2024 OEC REFRESHER CYCLE B STATION # 3

Station Times 1:10 minutes plus 5 minutes to rotate

STATION #3 – O2 (3A) & Other Skills (3B): (3 Substations for O2 (3A), 3 Substations for Helmet Removal & Vitals (3B))

Chris Fraser, Ed Riggs, Brent Watts

Substation 3A (30 mins):

Each patroller to demonstrate skills to include Fred Head - OPA/NPA Insertion, Opening Airway, Suction; O2 Tank Setup and break down:

Each technician will:

O2 Tank Setup

- Inspect tank (damage, volume?)
- Clear main supply valve
- Inspect and install regulator (inspect/replace O-ring)
- Install each delivery system and describe when to use each, including flow rate for:
 - 1) nasal canula, 2) non-rebreather, 3) bag valve mask
- Describe what to do with the used canaster

Away Management

- Describe and demonstrate manually opening a patient's airway:
 - 2) Cross-finger technique, 2) Head tilt-chin lift maneuver, 3) Jaw-thrust maneuver
- Size and install an oropharyngeal and a nasopharyngeal airway
- Demonstrate clearing an airway using suction
 - o Assemble and test the suction device
 - 1) Describe the difference in use for adults and children (suction, depth, time)

Substation 3B (30 mins):

This Skills station includes: Taking vitals - Pulse, Respirations, BP (include BP/Palpation); Pulse Ox; Helmet removal; Epi Pen use/assistance; Recovery Position

- Take and record Vitals (10 mins) Pulse rate, Respiration rate, Blood pressure.
 - Pulse pressures assessment via palpation of the atrial pressure point (carotid (estimate at least 60 mm), brachial, radial (<u>></u> 80 mm), femoral (<u>></u> 70 mm), posterior Tibial (ankle) and dorsalis pedis).

[To obtain "palpated" systolic blood pressure (without stethoscope) follow these steps: 1) Apply blood pressure cuff above elbow; 2) Find the patient's radial pulse; 3) Inflate the BP cuff until you can no longer feel the pulse; 4) Open thumbscrew slowly releasing air; 5) the pressure where you can again feel the redial pulse is the systolic (this is referred to as a "palpated blood pressure" and, as an example, is documented as "90/P")]

- Describe and demonstrate the use of a pulse-oximeter (reduce O2 flow rate at and above saturation of 94%) (5 mins).
- Describe and demonstrate Helmet removal (5 mins).

- Describe and demonstrate the use of Epi-pen (5 mins).
- Describe and demonstrate place a patient info the "recovery position" (5 mins).

Instructors needed:

- For IT-Refresher an instructor for 3A and one for 3B, plus one, Total three.
- For Instructs' Refresher two instructors for 3A and two for 3B, plus one. Total 5
- For Patroller Refreshers 3 to 4 for 3A and 3 to 4 for 3B, plus one. Total 7 to 9

Equipment:

Suction Units (6)

Fred Heads (6) with airway adjuncts (NPA, OPA)

O2 Tank Setups (6)

Nasal Cannulas/Non-Rebreather Masks (6)

Pulse Oximeter (6) - with extra batteries

BP Cuffs & Stethoscopes (6)

Epi Pens (6)

Helmets (6) – would like to have ski helmets, ski racing helmets and bike helmets (with full-face or faceguard)

Alcohol Wipes (lots)

Tarps (3)

Adverse Environment

(ex. cold & on the hill) Use signs & symptoms to determine Oxygen use.

Oxygen Management Flow Chart

Is patient in **RESPIRATORY DISTRESS?**

Is patient in SHOCK:

Significant blood loss? Cyanotic or ashen? Severe Trauma?



- Can speak complete sentences.
- Has normal respiratory rate, quality, etc.
- Has no other signs of shock.

Do NOT use oxygen

Continue to monitor patient for changes.



Place patient on high flow oxygen with a non-rebreather mask at 15 LPM

Ensure the reservoir bag remains half inflated.

*If at any time the patient displays clinical signs of shock or respiratory distress, regardless of the pulse oximetry reading, place the patient on oxygen.



Stable Environment

(ex. warm dry day or in aid room) Is pulse oximetry available? YES

Using a reliable pulse oximeter:

Is the oxygen saturation

equal or greater than *94%?



Continue to use signs & symptoms to determine Oxygen use.

Less than *94%

IF PATIENT IS SHOWING SIGNS OF RESPIRATORY DISTRESS OR SHOCK:

CONTINUE TO USE NON-REBREATHER AND HIGH FLOW OXYGEN

patient for changes.

Reassess patient's signs & symptoms and pulse oximetry

*94% +

Do NOT use oxygen

If in use, remove

oxygen mask.

Continue to

monitor

Less than *94%

If patient is not showing signs of respiratory distress or shock, but fails to maintain oxygen saturation of 94% or greater without supplemental oxygen:

- Continue to use non-rebreather at the lowest flow rate to maintain 50% inflation of the bag.
- Consider a nasal cannula at 2-6 LPM. Start high (6 LPM), check Ox.Sat. level after 1 minute, if ox.sat. is greater than 94% reduce flow (repeat)



