

SICK CALL SCREENER COURSE



SCSC PERFORMANCE TEST 11  
ADMINISTRATOR'S GUIDE

FOR

SICK CALL SCREENER  
ASSESS AND TREAT ENVIRONMENTAL BITES AND STINGS

SEPTEMBER 2018

## **INSTRUCTIONS TO THE ADMINISTRATOR:**

### **Overview – Environmental Bites and Stings Performance Test (Week-2, Day 10)**

This practical application performance evaluation test will be administered to the entire class. The trainee will be introduced to a real or simulated patient (a person acting as a patient) that will require them to assess and treat insect bites and stings, snakebites, and anaphylactic shock on a real or simulated patient (a person acting as a patient). Instructors will evaluate the decisions, behaviors, responses and actions of the trainee.

### **General Precautions:**

1. Instructors, trainees and visitors must comply with all general safety procedures that are posted in the MTF/Clinic/lab environment.

### **Safety Requirements:**

1. There are no skill specific safety hazards for this performance test.
2. Review Training-Time-Out (TTO) procedures
3. Trainees will not practice if an instructor is not present
4. Trainees may not take equipment out of the MTF/Clinic/lab environment

### **Special Instructions (For Instructors):**

1. Ensure all trainees are briefed on “TTO” policy and procedures prior to each high or moderate-risk evolution or laboratory. For multi-day or all-day evolutions, “TTO” shall be re-briefed prior to the start of training following major breaks, such as mealtimes. Evolution-specific “TTO” procedures should be added where needed. These procedures should be standardized to conform with established fleet distress indicators where appropriate. Emphasis shall be placed on specific verbal and nonverbal signals to be used by trainees and instructors.
2. A “TTO” may be called in any training situation where a trainee or instructor expresses concern for personal safety or requests clarification of procedures or requirements. “TTO” is also an appropriate means for a trainee to obtain relief if he or she is experiencing fear, stress, extreme exhaustion, or lack of confidence.
3. Instructors are responsible for maintaining situational awareness and shall remain alert to signs of trainee panic, fear, extreme exhaustion, or lack of confidence that may impair safe completion of the training exercise. Instructors shall cease training immediately when they consider such action appropriate.
4. Following a “TTO”, the situation shall be examined and additional explanation and instruction shall be provided as needed to allow safe resumption of training. Once the lead instructor on scene is fully apprised of the problem, he/she shall direct all training to cease or training with unaffected trainees to continue, based on the situation.

5. If a trainee refuses to participate in training after being instructed or after an unsafe condition has been corrected, or uses “TTO” excessively to disrupt training, that trainee shall be removed from training and referred for further counseling.

### **Basic “TTO” Trainee Briefing:**

1. A Training-Time-Out (TTO) may be called by any trainee or instructor, in any training situation where they are concerned for their own or another's safety, or they request clarification of procedures or requirements. “TTO” is also an appropriate means for a trainee to obtain relief if he or she is experiencing fear, stress, extreme exhaustion, or lack of confidence. The purpose of the “TTO” is to correct the situation of concern, provide clarifying information, or remove the trainee or instructor from the possible hazardous environment. A “TTO” may be signaled by (Insert appropriate nonverbal, alarm, or hand signal). If the “TTO” signal is not acknowledged, the signaler shall shout "Time Out" (or other action as required by the training activity). The instructor shall attempt to relieve and remove the trainee from the possible hazardous environment. If an adequate number of instructors are available to allow training to continue safely, the lead instructor may elect to do so. However, if this is not practical, training will be stopped until the situation is corrected.

### **Equipment:**

1. Real or simulated patient (a person acting as a patient)
2. Auto-Injector
3. Constricting Bands
4. Thermometer
5. Stethoscope
6. Sphygmomanometer
7. Pulse Oximeter
8. Gloves
9. Oxygen Tank
10. Oxygen Mask and Tubing
11. Material to remove stinger “blade or a card”
12. Black permanent Marker
13. Materials needed to open and maintain airway
14. Splints
15. Dry Sterile Dressings
16. Water

### **Lab Area/Training Area Set-Up:**

1. Lab Area – A training facility such as a hospital or clinic examination room, or training space with a mock examination room.

**STAFF:** Instructor(s) should lead by example and apply all safety and procedural measures taught to trainees each and every time they demonstrate them.

- a. The trainees will be equally separated into groups and assigned assessment stations (as determined appropriate by the lead instructor and based upon the number of available trainees/instructors).

**STAFF:** One instructor shall be assigned the duties of lead instructor and will receive all grading reports provided by each assessment station instructor. This lead instructor shall be responsible for oversight and control of all instructors and assessment stations.

- (1) An instructor shall be assigned to each of the assessment stations to evaluate the trainee using the performance checklist provided here-in.

**Performance Evaluation Procedures:**

1. The evaluation will be implemented utilizing the information contained in this performance test direction for scoring, rubric and checklist(s). Each assessment station will have a copy of this performance test to include the rubric and performance checklist and scenario information, as needed. Each trainee must obtain an overall cumulative passing grade of 70% on each evaluation checklist. The standard for this performance test is a grade of Satisfactory or Unsatisfactory (Pass/Fail), a grade of Satisfactory is obtained by achieving 70% or above on each applicable evaluation checklist. The instructor will observe and grade each trainee's performance utilizing the performance checklist(s) provided.
  - a. Use of real patients: Trainee will perform the skills and behaviors as trained in front of an assigned instructor. The instructor will document the trainee's performance by filling out the points awarded on the performance checklist and submit it to the lead instructor. If the trainee is also completing a PQS the assigned instructor can also complete the PQS entry.
  - b. Use of simulated patients: In the event a real patient is unavailable or the instructor prefers to execute the performance test on a simulated patient, this performance test will be done using a person acting as a patient (another trainee, staff or instructor) and an instructor to provide scenario based vital signs, information and answers to the trainee's examination questions.
  - c. To effectively evaluate the decisions, behaviors, and performance of this test and adequately assess each trainee's ability to apply learned skill sets, procedures, and techniques. The instructional staff shall make every effort to ensure that all enabling objectives outlined in the lesson topic are evaluated during the evaluation process.
  - d. Instructor(s) will provide the trainee with both positive and negative feedback, as appropriate regarding their performance.

**NOTE:** Safety is Paramount; Instructor's shall immediately take action and halt any evaluation on a real or simulated patient when a safety concern arises and the instructor has deemed it appropriate. This will be implemented by calling a Training-Time-Out (TTO).

2. Final Remediation and Re-Testing

- a. Remediation – If a trainee fails to obtain a grade of satisfactory (70%) on this performance test, the trainee shall receive remedial training in the areas of deficiency and be afforded additional opportunities to demonstrate satisfactory proficiency in performing the assigned skills. The remedial evaluation will be done after a staff instructor has conducted remedial instruction in the proper application of learned techniques and procedures.
- b. Any trainee unable or unwilling to properly perform the procedures will be counselled as deemed appropriate by the lead instructor and/or designated Command representative(s).

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### A. INTRODUCTION

Upon successful completion of this lesson the trainee will be able to assess and treat insect bites and stings, snakebites, and anaphylactic shock on a real or simulated patient (a person acting as a patient).

B. EQUIPMENT LIST: The primary instructor is responsible for checking that all of the below equipment is available in the lab before the lab is scheduled to begin:

1. Real or simulated patient (a person acting as a patient)
2. Epinephrine Auto-Injector
3. Constricting Bands
4. Thermometer
5. Stethoscope
6. Sphygmomanometer
7. Pulse Oximeter
8. Gloves
9. Oxygen Tank
10. Oxygen Mask and Tubing
11. Material to remove stinger “blade or a card”
12. Black permanent Marker
13. Materials needed to open and maintain airway
14. Splints
15. Dry Sterile Dressings
16. Water

### C. REFERENCES

1. Emergency Care, 13<sup>th</sup> Edition, Limmer, Chapter 31, Environmental Emergencies
2. Siedel’s Guide to Physical Examination, 8th ed., Jane W. Ball, Joyce E. Dains, John A. Flynn, Barry S. Soloman, Rosalyn W. Stewart, Mosby, an imprint of Elsevier Inc., 2015

### D. SAFETY PRECAUTIONS

1. Instructors, trainees and visitors must comply with all general safety procedures that are posted in the lab environment or provided in the lesson plan.
2. There are no skill specific safety hazards for this performance test.
3. Review TTO procedures
4. Trainees will not practice if an instructor is not present
5. Trainees may not take equipment out of the MTF/Clinic/lab environment

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### E. JOB STEPS

#### 1. Trainee Instructions:

- a. The purpose of this performance test is to evaluate the trainee's knowledge of assessing and treating insect bites and stings, snakebites and anaphylactic shock.
- b. The trainee must provide assessment & treatment of insect bites and stings, snakebites, anaphylactic shock, heat and cold injuries.
- c. The trainee has 20 minutes to complete this examination.
- d. The trainee is not allowed to use the reference in the performance of this performance test.
- e. The trainee will wear appropriate attire during the practice and actual performance test evaluation. This includes athletic shorts, t-shirt and sports bras for females.

#### 2. Evaluator Instructions:

- a. The contact ratio for this performance test is 1:3. This implies that the instructor will assess 3 trainees in one hour. The primary instructor will ensure that all the instructors assigned to assess trainees in this lab have completed prerequisite qualifications, are notified of assignment, are instructed to re-familiarized themselves with the performance test and lab process (how to use the rubric), and are at their appointed stations during the lab.
- b. Before starting the test, answer trainees' questions and make sure they understand what they are supposed to do. Once readiness has been established, implement and evaluate the trainees' performance using the rubric provided below.

### F. STANDARD

**SATISFACTORY PERFORMANCE:** The trainee must achieve a minimum passing score of 70% (54 points and performance of critical events to pass).

**UNSATISFACTORY PERFORMANCE:** Failure to achieve a minimum passing grade of 70% (54 or less points). Trainees who demonstrate an unsatisfactory performance on their second attempt will be counseled and remediated.

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G. DIRECTIONS FOR SCORING

Instructors will use the “Maximum Points Performance” description to determine if the trainee has successfully demonstrated the “Event” listed in the rubric below and should receive 2 points. Trainees that require prompting may receive partial points on the score of 1 point if the event is not CRITICAL (Partial Points blacked out). The trainee will receive 0 points if they do not successfully perform after prompting. Trainees must pass all critical items listed and achieve a 70% overall to pass this lab (see Satisfactory Performance above).

Rubric

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
<b>ASSESS PATIENT FOR ANAPHYLACTIC SHOCK</b>					
Standard precautions	2	Takes standard precautions			0
Patient Assessment	2	Perform Patient Assessment	1	Prompt required	0
Assess vital signs	2	Assess patient’s vital signs			0
Airway	2	Assess airway and breathing			0
Apply Oxygen	2	Apply high-concentration oxygen	1	Prompt required	0
Open and maintain airway	2	If the patient has or develops an altered mental status, open and maintain the patient’s airway			0
Artificial ventilation	2	Provide artificial ventilations if breathing is inadequate			0
Determine need for epinephrine	2	Determine if administering epinephrine auto-injector is appropriate			0
Administering epinephrine	2	Administering epinephrine auto-injector: Ensure Liquid is clear, Remove the cap and press firmly against patient’s thigh (outside of thigh midway between waist and knee), Hold in place until the entire dose is injected, Reassess after 2 min			0
Monitor Vitals	2	Carefully monitor the patient’s vitals			0
Transport	2	Transport, If patient’s condition deteriorate,	1	Prompt required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
		additional doses of epinephrine may be administered			
<b>INSECT BITE &amp; STING ASSESSMENT</b>					
Gather information from the scene	2	Gather information from the patient, bystanders, and the scene	1	Prompt required	0
Gather information about insect	2	Gather information about the insect or other possible source of the envenomation	1	Prompt required	0
Assess vital signs	2	Assess patient's vital signs			0
Assess for common signs & symptoms	2	Assess for common signs and symptoms of injected envenomation	1	Prompt required	0
<b>EMERGENCY CARE FOR INSECT BITES AND STINGS</b>					
Treat for shock	2	Treat for shock, even if patient does not present any of the signs of shock			0
Call medical direction	2	Call medical direction. Skip this only if the organism is known and there is a specific protocol for care	1	Prompt required	0
Remove stinger	2	Remove the stinger or venom sac	1	Prompt required	0
Remove jewelry	2	Remove jewelry from the patient's affected limb in case the limb swells			0
Follow local protocol	2	If local protocol permits and if the wound is on an extremity (not a joint) place constricting bands above and below the sting or bite site.	1	Prompt required	0
Immobilize limb	2	Keep the limb immobilized and the patient still to prevent distribution of the venom to other parts of the body.	1	Prompt required	0
Anaphylactic shock	2	Treat for anaphylactic shock			0
<b>SNAKEBITE ASSESSMENT</b>					

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Gather information from the scene	2	Gather information from the patient, bystanders, and the scene	1	Prompt required	0
Gather information about insect	2	Gather information about the possible type of snake	1	Prompt required	0
Assess vital signs	2	Assess patient's vital signs			0
Assess for common signs & symptoms	2	Assess for common signs and symptoms of snakebites	1	Prompt required	0
<b>EMERGENCY CARE FOR SNAKEBITES</b>					
Call medical direction	2	Call medical direction to determine the best receiving facility where antivenom will most readily be available to treat the patient	1	Prompt required	0
Treat for shock	2	Treat for shock and conserve body heat			0
Keep patient calm	2	Keep the patient calm	1	Prompt required	0
Locate fang marks	2	Locate the fang marks. There may only be one fang mark	1	Prompt required	0
Remove jewelry	2	Remove any rings, bracelets, or other constricting items on the bitten extremity			0
Immobilize extremity	2	Keep any bitten extremities immobilized – the application of a splint will help	1	Prompt required	0
Do not elevate	2	Do not elevate the limb above the level of the heart	1	Prompt required	0
Transport	2	Transport the patient	1	Prompt required	0
Monitor vitals	2	Monitor vital signs			0
Anaphylactic shock	2	Treat for anaphylactic shock			0
<b>PRESENT A PATIENT</b>					

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Present Findings	2	Present findings of focused physical exam to provider			0
Document Findings	2	Document all history, findings interventions and procedures			0

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Trainee: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points Points Awarded

	Possible Points	Points Awarded
<b>ASSESS PATIENT FOR ANAPHYLACTIC SHOCK</b>		
*Takes standard precautions	2	
Perform Patient Assessment	2	
*Assess airway and breathing	2	
*Assess patient's vital signs	2	
Apply high-concentration oxygen	2	
*If the patient has or develops an altered mental status, open and maintain the patient's airway	2	
*Provide artificial ventilations if breathing is inadequate	2	
*Determine if administering epinephrine auto-injector is appropriate	2	
*Administering epinephrine auto-injector: Ensure Liquid is clear, Remove the cap and press firmly against patient's thigh (outside of thigh midway between waist and knee), Hold in place until the entire dose is injected, Reassess after 2 min	2	
*Carefully monitor the patient's vitals	2	
Transport, If patient's condition deteriorate, additional doses of epinephrine may be administered	2	
<b>SUBTOTAL</b>	<b>22</b>	
<b>INSECT BITES AND STING ASSESSMENT</b>		
Gather information from the patient, bystanders, and the scene.	2	
Gather information about the insect or other possible source of the envenomation.	2	
*Assess patient's vital signs	2	
Assess for common signs and symptoms of injected envenomation.	2	
<b>SUBTOTAL</b>	<b>8</b>	
<b>EMERGENCY CARE FOR INSECT BITES AND STINGS</b>		
*Treat for shock, even if patient does not present any of the signs of shock.	2	
Call medical direction. Skip this only if the organism is known and there is a specific protocol for care.	2	
Remove the stinger or venom sac.	2	
*Remove jewelry from the patient's affected limb in case the limb swells.	2	
If local protocol permits and if the wound is on an extremity (not a joint) place constricting bands above and below the sting or bite site.	2	
Keep the limb immobilized and the patient still to prevent distribution of the venom to other parts of the body.	2	
*Treat for anaphylactic shock.	2	

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<b>SUBTOTAL</b>	<b>14</b>	
<b>SNAKEBITE ASSESSMENT</b>		
Gather information from the patient, bystanders, and the scene.	2	
Gather information about the possible type of snake	2	
*Assess patient's vital signs	2	
Assess for common signs and symptoms of snakebites.	2	
<b>SUBTOTAL</b>	<b>8</b>	
<b>EMERGENCY CARE FOR SNAKEBITES</b>		
Call medical direction to determine the best receiving facility where antivenom will most readily be available to treat the patient.	2	
*Treat for shock and conserve body heat.	2	
Keep the patient calm.	2	
Locate the fang marks. There may only be one fang mark.	2	
*Remove any rings, bracelets, or other constricting items on the bitten extremity.	2	
Keep any bitten extremities immobilized – the application of a splint will help.	2	
Do not elevate the limb above the level of the heart.	2	
Transport the patient.	2	
*Monitor vital signs.	2	
*Treat for anaphylactic shock.	2	
<b>SUBTOTAL</b>	<b>20</b>	
<b>PRESENT FINDINGS OF THE FOCUSED PHYSICAL EXAM</b>		
*Present findings to provider	2	
*Document all history, findings interventions and procedures	2	
<b>SUBTOTAL</b>	<b>4</b>	

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<b>PERFORMANCE TEST TOTAL SCORE</b>	<b>Possible Points</b>	<b>Points Awarded</b>
ASSESS PATIENT FOR ANAPHYLACTIC SHOCK	22	
INSECT BITES AND STING ASSESSMENT	8	
EMERGENCY CARE FOR INSECT BITES AND STINGS	14	
SNAKEBITE ASSESSMENT	8	
EMERGENCY CARE FOR SNAKEBITES	20	
PRESENT FINDINGS OF THE FOCUSED PHYSICAL EXAM	4	
<b>TOTAL POSSIBLE POINTS</b>	<b>76</b>	
<b>TOTAL POINTS SCORED BY TRAINEE</b>		

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PASS / FAIL