



To Provider EMS Coordinator
From Susan Wood RN
CE Coordinator
Date April 2, 2019
Re **System-Entry Skill-Labs**

The System-Entry Skill Lab (SESL) is designed to measure a candidate's competency in performing 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 EMS MD or designee.

Reservation and Instructions form - must register in advance

Steps to take:

1. **Candidates must have NWC EMSS ALS temporary privileges letter to register.**
2. E-mail registration form to Pamela Ross - pross@nch.org or fax to 847.618.4489. Reservations will be confirmed by e-mail.
3. If a candidate shows up without reservation –they may be turned away; if they register & do not show up, agency may be billed for the lab.

4. **Bring pen/pencil & SOPs to lab**

Date desired	Labs held at Northwest Community Hospital in the Kirchoff Center Conference room	CONFIRMED
<input type="checkbox"/> Monday, August 5, 2019	0930-1230	<input type="checkbox"/>
<input type="checkbox"/> Monday, September 9, 2019	0930-1230	<input type="checkbox"/>
<input type="checkbox"/> Monday, October 7, 2019	0930-1230	<input type="checkbox"/>

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

Performance expectations: Applicants will competently demonstrate the essential steps of high risk ALS skills required in the NWC EMSS in the correct sequence and timing 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, and the System SOPs.

Preparation is required prior to lab testing. Candidates must study SOPs, policies, and practice procedures with their agency mentor. **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 (Please Note: During this time of transition, we will ask that the participant review the Rialto FD article from April 19 CE and Dr. Jordan's videos https://youtu.be/Bfv_9aJmChg; <https://youtu.be/d2wdd8mlS-k>; <https://youtu.be/lo3Rs1tt2jQ>; <https://youtu.be/iEWkbK1gZhI>; https://drive.google.com/file/d/1vx7x06Svmq41CcJD10RuZj5_E1Hw2slW/view)
- Capnography: <http://www.medtronic.com/content/dam/covidien/library/us/en/product/capnography-monitoring/capnostream-tutorial->

Skills/competencies measured

- **DAI** using King Vision, channeled 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 management** using quality CPR, ResQPod, capnography, real-time CPR feedback device; apneic oxygenation; BLS to ALS airways; appropriate ventilation technique; vascular access; drug administration (epinephrine/ amiodarone); minimizing pauses in compressions for rhythm check/defib; dual sequential defibrillation, consideration of the Hs and Ts; recognition and treatment of ROSC; mixing and titrating a norepinephrine drip. Each applicant will demonstrate competency as the team leader, in airway management and medication administration.