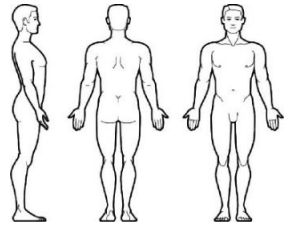


Patient 1		Team Name				Assessors									
Patient 2		Date:		Time:											
Patient 3		Scenario number:				Weighting									
Safety	1. Safe 360 Approach & Access				Initial Survey & Patient ID	6. ID & Communicate the Initial LOC				Airway	11. Management of Patency				
	0	2	4	6		0	2	4	6		0	2	4	6	
	Hazard Identification & Mitigation					Airway	7. Inspects & Manages Cat. Haemorrhage				Breathing	12. Present			
	0	2	4	6			0	2	4	6		0	2	4	6
	3. Wear & Maintain Correct PPE				Airway	8. Reports Patient Condition to Team				13. Chest Inspection & Assessment					
	0	2	4	6		0	2	4	6	0		2	4	6	
	4. Patient Safety & Protection Throughout					9. Airway Manoeuvre				14. Resp Rate/Depth/Effort					
	0	2	4	6		0	2	4	6	0		2	4	6	
5. Bystander Safety & Protection Throughout				Airway	10. Inspection of Airway				15. Interventions, SpO2 & O2						
0	2	4	6		0	2	4	6	0	2	4	6			
Circulation	16. Haemorrhage Management				Disability	20. Conscious Level				Examine & Exposure	24. Identifies all injuries & abnormalities				
	0	2	4	6		0	2	4	6		0	2	4	6	
	17. Assess for Circulation					Disability	21. Pupils Assessment				Examine & Exposure	25. Appropriate Clinical Intervention			
	0	2	4	6			0	2	4	6		0	2	4	6
	18. Peripheral and/or Central Pulses						22. CSM Examination					26. Medical History			
	0	2	4	6			0	2	4	6		0	2	4	6
19. Manages Poor Circulation				Disability	23. Ongoing Assessment				Examine & Exposure	27. Vital Signs					
0	2	4	6		0	2	4	6		0		2	4	6	
Medical Actions - Life Threatening - Serious Non-Life Threat - Non-Serious															
Patient 1	28. Injury/Medical Issues ID				Patient 2	31. Injury/Medical Issues ID									
	0	2	4	6		0	2	4	6						
	29. ID & Communicate Status Decision					32. ID & Communicate Status Decision									
	0	2	4	6		0	2	4	6						
30. Patient-Centered Management & Treatment				Patient 2	33. Patient-Centered Management & Treatment										
0	2	4	6		0	2	4	6							
Notes															
Assessors signature:															

Patient 1	Team Name		Assessors	
Patient 2	Date:	Time:		
Patient 3	Scenario number:		Weighting	

Secondary Survey	34. Full patient assessment	Patient Centred	40. Pain and Oxygen Management	Transport Packaging	46. Priorities & Time Management
	0 2 4 6		0 2 4 6		0 2 4 6
	35. Secondary Issues Identified		41. Handling, Movement & Packaging		47. Ongoing Patient Comfort & Care
	0 2 4 6		0 2 4 6		0 2 4 6
	36. Full History		42. Spinal Motion Restriction Decision & Management		48. Planning, Supervision & Leadership
	0 2 4 6		0 2 4 6		0 2 4 6
	37. Reassessment & Vitals		43. Transport Packaging Management		49 Injury & Interventions Management
	0 2 4 6		0 2 4 6		0 2 4 6
38. Neurovascular status	Patient Management	44. Pain Recognition & Management	Transport Packaging	50. Appropriate Patient Packaging, Movement & Handling	
0 2 4 6		0 2 4 6		0 2 4 6	
39. Treatment & Planning		45. Patient Centered & Planned		51. Reassessed Post Movement & Packaging	
0 2 4 6	0 2 4 6	0 2 4 6	0 2 4 6		

Scene Management	52. Communications with Patient(s)	Handover	58. Handover	
	0 2 4 6		0 2 4 6	
	53. Communication with Team & Bystander(s)		Intro	
	0 2 4 6		Mol	
	54. Triage		Injuries	
	0 2 4 6		Signs & Symptoms	
	55. Situational Awareness & Use of Bystander(s)		Treatment & Trends	
	0 2 4 6		Allergies	
56. Management of Resources & Equipment	Medications			
0 2 4 6	Background			
57. Planning & Progression	Other			
0 2 4 6				

Positive	Learning

Assessors signature: _____