

Treatment and Examination Protocols
Candidate Version 1.2.2
OEC Practical Final

The purpose of this document is to explain to OEC candidates the protocols that will be used in the OEC practical final evaluation. The evaluation will consist of four scenarios (each candidate will lead all four) and a skill station. Each scenario will require either one assistant or three if it involves a backboard.

1. Make sure the scene is safe. Candidate must say “I am checking the scene; The scene is Safe”
Evaluator will state whether scene is safe or not. Candidate must say “I am protecting the scene by crossing my skis (snowboard) uphill.”
2. Take BSI precautions. As taught, this is the donning of gloves. .
3. Introduce yourself and ask permission to treat. With minors, ask where parents may be located and request that patrol base attempt to contact them and have them meet you in the first-aid room if they are not with the minor.
4. Determine ABCs, and, if no issues found, say “I have ABC”
 - a. Ascertain breathing and pulse
 - b. Secure the airway as necessary
 - c. Locate and stop any major bleedingCandidates must measure for and “verbally” apply an oral airway for unconscious patients with no gag reflex
5. Determine the chief complaint(s) and MOI.
6. Perform a Rapid Body Survey and Detailed Physical Exam (unresponsive patient) or a Focused Body Survey and Detailed Physical Exam (responsive trauma or medical patient) as required.
7. **If you can’t gain access to an injury site because of the clothing worn by the patient, say “I’m going to skin, what do I see?”** The evaluator will provide any necessary information regarding the injury.
8. In a trauma scenario Rapid Body Survey, you need not verbalize DCAP-BTLS, but your actions should be complete and deliberate.
9. In a medical scenario verbalize OPQRST to elicit appropriate information.
10. **Take a baseline set of vitals.**
11. Call for equipment and assistance:
 - “*Backboard*” also brings c-collars, head blocks, and three assistants;
 - “*Oxygen*” also brings regulator, masks, suction, BVM;
 - “*traction splint*” brings a Sager;
 - “*toboggan*” or “*sled pack*” brings two cardboards, quick splint, padding, duct tape, two blankets and one assistant (unless backboard was also called, in which case total is 3)
 - “*management*” call is required for illegal activity, skier collisions, lift-related incidents, all incidents involving any man-made objects or structures, and any incident involving an employee of the resort
 - “*emergency transportation*” call from hill only for threat to life or limb (includes compromised CMS). Candidate will make the call and the evaluator will respond with time line. Eg. “Helicopter will arrive in ten minutes” or “ambulance will meet you at the base of the hill.”
12. **Do not call for equipment not required by the scenario.** If you do you will be asked to justify your excessive call and docked points if you can’t justify. E.g., don’t call for O₂ just to be safe, but don’t hesitate to call for O₂ if the MOI or injury demands it.
13. Take a SAMPLE history.

14. **Do a Detailed Physical Exam with every scenario.** You can be doing this after calling for equipment, while waiting for your assistant(s) to arrive. You need not perform a complete Detailed Physical Exam before treatment, but one is required on all patients before the end of the scenario.
15. If time permits, take a second set of vitals before the scenarios ends.
16. **You should complete your initial assessment and call for equipment and assistance within 3-4 minutes after arriving on scene.**
17. Treat the injuries or medical condition as required, **remembering to assess CMS before and after any splinting or bandaging.**
18. **Even if you think you can do so, do not attempt to complete the scenario without assistance or extra equipment.** Calling for appropriate assistance and equipment is part of the evaluation. You will be partially graded on how effectively you utilize your assistants. Tell the evaluator how you would load the patient in a sled (head up or down, body position), and why
19. All scenarios should be completed within fifteen minutes after you arrive on scene, unless they involve a backboard. There will not be discussion with the evaluators after the scenario ends. You need to quickly pack up and return to the candidate dispatch area to give the evaluators time to prepare for the next round.
20. Vitals must be actually measured and the results relayed to the evaluator. Vitals need not be measured for any set period provided that the candidate can accurately estimate the actual pulse/respiration of the patient. Evaluator gives vitals in same terms as they are provided. Eg. "Pulse found 60" → "scenario pulse is 125". Or "pulse strong & normal rate" → "scenario pulse rapid & weak." **Warning to candidates: evaluators will know the patient's real pulse and respiration rates!!!**
21. Candidates should pay particular attention to the venue for each scenario, as it may indicate the availability of some additional equipment, the inappropriateness of some other equipment, and may require a call for management (red flag),
22. Backboards:
 - Assistants are expected to assign themselves A-B-C roles based on the equipment they arrive on scene with and perform appropriate tasks without specific direction. Candidate is expected to determine overall strategy, correct problems and keep things moving;
 - Examination will be done with strapped (Truckee Fire style) boards;
 - Head is held with two or three turns of tape. X on forehead; no chin taping;
 - C-collar may be applied after rolling to backboard though preferably it is done before;
 - It is OK to roll patient away from you on level ground provided actual control is good;
 - Patient must not be rolled onto an injury if avoidable;
 - It is OK to use a low board angle to meet patient provided spine stability is good;
 - Diaper or foot hitch must be used if effective hip strap is not possible;
 - Do not backboard "for mechanism only" if breathing is compromised;
 - **One person must check all straps and head taping;**
 - Candidate must be prepared to deal with a defective strap on board;
 - Candidate must consider the effect of a backboard on patients with respiratory problems or with oral bleeding and recognize the primacy of airway management over other considerations;
23. Mid-shaft femur fracture scenarios:

If you encounter a mid-shaft femur fracture the scenario is designed to test your abilities in the following areas:

 - Appropriate assessment of the fracture;
 - Appropriate call for equipment (backboard, oxygen, traction splint, sled pack, emergency transport);

- Proper application of the Sager. The exam protocol is for the candidate to move to the fractured leg treatment, not head immobilization. While this might not be the case in real life, the purpose of this type of scenario is to test your knowledge regarding the assessment and treatment of the femur fracture;
- Appropriate treatment for shock. Oxygen should be applied immediately upon arrival of your requested equipment;
- Appropriate backboarding of the patient. You should direct application of O2, a C-collar and backboard from your position at the injured leg. Full backboarding is required, including C-collar and head restraints. You must also appropriately secure the injured leg to the uninjured leg.

24. Oxygen:

- **O₂ must be immediately applied if requested in call;**
- O₂ comes assembled;
- Bottle normally rides on patient's legs for transportation;
- Patients will have their own oxygen masks;

25. **Airway Management:**

At some point during the practical final you will be required to demonstrate your knowledge of airway management. This evaluation will include:

- Assembling an oxygen tank and demonstration of proper application of a non-rebreather mask to a patient or mannequin;
- Correct measurement and application of an oropharyngeal and nasal airway to a mannequin;
- Demonstration of adequate ventilation (rate and depth) on a mannequin with a bag valve mask and a pocket mask;
- Proper procedure for suctioning using a handheld suction device, including proper insertion, volume restriction, suction technique, and cartridge insertion and removal.

26. **Medical Alert Necklaces or Bracelets**

Some patients may be wearing medical alert necklaces or bracelets. You are expected to discover these during your assessment and to take into account any medical conditions so identified. Identified conditions may or may not be relevant to the specific scenario.

27. **Boots and Helmets:**

If ski or snowboard boots are encountered in a scenario with a lower leg injury, they must be removed at some point in the scenario. You have two choices. You can remove the boot at the scene of the accident before placing the injured leg in a quick splint or cardboard splint. Most classes and resort practices suggest that boots not be removed on the hill, so there is a second choice. After quick splinting the injured leg with boot on, you can advise the evaluator(s) that you have taken the patient to the first-aid room and will remove the quick splint and the boot prior to placing the leg in a cardboard splint. You should then open the quick splint and remove the boot employing appropriate removal technique, including adequate support of the injured leg. Although you would normally then place the injured leg in a cardboard splint, this step is unnecessary for the practical final. Simply tell the evaluator(s) that you would then place the injured leg in an appropriately padded cardboard splint. As noted above, you can eliminate the two-step procedure by removing the boot "on the hill" and placing it in either a quick splint or a taped cardboard splint. Proper support of the injured leg during the splinting process is critical **These scenarios are designed to evaluate your boot-removal technique and how carefully you handle the injured leg when placing it in the splint. Don't forget to check CMS before and after splinting.**

28. Cardboard splints:

- If cardboard splints are used, they should be taped;
- Ice for swelling is indicated by a baggie of (candidate provided) cotton balls or similar equipment.

29. Personal equipment:
Make certain that you have sufficient cravats, rollers, 4x4 dressings, and 2” tape to handle the four scenarios. If you don’t, ask your lead instructor for assistance.
- 30. Timing:**
Scenarios (other than backboard scenarios) must be completed within 12 minutes or less. Cycle will be 15 minutes, leaving only 3 minutes for movement between stations and NO TIME FOR FEEDBACK. Backboard scenarios must be completed within 25 minutes.
31. Groups:
Scenarios will be evaluated in three groups:
Group A: 9:00 – 10:30
Group B: 10:30 – 12:00
Lunch: 12:00 – 12:30
Group C: 12:30 – 2:00
- 32. Showing up on time:**
Candidates must be on site as follows:
Group A: 8:00
Group B: 9:00
Group C: 10:30
Wrap and Cleanup: 2:00 – 2:30
- 33. Candidate Assistance**
Candidates in Group A will assist with the evaluation of candidates in Groups B and C. Candidates in group B will assist with the evaluation of candidates in Group C. **Consequently, be prepared to stay until the evaluations are completed (assume 2:30 p.m.).**
- 34. Do not converse with your fellow candidates during the evaluation.**
- 35. Do not converse with any candidate not from your “group” of twelve until after 2:30 p.m. This means you will have to zip it during your rounds of evaluation and during lunch. You may converse with patrollers during lunch, but do not discuss the evaluation.**
36. Retesting:
Candidates are entitled to one retest on each scenario, but will not be retested on the day of the practical final. Candidates requiring retest will be informed of their retesting options after their round of testing is completed.