

DATE: February 14, 2002

TO: NSP Board of Directors

**INFORMATION COPIES TO:
Senior Auxiliary Task Force
NSP Education Department**

FROM: Charles Martschinke, ANC

SUBJECT: Senior Auxiliary Scenarios

The following is the written report of the oral reports given to the Board concerning the changes in the Senior Auxiliary qualification process.

First, I would again like to recognize and thank the individuals who developed this new approach and process. The task force consisted of the following contributing members:

Barbara Dixon	PNW
Ann Werner	PNW
Mary Underwood	Southern
Terry Petze	European
Ginny Illich	Central - Task Force Leader

The task force also received suggestions from Bill Crocker of Eastern Division that was included in the results.

New Senior Auxiliary requirement - Aid Room Management Scenario

Patroller Enrichment Seminar (PES) is no longer a requirement to become a Senior Auxiliary. Anyone currently working on becoming a Senior Auxiliary, and has completed PES prior to this date, can still count it as the required elective, in-lieu-of the new scenario requirement.

Attached are the scenarios that were written by the members of the task force. It was the intention to go outside of the OEC box and into a more broad based leadership training and evaluation. These scenarios can be used as-is or new ones can be developed locally, so long as the focus of the scenario is leadership, decision making, and problem solving and depicts a situation typical to the working environment of the auxiliary patroller.

Application of the scenarios can be one of three delivery methods:

- A dramatic setting, with actors as patients. Including appropriate supplies and furnishings.
- A review panel discussion of the scenario with the candidate.
- A detailed, written action plan by the candidate can be reviewed.

The chosen delivery method should best meet the needs for the candidates and local patrol.

The requirement for Senior Auxiliary is as detailed in the Policies and Procedures Chapter 17, Section 3.1.A.3

17.3.1.A.3 Auxiliary Senior candidate

Is required to successfully complete one Aid Room Management scenario, in addition to, Senior Emergency Management, and four electives from the senior elective list.

Continuing Education Requirement

As detailed in the Policy and Procedures, Chapter 17, section 3.4.B

17.3.4 Continuing Education

B. To maintain the senior auxiliary classification, senior auxiliary patrollers are required to meet the continuing education requirement once every three years by retaking the aid room module or serving as an evaluator, advocate, or trainer for this module at least once every three years

Scenario 1:

A 28 year old male (John) walks into the patrol aid room holding his right arm against his body. He is a deaf-mute. He is anxious because of his injury but also because he can't communicate successfully with anyone to tell them what has happened. What he is trying to tell you is that the skier who ran into him, causing his injury, is still outside on the snow at the bottom of the hill and is not moving.

Injury to John is a fractured humerus with bruising to rib area underneath the fracture site. John is right handed so this prevents him from simply writing down what happened.

Injury to skier outside includes him being unconscious with a head injury.

Objectives:

- *Assign a patroller to deal with that outside patient
- *Examine/treat John's injuries. Pulse: 85 BP 140/95 Resp: 24
As progress with treatment: Pulse 70 BP 120/79 Resp: 18
- *Make sure to do a complete assessment.
- *Contact someone from John's group to assist in translating for
You so you can complete incident reports. (this may mean via
Paging system or signboards so contact management)

- *Arrange transport for unconscious patient. (EMS)
- *Arrange transport for John. (probably with his group's transport)
- *Complete all paperwork

Scenario 2:

Patroller brings a child into the patrol room with a femur fracture. A traction splint has been applied on the hill (boot was removed prior to splint application). The patroller who responded at the scene needs to get back out and go to another accident. He leaves you with the patient and the following information:

Patient's name is Bailey. She is 10 years old.

Found femur fracture and treated on hill.

When you ask Bailey if she is here with anyone she tells you no, that her parents dropped her off for a day of skiing while they went out on the gambling boat. They said they would pick her up at closing tonight. She is an only child with no other relatives in the area. She complains of severe pain in her leg and is scared of what her parents will say when they get back.

Objectives:

- *Make Bailey comfortable, administer O2, do a complete assessment, check vitals.
- *Determine the area protocol for treating/transporting a minor patient without parental/guardian/chaperone consent.
- *Contact area management for protocol if not already addressed in policies and procedures for the area.
- *Contact EMS for transport
- *Monitor vitals

Scenario 3:

Your area attracts both skiers and snowboarders. A snowboarder and a skier are in the bar area and both have had a few drinks. They begin arguing about who is the better athlete and the boarder shoves the skier off his bar stool. The skier bumps his head against the flagstone floor but jumps up to give the boarder a shove and leaves the boarder with a bloody nose. You, the patroller, are walking past the bar area when you see this exchange and the bartender calls you in to provide assistance.

Objectives:

- Separate the two
- Secure witnesses
- Call security
- Call for assistance from another patroller
- Begin gathering information (names etc.)
- Begin treatment for bloody nose
- Get ice pack from bartender for skier's head
- Provide complete assessment
- Treat any other injuries found
- Arrange for patients to be moved to the aid room
- Address bio-hazard issues in the bar
- Complete all paperwork
- Release patients to security for further processing.

Scenario 4:

80-year-old female is brought into the aid room. She had been walking across the parking lot and was hit in the chest by a young man playing catch. She fell and hit the back of her head. She had no loss of consciousness and was alert and fully oriented although she complained of feeling “dizzy” on initial contact. She has a bump on the back of her head, which is noticeable and continues to slowly increase in size.

She has medications for hypertension, no allergies. She has a friend in the area, although she lives alone.

Initial blood pressure is 184/118 and does not change over the course of the problem. The initial pulse is 84 and does not change

The “bump” on the back of the head stops increasing in size once ice is applied.

Need to treat the injuries, recognize the blood pressure and the lack of change in either the blood pressure or the pulse.

Monitor vitals

Find the friend

Arrange for transport.

Scenario 5:

An elderly man in his late 60's walks into the aid room complaining of mid abdominal pain and, "just not feeling right." He appears concerned and anxious. On examination his pulse is erratic and weak. His blood pressure is 60/40 and does not change during the course of the problem. He is diaphoretic. He does have a spouse in the area although not immediately with him.

Monitor vitals

Notify EMS

Apply O2 with a non-rebreather mask

Find the spouse in the area.

Scenario 6:

You are in charge of First Aid Room on a very busy weekend afternoon (2:30 PM) when a patient, transported by toboggan, is transferred to your responsibility for care by the responding patroller on the hill. The responding patroller re-packs the toboggan, drops off the patient's rental skis in the First Aid Room, and quickly returns to the hill because of the increasing number of accidents/injuries that need his support/response.

The responding patroller tells you the following about the patient:

- His name is Tom
- He has had a collision with another un-injured skier who skied down and is now in the First Aid Room.
- Tom has a sprained knee (quick splint) and a bump/contusion on his forehead (no cuts or blood).
- Tom said at the accident scene that he had 2 young daughters that were skiing some where on the mountain that were supposed to meet him at the end of the day in the Rental Shop.

As you start to treat and question patient his level of consciousness (LOC) deteriorates and he is not able to communicate.

WHAT ACTIONS DO YOU TAKE (In order of priority)?

1. Treat serious head injury by administering high concentration of O₂ (15 liter/min) with a non-re-breathing mask. Keep head elevated.
2. Notify EMS of need for medical emergency transport.
3. Check vitals - record.
4. Expose/examine knee injury and place in cardboard splint. Apply cold pack if needed.
5. Question other skier about MOI, if he knows last name of patient, or names of daughters.
6. Radio responding patroller to determine initial vitals, LOC and if he knows last name of patient.
7. Fill out accident report utilizing other skiers and responding patrollers input. Make sure to process information on rental equipment and return paperwork with skis per area protocol.
8. Continue to recheck and record vitals and LOC.

WHAT ACTIONS DO YOU TAKE TO LOCATE DAUGHTERS?

1. Search patient's clothes (with witness present) for identification (i.e. ski rental contract, driver's license, etc.).
2. If successful in obtaining last name notify mgt. to utilize PA system and bulletin boards at lifts to instruct daughters to come to First Aid Room.
3. If not successful in finding daughters, have some one wait at Rental Shop to meet daughters when they return equipment. Also notify patrollers on hill of search.

Scenario 7:

You are in charge of the First Aid Room on a busy, very cold and windy weekend with a full contingent of patrollers on duty. You hear on the radio that a serious chair lift accident has occurred with many resulting accidents, some with very serious medical emergency injuries and some with minor injuries. You know that you don't have enough space/beds in the First Aid Room to handle all the patients.

HOW DO ACCOMADATE ALL THE PATIENTS?

1. You request additional enclosed space/facility from management. Mgt. provides the heated Ski School Building, which is on the slopes up hill (skiable) from the First Aid Room, but does not have easy access to EMS vehicles.

WHAT IMMEDIATE ACTIONS DO YOU TAKE TO HANDLE MEDICAL EMERGENCY PATIENTS AND PROVIDE RESOURCES TO TEMPORARY FIRST AID FACILITY?

1. Notify EMS of need for several medical emergency transports.
2. Instruct patrollers on hill to bring only serious medical emergency cases to Main First Aid Room because of easy access to EMS vehicles.
3. Appoint a senior/experienced patroller to be in charge of Temporary First Aid Facility (with radio contact).
4. Assign free patrollers to help move needed first aid equipment to Temporary First Aid Facility (i.e. O2/masks, rubber gloves, cardboard splints, backboards, accident forms etc.). Since there are no beds/cots in Temporary First Aid Facility, you may have to keep patients in toboggans, unless needed.
5. Depending upon response of number/timing of EMS vehicles, you may have to supplement vehicle transport of serious medical emergencies with mgt. vehicles. Ask mgt. to have available.
6. Try to minimize the number of patient transfers/transports needed to enter the EMS. (i.e. don't transport patient's from Temporary First Aid Facility to Main First Aid Facility and than to EMS vehicles. Try to time transport of patients from Temporary First Aid facility via toboggan or litter directly to EMS vehicles as they arrive.

Scenario 8:

Who: A nineteen-year-old snowboarder visiting on his own from out of Town during spring break.

What: A slightly injured spleen

When: Late afternoon

Where: Walks into the patrol room complaining of weakness and nausea (flu symptoms) No fever.

Why: About 10 AM he took a really hard fall with his side taking most of the Impact.

During the fall the young person caused damage to his spleen. He skied all day, taking time out for a quick lunch. He now feels weak and nauseous. The spleen has had a “slow leak” all day. His parents live 3 hours away.

Scenario 9:

Who: Three exchange students from a coastal town

What: 1 with hypothermia, 2 with frostbite

When: Early afternoon

Where: High altitude resort

Why: Beautiful sunny day in the mid 20's with a brisk breeze.

How: The students have had a good breakfast and have been skiing in the early morning hours. One has not worn a hat. They have checked into information at the lodge and were sent to the patrol room. One has a temp of 90 and is a bit disoriented. The other two have VERY cold hands and their feet are numb. They are a bit hard to communicate with. There is a language barrier and they came to the mountain on a Rotary Exchange bus.

Scenario 10:

Your ski area experiences a major power outage that affects $\frac{3}{4}$ of your area. This includes most of the lodge and all of your patrol room/aid room. There are 4 patients currently being treated in the aid room and customers on the hill in the dark. Emergency lighting is not working. You have some flashlights. It is near shift change so you have plenty of patrollers on hand and there is a full staff of area employees to help. You are serving as the crew chief/slope leader for the shift.

What do you do?

Considerations:

- Treatment of current patient load
- Chair Evacuation issues
- Delivery and treatment of incoming patient load
 - What injuries might you expect to arrive?
- Available equipment
- Security issues
- Where to get lighting
- Panic Control
- Communication issues
 - (other patrollers/management/security etc.)
- Record keeping

I would recommend that you give the candidate some time to think this through given the information above, up to the “what do you do?” part and then the scenario is demonstrated/evaluated as a discussion between the trainer or evaluator and the candidate. Remember not to impose your area protocols when evaluating whether what they said they would do is appropriate or not. They need to go through this as if they were at their own area.