

IDR CHALLENGE MEDICAL ASSESSOR BET GUIDELINES



Guidelines		BASIC (0 - 3)	EFFICIENT (4 - 7)	THOROUGH (8 - 10)
APPROACH & ASSESSMENTS	APPROACH/HAZARD IDENTIFICATION	Inadequate scene survey. Slow to approach patient or lack of advocacy to approach pt.	Partial scene survey. Opportunity to approach or advocate to approach patient earlier.	Systematic 360° survey. Early approach to patient or urgency in advocating for approach.
	PRIMARY SURVEY	Inadequate primary survey or critical problems not addressed immediately.	Primary survey conducted but some elements missed, not addressed or not articulated.	Comprehensive primary survey, critical problems addressed immediately & articulated to team.
	SECONDARY SURVEY	Inadequate secondary survey or no vital signs measured.	Some of the secondary survey completed or some vital signs measured.	Systematic, head to toe, front to back secondary survey with vitals (e.g. LOC, RR, HR, BP & CRT).
TREATMENT, TRIAGE & PLANNING	MANAGE LIFE THREATENING CONDITIONS	Life threatening condition not addressed resulting in basic care and patient deterioration.	Life threatening condition found and efficiently dealt with.	Life threatening condition found and systematically treated resulting in positive patient outcome.
	TREATMENT & EXTRICATION PLAN	Injuries not taken into account for planning.	Patient care goals & plan communicated.	Team approach to treatment & extrication plan with goals in place.
	TREATMENT	Significant injuries not treated or treatment is inadequate, unsafe or inappropriate.	Significant injuries treated accordingly, but some minor injuries missed.	All significant & minor injuries are treated accordingly.
	RE-ASSESSMENT	Basic re-assessment of ABC's, injuries & treatment evident.	Efficient re-assessment of ABC's, injuries & treatment evident.	Thorough re-assessment of ABC's, injuries & treatment evident throughout.
HANDOVER	PATIENT BRIEF (HANDOVER)	Inadequate patient brief absent incident history, patient details and vital signs or brief is so long that key messages are lost.	Efficient patient brief with some incident history, patient details and vital signs.	Thorough, systematic and succinct patient brief including name, age, Hx, injuries, treatment, vitals (e.g. LOC, RR, HR, BP & CRT) & PmHx.
WORK	MEDICAL EQUIPMENT	APPROACH & ASSESSMENTS	Efficient location/staging or use of equipment for entry/egress/contamination.	Thorough location/staging or use of equipment for entry/egress/contamination.
	EFFICIENCY	Basic planning leads to delays in work activity & goals not being met.	Efficient planning leads to extrication being started with appropriate patient care in place.	Thorough planning leads to successful extrication & positive patient outcome.