

COMPLEX EXTRICATION CHALLENGE		MEDICAL ASSESSOR	2021
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ASSESSOR:	TEAM:
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CHALLENGE LOCATION:	TIME:	B	E	T	S
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G E N E R A L	Scene Assessment	Safe Approach	360° Survey	Identifies Casualties	Liases with IC	Safe Access				
	Communication	On Approach	With IC	With Team	With Casualty (IA)	With Second Medic				
	Initial Casualty Contact	Gives Safety Instructions (IA)	Triage of Casualties	Appropriate Rapid Access	Effective Access and Position	Entrapment Identified				
	Protection from Environment	Aware of Hazards	Hard/Soft Protection	Correct Gloves	Personal / Casualty Safety	Situational Awareness				
	Use of Equipment	Appropriate PPE/BSI	Correct and Appropriate Equipment	Equipment Positioning	Oxygen Delivery	Reassesses				
	Spinal Care (IA)	At Initial Contact	Appropriately Maintained (IA)	Appropriately Managed	Handover between Carers	Effective Positioning				

COMMENTS :

S T A N D A R D C A S U A L T Y	CAT HAEM/Airway	Assesses for Major Haemorrhage	Inspection of Airway	Airway Manoeuvre	Maintains Patency	Reassesses				
	Breathing	Present: (Look, Listen Feel)	Inspects Chest	Respiratory Rate/Depth/Rhythm	Compares Both Sides of Chest	Reassesses				
	Circulation	Assesses for Bleeding (Visible and Hidden)	Skin	Pulses	Act Upon Bleeding and Identify Treatment	Reassesses				
	Disability	Conscious Level	Assesses Pupils	Inspects Head	Undertakes Distal/Neuro Examination	Reassesses				
	Examine & Exposure	Full Body Examination	Identifies Injuries and abnormalities	Applies Appropriate Clinical Intervention	Obtains Medical History	Confirms degree of entrapment				
	Management	Appropriate Emergency and Full Plan	Plan Informed by Casualty Injuries	Timely Management for Casualty Release	Utilises Second Medic and Team Appropriately	Casualty Centred				
	Extrication	Timing	Supervision and Leadership	Casualty Handling (IA)	Appropriate Pelvic Management	Spinal Care Maintained				
	Handover	Age/Name/Time	MedicalHistory	Injuries	Signs/Symptoms observed	Treatment				

COMMENTS:

R A P I D C A S U A L T Y	CAT HAEM/Airway	Assesses for Major Haemorrhage	Inspection of Airway	Airway Manoeuvre	Maintains Patency	Reassesses				
	Breathing	Present: (Look, Listen Feel)	Inspects Chest	Respiratory Rate/Depth/Rhythm	Compares Both Sides of Chest	Reassesses				
	Circulation	Assesses for Bleeding (Visible and Hidden)	Skin	Pulses	Acts Upon Bleeding and Identify Treatment	Reassesses				
	Management	Appropriate plan	Plan Informed by Casualty Injuries	Timely Management for Casualty Release	Communicates need for Rapid Extrication	Informs IC of Reason for Deterioration				
	Timings	Acknowledgement of change in casualty condition	Time informed IC	Time informed second medic/team	Time extrication plan initiated	Timing of safe extrication				
	Extrication	Appropriate plan	Supervision and Leadership	Casualty Handling (IA)	Appropriate Pelvic Management	Spinal Care Maintained				
	Handover	Age/Name/Time	MedicalHistory	Injuries	Signs/Symptoms observed	Treatment				

COMMENTS :

DEBRIEF SUMMARY:	TOTAL SCORE MAX 210
ASSESSORS SIGNATURE:	SCORE CHECKER'S INITIALS

A total of 10 points are awarded from the Interior Assessor (IA) and 200 points from the Medical Assessor making a maximum total of 200

Medical Guidelines



Marking Criteria

0 = Not done, done incorrectly or an unsafe practice demonstrated;

1 = Carried out task but not to sufficient standard, i.e. learning points to be made;

2 = Done well, no significant learning points;

BASIC = 0-4 points, **EFFICIENT** = 5-7 points, **THOROUGH** = 8-10 points = **Score**

General, i.e. applies to both casualties		
Scene Assessment	Safe Approach	Acknowledges hazards, awareness of mechanism of collision, etc.
	360° Survey	Completes full scene review with IC.
	Identifies Casualties	Verbal confirmation of casualties in number and location.
	Liaises with IC	Aware of when safe/not safe to approach, liaising constantly with IC.
	Safe Access	Accesses vehicle with due consideration of stabilisation and other hazards such as sharps, glass, etc.
Communi-cation	On Approach	Maintains useful communication on initial approach with IC, team and casualty(s).
	With IC	Feeds back progress and casualty(s) condition to IC, ensures aware of current plans.
	With Team	Instructs team, where necessary, and asks for help when necessary.
	With Casualty(s) (IA)	Reassurance and clear instruction given. Warns of impending noise, etc. Gets necessary information and avoids jargon.
	With Second Medic	Utilises second medic effectively, frees up the second medic for other tasks whenever possible.
Initial Casualty(s) Contact	Gives Safety Instructions (IA)	Gives good clear instruction to casualties that is heard and understood on approach and during the scenario.
	Triage of Casualties	Gains initial understanding of which casualty is more in need of urgent care and acts accordingly.
	Appropriate Rapid Access	Access gained is appropriate avoiding unnecessary hazards.
	Effective Access and Position	Places self in most effective position for space available in order to make assessment of casualty(s).
	Entrapment Identified	Identifies and makes known any areas of entrapment.
Protection from Environment	Aware of Hazards	Looks out for hazards such as close cuts, glass, etc.
	Hard/Soft Protection	Ensures sheets and other forms of protection are used to shield casualties and self at all times.
	Correct Gloves	Swaps gloves appropriately between periods of casualty(s) contact.
	Personal/ Casualty(s) Safety	Medic(s) aware of own situation regarding position, proximity to dangers and fatigue, plus the safety of the casualty(s) at all times.
	Situational Awareness	Medic(s) aware of their role at all times and aware of how scenario is developing around them, e.g. intervenes and deals with issues when they arise. Is aware of casualty(s) condition and impact on plan.
Use of Equipment	Appropriate PPE/BSI	Uses correct gloves when in contact with fluids from casualties or vehicle and uses mask and helmet, etc. for own protection where necessary.
	Correct and Appropriate Equipment	Medical equipment such as oxygen, tubing, masks and other utensils, such as stethoscopes, used appropriately and correctly.
	Equipment Positioning	Equipment positioned to ensure it can be monitored and protected from damage, while accessible when needed.
	Oxygen Delivery	Correct flow rate, mask, application of mask, etc.
	Reassesses	Reassesses equipment location, condition and monitors levels within cylinder.

Medical Guidelines



Spinal Care	At Initial Contact	At initial contact Immobilises neck correctly, where possible and appropriate, and minimises further movement.
	Appropriately Maintained (IA)	Ensures mechanism for maintaining c-spine immobilisation and rest of spine when moved; movement kept to minimum.
	Appropriately Managed	Continual management of c-spine immobilisation with the decision to use or not use a collar verbalised.
	Handover between Carers	C-spine immobilisation maintained despite change of care giver, showing good practice techniques.
	Effective Positioning	Medic(s) appropriately positioned to maintain c-spine immobilisation in neutral alignment, doing no further harm.

Standard Casualty		
CAT HAEM/ Airway	Assesses for Major Haemorrhage	Looks for obvious major haemorrhage by sight, touch and verbalisation.
	Inspection of Airway	Checks airway by listening to airway noise and inspecting for fluid and material in the mouth.
	Airway Manoeuvre	Opens airway with appropriate technique for situation and uses suction appropriately, if required (Able to describe/simulate technique(s)).
	Maintains Patency	Ensures airway remains patent throughout.
	Reassesses	Reassesses for changes appropriately.
Breathing	Present: (Look, Listen, Feel)	Ensures casualty is breathing by looking at chest, listening for breaths, sounds or other noises and feeling for abnormalities/injuries.
	Inspects Chest	Exposes (not for real) and examines chest wall for tenderness and other obvious signs of injury.
	Respiratory Rate/Depth/Rhythm	Obtains respiratory rate, depth and rhythm by listening, observing and palpating (IA gives correct measurement for scenario when correct techniques are demonstrated).
	Compares Both Sides of Chest	Assesses signs of work of breathing such as accessory muscle use, grunting, fatigue, etc. on both sides of chest for symmetry, noting any discrepancies.
	Reassesses	Reassesses for changes appropriately.
Circulation	Assesses for Bleeding (Visible and Hidden)	Identifies and manages haemorrhage both visible and hidden, identifies any potential internal bleeding to IC.
	Skin	Assesses skin, looks for signs such as colour, temp, clamminess, etc.
	Pulses	Checks both central and peripheral pulses in correct anatomical location with correct technique for rate and quality (IA gives correct pulse rate when correct techniques are demonstrated).
	Act Upon Bleeding and Identify Treatment	Act upon any bleeding identified with appropriate interventions both physically and verbally.
	Reassesses	Reassesses for changes appropriately.
Disability	Conscious Level	Uses AVPU to comment on level of consciousness.
	Assesses Pupils	Checks for size, symmetry and reaction to light of both pupils.
	Inspects Head	Looks for signs of head injury and base of skull fracture.
	Undertake Distal/Neuro Examination	Checks movement and sensation in all four limbs.
	Reassesses	Reassesses for changes appropriately.

Medical Guidelines



Expose and Examine	Full Body Examination	Effective full body examination carried out, appropriate to situation. Verbalise if unable to physically carry out. Reassess when appropriate.
	Identifies Injuries/Abnormalities	Injuries and abnormalities identified correctly and not missed.
	Applies Appropriate Clinical Intervention	Applies appropriate clinical intervention to any injury or symptom.
	Obtains Medical History	AMPLE covered, significant conditions noted.
	Confirms Degree of Entrapment	Confirm degree of entrapment and its severity, distal limb sensation and perfusion checked where possible.
Management	Appropriate Emergency and Full Plan	Medic(s) involved in formulation of plans and aware of changes.
	Plan Informed by Casualty Injuries	Keeps team and IC up to date with casualty condition, aware of how it may influence plans.
	Timely Management for Casualty Release	Entrapment release made a priority and effective, safe limb release technique as part of the plan.
	Utilises Second Medic and Team Appropriately	Uses second medic efficiently, e.g. so as not to hinder scenario progress.
	Casualty Centred	Shows good overall casualty care and priority by medic(s) and the rest of the team.
Extrication	Appropriate Extrication Plan	Appropriate space made, reassessment and instruction provided to extrication team prior to undertaking.
	Supervision, Leadership and Timing	Medic(s) leads extrication, listens and reacts to events during extrication. Extrication undertaken in a timely manner appropriate to the casualties injuries.
	Casualty Handling (IA)	Unnecessary movement minimised.
	Appropriate Pelvic Management	Pelvic strapped/considered prior to removal - or afterwards if not possible (may not be applied if decision justified, e.g. pelvic injury ruled out). Verbalise thought processes.
	Spinal Care Maintained	Spinal management maintained during extrication.

Rapid Casualty		
CAT HAEM/Airway	Assesses for Major Haemorrhage	Looks for obvious major haemorrhage by sight, touch and verbalisation.
	Inspection of Airway	Checks airway by listening to airway noise and inspecting for fluid and material in the mouth.
	Airway Manoeuvre	Opens airway with appropriate technique for situation and uses suction appropriately, if required (Able to describe/simulate technique(s)).
	Maintains Patency	Ensures airway remains patent throughout.
	Reassesses	Reassesses for changes appropriately.

Medical Guidelines



Breathing	Present: (Look, Listen, Feel)	Ensures casualty is breathing by looking at chest, listening for breaths, sounds or other noises and feeling for abnormalities/injuries.
	Inspects Chest	Exposes (not for real) and examines chest wall for tenderness and other obvious signs of injury.
	Respiratory Rate/Depth/Rhythm	Obtains respiratory rate, depth and rhythm by listening, observing and palpating (IA gives correct measurement for scenario when correct techniques are demonstrated).
	Compares Both Sides of Chest	Assesses signs of work of breathing such as accessory muscle use, grunting, fatigue, etc. on both sides of chest for symmetry, noting any discrepancies.
	Reassesses	Reassesses for changes appropriately.
Circulation	Assesses for Bleeding (Visible and Hidden)	Identifies and manages haemorrhage both visible and hidden, identifies any potential internal bleeding to IC.
	Skin	Assesses skin, looks for signs such as colour, temp, clamminess, etc.
	Pulses	Checks both central and peripheral pulses in correct anatomical location with correct technique for rate and quality (IA gives correct pulse rate when correct techniques are demonstrated).
	Act Upon Bleeding and Identify Treatment	Act upon any bleeding identified with appropriate interventions both physically and verbally.
	Reassesses	Reassesses for changes appropriately.
Management	Appropriate Plan	Medic(s) involved in formulation of plans and aware of changes.
	Plan Informed by Casualty Injuries	Keeps team and IC up to date with casualty condition, aware of how it may influence plans.
	Timely Management for Casualty Release	Casualty release made a priority due to signs and symptoms shown.
	Communicates need for Rapid Extrication	IC, second medic and team made aware of the need for a rapid extrication.
	Informs IC of Reason for Deterioration	Informs IC of the clinical reasons why the rapid extrication is now required.
Timings	Acknowledgement of Change in Casualty Condition	Medic(s) aware when casualty condition changes.
	Time Informed IC	Informs IC in a timely manner.
	Time Informed Second Medic/Team	Informs second medic and team in a timely manner.
	Time Extrication Plan Initiated	Extrication time planned effectively.
	Timing of Safe Extrication	Extrication completed safely and effectively.

Medical Guidelines



Extrication	Appropriate Extrication Plan	Appropriate space made, reassessment and instruction provided to extrication team prior to undertaking.
	Supervision, Leadership and Timing	Medic(s) lead extrication, listens and reacts to events during extrication. Extrication undertaken in a timely manner appropriate to the casualties injuries.
	Casualty Handling (IA)	Unnecessary movement minimised.
	Appropriate Pelvic Management	Pelvic strapped/considered prior to removal - or afterwards if not possible (may not be applied if decision justified, e.g. pelvic injury ruled out). Verbalise thought processes.
	Spinal Care Maintained	Spinal management maintained during extrication.
	Note: The rapid extrication represents the scenario where the casualty has deteriorated to a point where remaining in the vehicle is not an option. They should be rapidly removed from vehicle in as fluid and smooth a fashion as the situation allows.	
Handover	Age/Name/ Time	All obtained and provided to the Medical Assessor.
	Medical History	Thoroughly obtained and provided clearly to the Medical Assessor.
	Injuries	All listed correctly in priority order.
	Signs/Symptoms Observed	Itemised using an ABCDE approach.
	Treatment	Detail treatment given and still required.
	Note: Various mnemonics exist to aid in handover delivery such as MIST and no particular one is used consistently between care providers. Irrespective of which is used, the above content should be covered. The medic(s) is allowed one minute to give handover before returning to scenario.	