

**EXTRICATION CHALLENGE - MEDICAL EVALUATION GUIDELINES**

Safety	<b>1. Secure 360 approach and 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>2. Hazard identification and 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
Safety	<b>3. Wear and maintain the 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>4. Safety and protection of the patient at all times</b>							
	0	Does not provide patient safety & protection throughout	2	Provided patient safety & protection but insufficiently and/or delayed	4	Provided patient safety & protection well but may have been short gaps or delays	6	Provided patient safety & protection excellently throughout
Initial survey and patient identification	<b>5. Identify and 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>6. Inspect (and manage) catastrophic haemorrhages</b>							
	0	Does not inspect for and manage catastrophic haemorrhage	2	Inspects for and manages catastrophic haemorrhage after 2 minutes <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	4	Inspects for and manages catastrophic haemorrhage after 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>	6	Inspects for and manages catastrophic haemorrhage in less than 1 minute <i>See Haemorrhage Management under "Circulation" for scoring of any management required</i>
Initial survey and patient identification	<b>7. Report the patient's condition to IC</b>							
	0	Does not report the patient condition to the IC	2	Reports the patient condition to the IC after 4 minutes	4	Reports the patient condition to the IC after 3 minutes	6	Reports the patient's condition to the IC in less than 2 minutes
	Airway	<b>8. 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
<b>9. Airway inspection</b>								
0		Does not inspect airway	2	Inspects the patients airway poorly, but does not check for patency, contamination or foreign objects	4	Inspects the patients airway well, does check for patency, contamination or foreign objects but maybe delayed	6	Inspects the patients airway excellently, does check for patency, contamination or foreign objects thoroughly and in a timely manner
Airway	<b>10. 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
Respiration	<b>11. 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>12. 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, but not anterior, lateral and posterior, auscultation and/or equal bilateral movement performed	6	Inspects and assesses the chest, anterior, lateral and posterior, auscultation and equal bilateral movement
Respiration	<b>13. Resp 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

Respiration	<b>14. Interventions, SpO2 and 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
Circulation	<b>15. 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>16. 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>17. Peripheral and 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>18. Manages Poor 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	
Disability	<b>19. Conscious 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>20. 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>21. CSM Assessment</b>							
0	Does not check 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>22. 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	
Exposure & Examine	<b>23. Identify all injuries and abnormalities</b>							
	0	Does not identify any injuries & abnormalities	2	Identifies some injuries & abnormalities	4	Identifies the majority of injuries & abnormalities	6	Identifies all injuries & abnormalities
	<b>24. Appropriate clinical interventions</b>							
	0	Does not provide any appropriate clinical interventions based on assessment	2	Does provide some appropriate clinical interventions based on assessment	4	Does provide the majority and the critical appropriate clinical interventions based on assessment	6	Does provide all appropriate clinical interventions based on assessment
	<b>25. Medical history</b>							
	0	Does not obtain AMPLE history	2	Obtains some AMPLE information	4	Obtains full AMPLE Information	6	Obtains complete AMPLE information and reacts with appropriate interventions or change of care plan
<b>26. Vital signs</b>								
0	Does not obtain vital signs	2	Obtains some vital signs but incomplete and does not react to findings	4	Obtains all vital signs but may not react to findings	6	Obtains all vital signs and reacts to findings	
<b>Injury/Medical Issues ID</b>								

Medical Actions - Patient #	0	Does not identify the injury / medical issues	2	Identifies some of the injury / medical issues and > 10 minutes	4	Identifies all of the injury / medical issues in <8 minutes	6	Identifies all of the injury / medical issues in <5 minutes	
	<b>ID &amp; Communicate Medical / Physical Entrapment</b>								
	0	Does not identify & communicate medical / physical entrapment	2	Identifies & communicate medical / physical entrapment in >8 minutes	4	Identifies & communicate medical / physical entrapment within 5 minutes	6	Identifies & communicate medical / physical entrapment within 3 minutes	
<b>Patient Centered Management &amp; Treatment</b>									
0	Does not demonstrate patient centred management & treatment	2	The management & treatment was somewhat patient centred	4	The management & treatment was mostly patient centred	6	The management & treatment was fully patient centred		
Secondary survey	<b>36. Full patient assessment</b>								
	0	Does not start full patient Assessment	2	Undertakes a patient assessment but it is not complete head to toe and is unstructured	4	Patient assessment completed but, not in a logical sequence	6	Undertakes a full patient assessment in a structured manner that denotes an understanding and relevance to the casualty	
	<b>37. 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>38. 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>39. Reassessment and vital signs</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>40. 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		
Patient Centered	<b>41. Treatment and planning</b>								
	0	Does not demonstrate patient-Centered treatment and planning	2	Treatment and planning were somewhat patient-Centered	4	Treatment and planning were primarily patient-centred	6	Treatment and planning were completely patient-Centered	
	<b>42. Pain and oxygen management</b>								
	0	Does not demonstrate patient-Centered pain and oxygen management	2	Pain and oxygen management was somewhat patient-focused	4	Pain and oxygen management was primarily patient-focused	6	Pain and oxygen management was completely patient-Centered	
	<b>43. Handling, movement and packaging</b>								
	0	Does not demonstrate patient-Centered handling, movement, and packaging	2	Handling, movement and packaging were somewhat patient-centric.	4	Handling, movement and packaging were primarily patient-centred	6	Handling, movement and packaging were completely patient-centred	
	<b>44. Decision and Management of Spinal Movement Restriction</b>								
0	Does not demonstrate any decision and management of spinal movement restriction	2	The decision and management of spinal movement restriction was not based on the patient's clinical assessment.	4	The decision and management of spinal movement restriction was based primarily on the clinical assessment of the patient.	6	The decision and management of spinal movement restriction was based solely on the clinical evaluation of the patient.		
<b>45. Rescue/extraction management</b>									
0	Does not demonstrate any rescue and/or extraction handling	2	Rescue and/or extraction focused somewhat on the patient	4	Rescue and/or extraction focused primarily on the patient	6	Rescue and/or extraction was completely patient-Centered		
Patient Management	<b>46. Pain Recognition &amp; Management</b>								
	0	Does not obtain a pain score or recognise the need for management	2	Obtains a pain score but does not manage the pain	4	Obtains a pain score and does manage the pain well using the resources available to them	6	Obtains a pain score and does manage the pain excellently with all the resources available to them	
<b>47. Patient Centered &amp; Planned</b>									

Patient Management	0	Does not have patient centred management or plan	2	Management of patient was somewhat patient centred and planned	4	Management of patient was mostly patient centred and planned	6	Management of patient was fully patient centred and planned	
	<b>48. Priorities &amp; Time Management</b>								
	0	Does not have priorities or time management	2	The management of the priorities and time were not sufficient	4	The management of the priorities and time was good	6	The management of the priorities and time was excellent	
Transport packaging	<b>49. Ongoing Patient Comfort &amp; Care</b>								
	0	Does not have ongoing patient comfort and care	2	The ongoing patient comfort and care was not sufficient	4	The ongoing patient comfort and care was good	6	The ongoing patient comfort and care was excellent	
	<b>50. Planning, supervision and leadership</b>								
0	No planning, supervision, or leadership during extraction	2	The planning, supervision and leadership during the extraction was not sufficiently coordinated by the physician.	4	Planning, supervision and leadership during the extraction was well coordinated by the physician.	6	The planning, supervision and leadership during the extraction was excellently coordinated by the physician.		
<b>51. Injury management and intervention</b>									
0	Has no injury and intervention management during extraction	2	Injury management and intervention was not sufficient during extraction	4	Injury management and intervention was good during extraction	6	Injury management and intervention was excellent during extraction		
<b>52. Proper patient packaging, movement and handling</b>									
0	Does not have proper packaging and handling for the patient	2	Proper patient packaging, movement, and handling were not sufficient for the patient's condition.	4	Proper patient packaging, movement, and handling were good for the patient's condition.	6	Proper patient packaging, movement, and handling were excellent for the patient's condition.		
<b>53. Reassessed after extraction</b>									
0	Does not re-evaluate after extraction	2	The patient and interventions were not sufficiently reassessed after extraction.	4	The patient and interventions were well reassessed after extraction.	6	Patient and interventions were excellently reassessed after extraction		
Scene management	<b>54. Communications with the patient(s)</b>								
	0	Does not communicate with the patient(s)	2	Communication with the patient(s) was not sufficient and did not make the patient feel comforted or informed of what was happening.	4	Communication with the patient(s) was good, but did not make the patient feel comforted or informed of what was happening.	6	Communication with the patient(s) was excellent and made the patient feel comforted and informed of what was happening.	
	<b>55. Communication with IC and team</b>								
0	Does not communicate with the IC and the team	2	Communication with IC and team was insufficient and/or uncoordinated and/or too noisy and/or ineffective	4	Communication with the IC and equipment was good, but may have been uncoordinated and/or too noisy and/or ineffective at times.	6	Communication with the IC and the team was excellent, coordinated, at the right volume and very effective		
<b>56. Triage</b>									
0	Does not triage patients	2	Triage of patients was insufficient, methodical or coordinated and may have been misclassified	4	The triage of the patients was good, using a methodical and coordination procedure but with slight delays or some errors in the classifications	6	The triage of the patients was excellent, using a methodical and coordination procedure and was at the right time and all classifications were correct		
<b>57. Situational awareness and creation of internal space</b>									
0	Does not demonstrate any situational awareness or create internal space	2	It demonstrates some situational awareness and/or creates some internal space, but not as much as they might have.	4	Demonstrates good situational awareness and/or creates a reasonable amount of internal space, but not as much as they might have.	6	Demonstrates excellent situational awareness and/or creates as much internal space as possible		
<b>58. Resource and team management</b>									
0	Does not manage resources and equipment	2	Manages resources and equipment sufficiently, resources are underutilized and equipment is not used to full potential and/or contaminated	4	Manages resources and equipment well, resources and equipment are used and maybe not to their full extent or slight contamination	6	Manages resources and equipment excellently, resources and equipment are fully utilized and there is no contamination		
<b>59. Planning and progression</b>									

	0	Does not demonstrate any planning and progression	2	Demonstrates insufficient planning and progression	4	Demonstrates good planning and progression	6	Demonstrates excellent planning and progression	
Handover	60. Handover								
	0	Does not give a patient delivery	2	Gives an incomplete delivery of the patient and without structure	4	Gives complete patient delivery, but is unstructured	6	Provides complete and detailed patient delivery in an excellent and methodically structured manner	

**Active restriction of spinal movement until clinical evaluation is completed**

<p><b>High Risk Factors: Any of the following:</b> (1) dangerous mechanism of injury (2) fall from a height &gt;2 mts (3) axial load to the head or base of the spine, for example; diving, high-speed motor vehicle collision, rollover car accident, ejection of a motor vehicle, accident involving a motorized recreational vehicle, bicycle collision, riding accident, pedestrian v vehicle. (4) altered consciousness (alcohol/drug intoxication, confusion/non-cooperation or ALoC) (5) age 65 years or older (6) age 2 years or less unable to communicate verbally</p>	<p>Any significant distracting injury (1) altered consciousness (alcohol/drug intoxication, confusion/non-cooperation, or ALoC) (2) immediate onset of spinal back/midline pain (3) weakness in the hand or foot (motor problem) (4) altered or absent sensation in the hands or feet (sensory problem) (5) priapism (6) history of past spinal problems, including previous spinal surgery or conditions that predispose to spinal instability. (7) Unable to actively turn his neck 45 degrees to the left or right</p>
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**Active spinal movement restriction:** Use of online techniques with or without spinal injury management devices to reduce movement of the spine.

**Passive restriction of spinal movement:** Asking the patient to minimize their movement without external intervention and allowing the patient to adopt a comfortable position.