



To Provider EMS Coordinator & Entry Candidate
From Susan Wood RN; CE Coordinator
Date May 13, 2021
Re **System-Entry Skill-Labs during pandemic**

The System-Entry Skill Lab (SESL) is designed to measure a candidate's competency in performing select high risk skills included in a paramedic's scope of practice in this System. It must be completed within 60 days of receiving Temporary ALS Privileges unless extenuating circumstances apply. An applicant may request an extension, for cause, that will be reviewed by the EMSMD or designee.

Reservation and Instructions form - must register in advance

Steps to take:

1. **Candidates must have a NWC EMSS ALS temporary privileges letter to register.**
2. E-mail registration form to Kathy Fitzpatrick – kfitzpatri@nch.org or fax to 847.618.4489. Reservations will be confirmed by e-mail.
3. **Registration required for lab admission;** if candidate fails to show up, agency may be billed for the lab.

Date desired (select 1)

Labs held at 901 W. Kirchoff EMS conference room ***Dates subject to change based on COVID restrictions**

- | | | |
|--|------------------------------------|--------------------------|
| <input type="checkbox"/> <u>Tuesday</u> , July 6, 2021 | <input type="checkbox"/> 0930-1230 | NOTE: DATE CHANGE |
| <input type="checkbox"/> Monday, August 2, 2021 | <input type="checkbox"/> 0930-1230 | |
| <input type="checkbox"/> Monday, Sept. 13, 2021 | <input type="checkbox"/> 0930-1230 | |

Candidate Name (print):	Employer
E-mail:	Cell #
Provider EMSC signature:	Date:

Performance expectations: Applicants must competently demonstrate the essential steps of select high risk ALS skills as performed in the NWC EMSS with correct sequence, technique, and timing and without critical error. **Skills sheets are found in the System Procedure Manual** (posted under the NWC EMSS website/Standard of Practice tab). Candidates will be verbally questioned on pathophysiology related to major illnesses and injuries included in the national EMS Education Standards, the profile of System drugs as listed in the SOP appendix, and the System SOPs.

Preparation is required prior to lab testing. Candidates will be evaluated on their knowledge of the SOPs, policies, and procedures. They should come prepared to demonstrate the skills. These labs are not designed to provide foundational introduction or step by step teaching. Practice procedures in advance with their agency mentor/Peer educator.

Prerequisites: View the following videos posted on the System entry tab of the website (www.nwcemss.org):

- Bougie-Cricothyrotomy and Bougie-assisted ETI
- EZ IO® Intraosseous Vascular Access Training
 - Arrow® EZ-IO® Infant Child Needle Selection and Insertion Technique Animation Video
 - Arrow® EZ-IO® Proximal Humerus Site Animation
 - Arrow® EZ-IO® Needle Insertion - Proximal Humerus (MC-000603)
- "Pit Crew" CPR Cardiac Arrest Team Resuscitation-View Dr. Jordan's videos in advance of lab. This content will be discussed verbally: https://youtu.be/Bfv_9aJmChg; <https://youtu.be/d2wdd8mlS-k>; <https://youtu.be/lo3Rs1tt2jQ>; <https://youtu.be/iEWkbK1gZhI>; https://drive.google.com/file/d/1vx7x06Svmq41CcJDIORuZj5_E1Hw2sIW/view
- Capnography: <http://www.medtronic.com/content/dam/covidien/library/us/en/product/capnography-monitoring/capnostream-tutorial->

Skills/competencies measured

- **DAI** using King Vision, channelled blade and bougie (drugs: ketamine, etomidate, midazolam, and fentanyl)
- Bougie assisted **surgical cricothyrotomy; i-gel extraglottic airway**
- **IO:** Tibial and proximal humerus sites (unconscious and conscious patient - use of lidocaine)
- **12 L ECG** lead placement; tracing acquisition; interpretation of ischemia/infarction
- Application of **C-PAP**, in-line nebulization of drugs for asthma
- **Dynamic ECG rhythm identification** and treatment transitioning between pages of SOP – adaptive competence
- **Pit crew approach to cardiac arrest mgt:** Quality CPR, ResQPod, ETCO₂, real-time CPR feedback device; apneic oxygenation; appropriate airway adjuncts/ventilation technique; early vs. delayed defibrillation, vascular access; drug administration; minimizing pauses in compressions; dual sequential defibrillation, Hs and Ts; recognition and treatment of ROSC.