

| General                     |                                   |   |
|-----------------------------|-----------------------------------|---|
| Scene Assessment            | Safe Approach                     | Acknowledges or verbalizes hazards, mechanism of collision, etc.  |
|                             | 360° Survey                       | Receives and acknowledges pertinent 360 findings from IC.   |
|                             | Identifies Casualties             | Verbal confirmation of casualties in number and location.   |
|                             | Liases with IC                    | Aware of when safe/not safe to approach, liaising frequently with IC.   |
|                             | Safe Access                       | Accesses vehicle with due consideration of stabilisation and other hazards such as sharps, glass, etc.  |
| Initial Casualty Contact    | Gives Safety Instructions (IA)    | Gives good clear instruction to casualties that is heard and understood on approach and during the scenario.  |
|                             | Assesses Mechanism of Impact      | Assessment made of potential injuries, based upon the kinematics.   |
|                             | Safe and 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.   |
|                             | 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 contact.   |
|                             | Personal/ Casualty Safety         | Medic(s) aware of own situation regarding position, proximity to dangers and fatigue, plus the safety of the casualty at all times.   |
|                             | Situational Awareness             | Medic 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 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.   |

## Time Critical Casualty Assessment and Management

|  |   |  |
|--|---|--|
| <b>Airway assessment &amp; management</b>      | Checks for responsiveness                                     | Checks for responsiveness (tactile and verbal stimulation)                       |
|  | Airway status   | Recognises airway status (with 'c' spine control)                                |
|  | Check mouth   | Performs visual inspection of the mouth  |
|  | Airway manoeuvre  | Carries out appropriate airway manoeuvre   |
|  | Reassesses  | Maintain the airway opened and reassesses regularly                              |
| <b>Breathing assessment &amp; management</b>   | Ventilatory rate  | Assesses ventilatory rate (look, listen and feel)                                |
|  | Inspects Chest  | Inspects chest (visual and palpation)  |
|  | Respiratory Effort/Depth/Rhythm                               | Assesses breathing characteristics (depth, regularity, effort)                   |
|  | Oxygen  | Recognises the need for and applies supplemental oxygen                          |
|  | Reassesses  | Reassesses regularly   |
| <b>Circulation assessment &amp; management</b> | Massive haemorrhage   | Identifies and manages massive haemorrhage                                       |
|  | Skin  | Performs skin perfusion check (condition, colour and temperature)                |
|  | Pulses  | Checks and compares central and peripheral pulses (at the right anatomic places) |
|  | Capillary refill  | Assesses capillary refill (centrally and peripherally)                           |
|  | Reassesses  | Reassesses regularly   |
| <b>Disability assessment &amp; management</b>  | Consciousness Level   | Assesses level of consciousness using appropriate scale                          |
|  | Assesses Pupils   | Checks for size, symmetry and reaction to light of both pupils.                  |
|  | Sensory function  | Checks sensory function (all limbs)  |
|  | Motor function  | Checks motor function (all limbs)  |
|  | Reassesses  | Reassesses regularly   |
| <b>Expose and Examine</b>                      | Head  | Examines head  |
|  | Neck  | Examines neck  |
|  | Chest   | Examines and exposes chest   |
|  | Back  | Examines and exposes back  |
|  | Abdomen   | Examines and exposes abdomen   |
|  | Pelvis  | Examines and exposes pelvis  |
|  | Lower limbs   | Examines and exposes lower limbs   |
|  | Upper limbs   | Examines and exposes upper limbs   |
|  | Relevant medical information                                  | Seeks relevant medical information (allergies, medication, past medical history) |
| Prevent heat loss / dignity                    | Prevents heat loss from exposure / maintains personal dignity |  |

### Time Critical Casualty Assessment and Management (cont)

|                    |  |  |
|--------------------|--|--|
| <b>Spinal Care</b> | Prevents active movement                     | Prevents active movements of the head and neck (asking the casualty, ensuring collaboration)   |
|                    | In-line stabilization                        | Provides appropriate in-line stabilisation of head & neck for passive movements  |
|                    | Handover between Carers                      | C-spine immobilisation maintained despite change of care giver, showing good practice techniques.  |
|                    | Pelvic stabilization                         | Pelvic strapped/considered prior to removal - or afterwards if not possible  |
|                    | Alignment of the body                        | Considers appropriate alignment of the body  |
| <b>Management</b>  | Appropriate Emergency and Full Plan          | Medic involved in formulation of plans and aware of changes. Appropriate space made, reassessment and instruction provided to extrication team prior to undertaking. |
|                    | 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.  |
|                    | 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 medics and the rest of the team.  |
| <b>Extrication</b> | Timing                                       | Extrication undertaken in a timely manner appropriate to the casualties injuries.  |
|                    | Supervision and leadership                   | Medic leads extrication, listens and reacts to events during extrication.  |
|                    | Casualty Handling (IA)                       | Unnecessary movement minimised.  |
|                    | Correct movement to transfer device          | Movement to transfer device made in the axis of the body (best possible)   |
|                    | Correctly aligned / positioned on device     | Casualty centered on the transfer device, position reassessed during extrication   |

### Standard Casualty Assessment and Management

|                    |  |  |
|--------------------|--|--|
| <b>Survey</b>      | Airway                                   | Recognizes airway status & carries out appropriate airway manoeuvre  |
|                    | Breathing                                | Assesses respiration and provides oxygen if appropriate  |
|                    | Circulation                              | Assesses circulation and manages haemorrhages  |
|                    | Disabilities                             | Assesses neurological functions  |
|                    | Head-to-toe                              | Examines casualty (head to toe)  |
| <b>Extrication</b> | Appropriate Emergency and Full Plan      | Medic involved in formulation of plans and aware of changes. Appropriate space made, reassessment and instruction provided to extrication team prior to undertaking. |
|                    | Correct movement to transfer device      | Movement to transfer device made in the axis of the body (best possible)   |
|                    | Casualty Centred                         | Shows good overall casualty care and priority by medics and the rest of the team.  |
|                    | Handover between Carers                  | C-spine immobilisation maintained despite change of care giver, showing good practice techniques.  |
|                    | Correctly aligned / positioned on device | Casualty centered on the transfer device, position reassessed during extrication   |

## Communication

|                          |  |   |
|--------------------------|--|---|
| <b>With IC</b>           | On Approach  | Maintains useful communication on initial approach with IC, team and casualty.  |
|                          | On Plan(s)   | Liases with IC on all plans.  |
|                          | On Casualty Condition  | Notifies IC of casualty condition after primary survey and at other times, when appropriate.                                      |
|                          | On Treatment   | Informs IC of significant hazards identified.   |
|                          | Maintains  | Keeps up to speed with developments.  |
| <b>With Second Medic</b> | Identification of Second Medic Verbalised  | Requests help of second medic from IC, second medic identified.   |
|                          | Appropriate Use of Second Medic  | Makes full use of second medic to complete primary , secondary surveys and reassessment.  |
|                          | Allocation of Appropriate Tasks  | Allocates the second medic appropriate tasks and verbalises instructions.   |
|                          | Two-Way Communication  | Achieves good communications with second medic throughout ensuring casualty is aware of their roles.                              |
|                          | 3-Way Communications with Medic and IC   | Achieves good communication pathways between both medics and IC at regular intervals, to ensure a casualty centred rescue.        |
| <b>With Team</b>         | Clear Instructions   | Instructions to team are clear and concise, e.g. during close cutting, the casualty extrication, etc.                             |
|                          | Assigns Roles  | Utilises team members to achieve aims.  |
|                          | Informs of Casualty Condition  | Ensures team are aware of casualty status when they need to know, e.g. significant injuries prior to handling, tender areas, etc. |
|                          | Directs when Required  | Takes leadership of team and directs when required e.g. during the casualty extrication.  |
|                          | Maintains  | Stays in contact with team, aware of their activities, etc.   |
| <b>With Casualty</b>     | On Approach (IA)   | Safety instructions given on approach, along with reassurance.  |
|                          | Listens, Reacts, On Warnings (IA)  | Listens and reacts to what casualty says, warns of events and explains plans.   |
|                          | Language (Avoids Jargon, etc) (IA)   | Does not use medical jargon when communicating with casualties.   |
|                          | On Treatment Given (IA)  | Gives appropriate treatment to casualty to achieve resuscitation/first aid measures.  |
|                          | Maintains (IA)   | Stays in contact with casualty, frequent checks on overall condition.   |
| <b>Handover</b>          | Incident & mechanism of injury   | Describes the incident & mechanism of injury  |
|                          | Injuries and initial status  | Describes the injuries and initial status   |
|                          | Treatment / interventions  | Describes treatment / interventions   |
|                          | Current status   | Describes current status  |
|                          | Other appropriate information - AMP  | Gives other appropriate information - AMP   |
|                          | 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 is allowed one minute to give handover before returning to |   |