NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

To: Provider EMS Coordinator & Entry Candidate
From: Kourtney Chesney BSN, RN, ECRN, PM, LI; EMS System Coordinator
Date: January 1, 2026
Re: **System-Entry Skill-Labs**

The System-Entry Skill Lab (SESL) is designed to measure a candidate's competency in performing select high risk skills included in a PM'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 a NWC EMSS ALS temporary privileges letter to register for an entry lab**.
2. **A reservation is required for lab admission**. E-mail this completed form to Pam Ross pamela.ross@endeavorhealth.org or fax to 847.618.4489 to request a specific date. A confirmed reservation will be sent by e-mail.

If a candidate is a no call, no show without reasonable cause for a scheduled lab, the agency may be billed for the lab

Date desired (select 1): Labs held at **3040 Salt Creek Lane, Arlington Heights, IL** EMS Offices 0930-1230

☐ Monday, Jan 5, 2026
☐ Monday, Feb 2, 2026
☐ Monday, Mar 2, 2026
☐ Monday, Apr 6, 2026
☐ Monday, May 4, 2026
☐ Monday, Jun 1, 2026
☐ Monday, Jul 6, 2026
☐ Monday, Aug 3, 2026
☐ Monday, Sept 14, 2026
☐ Monday, Oct 5, 2026
☐ Monday, Nov 2, 2026
☐ Monday, Dec 7, 2026

Candidate Name (print):	Employer:
E-mail:	Cell #

I attest, in preparation of this lab, a review of all skill stations listed below were completed with the candidate by myself or a designated Peer 2 educator on _____ (date completed) AND I am giving the candidate permission to attend SESL.

PEMSC Signature: **Date:**

Performance expectations: Applicants must **co**mpetently demonstrate the essential steps of select high risk skills as performed in the NWC EMSS with the 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 prescribed in 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):

- Dr. Jordan's KING Vision Airway Tips
- Bougie-Cricothyrotomy
- 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)
- Capnography: http://www.medtronic.com/content/dam/covidien/library/us/en/product/capnography-monitoring/capnostream-tutorial-

Skills/competencies assessed and measured

- **DAI** using King Vision, channeled blade and bougie; ProVu VL (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, treatment of heart failure
- **Pit crew (bundled) approach to cardiac arrest mgt:** Dynamic ECG rhythm identification and treatment; quality high perfusion CPR; use of a ResQPod, ETCO2; real-time CPR feedback device, apneic oxygenation, appropriate airway adjuncts/ventilation techniques, defibrillation, vascular access, drug administration; minimizing pauses in compressions; considering Hs and Ts; and recognition and treatment of ROSC.