

MEDICAL ASSESSOR BET GUIDELINES

		BASIC (0 - 3)	EFFICIENT (4 - 7)	THOROUGH (8 - 10)
INITIAL	APPROACH	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.
	HAZARD IDENTIFICATION	Medic fails to identify or address hazards to self, team & patient.	Medic identifies & addresses some hazards to self, team & patient.	Medic systematically identifies & addresses hazards to self, team & patient.
	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.
	TRIAGE	Patient acuity incorrectly (or not) identified. Treatment incorrectly prioritised.	Patient acuity identified but not articulated. Some treatment & interventions prioritised.	Patient acuity rapidly identified & articulated. Treatment & interventions correctly prioritised.
	INITIAL SPINAL MANAGEMENT	Basic spinal management that compromises spine or complicates extrication or treatment.	Some spinal management but suboptimal to wider treatment or extrication plan.	Thorough spinal management relative to the patients injuries, LOC & presentation.
TREATMENT	ASSESSMENT OF ENTRAPMENT	Inadequate assessment of entrapment that complicates treatment & extrication.	Some assessment & monitoring of entrapment but slow or lacks physical assessment.	Thorough assessment & monitoring of entrapment that informs treatment & extrication.
	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.
	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 (LOC, RR, HR, BP & CRT)
	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.
EXTRICATION	PATIENT PACKAGING	Patient not packaged/managed or packaging/management is inadequate.	Some patient packaging or management but may compromise extrication, patient or team.	Patient packaged or managed to enable safe, efficient & timely extrication for patient & team.
	EXTRICATION PATHWAY	Injuries not taken into account for planning or pathway compromises patient or team safety.	Some injuries taken into account for planning extrication pathway.	Extrication pathway meets patients injuries & is safe for patient & team.
	ONGOING SPINAL MANAGEMENT	Basic spinal management that compromises spine or complicates extrication or treatment.	Some spinal management but suboptimal to wider treatment or extrication plan.	Comprehensive spinal management relative to the patients injuries, LOC & presentation.
	PATIENT BRIEFING (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.
COMMS/SAFETY	PATIENT COMMUNICATION	Minimal communication maintained with patient.	Maintains efficient communication & reassurance of patient.	Excellent communication between medic & team leading to best practice in patient care
	TEAM COMMUNICATION	Basic communication by medic leading to questioning by team or confusion.	Efficient communication with team but some key information not passed.	Thorough communication with team regarding the patient injuries & extrication requirement
	PATIENT / TEAM SAFETY	Management of safety considerations such as glass, sharps or bodily fluid is inadequate.	Patient, team & medic are mostly kept safe, but some opportunity for improvement.	Patient, team & medic are kept safe throughout (including bodily fluid management as needed).
MANAGEMENT	EXTRICATION MANAGEMENT	Basic extrication management - extrication not achieved or poor practices used.	Efficient management of extrication - partially achieved or practices need improving.	Thorough extrication management practices used & maintained throughout extrication.
	MEDICAL EQUIPMENT	Basic location/staging or use of equipment for entry/egress/contamination.	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.