

First Responder Response for On Hill Incidents

Introduction

In the sport of ski racing, the possibility of an incident on the hill is one of the aspects of the sport. In dealing with response to the incident, ROC's and TD's should be aware of the structure, criteria for and how to utilize on hill resources. Common to most, if not all ski hills and resorts in BC, is the Ski Patrol. Most resorts have full time patrollers, and augment their resources with volunteers through the Canadian Ski Patrol System. As with all first response people, there is a criterion of certification, and what that certification allows the holder or individual to do. As well, most resorts have a "medical infirmary" of some description. This varies depending on size and location of resort, as well as the type of facilities present and the services they provide. To augment on hill medical services, some resorts have trained medical professionals and staff, others utilize these people on a volunteer/on call basis.

Certification

A requirement of on hill first responders is to have some level of certification. In BC, certification is a requirement of the Workers Compensation Board, and is handled through WCB or their designate. Referred to as "OFA" or occupation first aid, there are three levels.

Level 1: This qualifies the individual in the very basics of response, primarily CPR. As the training is very basic, most resorts require a higher level of certification before accepting individuals for ski patrol positions. This is also the criterion the CSPA uses.

Level 2: This is the basic qualification required. It qualifies an individual to be able to assess and deal with incidents of a bleeding nature, fractures and airway management. It does not qualify the individual for transporting of patients via toboggan. This requires additional training and an additional certificate. Many volunteers start with this level of certification, and work in a team or teams with people of a higher certification level and experience.

Level 3: This is the level most ski resorts use for criteria for full time patrollers. It is also being adopted by the CSPA, and will be an accepted part of their qualification criteria for the 2005/2006 seasons. This certification qualifies the holder to perform a series of responses; perform CPR and airway management, to be able to assess the need for a backboard and to load the "patient", to deal with fractures, to deal with bleeding and initial control, to deal with hemorrhaging, to stabilize, mobilize and transport; and to render life support. External defibrillation is also certified under this level. Again most do not use on the hill unless it is an extreme situation, namely life threatening. This certification does not qualify the holder to deal with drugs of any kind. Most on hill assessment for medication would be to administer "nitrous oxide" or anti Knox, as most know it as. This requires additional certification and training, and is used in extreme pain situations based on "on hill" assessment.

Medical Doctors

Most general practitioners do not have the required first responder or emergency room training. Thus resorts are reluctant to utilize these individuals in first response situations. Once assembling the “patient” to and in to the infirmary, a “GP” can be utilized for further assessment, depending on the need and decision of the ski patrol. To have an emergency room professional, or a trained specialist available is the ideal. The specialist would be one able to deal with the aspects of the situation.

Facilities

Most ski resorts have an infirmary, one that is capable of dealing with the assessment of the injury and preparation for transport to a hospital. There are two resorts in BC that are designated as “Resort Municipalities”, and are required to provide a greater degree of services. Some of the larger resorts are patterning their facilities after these requirements. Size and capabilities of facilities is also dependant on how far away they are from a local hospital.

Guidelines for ROC’s

To follow the “Racer Down Protocol” and to utilize the ski patrol as first response. Thus ski patrol should be readily available. Once responding, it is the decision and assessment of the ski patrol as to how the incident will be dealt with on the hill, and whether there is a necessity to have a medical professional involved, either on the hill or in the infirmary. If there is a medical professional available, to have them attend the infirmary for a follow up on what is transpiring is the ideal. A report should be filed and obtained by the ROC, and included with the TD report; even if the assessment results in the “patient” being released from the infirmary