

Scene Safety and Approach				
Not Evidenced (0)		BASIC (1 point)	EFFICIENT (2 points)	THOUROUGH (3 points)
Dangers	Hierarchy of Dangers	Checks for dangers	Recognised dangers form different levels.	Recognises the hierarchy of dangers and the relative perspectives. (Rescuer, Public, Casualty)
	Hazards identified	Hazards identified	All hazards identified	Hazards identified, prioritised and communicated.
	Hazards Mitigated	Simple single hazards removed.	Multiple hazards mitigated.	Hazards actively mitigated, Safe systems of work established.
	Hazards Reassessed	Hazards reassessment carried out	Change in hazards noted.	Full reassessment carried out in a sequential systematic manner during initial patient contact with action points identified.
	Mechanism of Injury	Inquiries about MOI	Relates MOI to casualty condition and potential threat to crews.	Demonstrates understanding of how MOI relates to casualty condition, potential threat to crews and underlining pathophysiology.
Communication	With Casualty	Some initial communication with casualty with limited initial assessment	Limited ongoing communication with casualty.	Good communication ongoing and consistent in nature with casualty, explaining treatment and gaining rapport and trust.
	With Team	Some initial with team limited in nature.	Limited ongoing communication with team.	Good communication ongoing and consistent in nature with team informing them of casualty condition treatment and extrication considerations.
	With IC	Some initial IC limited in nature.	Limited ongoing communication with IC.	Good communication ongoing and consistent in nature with IC on casualty condition, treatment and extrication requirements allowing the IC to make informed decisions.

	<b>Teamwork</b>	<b>Role allocation</b>	Medic assigned to treat casualty.	Team members assisting the medic given specific tasks	All team members treating the casualty have clearly defined roles and responsibilities
		<b>Team Identification</b>	Medic identifies themselves.	Team members treating the casualty are identified	All team members treating the casualty are identified and have clearly defined roles and responsibilities
		<b>Team Coordination</b>	Limited team coordination	Team forming to accomplish required tasks.	Team acts as an integrated coordinated team while treating the casualty.
		<b>Team Control</b>	Other team members assigned tasks.	Other team members assigned tasks with clearly defined parameters.	Other team members assigned tasks with clearly defined parameters and responsibilities. Medic controls team members treating the casualty and is aware if their actions and treatment outcomes.
<b>Primary Survey</b>	<b>Primary Survey</b>	<b>Catastrophic heamorrhage</b>	Catastrophic Heamorrhage considered during primary survey.	Catastrophic Heamorrhage considered and treated promptly.	Catastrophic Heamorrhage with consideration for major bleeds both externally and internally with appropriate prompt treatment.
		<b>Airway Clear/patient</b>	Airway checked	Airway Checked, opened and monitored.	Airway Checked in detail, opened and monitored. Immediate airway management sustained, and equipment selected in case of airway deterioration.
		<b>Breathing Rise/ Bilateral</b>	Breathing rates and condition assessed.	Looks/ feels/ listen for breathing condition and assess chest condition	Looks/ feels/ listen for breathing condition and assess chest condition with application of oxygen therapy
		<b>Circulation Central/ peripheral</b>	Circulation checked via pulse rate, rhythm and character.	A check of pulse via central and peripheral sites. Reassessment carried out.	A check of pulse via central and peripheral sites. Reassessment carried out. Capp refill and skin perfusion checked

		Disability AVPU	Limited examination of conscious level assessment	AVPU completed with some assessment on motor function and sensory function limbs / Chief complaints / Pupil assessment	AVPU completed with full assessment on motor function and sensory function limbs / Chief complaints / Pupil assessment
		Oxygen <30 secs	Oxygen >60 secs	Oxygen <60 secs	Oxygen <30 secs
		Thermal Blanket <30 Secs	Thermal Blanket >60 secs	Thermal Blanket <60 secs	Thermal Blanket <30 secs
		Comms IC update	IC updated	IC updated with casualty information.	IC updated with casualty information, extrication considerations and priorities.
		Time < 30 secs	Time >60 secs	Time <60 secs	Time <30 secs
		Reassesses	Basic reassessment randomly carried out	Sequential systematic reassessment carried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).
		<b>Secondary Survey</b>	<b>Airway</b>	Checks mouth	Checks Mouth
Checks patency	Checks patency			Checks patency and adequacy of airway.	Checks patency for the ability of the airway to remain open and allow for adequate airflow. Guards and potential and future airway compromise.

<b>Breathing</b>	Airway manoeuvre	Airway manoeuvre performed.	Airway manoeuvre performed in timely manner.	Airway manoeuvre performed in timely manner. Airway evaluated, adjuncts and suction considered and prepared.
	Airway Adjuncts	Airway Adjuncts used when required.	Airway Adjuncts used when required and sized correctly.	Airway Adjuncts used when required and sized correctly. Impending airway compromise recognised, and adjuncts sized and positioned ahead of time.
	Reassess	Basic reassessment randomly carried out	Sequential systematic reassessment carried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).
	Rate Rhythm Rise	Assesses rate, rhythm and rise of chest.	Assesses rate, rhythm and rise of chest and relates this to breathing efficacy	Assesses rate, rhythm and rise of chest and relates this to breathing efficacy relating this to underlying pathophysiological conditions. Note equal and bilateral chest rise.
	Inspects chest	Inspects chest	Inspects chest in a detailed and systematic manner.	Inspects chest in a detailed and systematic manner. Noting front, sides arm pits, shoulders and neck. Noting bruising, marks, fluid and Subcutaneous emphysema. Intercostal muscle use, paradoxical movement
	Palpates chest	Palpates chest	Palpates chest in a detailed and systematic manner.	Palpates chest in a detailed and systematic manner. Checking for intercoastal muscle use, Continuity of ribs and clavicles
	Percusses Auscultates	Percusses and auscultates if appropriate and environmental conditions facilitate.	Percusses and auscultates if appropriate at correct locations if environmental conditions facilitate.	Percusses and auscultates if appropriate at correct locations. Understands airway sounds in relation to conditions if environmental conditions facilitate.
	Reassess	Basic reassessment randomly carried out	Sequential systematic reassessment carried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).

<b>Circulation</b>	<b>Pulses C+P</b>	Casualties pulse is taken.	Casualties pulse is taken centrally and peripherally.	Casualties pulse is taken centrally and peripherally. Understanding demonstrated of the order in which pulse sites become unpalpable.
	<b>CRT Central &amp; Peripheral</b>	CRT Central or Peripheral taken.	CRT Central and Peripheral taken correctly and difference understood.	CRT Central and Peripheral taken correctly. Effect of environmental factors and pathophysiological factors understood and accounted for.
	<b>Cyanosis</b>	Cyanosis checked for centrally or peripherally.	Cyanosis checked for centrally and peripherally.	Cyanosis checked for centrally and peripherally. Condition evaluated and corrected.
	<b>Heamorrhage Control</b>	Heamorrhage Control provided.	Heamorrhage Control provided in an effective and timely manner.	Heamorrhage Control provided in an effective and timely manner. Utilising correct equipment and understanding the lethal triad of trauma.
	<b>Reassess</b>	Basic reassessment randomly carried out	Sequential systematic reassessment caried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).
<b>Disability</b>	<b>AVPU</b>	AVPU assessment produces a limited examination of conscious level assessment	AVPU assessment completed in depth and accurately.	AVPU assessment completed in depth and accurately. GCS correctly calculated and communicated in its component parts (EVM)
	<b>Pupils</b>	Pupils Checked	Pupils assessment carried out	Pupils assessment carried out in detail with light source. Pupils assessed against PERRL
	<b>Motor Function</b>	some assessment on motor function of limbs	assessment of motor function of limbs, face and injuries.	full assessment on motor function carried out on all four limbs and sensory function limbs. Proprioception and strength.
	<b>Sensory Function</b>	some assessment on sensory function of limbs	Assessment of sensory function of limbs, Dermatomes used in injured limbs and spinal assessments and evaluation	full assessment on sensory function carried out on all four limbs. Proprioception and sensory function. Dermatomes used in injured limbs and spinal assessments and evaluation

		Reassess	Basic reassessment randomly carried out	Sequential systematic reassessment carried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).
<b>Examine</b>	Head	Head examined	Head examined	Detailed and through examination of head. Ears and nose checked.	Detailed, systematic and through examination of head. Ears and nose checked. Orbits of eyes, jaw and continuity of skull checked.
	Neck	Neck examined	Neck examined	Detailed and through examination of neck.	Detailed, systematic and through examination of neck. Continuity of C-spine/Pain, Tracheal deviation, Wounds and bleeding, surgical Emphysema, Laryngeal crepitus/injury, distended neck Veins and evaluation.
	Chest	Chest examined	Chest examined	Detailed and through examination of chest.	Detailed, systematic and through examination of chest examined. Rate, rise and rhythm of chest rise noted, Chest inspected for wounds, bruising, injures, flail segments, accessory muscle use. Chest palpated, percussion and auscultation considered. Search of the sides, armpits and back carried out.
	Back	Back examined	Back examined	Detailed and through examination of back	Detailed, systematic and through examination of back. Patient only rolled if absolutely required. Natural hollows used and checked. Clavicles and scapulae checked.
	Abdomen	Abdomen examined	Abdomen examined	Detailed and through examination of abdomen	Detailed, systematic and through examination of abdomen examined. Abdomen divided in to 4 or 9 quadrants for examination. Fluid, distention, tenderness and guarding noted. Auscultation conducted before palpation.
	Pelvis	Pelvis examined.	Pelvis examined.	Pelvis examined and checked for stability and symmetry.	Pelvis examined and checked for stability and symmetry. Leg length and position checked in relation to pelvis.
<b>Examine</b>	Lower limbs	Lower limbs examined	Lower limbs examined	Lower limbs examined and palpated.	Lower limbs examined and palpated. Checked for deformities, contusions, abrasions, penetrations, burns, laceration, swelling, tenderness instability and crepitus.
	Upper limbs	Upper limbs examined	Upper limbs examined	Upper limbs examined and palpated.	Upper limbs examined. Checked for deformities, contusions, abrasions, penetrations, burns, laceration, swelling, tenderness instability and crepitus.

		Extremities	Extremities examined	Extremities examined. Pulse, motor and sensory functions checked.	Extremities examined. Pulse, motor and sensory functions checked. Colour temperature and moisture of skin noted.
		Medi-alert MHx	Medi-alert bracelets checked for and MHx gained.	Medi-alert bracelets checked for on neck, wrist and ankles. MHx gained.	Medi-alert bracelets checked for on neck, wrist and ankles. Detailed comprehensive MHx gained.
Casualty Care	Recovery from water	Hypothermia	Efforts made to protect patient from Hypothermia.	Efforts made to protect patient from Hypothermia and environmental factors.	Efforts made to protect patient from Hypothermia and environmental factors. Primary and secondary hypothermia understood and treated.
		Positioned to protect against reduced pre-load	Positioned to protect against reduced pre-load during rescue.	Positioned to protect against reduced pre-load during rescue and transportation.	Positioned to protect against reduced pre-load during rescue and transportation. Active measures taken to improve preload.
		Correct equipment	Correct equipment used.	Correct equipment and techniques used. Correctly sized and fitted.	Correct equipment and techniques used. Correctly sized and fitted. Where improvised equipment is used its limitations is understood. Primary survey completed after interventions.
		Correct technique	Correct technique used.	Correct technique used, intervention explained to casualty.	Correct technique used, intervention explained to casualty. Where improvised techniques are used its limitations is understood. Primary survey completed after interventions.
		Patient Transport	Patient packaged and prepared for transport.	Patient Transported, patient packaged and secured correctly.	Patient Transported, patient packaged and secured correctly. Extrication route planned and prepared. Task, individual, load and environmental factors considered along with patient comfort.
	Spinal/pelvic Management	Spinal/pelvic Care Management carried out.	Spinal/pelvic Care Management carried out correctly and appropriately.	Spinal/pelvic Care Management carried out correctly and appropriately. Treatment initiatives initiated.	

		Alinement	Spine/pelvis neutrally aligned.	Spine/pelvis neutrally aligned. Correctly managed.	Spine/pelvis neutrally aligned. Correctly managed. Returned to anatomical position where possible.
		Protection	Spine/pelvis protected	Spine/pelvis protected from secondary injury.	Spine/pelvis protected from secondary injury, unplanned movement guarded against. Movement coordinated and controlled.
		Stabilisation	Spine/pelvis stabilised manually.	Spine/pelvis stabilised manually and via equipment.	Spine/pelvis stabilised manually and via equipment. Negative effects of equipment mitigated. Legs stabilised and secured to reduce pelvic stress and movement. Equipment not used where it can be justified, IE raised ICP in head injuries.
		Transportation	Transport carried out with spinal/pelvic care.	Transport carried out with spinal/pelvic care. unplanned movement guarded against. Movement coordinated and controlled.	Transport carried out with spinal/pelvic care. unplanned movement guarded against. Movement coordinated and controlled. Task, individual, load and environmental factors considered along with patient comfort.
Progression	Prioritisation	Casualties correctly prioritised.	Casualties correctly prioritised and triaged. Treatments correctly prioritised.	Casualties correctly prioritised and triaged. Treatments correctly prioritised. Triage category given.	
	Reacts to change	Reacts to change	Reacts to change in patient condition rapidly.	Reacts to change in patient condition and situation rapidly. Takes appropriate steps to stabilise patient and situation in response.	
	No Delay	Rapid initiation of rescue and treatment.	No Delay in initiating rescue and treatment.	No Delay in initiating rescue and treatment. Appropriate methods and techniques use for the situation.	
Treatment	Prioritisation	Treatment prioritised in line with life threatening injuries.	Treatment prioritised in line with life threatening injuries. Systematic assessment and treatment algorithm followed.	Treatment prioritised in line with life threatening injuries. Systematic assessment and treatment algorithm followed. Treatment reprioritised following change in casualty condition and after interventions.	



BLS	Equipment Use	Suitable equipment used	Correct equipment used.	Correct equipment used in timely manner as an appropriate intervention.
	Techniques Use	Suitable techniques used	Correct techniques used.	Correct techniques used in timely manner as an appropriate intervention.
	Protection	Rescuers use appropriate PPE.	Rescuers use appropriate PPE. Risks mitigated or eliminated where possible.	Rescuers use appropriate PPE. Risks mitigated or eliminated where possible. Casualty provided with suitable protection where achievable.
	Reassesses	Basic reassessment randomly carried out	Sequential systematic reassessment carried out	Full reassessment carried out in a sequential systematic manner during initial patient contact, after interventions and periodically in line with casualty condition (5/15).
	Chest Compressions	Chest Compressions performed.	Chest Compressions performed at correct rate and depth.	Chest Compressions performed at correct rate and depth. Full recoil of chest permitted. Time off chest minimised.
	Ventilation	Ventilations performed	Ventilations performed with good technique at correct rate, I:E ratio, and volume.	Ventilations performed with good technique at correct rate, I:E ratio, and volume. Adjuncts used where required or discounted where not required.
	Time on chest	Correct compression to ventilation ratio used.	Correct compression to ventilation ratio used. Time off chest minimised.	Correct compression to ventilation ratio used. Time off chest minimised. Interruptions planned and utilised for concurrent activity.

<b>Handover</b>		<b>AED use</b>	AED used	AED used in a timely manner. Time off chest minimised.	AED used in a timely manner. Time off chest minimised. Pads positioned correctly. Safety protocols followed.
	<b>Handover 60 seconds</b>	<b>Introduction</b>	Rescuer introduces themselves.	Rescuer introduces themselves and team position.	Rescuer introduces themselves, team position and clinical level.
		<b>ATMIST</b>	Limited description and assessment of casualty's injuries.	Description of injuries and current status of casualty.	Description of injuries and current status of casualty. Description of incident and impact. Outcome of treatment given.
		<b>AMPLE</b>	Partial AMPLE history given.	AMPLE history given.	Comprehensive and accurate AMPLE history given.
		<b>Relevant information</b>	Some relevant information handed over.	Relevant information handed over.	Relevant information handed over in a precise timely fashion.
		<b>Direction</b>	Medic provides information for recommending treatment course for casualty.	Medic provides information for recommending treatment course for casualty listing required interventions.	Medic provides information for recommending treatment course for casualty listing required interventions. Time critical nature and type of hospital required.

Team:	Scenario:	Date:
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