**2024 OEC Cycle B Stations & Instructor Teams**

**NOTE: We will begin with all patrollers in Station One and divide them into 4 groups and then rotate to the 4 sections**

* 3-4 Instructors per group.
* **Lead Instructor** is in charge.
* Rotate @ 20 minutes.
* **Total amount of time for all four sections: 80-minutes**

**Station One**

**Section 1: Patient Assessment**

**Instructors: Loretta and Garrett (leads) and Nancy**

**Assigned Station Objectives**:

* Explain and demonstrate the following five parts of a patient assessment:
1. Scene size-up
2. Primary patient assessment, include LOR
3. History taking including SAMPLE & OPQRST
4. Secondary patient assessment, pulse and respirations
5. Reassessment

* Demonstrate treating a PT for shock.

**Equipment:**

* **Posters**

**Station Set Up:** Incorporate into the station the management of shock and use of PPE. Group into triads: Rescuer, patient, observer (timekeeper). Every patroller **MUST** be the main rescuer. Use the scenarios provided or use your own.  An entire assessment including vital signs must be completed on each patient. 3 **Instructors should rotate among triads to observe and provide comments/feedback**.

**Rotate @ 20-minutes**

**Section 2: Vital Signs**

**Instructors: Sue (lead) and Doc**

**Assigned Station Objectives**:

* Describe and demonstrate procedure for obtaining the following vital signs:
* Pulse (heart rate) locating all 5 locations
* Respiratory Rate
* Blood pressure using stethoscope
* O2 levels using Pulse Oximeter
* Demonstrate treating a PT for shock.
* BSI & demonstrate how to remove contaminated gloves

**Equipment:**

* Pulse Oximeters
* BP cuffs
* Stethoscopes
* Shock Poster
* Posters

**Station Set Up:**

* **Instructor Team of 2:**

**A Section**:Vital signs: radial, carotid, femoral, pedal and

brachial. Use stethoscope for BP and Pulse Ox for O2 levels.

**NOTE: Break group into two groups, and 2 Instructors should rotate among groups to observe and provide comments/feedback**.

**Rotate @** **20-minutes**

**Section 3: Airway Management & O2**

**Instructors: Dave (lead), Jeb and Karl**

**Assigned Station Objectives:**

* Describe and demonstrate how to place an **oxygen tank** into service.
* Demonstrate Primary Assessment of an Unresponsive PT.
* Demonstrate use of a **nasal cannula & non-rebreather mask.**
* Demonstrate the sizing and placement of an **OPA** and an **NPA.   [SG 9-3] [SG 9-4]**
* Describe and demonstrate the proper way to clear an airway using **Suction**. **[SG 9-2].**
* Describe and demonstrate how to manually open airway and mouth using:
1. Cross-finger technique
2. Head tilt-chin maneuver
3. Jaw-thrust maneuver

**Equipment:**

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| * 2 mannequin heads Wipes, gel
* 4 O2 bottles Red trauma bags
* NPA's, OPA's Stethoscopes
* Nasal canula Pulse Oximeter

**Station Set Up:*** Instructor team of 3

**A Section**: O2 Tank & attach non-rebreather mask**B Section**: NPA/OPANasal canula & suction**C Section**: Assessment of Unresponsive PT using mannequin.**D Section:** D/D opening airway and mouth using 3 techniques. **NOTE:****Break into equal groups and move thru the 4 sections. Instructors take one section each.****Rotate @ 20-minutes****Section 4: Lifts, Moves & Carries, “Jams and Pretzels” & Helmet Removal****Instructors: Cliff (lead), Alan and Sean****Assigned Station Objectives**:* 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]: Extremity lift, direct ground lift.
* Demonstrate one or more moves used when you **Suspect** a spinal injury. [SG 5-6] [5-7] [5-12]: Draw sheet, plastic slider, or flat sider lift, (BEAN lift-pelvic fracture.
* Demonstrate one or more Urgent moves: Shoulder drag, feet drag, blanket drag, underarm/wrist drag
* Demonstrate one or more non-urgent moves. [SG 5-8] [5-9] [5-10] [5-11]: Human crutch, two-person assist, chair lift and fore and aft lift.
* Demonstrate the principle of “jams and pretzels”.  Position 3A to 1 (OEC 6e pg. 536)
* D/D how to remove a helmet from the supine position.

**Equipment:*** Blankets and tarps

**Station Set Up:*** Instructor team 3

**NOTE: This may work best to keep the whole group together and work through each objective as a group as long as everyone participates. OR Split into two groups and Chris can pair up with one of the I’s.** **Rotate @ 20-minutes****(Begin Regular Station Rotation AFTER All Group Exercises Above Are Completed)****Station Two: Abdominal Injuries** **Instructors: Nancy, Sean & Dave****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.

**Equipment:*** Moulage
* Back board
* O2
* Shock Poster

**Station Set Up:** Set up this Station with three mini-sections. 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. **Section A:** GI/GU & Reproductive Emergency: 1. Demonstrate how to assess the abdomen on a PT and how to assess the abdomen of a female PT.
2. D/D how to manage a PT with severe GI/GU Reproductive Emergency.
3. Explain and demonstrate the recovery position

 **Section B:** Evisceration 1. Demonstrate how to manage an abdominal evisceration.  **Section C:** Impalement1. Demonstrate how to manage an impaled object in the abdomen or pelvis.

**Total Time: 50 minutes****Station Three: Heat-Related Emergencies****Instructors: Loretta & Garrett****Assigned Station Objectives: Heat-Related: Section A for 25 minutes*** Moderated discussion of Case Review #1 found in Appendix D (page 33 in IG).
* Demonstrate the assessment and management of a PT suffering from each of the four types of heat-related illness:
1. Heat Syncope
2. Heat Cramps
3. Heat Exhaustion
4. Heat Stroke

**Equipment:** Simulations for drinking water, sports drinks, table salt, cold packs, misting, and fanning.**Station Set Up:**The instructor(s) will lead a discussion of Case Review #1 (page 33 in IG). Following the discussion, OEC technicians will work with a partner, one posing as PT, and one or more as rescuers to complete a full PT assessment and care for each patient listed above. Each scenario may be set up as a mini-station or the group may work through the scenarios simultaneously. 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. \**Total time: 50 minute****Station Four: Hip & Pelvic Trauma** **Instructors: Alan, Karl & Jeb****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.
* Demonstrate complete SMR as part of care of hip/pelvic trauma. **NO** log roll.

**Equipment:*** Pelvic binder/sling and large sheet
* Backboard, cervical collar, spider straps
* Blankets and tarps
* O2

**Station set up:** 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.**Pelvic:*** 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 scenario.
* 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.
* 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).

**Hip:** OEC Technicians work in groups of four or more to assess and care for a patient with a Hip Fracture. **Total time: 50 minutes****Station Five: Care of an Adaptive Athlete** **Instructors: Cliff, Doc & Sue****Assigned Station Objectives:*** Moderated discussion of Case Review #2 in IG (page 34).
* 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 (per NSP) or another injury.
* Demonstrate the steps for properly assisting with epinephrine auto-injectors.
* Treating for shock and the use of PPE should be included in all stations as appropriate.

**Equipment:*** Bandaging materials
* Epi pens
* Shock poster

**Station Set Up:** 50 minutes: Case review ~ 10-15 minutes followed by two scenarios. The instructors will lead a discussion of Case Review #2 (IG, page 34). The instructors 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. Following the discussion, OEC technicians can complete the following scenarios as two mini-stations or sequentially.**A Section** – Intellectually Disabled Patient with an Abdominal InjuryPatient #14 – Your patient is the 19-year-old from the Case Review above. You will perform a thorough assessment of this intellectually disabled young adult and then care for the patient with an abdominal injury.**B Section** – Physically Disabled Patient with an Allergic ReactionPatient #15 – PT walks into the First Aid Room with a companion escorting them. PT was attending an event when they started getting itchy and finding it hard to breathe. The patient fell 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. **Total time: 50 minutes** |