

LINE RESCUE CHALLENGE 2009



MEDICAL STRETCHER

| | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|-----------------|----------|----------|----------|------------------------|---------------------------------|--|--|--|--|
| 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. |
| BASIC | 1/2 | | |
| | MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED UNSAFE PRACTICE DID NOT USE SYSTEMATIC APPROACH | | |
| | 3/4 | | |
| | MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED SAFE PRACTICE DID NOT USE A SYSTEMATIC APPROACH | | |
| | 5/6 | | |
| EFFICIENT | MEDIC CARRIED OUT ALL OF THE ABOVE DESPITE BEING TOO RAPID/SLOW SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | | |
| | 7/8 | | |
| THOROUGH | MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | | |
| | 9/10 | | |
| MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED CONSISTENT SAFE PRACTICE USED A SYSTEMATIC APPROACH DEMONSTRATED ATTENTION TO DETAIL | | | |

| 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 |
| BASIC | 1/2 MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED UNSAFE PRACTICE DID NOT USE SYSTEMATIC APPROACH | | | |
| | 3/4 MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED SAFE PRACTICE DID NOT USE A SYSTEMATIC APPROACH | | | |
| | 5/6 MEDIC CARRIED OUT ALL OF THE ABOVE DESPITE BEING TOO RAPID/SLOW SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | | | |
| | 7/8 MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | | | |
| | 9/10 MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED CONSISTENT SAFE PRACTICE USED A SYSTEMATIC APPROACH DEMONSTRATED ATTENTION TO DETAIL | | | |

| 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 |
| BASIC | 1/2 | MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED UNSAFE PRACTICE DID NOT USE SYSTEMATIC APPROACH | |
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| EFFICIENT | 5/6 | MEDIC CARRIED OUT ALL OF THE ABOVE DESPITE BEING TOO RAPID/SLOW SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | |
| | 7/8 | MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH | |
| THOROUGH | 9/10 | MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED CONSISTENT SAFE PRACTICE USED A SYSTEMATIC APPROACH DEMONSTRATED ATTENTION TO DETAIL | |

| 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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| THOROUGH | 9/10 | MEDIC CARRIED OUT ALL OF THE ABOVE AT THE CORRECT SPEED SHOWED CONSISTENT SAFE PRACTICE USED A SYSTEMATIC APPROACH DEMONSTRATED ATTENTION TO DETAIL |

| 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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| | 3/4 | MEDIC CARRIED OUT SOME OF THE ABOVE EITHER TOO RAPIDLY/SLOWLY SHOWED SAFE PRACTICE DID NOT USE A SYSTEMATIC APPROACH |
| THOROUGH EFFICIENT | 5/6 | MEDIC CARRIED OUT ALL OF THE ABOVE DESPITE BEING TOO RAPID/SLOW SHOWED SAFE PRACTICE USED SYSTEMATIC APPROACH |
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