OREGON REGION

SENIOR PROGRAM

2010-2011

Table of Contents

Oregon Region

Senior Program Administrators

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Important Dates

EMM

OEC Skills Check List completed	January 29th
Practice Scenarios due	January 29th
Create one original senior level scenario	January 29th
Lead four documented and scored scenarios	March 21st
Clinic at Gold Lake Snow Park	February 5th and 6th
Final Evaluation at Mt Hood	April 2

S&T
Attend one Clinic at any of the following locations:

2010–2011 OREGON AND MT. HOOD REGIONS S&T TRAINING FOR SENIOR

- **January 16** — Joint Mt Hood and Oregon Regions- at Mt Hood Meadows
- **January 23** — Joint Mt Hood and Oregon Regions at Bachelor
- **January 30** — Oregon Region at Hoodoo –Santiam Patrol
- **February 6** — Oregon Region at Willamette Pass
- **February 26** — Mt Hood –Ski Bowl
- **February 27** — Oregon Region at Warner Canyon
- **March 6** — Oregon Region at Mt Ashland
- **March 12** — Mt Hood Meadows
- **March 27** — Mt Hood Ski Bowl — (Optional date if needed.)
- **April 3** — Joint Mt Hood and Oregon Regions **S+T Finals at Mt Hood Meadows**

NATIONAL SKI PATROL
PACIFIC NORTHWEST DIVISION
OREGON REGIONS
SENIOR PROGRAM

References: NSP Policies and Procedures
          Skills Development Program
            17.4 Seniors page 151

          Ski Patroller's Manual, 14th ed.
           Chapters 18

Senior Core and Elective Components:
   A. The core and Elective Components for senior candidates are:
       1. Alpine (ski/snowboard) senior candidates.
              a. Senior Emergency Management
              b. Alpine toboggan handling
              c. Alpine skiing and snowboarding
              d. Three electives from senior elective list.

   B. Senior elective list
       1. Education Courses
              a. Instructor Development course
              b. Mountain Travel Rescue (MTR) Fundamentals or MTR 1 course
              c. Mountain Travel Rescue (MTR) 2
              d. AVY Fundamentals or AVY 1 course
              e. AVY 2
              f. Powderfall
              g. National Avalanche school didactic sessions
              h. National Avalanche school field sessions
              i. Skiing Enhancement Seminar (SES)
              j. Ski Trainer's Workshop
              k. Toboggan Enhancement Seminar (TES)
              l. Mountain and Avalanche awareness course
              m. OEC Enhancement Seminar (two modules equal one Senior elective)

Qualifications:
   A. NSP members may enroll in the senior program at any time after advancing beyond
      candidate status and after obtaining their NSP patrol representation's recommendation.
      There is no minimum age or experience requirement. Eligibility for senior program is
      based on NSP member classification.
   B. Senior candidates completing elective courses or participating in instructor trainer
      courses must provide proof of participation through a certificate of completion or a

current instructor authorization certificate. Proof of completion also appears on the membership card and the member's personal page on the NSP website.

C. A senior candidate need only complete the senior emergency management component one time. In other words, a candidate who completes the EMM core component but does not complete the skiing or toboggan handling need not repeat the EMM component in the next effort to achieve senior certification.

Program Goals:

A. Approved program goals for all senior program classifications are listed in *The Ski Patroller's Manual, 14th edition.*

B. Core Components

1. The senior emergency management component consists of field-relevant exercises to develop skills in the objectives of decision making, problem management, and leadership. Three options are available for the evaluation process and can be referenced in *The Ski Patroller's Manual, 14th edition,* CH 18.

2. The senior alpine (skiing/snowboarding) component consists of long-, medium- and short-radius turns, skiing/snowboarding unpacked snow or icy conditions, and equipment carry exercises that require edging, weight transfer, and upper and lower body movements. The objective is to help patrollers become better alpine skiers/snowboarders and toboggan handlers.

3. The senior alpine toboggan handling component covers mechanics and components of various rescue toboggans as well as the operation of loaded and unloaded toboggans from the front and tail in a variety of snow conditions an more difficult slopes.

Continuing Education

A. To maintain senior classification, patrollers must complete national or division authorized clinics once every three years. Patrollers will be given performance feedback during these clinics. Participation in these clinics fulfills the requirement; participants do not need to meet a performance standard.

B. To maintain 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.

C. Once either the skiing/snowboarding or toboggan-handling component is completed, senior candidates are required to meet the requirements of senior continuing education as detailed above in A.

NSP Education Program
SENIOR CANDIDATE APPLICATION

Date of Senior Candidate Application _____

PATROLLER INFORMATION

Name	NSP ID #
Address	Daytime Phone Evening/Weekend Phone
Patrol	Years of Patrolling Experience

Senior Candidate (Signature) _____ Date _____

☐ Senior Alpine   ☐ Senior Nordic   ☐ Senior Auxiliary

DIVISION APPLICATION INFORMATION

This certifies that the above-named candidate has demonstrated all the basic ski patroller or auxiliary skills and has sufficient knowledge, skills, and experience to participate in the national Senior Program. Patrol Director (Signature)_____ Date_____

NSP Education Program
ACTIVITY RECORD
SENIOR CORE AND ELECTIVE COMPONENTS

Senior Candidate	
NSP ID #	
Patrol	
Division	
Senior Program Application Date	

☐ Senior Alpine   ☐ Senior Nordic   ☐ Senior Auxiliary

VERIFICATION OF COMPLETION

Senior Component	Instructor	Completion Date
Senior Emergency Management		
Senior Alpine Skiing		
Senior Alpine Toboggan Handling		
Senior Nordic Skiing and Toboggan Handling		
Aid room module (Sr. Aux.)		
Elective 1		
Elective 2		
Elective 3		

FINAL CERTIFICATION

I certify that the above candidate has completed all senior program requirements.

Patrol Representative (Signature) _____

NATIONAL SKI PATROL
PACIFIC NORTHWEST DIVISION
OREGON REGION
SENIOR EMM REQUIREMENTS
2007—2008

References: Ski Patroller's Manual, 14th ed.
Chapters 17 & 18 and Appendix G (Scenarios)

Practice Clinic: Saturday and Sunday, January 26-27, 2008
Hosted by Mt. Hood Ski Patrol at Summit
Final Evaluation: Saturday, March 8, 2008, Hosted by Oregon Region
At Gold Lake Sno Park

Pre-requisites— Each Senior Candidate must complete PRIOR to attending the Final EMM Senior Evaluation:
1. Attendance at the Region Senior Program meeting. http://www.nsp-orregion.org/senior
2. Submit written answers to **TWO** practice scenarios selected from Appendix G.
3. Create **ONE**, original senior level training scenario.
4. An OEC Skills Check
5. Successfully complete, as Lead Responder, a minimum of **FOUR** practice scenarios, documented with scorecards

Pre-requisites #1, #2 and #3 must be completed by January 26, 2008. The scenarios must be mailed to the Oregon Region OEC Administrator by January26, 2008. Pre-requisite #4 must be completed by February 25, 2007.

Attendance at the Final Evaluation is dependent upon the successful completion of ALL the pre-requisites.

Format for the day of the EMM Final Evaluation:
1. Candidates will be grouped in threes. Each group will have an Advocate.
2. Time will be allotted to review sled packs and equipment.
3. Each candidate will lead a practice multi-patient, multi-injury scenario, and assist on two other scenarios. The practice scenarios will be evaluated with feedback to the candidates. The scores for the practice scenarios will not count toward the Final Evaluation.
4. The Final Evaluation will follow the above format using different multi-patient, multi-injury scenarios. No feedback will be given during the Evaluation rounds. These scores will count in the Final Evaluation.

National Ski Patrol - Senior Emergency Management (OEC) Program

Completion Log for OEC Basic Skills Performance Check-off

Senior Candidate_____

The following OEC and CPR skills have been demonstrated to an OEC instructor and have been performed correctly, confidently, and in accordance with the appropriate skill performance guidelines. Note: An OEC instructor is required to observe the candidate's performance and testify to the satisfactory completion.

Skill Performance Required	OEC Instructor Name and Signature	Date Completed
Patient Assessment and Vital Signs		
Oxygen Administration, Airway Adjunct Use and Suctioning		
Bleeding Control and Bandaging		
Fracture Management Skills: 1. Management near a joint 2. Alignment of angulated fractures 3. Open fracture management 4. Long bone management 5. Traction splinting		
Spinal Immobilization		
Lifting Techniques		
Medical Emergencies		
CPR - Professional Rescuer (On Snow)		

This patroller has adequately demonstrated to me the skills of decision-making, problem management and leadership in at least four environmentally suitable OEC senior practical scenarios.

Practical OEC Senior Scenario	OEC Instructor Name and Signature	Date Completed
Scenario 1, ID:		
Scenario 2, ID:		
Scenario 3, ID:		
Scenario 4, ID:		

SENIOR EMERGENCY MANAGEMENT MODULE EVALUATION OBJECTIVES

Objective	Components	Criteria for Acceptable Performance
Decision Making	Problem Assessment	* Approaches incident appropriately * Evaluates situation * Determines all essential issues and safety needs
	Patient Assessment	* Conducts urgent survey, rapid body survey * During patient interview, considers the trauma and likely medical outcome
	Appropriate Prioritization	* Addresses a single patient and determines if a priority case * Assigns priority status to multiple patients and conducts triage
	Overall Safety	* Takes all appropriate actions to identify, protect, mark and move patients
Problem Management	Resource Management	* Requests, uses and directs available people and equipment resources appropriately * Keeps people involved without allowing independent actions * Ensures other patrollers use equipment appropriately
	Plan of Action	* Manages the problem * Avoids repeating actions * Directs logical follow through given the patient condition * Allots appropriate amount of time for actions/activities
	Anticipation	* Plans for what may happen next * Avoids common problems and duplication of services * Avoids unnecessary movement of patient
	OEC Skills	* Directs or applies appropriate skills according to patient need and in accordance with OEC skill performance guidelines
	Transportation	* Uses planned, supportive and appropriate means to arrange transportation for priority cases and for others * Secures adequate number of helpers
Leadership	Communication	* Informs patient of what is happening, maintains communication throughout * Gives appropriate instructions to helpers, maintains communication throughout * Directs bystanders without introducing confusion
	Attitude	* Demonstrates positive, reassuring and outgoing manner
	Ability to Direct	* Demonstrates assertiveness * Demonstrates ability to use resources and provide clear direction to helpers * Makes independent decisions
	Confidence	* Demonstrates he or she knows what to do and how to do it
	Team Interaction	* Builds and uses controlled team approach * Avoids trying to do everything alone

SENIOR EMERGENCY MANAGEMENT MODULE SYMBOL DEFINITIONS

Above Senior Level (+)
- Demonstrates outstanding decision-making, problem management and leadership abilities.
- Consistently demonstrates exceptional problem assessment, resource management, and communication and team interaction.
- Does an exceptional job of identifying and coordinating all actions necessary to manage helpers, bystanders, patients, and the scene.

At Senior Level (=)
- Demonstrates above average decision making, problem management and leadership abilities.
- Demonstrates above average problem assessment, resource management, and communication and team interaction.
- Identifies and coordinates all actions necessary to manage helpers, bystanders, patients, and the scene.

Below Senior Level (-)
- Inconsistent in meeting the minimal decision making, problem management and leadership abilities.
- Makes critical or frequent errors in problem assessment, resource management, OEC skill performance, and communication and team interaction.
- Performs at a level below that expected of a senior patroller in identifying and coordinating actions necessary to manage helpers, bystanders, patients, and the scene.

EVALUATION NOTES:
- Each evaluator and advocate independently completes an evaluation sheet upon completion of the scenario.
- Evaluators and advocate must reach consensus on the senior candidate's performance.
- Evaluators should defer non-critical performance issues to the advocate.
- Advocates are allowed to overrule decisions concerning the candidate's minor errors if they believe the evaluators misunderstood the error.
  After the warm-up scenarios, Evaluators and Advocates must not comment on performance until all evaluation scenarios are completed. They can, however, offer encouragement and help senior candidates prepare for the next station.

EFFECTIVE FEEDBACK

The most effective way to improve skills is to provide the senior candidate with feedback, noting the things the candidate does well and the things the candidate needs to improve. During the training and evaluation process, feedback should be given for two reasons:

To motive:
* Increase a candidate's confidence
* Encourage a candidate to continue
* Increase effective performance

To correct:
* Provide positive advice for improvement
* Increase feelings of competence

Guidelines For Communicating With Candidates

➢ Provide effective feedback
* Be helpful – it's your primary purpose
* Be descriptive, not judgmental
* Be specific, not general
* Give when the receiver is ready to listen
* Avoid saying too much at one time
* Focus on realistic outcomes

➢ Communicate motivational feedback
* Provide examples
* Discuss positive feedback
* Cite the candidate's positive attributes in an upbeat manner
* Talk about the impact of the candidate's actions in a positive manner

➢ Create a supportive communication environment
* Be descriptive
* Express empathy
* React spontaneously

➢ Avoid unproductive feedback styles
* Don't be overly tentative; it causes misunderstanding and invalidates your input
* Don't' be overly harsh; it causes hostility and demoralizes people
* Don't discuss negatives as if they were positives; it creates mixed signals & reduces potential for growth
* Don't fall into the "but" syndrome; it reduces the value of positive feedback and is nitpicky

➢ Avoid a defensive communication climate
* Don't be judgmental
* React to the person, not the problem
* Don't be manipulative
* Don't use your status or position to appear superior

➢ Feedback should not be given to:
* Punish
* Embarrass
* Criticize
* Self-aggrandize

SCENARIOS

The scenarios in the *OEC TestBank* have been designed for the outdoor environment and also should provide practice in leadership and management skills, giving the trainees an opportunity to do some problem solving. It is a way to promote three levels of learning: cognitive (information), affective (comprehension), and psychomotor (application), not just rote repetition of isolated skills.

Scenarios can be used as practice learning activities (guided and independent practice), when bringing closure to a subject, and as summary components for a lesson, multiple lessons, mid-term, and final evaluations. Scenarios are especially important for continuing education and refreshers. Scenarios should be designed to evaluate the skills of two or three OEC trainees working together after an initial assessment by one individual.

Degree of Difficulty

Based on the scenario content and scenario scoring matrix, each scenario has been designated a degree of difficulty for specific purposes. Scenarios between the degree of difficulty 2 and 4 have objectives stated as assessment, rote skills (skill drills), and problem management. Objectives for scenarios of degree of difficulty 5 or greater incorporate decision making, problem management, and leadership. All scenarios identify skill guides to use as evaluation tools.

- Teaching basic OEC course   Any degree of difficulty (as appropriate)
- OEC course/challenge evaluation   Degree of difficulty 3 and 4
- Continuing Education/Refresher   Any degree of difficulty (as appropriate)

Scenario Page Layout

1. The front of the page is designed in two sections. The top half is general information about the scenario. The degree of difficulty has been determined using the matrix and is noted in the box at the top. The rest of the top portion gives the evaluators information to tell the trainee and a brief summary of patient information for their reference. The bottom half contains the information on the Vital Signs and Scenario Objectives for the evaluators' reference as they observe the trainee's performance.

    It is intended that the scenario sheet be placed on the evaluator's clipboard with the scorecard covering the top half of the sheet. This will cover the background information, but still leave it readily accessible for reference by the evaluator. The Vital Signs and Scenario Objectives can then be seen easily for reference.

2. The back of the page (or second sheet) is designed to provide the information needed by the evaluation coordinator and patient to stage the problem. Each evaluator should be thoroughly familiar with this information. The Specific Comments for Evaluator's section was placed on the back because it was felt that these were issues that should be discussed by the evaluators with decisions made and recorded on the front side well before the scenario moved outdoors.

3. The "boxed" vital signs provides vitals that might exist in a patient in this given situation. Although the vital signs have been reviewed by physicians, differences in scenario interpretation have not always brought a unified response to what the vitals should be. Input from the instructors is always welcome concerning format preferences and interpretation of vitals signs.

    An "as found by trainee" designation means that the trainee should actually determine the pulse and respirations of the patient. Where there is a "p + n; r + n to as found by trainee" designation, the trainee should determine the actual pulse and respirations, and then be informed that the signs are higher by the "n" amount than was actually found. Any designations with an "=" refers to vitals which would be representative of the expected vitals for the injury/illness and should replace those found by the trainee. The "Inappropriate Care" box was designed as a reference to make evaluating problem trainees a bit easier.

OUTDOOR EMERGENCY CARE
Scenario # (Difficulty 5 and above)

Degree of Difficulty =

INJURY	ENVIRONMENT	PERSONNEL

GENERAL SCENARIO DESCRIPTION

INFORMATION GIVEN TO TRAINEE

PATIENT SUMMARY

VITAL SIGNS

Time in minutes	Pulse and respirations

SCENARIO OBJECTIVES
Decision Making

Problem Management

Leadership

Scenario Scoring Matrix
(Based on the fourth edition of Outdoor Emergency Care)

Directions: Assign points in three categories (injury/illness, environment, and personnel) where appropriate to determine the degree of difficulty for the scenario.

Injury or Illness

0 points
- medical condition (no influence on situation)   - medications (no influence)   - minor soft tissue closed   - burn (superficial)   - superficial frostbite

1 point
- minor soft tissue injury with bleeding   - moderate bleeding   - minor sprain/strain/contusion   - medical condition (minor influence)   - contusion of head without loss of responsiveness   - moderate to severe frostbite   - burn (partial- or full-thickness)—small or to non-critical areas   - mild altered mental state

2 points
- eye injury   - minor fracture, e.g., finger, clavicle   - closed extremity fracture or dislocation   - severe sprain/strain that limits mobility   - major bleeding, e.g., arterial/large vein   - extremity amputation (except finger or toe)   - partial- or full-thickness burns (extensive or to critical areas)   - medical condition (major influence, e.g., hypoglycemia, seizures, pregnancy, hypothermia)   - head injury with loss of consciousness or altered responsiveness less than 1 minute   - behavioral crisis

3 points
- shock (hypotensive)   - open or severely angulated extremity fractures   - femur fracture (traction splint)   - neck, back, pelvis fractures (backboard immobilization)   - fracture or dislocation with circulatory, respiratory, motor, or sensory deficit

4 points
- unresponsive patient   - any life-threatening situation, e.g., stroke, heart attack, severe respiratory distress, acute abdomen, etc.

Environment

0 points
site does not add difficulty

1 point
difficult extrication or rescue

- disentanglement
- extreme slope or off trail
- rescuer/bystanders in danger

2 points
- combination of any of the above

Personnel

0 points
- single patient
- trained help

1 point
- more than one patient
- untrained assistants
- obnoxious or hysterical patient/bystander
- disoriented patient
- language/communication barrier

2 points
- physical danger to self/others

NATIONAL SKI PATROL
SENIOR EMM PERFORMANCE EVALUATION

Leader	Evaluator
Helper #1	Time/Start
Helper #2	Time/Finish
Station #	Total/Time
Scenario	Date

PERFORMANCE OBJECTIVE	+ Above Senior Level = At Senior Level - Below Senior Level	Explanation of Terms (see reverse side)

Decision Making + = -
 	
• Problem assessment
• Patient assessment
• Appropriate prioritizing
• Ensures overall safety
	Problem Management + = -
	
	• Resource management
	  - people
	• Resource management
	  - equipment
	• Plan of action
	  (follow through)
	• Anticipation
	• OEC skill performance
	  guidelines
	• Transportation
		Leadership + = -
		
		• Communication with
		  patient, helpers,
		  bystanders
		• Attitude
		• Ability to direct
		• Confidence
		• Team interaction

OVERALL RATING FOR SENIOR OEC   + = -

(Document all observations below.)

Leader

Significant Contributions / Critical Errors

Helper #1 + = -	Helper #2 + = -

17

EMM Evaluation Explanation of Terms
This is an explanation of how the terms on the OEC evaluation form relate to expected performance.

OBJECTIVE	COMPONENTS	EVALUATION CRITERIA FOR ACCEPTABLE PERFORMANCE
DECISION MAKING	Problem assessment	Approach appropriately, evaluate situation; determine all essential issues and safety needs.
	Patient assessment	Conduct urgent survey, non-urgent survey; during interview, consider trauma and medical outcomes.
	Appropriate prioritizing	Determine single patient, hurry case or not; assignment of multiple patients, triage.
	Overall safety	Take all actions to identify, protect, mark, move.
PROBLEM MANAGEMENT	Resources - people	Request, use, and direct resources appropriately; keep busy without allowing independent actions.
	Resources - equipment	Request, use appropriately; ensure patrollers apply correctly.
	Plan of action	Manage problem flow, lack of repeated actions; direct follow-through that is logical for patient condition; allot time for activities.
	Anticipation	Plan for what will follow; avoid common problems, duplication, unnecessary moving.
	OEC skills	Direct or apply according to patient need and in accordance with OEC skill performance objectives.
	Transportation	Arrange transportation using planned, supportive, appropriate means; position in toboggan; hurry case or not, adequate number of helpers.
LEADERSHIP	Communication with patient, helpers, bystanders	Inform patient of what is happening; give instructions to helpers; direct bystanders without confusion.
	Attitude	Be positive, reassuring, outgoing.
	Ability to direct	Be assertive, not helper-directed; use resources; provide clear direction and instructions to helpers.
	Confidence	Be confident; know what to do and how to do it.
	Team interaction	Build and use a team approach; control; do not try to do everything alone.

Outdoor Emergency Care
Scenario #6a

Degree of Difficulty=6

Injury	Environment	Personnel
Hypoglycemia (2) Severe abdominal pain (3)	More difficult, fairly crowded slope (0)	Multiple patients (1) Trained patrollers (0)

GENERAL SCENARIO DESCRIPTION:
Two skiers collided on a fairly crowded slope when a faster skier (patient #1) overtook a slower one (patient #2). Both fell and one falls heavily on a ski pole handle.

INFORMATION GIVEN TO CANDIDATE:
Dispatch received a call to respond to injured skiers on a more difficult slope.
Equipment and available personnel to be sent upon request of the patroller on the scene.

PATIENT SUMMARY:
Patient #1: Is an unstable diabetic who initially shows no signs of hypoglycemia, but deteriorates quickly if not given some sugar.

Patient #2: Has abdominal tenderness which gets progressively worse. Within 7-10 minutes, vital signs deteriorate and signs of shock come on rapidly.

Vital Signs

Time in Minutes	Pt #1 Pulse/Respirations		Pt #2 Pulse/Respirations
	Approp Care	Sugar not given	
Initial	As found	As found	P = 112, R = 118
5 mins		As found	P = 120, R = 20
10 mins		P + 16	P = 140, R = 28
15 mins		P + 24	P = 144, R = 30
		To as found	

SCENARIO OBJECTIVES

Decision Making:
Verify scene safety; **Patient Assessment** - correctly identify patients' conditions; call EMS; notify management for risk management concerns; prioritize giving sugar to prevent hypoglycemia initially over abdomen, then recognize load and go for abdomen

Problem Management:
Appropriate use of patrollers and equipment; appropriate treatment and transport plan, OEC skills according to skill performance guidelines – **Medical Emergencies; Lifting techniques;** use of universal precautions

Leadership:
Directs others appropriately and with confidence, continued communications with patient and team members; ensure correct OEC skills of helpers where appropriate

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS

LOCATION / TERRAIN: Fairly crowded, more difficult slope

MOULAGE: Medic alert tag for diabetes and candy bar for patient #1

WEATHER: Same as the day of the scenario.

SPECIFIC INSTRUCTIONS FOR PATIENT
Position:
Patient #1 Sitting on the snow with both skis off
Patient #2 Lying on your side, curled up as much as possible, hugging abdominal area

Answers to AMPLE:	Patient #1	Patient #2
Allergies:	None	None
Medications:	Insulin has been taken on schedule	None
Past History:	Admits hasn't been a very careful diabetic, has problems because she/he doesn't monitor sugar level carefully enough	None
Last Meal:	Several hours ago	Report actual meal
Events Leading:	Was skiing faster than Patient #2 and bumped into her/him, causing both to fall	Fell onto ski pole handle and hit abdomen

Behaviors:
Patient #1: You say that nothing hurts. If diabetes is not discovered and sugar given within 5 minutes, begin to show signs of irritation, dizziness. When diabetes is discovered, say that you've taken your insulin and you ate several hours ago and are due to eat again soon. If offered sugar/honey/glucose, say you have a candy bar you'd rather eat but take the sugar if patroller insists.

Patient #2: You have pain right where you hit the ski pole and it hurts more when the patroller presses on it. At first you are pretty calm but as time goes on, you start feeling worse and become more anxious. You did not hurt your back or neck when you fell. You are most comfortable curled up like you are and would rather not lay on your back, but can tolerate as long as your knees are bent. Having to lay with straight legs is painful. Within 7-10 minutes, begin showing signs of shock.

SPECIFIC COMMENTS FOR EVALUATORS
Local protocols would determine if the candidate would be expected to have sugar/instant glucose in their personal pack, or how it would be brought to the scene. Patient #2 should be carefully coached to take a turn for the worse at 7-10 minutes. Inform responder that the patient is beginning to appear pale.

Local protocols would determine if oxygen would be brought to the scene.

ADVOCATE

Verb — To speak or write in favor of, defend, support
Noun — A person who argues for or favors publicly; a person who pleads another's case.

ADVOCATE DUTIES:

1) Cheerleader
Cheer =   To shout encouragement and approval
            To urge, encouragae or greet
            To make or become happy or cheerful

> - Keep your candidates upbeat and cheerful
> - Monitor fatigue and burnout — both physical and mental
> - Encourage snacks and drinks for rehydration and carbo replacement

2) Den Leader
Den =   A private room in which to relax or study

> - Answer questions honestly but positively
> - Keep your group together
> - Check all gear before and between scenario

3) Mentor
Mentor =   A wise devoted advisor

> - Provide brief feedback between scenarios
> - Encourage Teamwork (Do NOT give pass-fail information to the candidates)
> - Remind candidates to wear cloves and clean up the accident scene
> - SAMPLE — quick reminders

4) Judge
Judge =   To hear and decide the merits
            To form an opinion
            A person appointed to make decidions
            A person having expert knowledge

> - Act as an impartial judge
> - Let the other evaluators do most of the evaluating
> - Make your comments in the mentor role
> - Provide continuity
> - Problems with conflicts, concerns of inappropriate patient response, judge conflicts, etc., should be brought to the attention of Regional Administration in a timely and appropriate manner.

5) Be sure your candidates are at the correct station for each rotation.
Be with your candidates when Region Administration gives results to your candidate. This will be done one candidate at a time immediately following the evaluation. Your rapport with the candidate is important in helping them understand why they didn't pass (if that should happen).All score cards will be available for you and your candidates to review. Offer support, sympathy and congratulations as necessary. Notify Region Administration if a candidate is angry, negative or confused.

DESIRABLE ATTRIBUTES OF AN ADVOCATE

- ❖ Experience as an OEC instructor/ senior evaluator
- ❖ Strong interpersonal skills
- ❖ Positive attitude
- ❖ Ability to be objective with being critical
- ❖ Tactful
- ❖ Friendly
- ❖ Thoroughly versed in the OEC skill performance objectives
- ❖ Insightful
- ❖ Diplomatic
- ❖ Enthusiastic
- ❖ Positive Role Modle
- ❖ Keen observation skills

17.1 Skills Development Program

The Skills Development Program encompasses Introduction to Ski Patrolling, the Senior Program, and the Certified Program—those programs that affect the registration categories of NSP members.

17.2 Introduction to Ski Patrolling

17.2.1 An optional NSP course available to ski areas and/or NSP registration units.

17.2.2 The training curriculum provides instruction in the fundamental skills needed to perform entry-level patrolling duties. Modules include the following:

A. Risk Management

B. Adapting to the Outdoor Environment

C. Toboggan Handling

D. Scene Management

E. Rope and Belay Skills

F. The National Ski Patrol, Ski Area Management, and the Role of the Volunteer Patroller

G. Guest Service

17.2.3 This program should be supplemented by area-specific training in policy, procedure, practice, and equipment.

17.3 Mountain and Avalanche Awareness

This course is designed for use by the novice mountain enthusiast as an elective and for general public information. Patrollers and non-patrollers alike learn the basics of mountain awareness and the principle contributing factors to avalanches. While this course is an approved Senior elective, it is not a prerequisite for either MTR 2 or Level II Avalanche.

A. Prerequisite: None

B. Time Commitment: 6-8 hours

C. Instructor of Record: Instructors from NSP existing disciplines (OEC, Avalanche, Mountain Travel and Rescue) or other local experts

D. Credential: NSP Certificate of Achievement

E. Continuing Education: None

F. Course Fees: national—none; local—varies

G. Recommended texts: Mountain Travel and Rescue (#509), Outdoor Emergency Care (#544), Snow Sense (#513)

H. Instructor Materials: Same as above plus other manuals and materials currently available in the NSP Winter Catalog

17.4 Senior Program

17.4.1 Senior Core and Elective Components

A. The core and elective components for senior candidates are:

1. Alpine (ski/snowboard) senior candidates

   a. Senior emergency management

   b. Alpine toboggan handling

   c. Alpine skiing or snowboarding

   d. Three electives from senior elective list

2. Nordic senior candidates

   a. Senior emergency management

   b. Toboggan construction and handling

   c. Nordic skiing and endurance

   d. Mountain Travel and Rescue 2 course

   e. Two additional electives from senior elective list

3. Auxiliary senior candidates
    a. Senior emergency management
    b. Aid room management module
    c. Four additional electives from senior elective list

B. Senior elective list
  1. Education Courses
    a. Instructor Development course
    b. Mountain Travel and Rescue Fundamentals course or Mountain Travel and Rescue 1 course
    c. Mountain Travel and Rescue 2 course (required for senior Nordic candidates)
    d. Avalanche Fundamentals and Rescue or Level I Avalanche course
    e. Level II Avalanche course
    f. Powderfall
    g. National Avalanche School didactic sessions
    h. National Avalanche School field sessions
    i. Skiing Enhancement Seminar
    j. Ski Trainer's Workshop
    k. Toboggan Enhancement Seminar
    l. Mountain and Avalanche Awareness course
    m. OEC Enhancement Seminar (two modules equal one Senior elective)

  2. Leadership Courses
    a. Patroller Enrichment Seminar
    b. NSP leadership module, course, or equivalent course approved by the board of directors
    c. NSP instructor status (any discipline)
    d. NSP instructor trainer appointment (any discipline)
    e. Professional Ski Instructors of America (PSIA) Certified Level II
    f. PSIA Certified Level III
    g. BLS CPR instructor or instructor trainer certification (American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, or Medic First Aid)
    h. AED Instructor Course (AHA, ARC, NSC, ASHI, or Medic First Aid)

  3. Division optional electives:
    One elective may come from a list of approved division electives. The division director or a committee appointed by the division director shall have the option of reviewing educational programs available within the division and determining if they should be accepted for senior elective credit. Each elective must meet the following guidelines: It must be an educational course that enhances the student's ability to perform ski patrol duties; it must be at least eight hours in length; and it must be taught by a certified instructor. The applicable national education program director must accept content by submitting the appropriate form for the NSP education committee approval for each elective before holding the class.

17.4.2 Qualifications
A. NSP members may enroll in the senior program at any time after advancing beyond candidate status and after obtaining their NSP patrol representative's recommendation. There is no minimum age or experience requirement. Eligibility for the senior program is based on NSP member classification.
  1. Senior auxiliary patrollers may achieve senior alpine patroller status by successfully completing the alpine ski and toboggan components of the senior program. To achieve senior Nordic patroller status, the Nordic ski and toboggan components of the senior program and Mountain Travel and Rescue 2 must be completed.
  2. Alpine and Nordic patrollers are not eligible to achieve the senior patroller member level by way of the senior auxiliary program.
  3. Senior patrollers who wish to re-register as auxiliary patrollers will forfeit their senior alpine or Nordic patroller classification. To become a senior auxiliary, these individuals must

complete the senior auxiliary core requirements and all elective requirements as listed in 17.4.1.A.

B. Senior candidates completing elective courses or participating in instructor or instructor trainer courses must provide proof of participation through a certificate of completion or a current instructor authorization certificate. Proof of completion also appears on the membership card and the member's personal page on the NSP website.

C. A senior candidate need only complete the senior emergency management component one time. In other words, a candidate who completes the emergency management core component but does not complete the skiing or toboggan handling need not repeat the emergency management component in the next effort to achieve senior certification. Furthermore, a senior auxiliary patroller who has changed status to a patroller need not complete the senior emergency management component when attempting to earn senior patroller certification.

17.4.3 Program Goals

A. Approved program goals for all senior program classifications are listed in The Ski Patroller's Manual, 14th edition.

B. Core Components

1. The senior emergency management component consists of field-relevant exercises to develop skills in the objectives of decision making, problem management, and leadership. Three options are available for the evaluation process and can be referenced in The Ski Patroller's Manual, 14th edition, chapter 18.

2. The senior alpine (skiing/ snowboarding) component consists of long-, medium- and short-radius turns, skiing/snowboarding unpacked snow or icy conditions, and equipment carry exercises that require edging, weight transfer, and upper and lower body movements. The objective is to help patrollers become better alpine skiers/snowboarders and toboggan handlers.

3. The senior alpine toboggan handling component covers the mechanics and components of various rescue toboggans as well as the operation of loaded and unloaded toboggans from the front and the tail in a variety of conditions on more difficult and most difficult slopes. Toboggan handling criteria will vary with the multiplicity of equipment used across the country and the differences between alpine and Nordic techniques.

4. The aid room management module is a core component for senior auxiliary. As of this printing, this module was under further development.

5. The senior Nordic component consists of on-snow exercises to develop leadership abilities while increasing and enhancing skiing proficiency, Nordic toboggan handling, and related Nordic skills.

C. Electives

1. A division, by resolution of its board of directors, may specify one elective from the list in 17.4.1 B that all alpine patroller senior candidates in the division must complete. If a division chooses to require an elective, senior candidates will complete that elective and two other electives from the list.

2. Divisions, regions, sections, or NSP registration units may not add to, modify, or delete any of these options. If divisions, regions, sections, or NSP registration units require all patrollers to complete one (or more) of the electives listed in 17.4.1 B as a requirement for continued membership, a senior candidate who has completed that option may credit that course toward completion of one senior elective.

17.4.4 Continuing Education

A. To maintain senior classification, patrollers must complete national or division authorized clinics once every three years. Patrollers will be given performance feedback during these clinics. Participation in these clinics fulfills the requirement; participants do not need to meet a performance standard.

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.

C. Once either the skiing (to include alpine, Nordic, and snowboard) or toboggan-handling component is completed, senior candidates are required to meet the requirements of senior continuing education as detailed in 17.4.4 A.

17.5 Alpine Certified Program

17.5.1 National Standard

A. Certified is a national education and skill verification program that provides a readily identifiable resource of highly motivated, skilled, and knowledgeable patrollers to better serve the NSP, ski area management, and the outdoor recreation community.

B. The certified program as presented in the NSP Policies and Procedures Manual and The Ski Patroller's Manual, 14th edition, specifies the accepted national certified standards of this program. Additional education content may be added to the manual as needed to support the initial objective.

C. Each patroller who successfully completes the certified program will be assigned a unique certified number. This number will be printed on the member's registration card.

17.5.2 Application Requirements

A. An applicant must be an NSP member who has advanced beyond the candidate level.

B. A recommendation signature is required from a supervisor (NSP patrol representative, area manager, etc.).

C. An applicant must meet all division requirements (e.g., dates, fees).

D. It is recommended that senior status be achieved before entering the certified program.

17.5.3 Program Requirements

A. In order to achieve certified status, an applicant must complete each of the following modules within three consecutive ski seasons, starting with the application season.

1. Area Operations and Risk Management
2. Avalanche Management
3. Emergency Management
4. Rope Rescue and Lift Evacuation Management
5. Skiing (free heel, fixed heel, snowboard)
6. Toboggan Handling (free heel, fixed heel, snowboard)

B. The evaluation system for the certified program will be consistent with other NSP programs.

17.5.4 Recertification

A. To maintain member level, certified patrollers are required to successfully demonstrate ski and toboggan-handling skills in division-authorized events once every three years.

B. If a certified patroller is not able to meet the performance standards at a recertification event, he or she will be given a grace period of one ski season to bring the skills up to standard.

17.5.5 Reciprocity

A. Division certified advisors, with concurrence of their division director, may approve, as appropriate, partial or full reciprocity for individuals in their division.

B. Divisions granting reciprocity must continually review this policy to ensure that NSP certified objectives are being met.

VITAL SIGNS DETERMINATION

Objective: To demonstrate the ability to determine a set of baseline vital signs.			
SKILL	**YES**	*NO*	**NOTATIONS**
• Initiates BSI precautions.			(CPI)
LEVEL OF RESPONSIVENESS (LOR)			
• Assesses the patient's LOR using the AVPU scale.			
• Determines the patient's pupil diameter and reaction to light.			
PULSE			
• Palpates the radial pulse and determines the rate.			(CPI)
• Describes the rhythm and strength.			
• Palpates the carotid pulse and determines the rate.			(CPI)
• Palpates the dorsalis pedis pulse, as necessary, and determines the rate.			
RESPIRATIONS			
• Assesses the rise and fall of the chest wall for 30 seconds to determine the respiratory rate.			(CPI)
• Assesses respirations with respect to rhythm, effort, depth, and noise.			
BLOOD PRESSURE BY AUSCULTATION OR PALPATION			
• Applies the blood pressure cuff to the arm above the elbow, centering it over the brachial artery.			
• Inflates the cuff while auscultating the brachial pulse or palpating the radial pulse.			
• Continues to inflate the cuff to 20 mm Hg above the point at which the pulse is no longer heard or felt.			
• Slowly releases the pressure, noting when pulse is first heard or felt (systolic) and again when sound is absent (diastolic by auscultation only). Reports the values.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

USE OF OXYGEN AND AIRWAY ADJUNCTS—OROPHARYNGEAL AND NASOPHARYNGEAL AIRWAYS

Objective: To demonstrate the correct use of oropharyngeal and nasopharyngeal airways.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Selects proper size oropharyngeal airway by measuring from the corner of the mouth to the angle of the jaw. OR • Selects proper size nasopharyngeal airway by measuring from the tip of the nose to the earlobe. Coats the airway with a water-soluble lubricant.			
• If using an oral airway, opens the mouth using an appropriate technique.			
• Inserts the airway using an appropriate technique.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

USE OF OXYGEN AND AIRWAY ADJUNCTS—SUCTIONING OF THE ORAL CAVITY

Objective: To demonstrate the correct use of suctioning equipment.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assembles, turns on, and tests device.			
• Opens the mouth using the crossed-finger technique.			
• Inserts rigid tip catheter without suction applied (measures length from corner of mouth to angle of jaw and inserts catheter no farther than distance measured).			
• Applies suction for no longer than 15 seconds while the rigid catheter is twisted or rotated during withdrawal.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

USE OF OXYGEN AND AIRWAY ADJUNCTS—ADMINISTRATION OF OXYGEN

Objective: To demonstrate the correct use of oxygen equipment.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assembles oxygen cylinder and regulator, and checks for leaks.			(CPI)

• Chooses a delivery device by patient need.
 	
   • Selects nonrebreathing oxygen mask, connects to regulator, prefills the regulator, and initially adjusts oxygen flow to 12 to15 L/min.
 	
   • Selects nasal cannula, connects to regulator, and adjusts oxygen to 6 L/min maximum.
			(CPI)

• Applies the appropriate oxygen delivery device to the patient and verifies that the patient receives oxygen. If using a nonrebreathing mask, readjusts the flow rate to keep the bag half-full on inhalation.			(CPI)
• When finished providing oxygen, closes the oxygen tank.			
• Bleeds regulator device to "0."			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

USE OF OXYGEN AND AIRWAY ADJUNCTS—
USE OF POCKET MASK FOR ARTIFICIAL VENTILATION

Objective: To demonstrate the correct use of oxygen equipment for artificial ventilation.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assembles mask components as necessary, using device specific one-way valve.			
• Sizes and inserts correctly sized oropharyngeal or nasopharyngeal airway using appropriate technique.			
• Connects oxygen to pocket mask.			
• Adjusts oxygen supply to 15 L/min.			
• Maintains open airway and mask seal.			
• Demonstrates adequate ventilation (rate and depth) on a manikin.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

USE OF OXYGEN AND AIRWAY ADJUNCTS—
USE OF BAG-VALVE-MASK FOR ARTIFICIAL VENTILATION

Objective: To demonstrate the correct use of oxygen equipment for artificial ventilation.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assembles bag-valve-mask components, including reservoir.			
• Sizes and inserts a correctly sized oropharyngeal or nasopharyngeal airway using appropriate technique.			
• Connects oxygen supply to bag-valve-mask.			
• Adjusts oxygen supply to 15 L/min.			
• Maintains open airway and mask seal.			
• Demonstrates adequate ventilation (rate and depth) on a manikin.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

PATIENT ASSESSMENT—UNRESPONSIVE PATIENT

> Objective: To demonstrate the ability to determine the baseline condition of an unresponsive patient and to make an appropriate transport decision.

SKILL	YES	NO	NOTATIONS
SCENE SIZE-UP			
• Initiates BSI precautions.			(CPI)
• Determines that the scene is safe.			
• Determines the nature of illness (NOI) and/or the mechanism of injury (MOI).			(CPI)
• Notes the number of patients and the responsiveness of each.			
• Evaluates the need to disentangle or extricate the patient(s). Considers c-spine immobilization.			
• Notes the need for personnel or equipment.			
INITIAL ASSESSMENT—UNRESPONSIVE PATIENT			
• Confirms general impression of the patient and/or level of responsiveness (LOR).			
• Assesses airway, breathing, and circulation (ABCs).			(CPI)
• Assists breathing or performs CPR, as necessary.			
• Checks for severe bleeding: intervention = control bleeding.			(CPI)
• Calls for transport, equipment, assistance, and/or EMS as needed.			
RAPID HISTORY AND PHYSICAL EXAM			
• Performs the rapid body survey.			(CPI)
• Provides interventions and maintains spinal immobilization as needed.			(CPI)
• Obtains baseline vital signs.			(CPI)
• Obtains SAMPLE history from witnesses.			
• Transports patient off the hill.			(CPI)
• Performs a detailed physical exam as necessary.			
• Performs ongoing assessment.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of these skills?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

PATIENT ASSESSMENT—RESPONSIVE TRAUMA PATIENT

Objective: To demonstrate the ability to determine the baseline condition and specific injury or injuries in a responsive trauma patient.

SKILL	YES	NO	NOTATIONS
SCENE SIZE-UP			
• Initiates BSI precautions.			(CPI)
• Determines that the scene is safe.			
• Determines the nature of illness (NOI) and/or the mechanism of injury (MOI).			(CPI)
• Notes the number of patients and the responsiveness of each.			
• Evaluates the need to disentangle or extricate the patient(s). Considers c-spine immobilization.			
• Notes the need for personnel or equipment.			
INITIAL ASSESSMENT—RESPONSIVE PATIENT			
• Offers to assist/obtains the patient's consent.			
• Confirms general impression of the patient and/or level of responsiveness (LOR).			
• Assesses airway, breathing, and circulation (ABCs).			(CPI)
• Assists breathing or performs CPR, as necessary.			
• Checks for severe bleeding: intervention = control bleeding.			(CPI)
• If the patient has abnormal ABCs or presents a poor general impression, the rescuer performs the rapid body survey, obtains baseline vital signs, obtains the SAMPLE history, and provides rapid transport.			
• Obtains the chief complaint.			
• Calls for transport, equipment, assistance, and/or EMS as needed.			(CPI)
FOCUSED HISTORY AND PHYSICAL EXAM—TRAUMA PATIENT			
• Conducts a trauma-focused physical exam of the area of chief complaint; confirms chief complaint.			
• Obtains SAMPLE history.			

OEC Administrative Information

35

• Exposes and inspects only what is necessary to determine the appropriate emergency care.			
• Stabilizes and maintains the patient's body temperature.			
• Determines the appropriate baseline vital signs.			
• Provides care for the chief complaint: interventions.			
• Transports patient off the hill.			
• Performs a detailed physical exam as necessary.			
• Performs ongoing assessment.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of these skills?			

COMMENTS

PATIENT ASSESSMENT—RESPONSIVE MEDICAL PATIENT

Objective: To demonstrate the ability to determine the baseline condition and specific complaint of a responsive patient with a medical problem.

SKILL	YES	NO	NOTATIONS
SCENE SIZE-UP			
• Initiates BSI precautions.			(CPI)
• Determines that the scene is safe.			(CPI)
• Determines the nature of illness (NOI) and/or the mechanism of injury (MOI).			
• Notes the number of patients and the responsiveness of each.			
• Evaluates the need to disentangle or extricate the patient(s). Considers c-spine immobilization.			
• Notes the need for personnel or equipment.			
INITIAL ASSESSMENT—RESPONSIVE PATIENT			
• Offers to assist/obtains the patient's consent.			
• Confirms general impression of the patient and/or level of responsiveness (LOR).			
• Assesses airway, breathing, and circulation (ABCs).			(CPI)
• Assists breathing, or performs CPR as necessary.			(CPI)
• Checks for severe bleeding: intervention = control bleeding.			(CPI)
• If the patient has abnormal ABCs or presents a poor general impression, the rescuer performs the rapid body survey, obtains baseline vital signs, obtains the SAMPLE history, and provides rapid transport.			
• Obtains the chief complaint.			(CPI)
• Calls for transport, equipment, assistance, and/or EMS as needed.			
FOCUSED HISTORY AND PHYSICAL EXAM—MEDICAL PATIENT			
• Obtains the SAMPLE history using OPQRST.			(CPI)
• Conducts a medical-focused physical exam of the area of chief complaint; confirms chief complaint.			(CPI)

• Stabilizes and maintains the patient's body temperature.			
• Determines the appropriate baseline vital signs.			
• Provides care for the chief complaint: interventions = as needed.			(CPI)
• Transports the patient off the hill.			
• Performs a detailed physical exam as necessary.			
• Performs ongoing assessment.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of these skills?			

COMMENTS

PATIENT ASSESSMENT—RAPID BODY SURVEY

Objective: To demonstrate the ability to perform a rapid body survey on a patient.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Maintains c-spine immobilization, as necessary.			(CPI)
• Does not expose the patient unnecessarily.			
• Performs the head-to-toe, hands-on, clothes-on exam using the DCAP-BTLS mnemonic to assess the patient.			
• Examines the head (skull, facial bones, pupils, ears, nose, mouth).			
• Examines and palpates the neck (cervical spine, anterior neck, medical-alert tags).			
• Examines and palpates the chest (noting any abnormalities and deformities).			
• Examines and palpates the abdomen (all quadrants) and pelvis.			
• Examines and palpates each lower extremity (noting any abnormalities, and evaluating circulation, motion, and sensation [CMS]).			
• Examines and palpates each upper extremity (noting any abnormalities, evaluating CMS, and looking for medical-alert tags).			
• Examines and palpates the back and buttocks.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of these skills?			

COMMENTS

PATIENT ASSESSMENT—DETAILED PHYSICAL EXAM AND ONGOING ASSESSMENT

Objective: To demonstrate the ability to perform a detailed physical exam and ongoing assessment.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
DETAILED PHYSICAL EXAM—PATIENT IS IN A WARM SHELTER			
• Performs a head-to-toe systematic exam.			
• Examines the head (skull, facial bones, pupils, ears, nose, mouth).			
• Examines and palpates the neck (cervical spine, anterior neck, medical-alert tags).			
• Examines and palpates the chest (noting any abnormalities and deformities).			
• Examines and palpates the abdomen (all quadrants) and pelvis.			
• Examines and palpates each lower extremity (noting any abnormalities, and evaluating circulation, motion, and sensation [CMS]).			
• Examines and palpates each upper extremity (noting any abnormalities, evaluating CMS, and looking for medical-alert tags).			
• Examines and palpates the back and buttocks.			
• Updates and records the LOR and vital signs, including the pulse, respirations, and blood pressure.			
• Cares for all problems found.			
• Reevaluates transport decision.			
ONGOING ASSESSMENT			
• Repeats the initial assessment.			
• Updates and records the patient's vital signs.			
• Repeats the focused assessment.			
• Reevaluates interventions and adjusts as needed.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of these skills?			

COMMENTS

Skill Guide

(CPI) = Critical Performance Indicator

BLEEDING CONTROL/SHOCK MANAGEMENT

Objective: To demonstrate the ability to control severe bleeding and manage shock.

SKILL	YES	NO	NOTATIONS
BLEEDING CONTROL			
• Initiates BSI precautions.			(CPI)
• Recognizes the severity of the bleeding and gives it proper priority.			
• Exposes the wound site.			
• Applies direct pressure using a dressing.			(CPI)
• Elevates the wound site above the level of the heart.			
• Maintains direct pressure and elevation; applies additional dressing if needed.			
• Applies direct pressure to the appropriate arterial pressure point if bleeding has not been controlled.			
• Bandages the wound and immobilizes as necessary.			(CPI)
SHOCK MANAGEMENT			
• Determines if patient is showing signs and symptoms of shock.			
• Applies high-concentration oxygen.			
• Initiates steps to prevent heat loss from the patient.			
• Properly positions the patient.			
• Provides for rapid transport.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

GENERAL MANAGEMENT OF FRACTURES

Objective: To demonstrate the care and splinting of fractures. This will include angulated or displaced fractures, long bone fractures, and fractures at or near a joint.

Note: Any device chosen must be applied correctly and in accordance with its manufacturer's instructions. If the device chosen for the upper extremity is "soft" (eg, sling and swathe), all of the objectives must be met.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assess the limb, surrounding joints, and mechanism of injury (MOI) to determine the presence and location of fractures and/or dislocations.			
• Assesses circulation, motion, and sensation (CMS) of the limb.			(CPI)
• Manually stabilizes the fracture site and the limb. (Note: *Continuous manual stabilization must be maintained until a splint is applied and secured.*)			
• If there is no distal circulation, realigns the limb by straightening each joint individually, and applies axial traction at the nearest distal joint or end of the limb until unusual resistance is met or circulation returns.			(CPI)
• Monitors the patient for indications of unusual resistance or excessive pain during alignment.			
• Aligns the limb to near-anatomically correct position.			
• Positions, applies, and secures splint without excessive movement of the limb, ensuring that all voids are filled.			
• Ensures that the fracture site, the joints above and below the injury, and the limb are immobilized.			(CPI)
• Reassess the CMS of the limb.			(CPI)

	YES	NO	
Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

OEC Administrative Information

MANAGEMENT OF AN OPEN FRACTURE

Objective: To demonstrate the control of bleeding associated with an open fracture and immobilization of the limb.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assesses the limb, joint, and mechanism of injury (MOI) to determine the presence and location of a fracture and/or dislocation.			
• Assesses the circulation, motion, and sensation (CMS) of the limb.			
• Controls any bleeding that is present.			(CPI)
• Exposes the fracture site.			
• Uses direct and indirect pressure, as appropriate.			
• Uses the pressure point, if necessary.			
• Dresses and bandages the wound.			(CPI)
• Prepares the immobilization device for use, taking into account any abnormal anatomic positioning of the limb.			
• Manually stabilizes the fracture site and the limb. (Note: Continuous manual stabilization must be maintained until a mechanical device is applied and completely secured.)			
• If there is no distal circulation, realigns the limb until unusual resistance is met or circulation returns.			(CPI)
• Aligns the limb to near-anatomically correct position.			
• Positions, applies, and secures the device without any excessive movement of the limb, ensuring that all voids are filled.			(CPI)
• Makes sure that the fracture site, the joints above and below the injury, and the limb are immobilized.			
• Reassesses the CMS of the limb.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

TRACTION SPLINTING

Objective: To immobilize a fracture of the femur using a traction-splinting device.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assesses the limb using DCAP-BTLS and notes the mechanism of injury to determine the presence and location of a fracture.			
• Manually stabilizes the fracture site and limb. *(Note: Continuous manual stabilization must be maintained until a splint is applied and secured.)*			
• Assesses the circulation, motion, and sensation (CMS) of the limb.			(CPI)
• Realigns the limb if needed. *(Note: Manual traction should be applied at the knee until the limb is straightened and the ankle hitch is applied.)*			(CPI)
• Applies an ankle hitch.			
• Prepares the immobilization device and materials to be used.			
• Positions the splint properly under the limb and against the ischial tuberosity or pelvic bone (depending on the splint type) without excessive movement or elevation of the limb.			(CPI)
• Applies the splint, including any necessary cradles, supports, etc.			
• Applies mechanical traction at the ankle.			
• Secures the limb properly in the splint.			
• Reassesses the CMS function of the limb.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

SKI BOOT REMOVAL

Objective: To demonstrate the removal of a typical ski boot without compromising an injured leg.

Note: The decision to remove a ski boot from an injured leg is based on local protocols.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Stabilizes and manually immobilizes the lower leg and the ski boot.			(CPI)
• While maintaining manual immobilization, spreads boot shell as wide as possible, pulling tongue out or opening rear entry boot. Loosens all devices and provides instructions to assisting OEC technician.			
• With the boot shell held open and the leg immobilized, applies tension to the boot. Firmly and smoothly pulls and rotates boot off the foot.			
• Monitors patient for indications of excessive pain or resistance. Stops or modifies procedure as appropriate.			
• Assesses distal circulation, motion, and sensation (CMS), swelling, displacement, bruising, etc., in injured extremity.			(CPI)
• Prepares to splint the lower extremity.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

SPINAL IMMOBILIZATION

Objective: To demonstrate spinal immobilization techniques using a long or short spinal immobilization device.

Note: The use of a web strap system is the method of choice. Any device chosen must be applied correctly and in accordance with the manufacturer's instructions.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Uses manual stabilization techniques to firmly stabilize the head and neck. *(Note: Continuous manual stabilization must be maintained until the head is mechanically immobilized and secured.)*			(CPI)
• Assesses mechanism of injury and neurologic functions to determine nature and extent of injury. This assessment must include circulation, motion, and sensation (CMS) in the patient's extremities.			
• Applies a rigid collar (or equivalent) without excessive movement of the head/neck.			
• Transfers the patient as a unit onto spinal immobilization device without excessive movement, maintaining spinal integrity, and properly positions patient on spinal immobilization device.			
• Fills any voids present under the neck or along the spine as necessary.			
• Adequately secures the torso and pelvis to the spinal immobilization device. (Note: *The torso and extremities must be mechanically secured before the head and neck.*)			(CPI)
• Secures the patient's extremities to the immobilization device.			
• Secures the patient's head to the spinal immobilization device.			(CPI)
• Reassesses the CMS in the patient's extremities.			

	YES	NO	
Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

OEC Administrative Information

47

APPLICATION OF A STANDING BACKBOARD

Objective: To demonstrate the application of a backboard on a standing patient who may have a spinal injury.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• The first rescuer stands behind the patient and manually stabilizes the patient's head and neck in an anatomically neutral position.			(CPI)
• A second rescuer applies a rigid cervical collar.			
• The second rescuer then inserts the backboard from the side, under the first rescuer's arm and behind the patient.			
• Two rescuers stand facing the patient, one on either side. Each inserts one hand under the patient's armpit and grasps the handhold on the board near or slightly above the armpit.			
• Two rescuers grasp a handhold near the top of the board with their free hands.			
• A fourth rescuer stabilizes the foot of the board.			
• Lowers the board to the ground while manual stabilization of the head and neck is continually maintained.			(CPI)
• Centers the patient by axial sliding, and straps him or her to the board using standard techniques.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

HELMET REMOVAL

Objective: To demonstrate the correct removal of a helmet from a trauma patient who may have a head or neck injury or obstructed airway.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• The patient's head and neck is manually stabilized by placing a hand on each side of the helmet, fingers holding the patient's mandible. A second rescuer unbuckles the chin strap.			
• The second rescuer manually stabilizes the patient's head and neck at the occiput and chin.			(CPI)
• The first rescuer spreads the sides of the helmet and begins to ease it off the patient's head.			(CPI)
• The second rescuer slides his or her hand up the neck to the back of the head and prevents flexion of the neck.			
• The first rescuer resumes manual stabilization of the cervical spine.			
• The patient is immobilized as appropriate.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

EXTRICATION FROM DIFFICULT POSITIONS (JAMS AND PRETZELS)

> Objective: To safely move an injured patient, especially one with a suspected neck or back injury, into a supine anatomically neutral position on the ground or onto a backboard.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Performs scene size-up and initial patient assessment.			
• Calls for help (additional equipment, personnel, and EMS transport).			
• Provides necessary interventions (maintains airway, performs CPR, controls bleeding, etc.).			(CPI)
• Stabilizes the cervical spine.			(CPI)
• When additional personnel arrive, manually stabilizes the three reference points (head, shoulders, and hips).			
• Checks circulation, motion, and sensation (CMS) of all limbs.			
• Uses axial, smooth motions in small increments, and aligns one extremity at a time.			
• Aligns all body parts into position 1 (progressing from higher to lower numbered position) as early as possible unless pain or resistance occurs.			(CPI)
• Positions patient on a backboard, maintaining spinal integrity at all times.			
• Stabilizes the patient on a backboard and reassesses CMS.			(CPI)
• Reassesses patient status and interventions, and continues with care, evacuation, and transport.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

LIFTING TECHNIQUES—LONG-AXIS DRAG

Objective: To demonstrate techniques to move a patient over snow or other smooth terrain.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)

• Maintains manual stabilization of the patient's head and neck throughout the maneuver.
 	
  • Headward drag: supports or cradles the upper torso.
 	
  • Footward drag: supports or cradles the ankles and lower torso.
			(CPI)

• Moves in a crouched position, pulling the patient slowly and smoothly about 12" at a time.			
• Repositions self and repeats the drag until reaching the desired location			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

LIFTING TECHNIQUES—LOG ROLL

Objective: To demonstrate manual lifting techniques to move patients onto other devices.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Manually stabilizes the head and neck in an anatomically neutral position.			(CPI)
• Positions sufficient rescuers on the same side of the patient with rescuers' hands placed on the opposite side of the patient's body. Moves the patient as a unit, taking body mass into consideration.			
• Rolls the patient toward the rescuers on command from the leader (at the head) onto the uninjured side if possible, keeping the body in line. (The patient's arm may be alongside the body or elevated based on local protocol.)			(CPI)
• Places the spinal immobilization device beside the patient and underneath as far as possible without excessive movement.			
• Rolls the patient onto the device on command from the leader, keeping the body in line.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

LIFTING TECHNIQUES—MULTIPLE-PERSON DIRECT FROM THE GROUND

Objective: To demonstrate manual lifting techniques to move patients onto other devices.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Manually stabilizes the head and neck in an anatomically neutral position.			

• Determines the number of lifters available:
  • 5 people—3 to lift, 1 at head, 1 to move the device.
  • 6 people—4 to lift, 1 at head, 1 to move the device.			

• Prepares and positions all of the equipment needed.			
• Explains the commands, procedures, and hand positions for the lift.			
• Executes the lift and slides the device into place, lifting the patient as a unit.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide

(CPI) = Critical Performance Indicator

LIFTING TECHNIQUES—LIFT INTO A TOBOGGAN

Objective: To demonstrate loading and securing a patient into a toboggan.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Assesses			
• position of the patient in the toboggan.			
• nature and extent of the injury.			
• patient responsiveness.			
• patient mobility (ability to assist).			
• number of people able to assist.			
• terrain (steep or flat).			
• conditions (icy/hard; poor footing; soft, deep powder).			
• type of toboggan (with or without basket stretcher), height of edges, and number of handles).			
• Positions the toboggan and all of the other equipment.			
• Ensures all lifters are in appropriate position.			
• Performs the lift smoothly without compromising the injury.			(CPI)
• Ensures that the patient clears the side of the sled.			(CPI)
• Positions any equipment (skis, snowboard, oxygen tank) properly and secures the patient with straps.			

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

Skill Guide
(CPI) = Critical Performance Indicator

LIFTING TECHNIQUES—BRIDGING

Objective: To demonstrate manual lifting techniques to move patients onto other devices.

SKILL	YES	NO	NOTATIONS
• Initiates BSI precautions.			(CPI)
• Manually stabilizes the head and neck in an anatomically neutral position.			
• Determines the number of lifters available: • 5 people—3 to lift, 1 at head, 1 to move the device. • 6 people—4 to lift, 1 at head, 1 to move the device.			
• Prepares and positions all of the equipment needed.			
• Positions the lifters and has them form a bridge over the patient, head-to-shoulder or shoulder-to-shoulder. *(Note: All lifters must use the same configuration whether it be head-to-shoulder or shoulder-to-shoulder.)*			
• Explains the commands, procedures, and hand positions for the lift.			
• Positions hands underneath the patient to lift at points of body mass (shoulders, hips).			
• Executes the lift and slides the device into place, lifting the patient as a unit.			(CPI)

Did the trainee or OEC technician adequately demonstrate the performance criteria of this skill?			

COMMENTS

NATIONAL SKI PATROL
PACIFIC NORTHWEST DIVISION
OREGON REGION
SENIOR SKI AND TOBOGGAN REQUIREMENTS
2007—2008

References: National Ski Patrol
Ski Patroller's Manual, 14th edition,
Chapter 18 Senior Program pages 127-137

National Ski Patrol
Outdoor Emergency Transportation Manual, 1st edition,

S&T Clinics: Saturday, January 12, 2008 at Hoodoo
Saturday, January 19, 2008 at Warner Canyon
Saturday, February 2, 2008 at Mt Bachelor
Saturday, February 9, 2008 at Mt Ashland

Final Evaluation: Sunday, March 9, 2008. Hosted by Oregon Region at Willamette Pass

Pre-requisites – Each Senior Candidate must complete PRIOR to attending the Final S&T Senior Evaluation:
1. Attendance at the Region Senior Program meeting. http://www.nsp-orregion.org/senior
2. Participate in at least one Region S&T Clinic that is coordinated by the Oregon Region Advisor in the same season as the Final Evaluation. The season schedule can be found on the Oregon Region website at http://www.nsp-orregion.org/

S&T Region Clinics: Typically and as funds allow there will be a S&T Clinic held at each of the five Ski Areas in the Oregon Region each season. These clinics are open to any Alpine/Snowboard/Tele Ski Patroller. Senior Candidates that have submitted a senior application and are currently in the Senior program must participate in at least one of the five clinics in the season in which they are expecting to take their final evaluation. This is required so that the Senior Candidate has an opportunity to participate and practice what skills will be necessary to demonstrate at the Final Evaluation.

S&T Final Evaluation:

Skiing Final Evaluation:
Each candidate will demonstrate SENIOR level competency as outlined on p 129-133 of the Ski Patroller's Manual.

Toboggan Final Evaluation:
Each candidate will demonstrate SENIOR level competency as outlined on p 133-137 of the Ski Patroller's Manual.

1. Candidates will be grouped into teams of two. Each group may have an Advocate (coach) depending on available resources.
2. Time will be allotted to check toboggan equipment.
3. Cascade 100, 350 and / or Clipper Toboggans. Toboggan positions evaluated will include unloaded, loaded front and loaded rear with both two handle and four handle types of Toboggans. **Candidate must show proficiency with unloaded toboggan before being allowed to progress to loaded toboggan positions.**
4. Evaluators, Advocates and toboggan riders will be assigned by the Region Advisor on day of Evaluation.
5. Standardized Region Evaluation forms will be used by all evaluators.
6. If a skill was not demonstrated properly to the evaluators another demonstration of that skill may be requested by the Region Advisor on behalf of the evaluators. If an evaluator fails a candidate on any portion of the evaluation, that evaluator must comment in writing on the candidates evaluation form a reason for the failing mark. This may be discussed at the post evaluation meeting with candidates and evaluators.

SENIOR SKIING PERFORMANCE EVALUATION

Candidate Name				NSP Member Number		
Clinic Location and Date				Instructor		

LONG-RADIUS TURNS	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More Difficult - Smooth	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. Consistent size and rounded Shape of turn (length greater than 40', cord greater than 30') 2. Parallel turns 3. Consistent, controlled speed 4. Ability to carve turns 5. Balance 6. Stability 7. Fluid vertical motion 8. Appearance of ease and control 9. Turns are connected arcs without traverses 10. Quiet upper body	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**

MEDIUM-RADIUS TURNS	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More Difficult - Smooth	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
Terrain: More Difficult -Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. Consistent size and rounded Shape of turn (length approx. 40', cord approx. 30') 2. Parallel turns 3. Consistent, controlled speed 4. Weight transfer to outside ski 5. Ability to carve turns 6. Balance 7. Stability 8. Fluid vertical motion 9. Appearance of ease and control 10. Smooth absorption of moguls (between turns) 11. Adaptability to terrain changes	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**
Cumulative Rating for Medium-Radius Turns	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -

SHORT-RADIUS TURNS	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More to Most Difficult - Smooth	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
Terrain: Most Difficult -Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. **Consistent size and rounded shape of turn (length approx. 15-30', cord approx. 15')** 2. **Parallel turns** 3. **Consistent, controlled speed** 4. **Carved turns upper body faces downhill in fall-line turns** 5. **Balance** 6. **Stability** 7. **Lower body in almost continuous motion while upper body remains relatively quiet** 8. **Weight transfer to outside ski** 9. **Use of edges and pressure to complete turns** 10. **Control over direction changes** 11. **Adaptability to terrain changes**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**
Cumulative Rating for Short-Radius Turns	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -

UNPACKED SNOW OR ICY CONDITIONS	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More Difficult	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. **Balance** 2. **Stability** 3. **Control** 4. **Rounded, linked parallel turns** 5. **Moderate, constant, safe speed** 6. **Ease and confidence**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**

EQUIPMENT CARRY	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More to Most Difficult	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. **Balance** 2. **Stability** 3. **Control** 4. **Rounded, linked parallel turns** 5. **Consistent, moderate speed** 6. **Some side slipping on steep or moguled terrain** 7. **Equipment held securely**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**	**Comments**
OVERALL RATING FOR SENIOR SKIING (Note: These scores represent the majority opinion of the instructors. Do not assign overall ratings until a majority opinion has been determined.)	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -

SENIOR TOBOGGAN PERFORMANCE EVALUATION

Candidate Name				NSP Member Number		
Clinic Location and Date				Instructor		

UNLOADED TOBOGGAN - FRONT	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Terrain: More to Most Difficult – Smooth and Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. Selects appropriate route 2. Operates at efficient, safe, controlled speed 3. Performs smooth, parallel turns 4. Maintains balanced, stable body position 5. Performs transitions, sideslips and traverses as needed 6. Ensures minimal slipping or bouncing of toboggan 7. Performs emergency stop if asked 8. Demonstrates effective recovery technique CRITICAL STANDARD: Does operator safely and efficiently control toboggan to accident site?	Comments	Comments	Comments	Comments	Comments	Comments

LOADED TOBOGGAN -FRONT	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6
Single Operator with Safety Tail Terrain: Most Difficult - Smooth	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
Single Operator with Safety Tail Terrain: More Difficult Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
Front Operator w/ Tail Operator Terrain: Most Difficult Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. Selects appropriate route 2. Controls speed and skis safely and expediently 3. Provides smooth, safe and comfortable ride for the patient 4. Skis in a balanced, stable position 5. Controls descent 6. Controls direction 7. Brakes toboggan as needed 8. Communicates as necessary with patient and tail operator 9. Demonstrates effective wedge, sideslip and transitions as needed 10. Avoids slipping during traverse CRITICAL STANDARD: Is toboggan run smooth, controlled, efficient and safe?	Comments	Comments	Comments	Comments	Comments	Comments
Cumulative Rating for Loaded Toboggan - Front	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -

LOADED TOBOGGAN -REAR	Cand. #1	Cand. #2	Cand. #3	Cand. #4	Cand. #5	Cand. #6

Terrain: More to Most Difficult – Smooth and Moguled	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -
EVALUATION CRITERIA 1. Traverses left and right with minimal slipping of toboggan. 2. Assists with braking as needed. 3. Brakes toboggan effectively with edge and pressure movements. 4. Controls speed using wedge, sideslip and transitions. 5. Makes smooth and controlled turns and transitions. 6. Coordinates change of direction with front operator. 7. Generally sideslips in same direction as front operator. 8. Maintains rear of toboggan in stable position. 9. Controls rope with hand or belay position. 10. Skis with stability and control. 11. Adapts to terrain and condition changes. 12. Monitors condition of patient. 13. Maintains safe distance from toboggan. **CRITICAL STANDARD: Does rear operator safely and effectively control the toboggan as needed?**	Comments	Comments	Comments	Comments	Comments	Comments
OVERALL RATING FOR SENIOR TOBOGGAN **(Note: These scores represent the majority opinion of the instructors. Do not assign overall ratings until a majority opinion has been determined.)**	+ = -	+ = -	+ = -	+ = -	+ = -	+ = -

Comments: