</td>
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<tr>
<td>2. Body Substance Isolation</td>
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<tr>
<td>3. Mechanism of Injury</td>
<td>____________________________</td>
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<tr>
<td>Notes:</td>
<td>Equipment Needed: (e.g., backboard, splints, bandages, O2 and adjuncts, skis, snowboards)</td>
</tr>
</tbody>
</table>

OEC Instructor’s Guide
Each OEC technician will individually perform the following skills:

**OVERALL**
- **Objective #1**: Identify the MOI or NOI for a scenario.
- **Objective #2**: Demonstrate how to ensure scene safety.
- **Objective #3**: Demonstrate the use of personal protective equipment.

1. **Objective #1**: Identify the five mechanisms of injury.
2. **Objective #2**: Compare and contrast high-velocity injuries and low-velocity injuries.
3. **Objective #3**: Identify, compare, and contrast the signs and symptoms of dislocations, sprains, strains, and fractures of lower extremities.

**Station #1**
- **Objective #1**: Demonstrate patient assessment for trauma, focusing on an adult with a lower extremity injury.
- **Objective #2**: Demonstrate how to remove a ski boot from an injured lower extremity.
- **Objective #3**: Demonstrate the care of the following specific leg injuries, using a variety of splints: _____ Knee (dislocation); _____ Tib/fib (open fracture); and _____ Foot or ankle.

**Station #2**
- **Objective #1**: Identify the role of the trauma center in improving the survival rate of a trauma patient.
- **Objective #2**: Discuss and/or demonstrate how to use the START triage system.
- **Objective #3**: Identify the four factors that can cause stress and lead a person to behave strangely.

**Station #3**
- **Objective #1**: Identify several public safety activities that are classified as special operations.
- **Objective #2**: Identify basic operational tasks or objectives of several special operational groups.
- **Objective #3**: Identify HAZWOPER.

**Station #4**
- **Objective #1**: Identify the purpose of the International Hazard Classification System diamond placard system.
- **Objective #2**: Identify the three hazard control zones.
- **Objective #3**: Identify the purpose and mechanism of action for contents of a nerve agent antidote kit.

**Station #5**
- **Objective #1**: Demonstrate how to care for a patient with a neurovascular injury in accordance with state and local protocol.
- **Objective #2**: Identify techniques to help maintain rescuer safety when responding to a behavioral emergency.
- **Objective #3**: Identify the signs and symptoms of common behavioral emergencies.

**Station #6**
- **Objective #1**: Demonstrate care for a patient with a behavioral emergency in accordance with state and local protocol.
- **Objective #2**: Identify the signs and symptoms of emergent injuries to the face, eye, and neck.
- **Objective #3**: Demonstrate how to care for an impaled object in the eye.

**Station #7**
- **Objective #1**: Demonstrate how to assess and care for a patient with an open chest wound.
- **Objective #2**: Demonstrate how to use oxygen for treatment of chest injuries.

**Station #8**
- **Objective #1**: Demonstrate the use of a field dressing for a thoracic injury, using a variety of splints: _____ Chest (open fracture); and _____ Keep (dislocation).
<table>
<thead>
<tr>
<th>Station</th>
<th>Objective</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Each OEC technician will individually perform the following skills.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify the signs and symptoms of common drug use and abuse.</td>
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<tr>
<td>3</td>
<td>Identify common drug abuse and associated positions.</td>
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<tr>
<td>4</td>
<td>Identify the concept of a drug or abuse and how it affects the body.</td>
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<tr>
<td>5</td>
<td>Demonstrate the proper care of a patient with drug abuse and its associated positions.</td>
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<tr>
<td>6</td>
<td>Demonstrate how to care for a patient with drug abuse and its associated positions.</td>
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<tr>
<td>7</td>
<td>Perform an assessment as the lead rescuer on a pediatric trauma patient, including the pediatric assessment triangle (PAT).</td>
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<tr>
<td>8</td>
<td>Review the use of specialized equipment involving pediatric patients.</td>
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<tr>
<td>9</td>
<td>Discuss and demonstrate the care of an asthmatic pediatric patient using the pediatric assessment triangle (PAT).</td>
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<tr>
<td>10</td>
<td>Demonstrate the care of a normal childbirth, including the primary assessment and care of a newborn.</td>
<td>(Refer to the Skill Guide: “Assisting with Normal Childbirth,” Chapter 34.)</td>
</tr>
</tbody>
</table>
NATIONAL SKI PATROL SYSTEM EVENT/TRAINING RELEASE FORM

I agree I am voluntarily participating in this 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 encounter in their duties of patrolling a ski area. I realize there are inherent risks in this type of activity including changing weather conditions, changing snow surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects or other skiers and such activity can be dangerous and can result in serious injury 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. 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 proceed.

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 ski area hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, 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.

Parent/Guardian Signature: ___________________________________________ Date: __________________

Parent/Guardian Name: (printed) _____________________________________________________________

Address: ___________________________________________________ Phone: _______________________

Not part of Release and for record keeping purposes only: To be completed by instructor:

Date: ____________________________ Event/Training: ______________________________

Location: ____________________________
Refresher Quality Assessment Form

Name of IOR or assigned IT: _______________________
Patrol/Organization: _______________________
Refresher Location: ______________________ Date: ______
NSP Division: _______________________

Check type of event:
☐ OEC IT Refresher  ☐ OEC Instructor’s Refresher
☐ OEC Technician Refresher  ☐ Refresher Planning Meeting

This form is designed to provide quality assurance feedback and help the assigned IT or ROA in supervising and advising refresher staff. Using the following key, please indicate how the refresher topics were presented. (The “Refresher Planning Matrix” may be attached instead of filling out this section.)

Station format:
GP = Group presentation/activity
Demo = Demonstration by instructor
Inc = Incorporated into stations in refresher
HSO = Hands-on practical skill(s)
FD = Facilitated small group discussion
O = Other (explain)

Refresher Topics

________ BSI, MOI, scene safety
________ Incident command/triage
________ Endocrine system
________ Lymphatic system
________ Reproductive system
________ Patient Assessment – Trauma
________ Airway Management/O2 setup
________ Substance abuse and poisoning
________ Principles of Trauma

________ Injuries to the knee, tib/fib, ankle, foot, and toe
________ Face, eye, and neck injuries
________ Thoracic trauma
________ Pediatric emergencies
________ Behavioral emergencies and crisis response
________ Obstetric and gynecologic emergencies
________ Special operations and ambulance operations
The OEC refresher is meant to be a stand-alone event. Were any of the following included as part of the OEC refresher?

- CPR
- Chairlift evacuation
- Patrol administrative business
- Management concerns or training
- Other (please describe)

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.)

1. What type of planning meeting was held in preparation for this event? Did you attend? (online or in-person?)

2. Was an instructor refresher held in preparation for this refresher? Did you attend and/or monitor it?

3. How was this refresher developed?
   - From the “ground up” using the “Refresher Planning Matrix.”
   - By using the entire sample refresher, or various parts of it.
   - Combination of the above.
   - From scratch, without using any of the refresher planning tools.

4. Did participants seem to understand the refresher objectives?

5. Were all objectives met? If not, please explain.
6. Were any shortcomings discovered at the refresher?
   ______ Missed topics? ______ Shortage of instructors? ______ Equipment failure? ______ Other?
   If so, what action was taken to remedy them?

7. How would you assess the quality and content of the mini-presentations or stations? Were any of them exceptionally good? (Please describe.) Did each presenter involve the entire group in the presentation, as opposed to just talking at them? If not, please specify.

8. How was the “Case Presentations” exercise presented? Was it a useful exercise?

9. What visual aids were used in the refresher presentations and stations?
   ______ Material available from the NSP “Instructor Resources”
   ______ Slides/PowerPoint presentations
   ______ Posters and charts
   ______ 3-D models
   ______ Other (describe)
   Were they effective? Other comments?

10. Were the relevant Skill Guides and/or critical performance indicators posted at all stations? If not, why?
11. Do you feel that there was adequate opportunity for every OEC technician to demonstrate hands-on skills according to each of this year’s required skill guides? Comments?

12. How would you rate the quality and availability of equipment, and the refresher facility in general?

13. How would you describe the organization of the refresher? Was it well organized?

14. What recommendations would you make to improve this refresher?

15. What improvements could be made to your new *Refresher Workbook* to make it more helpful in planning and evaluating refresher courses?

16. What improvements could be made to the new *Refresher Workbook* to make it more helpful for the OEC technician to prepare for the annual refresher course?

You are now asked to forward this completed form and related refresher documents to the appropriate OEC personnel, as listed below:

ATTACH A COPY OF THE SCHEDULE FOR THE REFRESHER YOU ARE REFERRING TO WITH THIS QA FORM. A COPY OF THE SCHEDULE MUST BE SUBMITTED TO THE NATIONAL OFFICE VIA THE EMAIL LISTED BELOW

- ___ Copy of QA form sent to patrol representative/IOR
- ___ Copy sent to ROA
- ___ Copy sent to division OEC supervisor
- ___ Copy sent to national office (Send to refresher@nsp.org.)
2013 Cycle C 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 for 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; and
- Meet local patrol and area training needs in emergency care.

Please take a moment and let us know how we can make your refresher better!
Email the Refresher Committee at refresher@nsp.org.

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