

FULL RECERT

Location: _____

NLS SIMULATION EVALUATION

Date: _____

Sim #: _____

Public Relations:		Minor Incident:	
	<input type="checkbox"/> Recognition <input type="checkbox"/> Communication <input type="checkbox"/> Assertiveness <input type="checkbox"/> Problem Solving <input type="checkbox"/> (Pool Search) <input type="checkbox"/> (Police Called) <input type="checkbox"/> Pool Coverage		<input type="checkbox"/> Recognition <input type="checkbox"/> Communication <input type="checkbox"/> Assessment <input type="checkbox"/> Blood Management <input type="checkbox"/> Treatment <input type="checkbox"/> Education <input type="checkbox"/> Pool Coverage
Drowning Non-Swimmer:		Drowning Non-Swimmer:	
	<input type="checkbox"/> Recognition <input type="checkbox"/> Communication <input type="checkbox"/> Entry & Approach <input type="checkbox"/> Support <input type="checkbox"/> Backup <input type="checkbox"/> History <input type="checkbox"/> Assessment <input type="checkbox"/> Education <input type="checkbox"/> Redirection <input type="checkbox"/> Pool Coverage		<input type="checkbox"/> Recognition <input type="checkbox"/> Communication <input type="checkbox"/> Entry & Approach <input type="checkbox"/> Support <input type="checkbox"/> Backup <input type="checkbox"/> History <input type="checkbox"/> Assessment <input type="checkbox"/> Education <input type="checkbox"/> Redirection <input type="checkbox"/> Pool Coverage
Major Incident:			
REC: _____		<input type="checkbox"/> Recognition <input type="checkbox"/> Communication <input type="checkbox"/> Entry & Approach <input type="checkbox"/> Rollover & Support <input type="checkbox"/> Assessment <input type="checkbox"/> Critical Intervention <input type="checkbox"/> Focal Point <input type="checkbox"/> Removal <input type="checkbox"/> (Immobilization) <input type="checkbox"/> Patient Position <input type="checkbox"/> Reassessment <input type="checkbox"/> Pool Clear <input type="checkbox"/> EMS <input type="checkbox"/> Critical Intervention <input type="checkbox"/> RBS <input type="checkbox"/> Blanket <input type="checkbox"/> Oxygen <input type="checkbox"/> Oral Airway <input type="checkbox"/> History <input type="checkbox"/> Vitals <input type="checkbox"/> Head to Toe <input type="checkbox"/> Treatment <input type="checkbox"/> Victim Care <input type="checkbox"/> Personal Protection	
Overall			
		<input type="checkbox"/> Scanning <input type="checkbox"/> Prevention <input type="checkbox"/> Communication <input type="checkbox"/> Teamwork <input type="checkbox"/> Knowledge <input type="checkbox"/> Judgment <input type="checkbox"/> Confidence <input type="checkbox"/> Professionalism	

Lifeguard #1 _____ Lifeguard #2 _____