

LINE RESCUE CHALLENGE 2009



MEDICAL

ASSESSOR :					TEAM :									
SCENARIO:					COMMENTS					DATE:				
APPROACH					B	E	T	S	TIME:					
SCENE HAZARDS & DANGERS									POSITIVE POINTS					
LIAISON WITH INCIDENT COMMANDER														
INITIAL CASUALTY CONTACT														
PRIMARY SURVEY					B	E	T	S						
AIRWAY WITH C-SPINE CONTROL														
BREATHING														
CIRCULATION/HAEMORRHAGE CONTROL														
DISABILITY / AVPU / EXPOSURE														
SECONDARY SURVEY					B	E	T	S						
HEAD TO TOE EXAMINATION														
AMPLE SCORING														
RE-ASSESS A B C D E 'S														
SPINAL MANAGEMENT					B	E	T	S						
INITIAL SPINAL CARE														
ON-GOING SPINAL CARE														
MEDICAL EQUIPMENT					B	E	T	S						
EQUIPMENT SAFETY AND MANAGEMENT														
CASUALTY HANDLING					B	E	T	S						
DURING RESCUE														
PHYSICAL EXAMINATION														
COMMUNICATIONS					B	E	T	S						
WITH TEAM/IC														
WITH CASUALTY														
RELATING TO CASUALTY CONDITION														
CASUALTY HANDOVER														
CASUALTY SAFETY					B	E	T	S						
PROTECTION FROM ENVIRONMENT														
DEBRIEF SUMMARY										SCORE CHECKER'S INITIALS				
										MAX 200				
										TOTAL SCORE				
ASSESSORS SIGNATURE :														

SCORE	APPROACH SCENE HAZARDS	APPROACH LIAISON WITH INCIDENT COMMANDER	APPROACH INITIAL CASUALTY CONTACT
STANDARD	Assess warnings relating to dangers or hazards.	Approaches casualty only when safe systems in place and instructed by IC.	Identifies self communicates with casualty immediately.
	Communicates with Incident Commander before approach.	Continues two way communication with I.C. throughout.	Assesses initial response level.
	Approaches in a safe manner performing safety survey.	Continues to assess safety of themselves and casualty.	Instructs casualty not to move during initial response check.
	Informs I.C. of any actual or potential dangers.	Full ABCDE report to I.C. as soon as possible.	Gives clear and concise instructions to casualty and team.
	Continuously monitors for potential scene hazards.	Continues to report to I.C. of potential hazard affecting casualty.	Constantly reassures casualty.
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SCORE	PRIMARY SURVEY AIRWAY	PRIMARY SURVEY BREATHING	PRIMARY SURVEY CIRCULATION	PRIMARY SURVEY DISABILITY/AVPU
STANDARD	Assessment of airway patency maintaining in line c-spine immobilisation where appropriate	Assessment of respiratory status.	Assessment of circulatory status.	Establish conscious level using AVPU score
	Airway clearance.	Recognition of the need for early oxygenation.	Check for external haemorrhage.	Assessment of pupils reaction & size
	Securing of airway with stabilisation where appropriate.	Correct application of appropriate oxygen mask.	Identify signs of potential internal haemorrhaging.	Rapid body check for major injuries.
	Airway maintenance where appropriate	Selection of appropriate flow rate.	Indicate management of any major haemorrhage.	Identify and indicate management of any major injuries found.
	Continuous monitoring	Continuous monitoring of respiratory status and oxygen cylinder contents.	Continuous monitoring of circulatory status.	Continuous monitoring of conscious level using AVPU score
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SCORE	SECONDARY SURVEY HEAD TO TOE EXAMINATION	SECONDARY SURVEY AMPLE SCORING	SECONDARY SURVEY REASSESS A.B.C.D.E'S
STANDARD	Perform head to toe examination including the back	Assess A - allergies	Reassess airway with c-spine control
	Examine head / scalp / face eyes/ears & mouth	M - medication	Reassess breathing
	I.D. injuries and abnormalities Check for SOS Talismans	P - past medical history	Reassess circulation with haemorrhage control
	Examine torso, chest to pelvis arms & legs. Examine back under controlled procedure.	L - last ate /drank	Reassess disability/AVPU & exposure
	Continuously reassess A.B.C.D.E'S	E - events to determine history leading to injury	Report all findings to Incident Commander using A.B.C.D.E'S
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SCORE	SPINAL MANAGEMENT INITIAL	SPINAL MANAGEMENT ON GOING	MEDICAL EQUIPMENT SAFETY & MANAGEMENT	CASUALTY HANDLING EXTRICATION	CASUALTY HANDLING PHYSICAL EXAMINATION
STANDARD	Recognises the need for immediate spinal immobilisation where appropriate.	Ensures manual in-line throughout, applies a rigid collar when possible	Assesses the equipment required.	Ensures limited movement of casualty during handling or rescue. Makes team aware of casualty's injuries.	Communicated in non-medical terms with the casualty.
	Provides manual in-line stabilisation of head and neck until mechanically stabilised. eg collar, spineboard and/or stretcher	Communicates with casualty relating to neck/back pain Assesses motor or sensory signs or symptoms (if possible).	Selects most suitable equipment.	Supervises spinal management during handling or rescue, Controls the rescue process.	Reassured casualty throughout by calm and caring approach.
	Hands over control of head and neck to team members safely.	Where appropriate ensures maintenance of spinal immobilisation throughout.	Uses equipment appropriately.	Ensures protection of the casualty from the environment, makes sure safe practices are employed during handling or extrication.	Inspired confidence in their ability, explained procedures.
	Correctly sizes and fits a rigid cervical collar when possible	Supervises application of extrication device (if applied), or Supervises transfer onto long backboard and stretcher.	Ensures easy access to equipment, places equipment in a safe area At all times.	Informs team of any medical devices applied to casualty.	Was responsive to casualty needs Listened to what casualty said and acted appropriately.
	Ensures maintenance of spinal immobilisation throughout where appropriate.	Continuous monitoring of spinal care.	Constant monitoring of equipment location and safety.	Constantly assesses casualty and team safety during handling or rescue.	Gave timely warnings of sudden noise or movement.

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SCORE	COMMUNICATION WITH TEAM	COMMUNICATION WITH CASUALTY	COMMUNICATION RELATING TO CASUALTY CONDITION	CASUALTY HANDOVER TO EMERGENCY MEDICAL SERVICES	CASUALTY SAFETY PROTECTION FROM ENVIRONMENT
STANDARD	Gives clear instructions to team, assigns roles to individual team Members.	Is assertive in their approach to team members at all times regarding casualty care	Acted and spoke in a calm, confident manner.	Confirm levels of airway, breathing, circulation, disfunction,	Made proper use of personal protective equipment, ensured Casualty was protected from dust and debris.
	Ensures team understand their roles, listens to and acts on any feedback from I.C. or team members.	Make sure all team members are aware of casualty condition.	Gave casualty clear instructions where appropriate.	Confirm examinations undertaken and comparisons	Showed awareness of SRS hazards, kept self and equipment in Safe System of Work.
	Makes team aware of casualties injuries, plans to avoid contact with injured limbs.	Ask team for information regarding sudden movements so as to warn casualty promptly.	Listened carefully and responded to casualty feedback.	Confirm mechanism of injury, injuries found and signs and symptoms	Ensured medical gloves only used in casualty contact.
	Informs I.C. of level of casualties condition throughout	Relate any changes in casualties condition to team via I.C. as they happen.	Explained actions/procedures to casualty warning of any unusual or sudden movements before they happen	Confirm treatment given. For example details of oxygen administered	Displayed situational awareness – protects self, casualty and team From sharp edges and trip hazards.
	Supports team members throughout.	Ask team to stop rescue if requested, for casualty care/protection.	Constantly attempted to reassure casualty throughout.	Confirm response to treatment	Continuously monitored casualty protection.

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