

**EXTRICATION CHALLENGE - MEDICAL ASSESSMENT GUIDELINES**

1 Initial Survey & Patient ID	<b>1.1 ID &amp; Communicate the Initial LOC</b>							
	0	Does not identify and communicate the initial level of consciousness	2	Identifies and communicates the initial level of consciousness after 2 minutes	4	Identifies and communicates the initial level of consciousness after 1 minutes	6	Identifies and communicates the initial level of consciousness in less than 1 minute
	<b>1.2 Inspects for Catastrophic Haemorrhage</b>							
0	Does not inspect for catastrophic haemorrhage	2	Inspects for catastrophic haemorrhage after 2 minutes <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	4	Inspects for catastrophic haemorrhage after 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	6	Inspects for catastrophic haemorrhage in less than 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	
<b>1.3 Reports Casualty(ies) Condition to IC</b>								
0	Does not report the casualty condition to the IC	2	Reports the casualty condition to the IC after 5 minutes	4	Reports the casualty condition to the IC after 3 minutes	6	Reports the casualty condition to the IC in less than 2 minutes	
2 Airway	<b>2.1 Airway Manoeuvre</b>							
	0	Does not identify the need for and/or perform any airway manoeuvre	2	Identifies the need for an airway manoeuvre but performs it late and/or without sufficient care and/or competency	4	Identifies the need for an airway manoeuvre and performs it within a reasonable time and with sufficient care and/or competency	6	Identifies the need for an airway manoeuvre and performs it within an appropriate time and with excellent care and/or competency
	<b>2.2 Inspection of Airway</b>							
0	Does not inspect airway	2	Inspects the casualty's airway poorly, but does not check for patency, contamination or foreign objects	4	Inspects the casualty's airway well, does check for patency, contamination or foreign objects but maybe delayed	6	Inspects the casualty's airway excellently, does check for patency, contamination or foreign objects thoroughly and in a timely manner	
<b>2.3 Management of Patency</b>								
0	Does not manage the patency of the airway	2	Manages the patency poorly, does not consider an adjunct and/or suctioning	4	Manages the patency well, considers and/or places an adjunct and/or suctioning	6	Excellent management of airway patency, considers and/or correctly sizes and places any adjunct and/or suctioning	
3 Breathing	<b>3.1 Present</b>							
	0	Does not check if breathing is present	2	Identifies breathing is present or not but > 2 minutes	4	Identifies breathing is present or not within 1 to 2 minutes	6	Identifies breathing is present or not in < 1 minute
	<b>3.2 Respiration Rate/Depth/Effort</b>							
0	Does not check the breathing rate and/or depth and/or effort	2	Checks for breathing rate and/or depth and/or effort but not in a sufficient manner	4	Checks for breathing rate and/or depth and/or effort well	6	Checks for breathing rate and depth and effort thoroughly and in detail	
<b>3.3 Chest Inspection &amp; Assessment</b>								
0	Does not inspect or assesses the chest	2	Inspects and/or assesses the chest, but not anterior, lateral and posterior, no auscultation and/or equal bilateral movement	4	Inspects and/or assesses the chest, incomplete checking of anterior, lateral and posterior, auscultation and/or equal bilateral movement	6	Inspects and assesses the chest, anterior, lateral and posterior, auscultation and equal bilateral movement	
4 Circulation	<b>3.4 Interventions, SpO2 &amp; O2</b>							
	0	Does not make any interventions, takes SpO2 or considers application of O2	2	Makes basic interventions based on chest inspection and assessment, applies SpO2 but does not follow readings to make a decision to apply and/or titrate O2 or applies O2 late or using incorrect device and flow	4	Makes interventions based on chest inspection and assessment, applies SpO2 and does follow readings but maybe not to decide to apply and/or titrate O2 (94% - 98%) Applies O2 at a reasonable time and using the correct device and flow	6	Makes interventions based on chest inspection and assessment, applies SpO2 and does follow readings to decide to apply and/or titrate O2 (94% - 98%). Applies and/or withdraws O2 at the correct time and using the correct device and flow
	<b>4.1 Haemorrhage Management</b>							
	0	Does not manage any further haemorrhage found	2	Manages haemorrhage found in an insufficient manner	4	Manages haemorrhage found in a good manner, with some rechecking	6	Manages haemorrhage found in an excellent manner, with full rechecking
	<b>4.2 Assess for Circulation</b>							
	0	Does not assess for circulation	2	Assesses for circulation in an insufficient manner	4	Assesses for circulation in a good manner	6	Assesses for circulation in a manner that denotes an understanding and relevance to the casualty
<b>4.3 Peripheral and/or Central Pulses</b>								
0	Does not check for pulses	2	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm	4	Checks pulse peripheral and/or central, may not get rate and/or quality and/or rhythm or check symmetry ( <i>Central pulse may not be required is peripheral pulse is present</i> )	6	Checks pulse peripheral and/or central, gets rate and/or quality and/or rhythm and check symmetry ( <i>Central pulse may not be required is peripheral pulse is present</i> )	
<b>4.5 Cap Refill &amp; Skin</b>								
0	Does not manage poor circulation	2	Manages poor circulation in an insufficient manner	4	Manages poor circulation in a good manner	6	Manages poor circulation in an excellent manner that denotes an understanding and relevance to the casualty	
5 Disability	<b>5.1 Consciousness Level</b>							
	0	Does not check conscious level or respond to change of status	2	Check conscious level but does not apply criteria for AVPU decision reacts to change of status late	4	Check conscious level, does apply criteria for AVPU decision and reacts to change of status but may not apply criteria for AVPU appropriately	6	Check conscious level, does apply criteria for AVPU decision fully and reacts to change of status immediately and reapplies criteria for AVPU
	<b>5.2 Pupils Assessment</b>							
	0	Does not assess pupils	2	Assesses pupils, but does not check all of PEERLA	4	Assesses pupils, does check PEERLA	6	Assesses pupils, does check PEERLA and reassess as necessary
<b>5.3 CSM Assessment</b>								
0	Does not check Circulation Sensation Motion (CSM)	2	Assesses CSM but not in all extremities and not at correct time for interventions	4	Assesses CSM in all extremities but may not at correct time for interventions	6	Assesses CSM in all extremities and at correct time for interventions	
<b>5.4 Ongoing Assessment</b>								
0	Does not do an ongoing assessment regarding disability or reacts to a change of status	2	Rechecks some of AVPU, Pupils and CSM but not in good time and does not react to change in status	4	Rechecks AVPU, Pupils and CSM in good time and reacts to status change but may be not in appropriate time	6	Rechecks AVPU, Pupils and CSM in excellent time and reacts to status change immediately	
6 Secondary Survey	<b>6.1 Full Casualty Assessment</b>							
	0	Does not do a full casualty assessment to identify any injuries & abnormalities	2	Performs an insufficient casualty assessment to identify some injuries & abnormalities	4	Performs a good casualty assessment to identify the majority of injuries & abnormalities	6	Performs an excellent full casualty assessment to identify all injuries & abnormalities
	<b>6.2 Secondary Issues Identified</b>							
	0	Does not identify any secondary issues	2	Identifies some secondary issues but not sufficiently and/or methodically	4	Identifies the majority of secondary issues well but not all and/or methodically	6	Identifies all of the secondary issues excellently in methodical way
	<b>6.3 Full History</b>							
0	Does not reconfirm or obtain a history or AMPLE	2	Reconfirms the AMPLE information obtained in the primary survey	4	Reconfirms the full AMPLE information but may not react with appropriate interventions or change of care plan	6	Reconfirms that complete AMPLE information and reacts with appropriate interventions or change of care plan	
<b>6.4 Reassessment &amp; Vitals</b>								
0	Does not reassess and/or obtain full set of vital signs	2	Reassess and/or obtains some vital signs but not complete	4	Reassess and/or obtains all vital signs but may not react to any changes	6	Reassess and obtains all vital signs and reacts to any changes	
<b>6.5 Neurovascular Status</b>								
0	Does not assess or reassesses	2	Reassesses CSM but not in all extremities and not at correct time for interventions	4	Reassesses CSM in all extremities but may not at correct time for interventions	6	Reassesses CSM in all extremities and at correct time for interventions	

7 Scene Management	<b>7.1 Communications with Casualty(ies)</b>							
	0	Does not communicate with the casualty(s)	2	Communication with the casualty(s) was not sufficient and did not make the casualty feel comforted or informed of what was going on	4	Communication with the casualty(s) was good but did not fully make the casualty feel comforted or informed of what was going on	6	Communication with the casualty(s) was excellent and made the casualty feel comforted and informed of what was going on
	<b>7.2 Communication with IC &amp; Team</b>							
	0	Does not communicate with the IC & team	2	Communication with the IC & team was not sufficient and/or uncoordinated and/or too noisy and/or ineffective	4	Communication with the IC & team was good but may have been uncoordinated and/or too noisy and/or ineffective at times	6	Communication with the IC & team was excellent, coordinated, at the correct volume and very effective
7 Scene Management	<b>7.3 Triage</b>							
	0	Does not triage the casualties	2	The triage of the casualties was not sufficient, methodical or coordinated and may have been incorrectly classified	4	The triage of the casualties was good, using a methodical procedure and coordination but with slight delays or some errors in classifications	6	The triage of the casualties was excellent, using a methodical procedure and coordination and was at the right time and all classifications were correct
	<b>7.4 Situational Awareness / Internal Space Creation</b>							
	0	Does not demonstrate any situational awareness or create internal space	2	Demonstrates some situational awareness and/or creates some internal space but not as much as they could have	4	Demonstrates good situational awareness and/or creates a reasonable amount of internal space but not as much as they could have	6	Demonstrates excellent situational awareness and/or creates the most amount of internal space as possible
7 Scene Management	<b>7.5 Management of Resources &amp; Equipment</b>							
	0	Does not manage resources and equipment	2	Manages the resources and equipment in sufficiently, the resources are under utilised and equipment not used to full potential and/or contaminated	4	Manages the resources and equipment well, the resources and equipment are utilised but maybe not to the full extent or slight contamination	6	Manages the resources and equipment excellently, the resources and equipment are fully utilised and no contamination
7 Scene Management	<b>7.6 Planning &amp; Progression</b>							
	0	Does not demonstrate any planning & progression	2	Demonstrates insufficient planning & progression	4	Demonstrates good planning & progression	6	Demonstrates excellent planning & progression
8 Casualty Centred	<b>8.1 Treatment &amp; Planning</b>							
	0	Does not demonstrate casualty centred treatment & planning	2	The treatment & planning was somewhat casualty centred	4	The treatment & planning was mostly casualty centred	6	The treatment & planning was fully casualty centred
	<b>8.2 Pain and Oxygen Management</b>							
	0	Does not demonstrate casualty centred pain & oxygen management	2	The pain & oxygen management was somewhat casualty centred	4	The pain & oxygen management was mostly casualty centred	6	The pain & oxygen management was fully casualty centred
8 Casualty Centred	<b>8.3 Handling, Movement / Packaging</b>							
	0	Does not demonstrate casualty centred handling, movement & packaging	2	The handling, movement & packaging was somewhat casualty centred	4	The handling, movement & packaging was mostly casualty centred	6	The handling, movement & packaging was fully casualty centred
	<b>8.4 Spinal Motion Restriction Decision &amp; Management</b>							
	0	Does not demonstrate any spinal motion restriction decision & management	2	The spinal motion restriction decision & management was not based on the clinical assessment of the casualty	4	The spinal motion restriction decision & management was mostly based on the clinical assessment of the casualty	6	The spinal motion restriction decision & management was exclusively based on the clinical assessment of the casualty
9 Extrication	<b>9.1 Planning, Supervision &amp; Leadership</b>							
	0	Does not have planning, supervision or leadership during the extrication	2	The planning, supervision and leadership during the extrication was not sufficiently coordinated by the medic	4	The planning, supervision and leadership during the extrication was well coordinated by the medic	6	The planning, supervision and leadership during the extrication was excellently coordinated by the medic
	<b>9.2 Injury &amp; Intervention Management</b>							
	0	Does not have any injury & intervention management during the extrication	2	The injury & intervention management was not sufficient during the extrication	4	The injury & intervention management was good during the extrication	6	The injury & intervention management was excellent during the extrication
	<b>9.3 Appropriate casualty packaging, movement &amp; handling</b>							
0	Does not have appropriate casualty packaging & handling	2	The appropriate casualty packaging, movement & handling was not sufficient for the casualties condition	4	The appropriate casualty packaging, movement & handling was good for the casualties condition	6	The appropriate casualty packaging, movement & handling was excellent for the casualties condition	
10 Safety	<b>9.4 Reassessed post Extrication</b>							
	0	Does not reassess post extrication	2	The casualty and interventions were not reassessed sufficiently post extrication	4	The casualty and interventions were reassessed well post extrication	6	The casualty and interventions were reassessed excellently post extrication
	<b>10.1 Safe 360 Approach &amp; Access</b>							
	0	Does not have a safe 360 approach or access	2	The 360 approach & access was somewhat safe	4	The 360 approach & access was mostly safe	6	The 360 approach & access was extremely safe
	<b>10.2 Hazard Identification &amp; Mitigation</b>							
0	Does not identify & mitigate hazards	2	Identifies & mitigates hazards insufficiently and limited or no rechecking	4	Identifies & mitigates hazards well with some rechecking	6	Identifies & mitigates hazards excellently with correct rechecking	
10 Safety	<b>10.3 Wears &amp; Maintain Correct PPE</b>							
	0	Does not wear & maintain correct PPE	2	Wore & maintained correct PPE but not consistently and may not have changed or transitioned as appropriate	4	Wore & maintained correct PPE consistently and may have been delayed in changing or transitioning as appropriate	6	Wore & maintained correct PPE consistently and changed or transitioned as appropriate excellently
	<b>10.4 Casualty Safety &amp; Protection Throughout</b>							
0	Does not provide casualty safety & protection throughout	2	Provided casualty safety & protection but insufficiently and/or delayed	4	Provided casualty safety & protection well but may have been short gaps or delays	6	Provided casualty safety & protection excellently throughout	
11 Handover	<b>Handover</b>							
	0	Does not give a handover of the casualty	2	Gives an incomplete handover of the casualty and no structure	4	Gives a complete handover of the casualty, but is not structured	6	Gives a complete and detailed handover of the casualty in an excellent methodical structured fashion

### Active spinal motion restriction until clinical assessment is complete

**High risk factors** - any of the following:

- (1) dangerous mechanism of injury
- (2) fall from a height >2 mts
- (3) axial load to the head or base of the spine – for example; diving, high-speed motor vehicle collision, rollover motor accident, ejection from a motor vehicle, accident involving motorised recreational vehicle, bicycle collision, horse riding accident, pedestrian v vehicle.
- (4) impaired awareness (alcohol/ drug intoxication, confused /uncooperative or ALoC)
- (5) age 65 years or older
- (6) age 2 years or younger incapable of verbal communication

**Any significant distracting injuries**

- (1) impaired awareness (alcohol/ drug intoxication, confused /uncooperative or ALoC)
- (2) immediate onset of spinal/ midline back pain
- (3) hand or foot weakness (motor issue)
- (4) altered or absent sensation in the hands or feet (sensory issue)
- (5) priapism
- (6) history of past spinal problems, including previous spinal surgery or conditions that predispose to instability of the spine.
- (7) Unable to actively rotate their neck 45 degrees to the left or right

**Active spinal motion restriction:** Using inline techniques with or without spinal injury management devices to reduce spinal column motion.

**Passive spinal motion restriction:** Requesting the casualty to minimise his/her movement without external intervention and permitting the casualty to adopt a position of comfort.