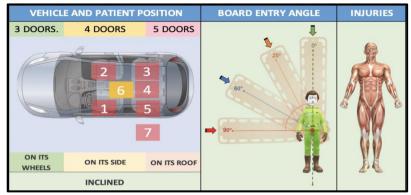
Command As	sessor Sc	oresh	eet		A	Assesso	) [					TEA	\M			
Scenario Number Scenario Tier			Scenario weighting Phase 1: Initial Approach			Date:			Time							
	So	cene A	pproa		hase	<u>1: Initi</u>	al Apr	oroach			Ex	ternal	Surve	eV		
			ty Instructions			afe Approach		5. 360° Evaluati			6. Patient(s) Information					
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7. Level of				cle Su		l			44.14	C D			rioritie			
Entrapment	trapment 8. Vehicle Survey			rcess to the Patient 10. Interior Space			11. IC Reports the Status of the Scene		12. Identification and Managem of Initial Priorities							
0 3 5	0 3	5	0	3	5	0	3	5	0	3	5		0	3		5
Communications Patient Information: Time: /  13. With Medic Access to Patient: Time: /											Comm					
13. With N	/ledic 	Access	to Pati	ient:		Time:	/						. With	1echr	nical Te	
<u> </u>														J		
					Ph	ase 2:	plan(s	s)s								
	Plan(	s) Com	nmuni	cation							Pla	ın(s) S	electio	on		
15. With Medic Te			Techni am	nical 17. Plan(s) Communication			18. Appropriate Selection of plan(s)				19. Planning Objectives and Priorities					
0 5 10	15 0	5	10	15	0	5	10	15	0	5	10	15	0	5	10	15
•	-	(s) Cor								Plan(s	) Prog	ressio	n and	Extri	cation	
20. Planning Cons		Plannin ents an	_		22. I	mpact	on Pa	tient	23. Plan(s) Progression 24. Patient Extrication							
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Immediate plan(						_			Time				Tin		/	
Emergency plan(	(s)								Time: /				Time: /			
Full plan(s)									Time	: /			Tin	ne:	/	
				Posi		nmano ng and			trol							
25. Dynamic Risk	Assessment	26	Positio		27.Techniques and			28. Momentum		29	29. Command & Control			rol		
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30. Welfare	31. PPE Co	ontrol	32	2. Stab	ilizatio	n/Lifti	_	3	3. Risk	Contro	ol	34. T	idy and	d Safe	Work	Area
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35. Managemen	t and Resour	ces Co	ntrol	36. I	Motiva	ation	37.	Confid	ence ii	n the T	eam`		38.	Hands	-on	
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43. Clear Instructions to the Team  0 3 5			0	3		- Cal	43. Pa	3	<u> </u>	5	0	40. 0			5	
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0	7. Patient(s) 5	Hando	/er	10		Time	/									
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Scene Ri	sks		
Electric	ID	IN	IS
Spills	ID	IN	IS
Glass	ID	IN	IS
Keys	ID	IN	IS
Airbags	ID	IN	IS
Batteries	ID	IN	IS
Other	ID	IN	IS



#### **Positive Points**

### **Learning Points**

## **Command Summary**

# Technical Team Summary

## **Medical Summary**

Fit and Well?	Any Injuries?	Water Rehydration	Team Introduction	Feedback According to performance		
Assessor		Signature	Total Points	(Max 350)		

Initial Approach (Phase 1)	
1. PPE	
The Incident Commander and Team members adopted appropriate levels of PPE when approaching the scene.	5
The Incident Commander or Team members entered the risk area with minor PPE deficiencies.	3
The Incident Commander or Team members entered the risk area with multiple or significant PPE deficiencies.	0
2. Scene protection	
Appropriate controls were implemented to protect the scene and respond to the potential fire risk.	5
Deficiencies in control measures impacted on-scene safety, exposing the working area to unnecessary risks.	3
No scene controls were implemented, leaving the working area unprotected.	0
3. Safety instructions to the team	
The Incident Commander provided explicit instructions, prioritised actions and prevented unauthorised access to the risk area.	5
The Incident Commander's instructions were delayed or unclear and needed clarification.	3
Team members self-deployed or ignored instructions and entered the risk area without approval.	0
4. Safe approach	
The Incident Commander and Teams approached the risk area and were controlled, safe, and without delay. Team members only entered when authorised, and	٦
immediate risks were identified and mitigated.	5
The Incident Commander or Teams approach exposed them to minor hazards or was delayed.	3
The Incident Commander or Teams approach was unsafe, overlooking significant hazards.	0
5. 360º Evaluation	
The Incident Commander performed a complete survey without delay, identifying all the immediate hazards.	5
The Incident Commander performed a mechanical/adequate survey, or overlooking minor hazards, or there were delays or an incomplete 360 visualisation of the scene.	3
The including commander performed a incentanceal adequate survey, or overlooking minor hazards, or there were delays or an incomplete 500 visualisation of the seene.	ر
The Incident Commander's assessment was poorly executed, overlooking significant hazards.	0
6. Patient(s) Information	
Within the context situation, information was obtained about the number of patients, their position, and their level of consciousness within timeframes that were not	5
detrimental to their health or welfare.	5
Information about the number of patients, their position, and their level of consciousness was obtained but with delays or minor omissions.	3
Critical information about the number of patients, their position, or their level of consciousness was overlooked, causing detriment to the patient's health or welfare.	0
7. Level of entrapment	
	-
The patient(s) level of entrapment was correctly identified, preventing delays in planning and patient(s) extrication.	5
The patient(s) level of entrapment was correctly identified, but with delays that impacted planning and patient(s) extrication.	3
The patient(s) level of entrapment was not identified, resulting in significant delays, a change to plans and an impact on the patient's welfare.	0
8. Vehicle survey	
OTHER vehicles were subject to a complete interior survey; assessed for impactive hazards. Vehicle data sheets were used if accessible. The luggage compartment was	
checked, and vehicle batteries were disconnected subject to the need to operate electrical items and accessibility. All hazards were identified, and risks were removed,	5
isolated or mitigated.	_
All vehicles were assessed, minor hazards were overlooked, or the level of risk was not adequately reduced.	3
Not all vehicles were assessed, significant hazards were overlooked, or the level of risk was not reduced.	0
9. Access to the Patient(s)	_
The Incident Commander identified access points to the patients(s) and considered egress options for responders.	5 3
Access points were identified, but with slight delays or less impactive options were available.	0
There were significant delays in gaining access to the patient, impacting their health and welfare	U
10. Interior space Initial space was created, maximising access and room for the Medic to provide patient care. Space was appropriately adapted to support extrication pathways and	
minimise manual handling risk.	5
Minimum initial space was created to support access and room for the Medic. Space was partially adapted to support extrication pathways and minimise manual handling	
risk.	3
	0
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Insufficient or no interior space was created, impacting access, patient care and extrication pathways.  11. Scenario status	
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Plans (Phase 2)	
15. Plan communication with Medic	
The IC contacts and agrees on plan(s) with the Medic once the primary assessment has been performed and without delay	15
Communication with the Medic was delayed or incomplete, impacting planning and progress.	10
Communication with Medic was without primary information about patient(s) conditions, impacting planning decision.	5
The IC does not consider information from the Medic in order to decide the plan(s)	0
16. Plan Communication With Technical Team	
Risk and Patient(s) information was exchanged to provide a shared situational awareness. The patient's clinical needs, condition, extrication pathways, and plans were discussed. Technicians have the opportunity to provide input into the extrication plan(s).	15
Risk and Patient(s) information was exchanged to improve situational awareness but with slight delays. The patient's clinical needs, condition, extrication pathways, and	${f H}$
plans were partially discussed. Technicians provide input into the extrication plan(s).	10
Risk and Patient(s) information was partially exchanged to improve situational awareness. The patient's clinical needs, condition, extrication pathways, and plan(s) were	5
partially discussed. Technicians do not provide input, or their ideas are very ambitious regarding plan(s).  Minimal or no information was shared, or the Technical team had no planning input due to authoritarian command.	0
17. Plan(s) communication	Lů
The plans were communicated clearly with team members without delays. All planning briefings reflected a patient-centred extrication, considering their welfare and	15
clinical needs. The plan(s) were communicated clearly with team members with slight delays. All planning briefings reflected a patient-centred extrication, considering their welfare and	$\perp$
clinical needs.	10
The plan(s) were communicated with team members with delays, or the patient(s) clinical needs were not included in the team briefing.	5
The plan(s) were communicated with team members with significant delays, or planning did not factor in the clinical needs of all patient(s).	0
18. Appropriate selection of plans	
All plans reflected the clinical needs of the patient(s). Consideration was given to Immediate, Emergency and Full plan(s), and they were applied appropriately.	15
All plans reflected the clinical needs of the patient(s) but did not consider changes in the patient(s) condition, or one of the plan(s) is ambiguous	10
Not all plans reflected the clinical needs of the patient(s), or other options were more viable.	5
Plans did not reflect the needs of the patient(s).	0
19. Planning objectives and priorities	
Planning and priorities reflected the triage of the patients, and clear objectives were identified, exchanged and understood.	15
Planning and priorities reflected the triage of the patient(s), and clear objectives were identified, and exchanged but confirmation of understanding was not confirmed.	10
Planning reflects the triage of patient(s), but priorities or objectives were unclear.	5
Planning did not reflect the triage of patient(s), or priorities or objectives were not provided.	0
20. Vehicle type.  Planning considered the functionality of seats, safety systems, glass, vehicle type, and body construction.	15
Planning considered the functionality of seats, safety systems, glass, vehicle type, and body construction.  Planning considered the functionality of seats, safety systems, glass, vehicle type, and body construction with minor omissions.	10
Planning considered the functionality of seats, safety systems, glass, vehicle type, and body construction with moderate omissions.	5
Planning overlooked vehicle components that had a detrimental impact on extrication pathways.	0
21. Patients and resources.	
Planning considered the available resources, number of casualties, level of entrapment, injuries, triage, casualty size and physical needs.	15
Planning overlooked minor details that led to slight delays in the extrication of patients.	10
Planning overlooked essential details that led to extensive delays in the extrication of patients.	5
Planning did not consider critical factors that led to the implementation of alternative plan(s), caused delays and had a negative impact on the patient(s).	0
22. Impact on patient	
Plan(s) were patient-focused and provided pathways that minimised the impact on the patient(s) condition and injuries. The space created was ample for the patient's and team's needs. Consideration was given to the need for immediate or rapid extrication.	15
Plan(s) were patient-focused and provided pathways that minimised the impact on the patient(s) condition and injuries. The space created was adequate but could be	10
improved. Consideration was given to the need for immediate or rapid extrication.	10
The execution of the plan(s) was not fully focused on the patient's condition and could have resulted in some injury to the patient due to the limited space created.	5
Plans were not patient-centred, with actions detrimental to their health and well-being.	0
23. Plan(s) progression	
Activities were coordinated, logical and simultaneous. Potential issues were considered and acted on, preventing delays. Plans were reviewed and updated if required.	20
Activities were coordinated, logical and simultaneous. Potential issues were considered and acted on but with minor delays. Plans were reviewed and updated if	10
required.  Activities were coordinated, logical and simultaneous; some sporadic simultaneous activities. Plans were not reviewed and updated when needed with slight	$\vdash$
discrepancies. Unforeseen or slow corrections created minor delays.	5
Activities were uncoordinated, out of sequence or protracted. Delays were created by indecision by the Incident Commander.	0
24. Patient(s) extrication	
The final creation of the space is of adequate size to accommodate removal of the patient. Adequate protection was provided, and the extraction method is performed without sudden movements. Patient in a safe place outside the vehicle	20
The final space creation was adequate, with some difficulties during the extrication process. Suitable protection was provided, but with minor failures, the extrication method reflected the patient's injuries/condition.	10
The final creation of the space was not adequate, with adverse movements to the patient during the extraction process. Adequate protection was not provided during extraction. Precipitous extraction or board going into the vehicle.	5
The final creation of the space was inadequate or has not been completed. The board does not go into the vehicle; therefore, the extraction does not start.	0
	$oldsymbol{\bot}$

The scene was reassessed throughout, all hazards were identified and reported, risks were considered, and controls were implemented without delays.  18 the scene was not excessed throughout, not all mazards were identified or reported, or controls were implemented with delays.  19 the scene was not excessed or considered were oil introduced to mitigate significant risks.  19 the lockeder Commander valuation do positioning throughout the incident. The Commander is always in the base position to control all major actions.  19 the lockeder Commander sports only was introduced to mitigate significant risks.  19 the lockeder Commander's positioning was intellegate or hispoprostate.  20 the lockeder Commander's positioning was intellegate or hispoprostate.  21 Control of Incidentification and tools.  22 Control of Incidentification and tools.  23 Incident Commander's positioning was intellegated or hispoprostate.  24 Control of Incidentification and tools.  25 Incident Commander's positioning was intellegated or hispoprostate.  26 Incident Commander's positioning was intellegated or hispoprostate.  27 Control of Incidentification.  28 Incident Commander's positioning was intellegated or hispoprostate.  29 Incidentification and the sport of	Command and Control (During the Process)	
The scene was reasoned throughout not all hazards were identified or reported, or controls were implemented with didays.  1 to come was not received. An order of minimal transport significant mick.  1 to come was not received. An order of minimal transport significant mick.  2 the incident Commander maintained good positioning throughout the incident. The Commander is always in the best position to control all major actions.  5 the incident Commander positioning was interestent.  8 the incident's Commander's positioning was interestent.  9 the incident's Commander's positioning was interestent or inappropriate.  9 the Incident's Commander's positioning was interested in inappropriate.  9 the Incident's Commander's positioning was interested in inappropriate.  9 the Incident's Commander's positioning was interested all recommander in inappropriate.  9 the Incident's Commander's positioning was interested all recommander in inappropriate.  9 there were delays to technical actions, with sendation from the plant's objectives, or there were significant sizes with safety or simultaneous actions.  1 there were delays to technical actions, with deviation from the plant's objectives, or there were significant sizes with safety or simultaneous actions.  1 the receiver Commander controlled the momentum of positions and anisotioned the appropriate speed, originally active simultaneous actions.  1 the incident's Commander and incidential actions was an active the normal and approved approved anisotion active the incident Commander controlled and control of the site normal paper of appropriate speed, original paper and approved the province of the incident Commander and working in a confident original paper of appropriate speed, original paper and approved the province of the incident Commander and working in a confident original paper and paper and appropriate speed, original paper and appropriate speed, original paper and appropriate speed, original paper and appropriate speed, or active the individual paper and active the	25. Dynamic Risk Assessment	
The force was not reserved, or controls were set introduced to misigate significant risks.  Set Positioning The Incident Commander maintained good positioning throughout the incident. The Commander is always in the bast position to control all major actions.  Set Incident Commander's positioning was intermitient.  3 the Incident Commander's positioning was indicagnated or inappropriate.  77. Control for techniques and tools  received the major action of the control o	The scene was reassessed throughout; all hazards were identified and reported, risks were considered, and controls were implemented without delays.	5
15. Positioning	The scene was reassessed throughout; not all hazards were identified or reported, or controls were implemented with delays.	
he incident Commander maintained good positioning throughout the incident. The Commander is always in the best position to control all major actions.  \$ 16 he incident Commander's positioning was intermetized.  \$ 27. Control of techniques and tools  for incident Commander's positioning was indexquate or inappropriate.  \$ 27. Control of techniques and tools  and a second of techniques and technical actions, with some deviation from the plan's objectives, or there were slight issues with safety or simultaneous actions.  \$ 28. Control momentum  **Be incident Commander controlled the momentum of operations and maintained the appropriate speed, ensuring continuous progression.  \$ 28. Control momentum  **Be incident Commander vasa inconsistent in controlling the momentum and speed, which impacted progression.  \$ 30. Control  **Be incident Commander vasa inconsistent in controlling the momentum and speed, which impacted progression.  \$ 30. Control  **Be incident Commander allowed the Technique Team to discust the corrol and passe of positions.  \$ 30. Control  **Be incident Commander bod overall command and control of the situation occasionally.  \$ 30. Commander Commander in a command and control of the scene situation occasionally.  \$ 30. Team waster  **Be incident Commander for considers hydration, fatigue: including tool rocation, the weight of equipment, whiche components and working in a confined working in the incident Commander for considers hydration, fatigue: including tool rocation, the weight of equipment, whiche components and working in a confined working microment.  **Be incident Commander for son chart at the appropriate time to rotate tool operations, or the technical team does not not their own.  **Be incident Commander or considers hydration, fatigue: including tool rocation, w		0
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The incident Commander's postborling was insidequate or inappropriate.  2.7. Control of Techniques and tools  and the commander estimated that all technical actions were completed without delay, supported the objectives of the extraction plans and were completed safely, yet present cally and efficiently.  3. There were delays to technical actions, with some deviation from the plan's objectives, or there were slight issues with safety or simultaneous actions.  4. The every commander controlled the momentum of operations and maintained the appropriate states with safety or simultaneous actions.  5. The every commander commander controlled the momentum of operations and maintained the appropriate speed, ensuring continuous progression.  5. The incident Commander was inconsistent in controlling the momentum and speed, with impacted progression.  5. The incident Commander allowed the Technical Team to dictate the control and pace of operations.  7. The incident Commander allowed the Technical Team to dictate the control and pace of operations.  8. The incident Commander had occurred accurate and control of the statution throughout the rescue (the incident Commander lost command and control of the scane situation concationally.  8. The incident Commander lost command and control of the scane situation.  9. The incident Commander lost command and control of the scane situation.  9. The incident Commander lost command and control of the scane situation.  9. The incident Commander lost command and control of the scane situation.  9. The incident Commander lost command and control of the scane situation.  9. The incident Commander lost command and control of the scane situation.  9. The incident Commander does not act at the appropriate time to rotate tool operations, or the Technical Teum does it on their own. Hundling of heavy dijects was in the incident Commander does not act at the appropriate time to rotate tool operations, or the Technical Teum does it on their own. Hundling of the lower the well are of the Technic	The Incident Commander maintained good positioning throughout the incident. The Commander is always in the best position to control all major actions.	
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The Incident Commander did not oversee lifting operations or stabilisation checks. There was significant delays or substantial impact on the patient.  33. Risk Control  15. The Incident Commander focused on creating a safe work area and ensured that most scene hazards were controlled or there were delays.  36. The Incident Commander overlooked significant or numerous hazards, falling to introduce controls.  37. The Incident Commander overlooked significant or numerous hazards, falling to introduce controls.  38. Ridy and safe work area  18. When work area was tidy and safe throughout the rescue.  18. The work area was tidy and safe throughout the rescue.  18. The work area was sufficiently tidy and safe but with slight deficiencies.  18. The work area was chaotic, unsafe or adding unnecessary risk to the working area.  38. Resource Management  18. The work area was chaotic, unsafe or adding unnecessary risk to the working area.  39. The incident Commander managed and coordinated all resources. Decisions made promptly and efficiently (one step ahead) to ensure maximum use of resources, sequipment, procedures.  39. The Incident Commander managed and coordinated resources but lost control or made poor decisions occasionally.  30. The incident Commander monaged or calmed down the team all times at the correct moments, ensuring a positive momentum all the time  30. The Incident Commander motivated and encouraged or calmed down the team sometimes but was not consistent.  31. The Incident Commander did not motivate, calm down or encourage the team  32. Confidence in the team  33. Confidence in the team  34. Confidence of the team  35. The Incident Commander provided teaching or made some corrections, demonstrating some confidence in the team.  36. The Incident Commander provided teaching or made some corrections, demonstrating some confidence in the team.  36. The Incident Commander had limited trust in the team, providing excessive teaching or corrections.  37. Confidence in the team  38. Hands-on  39. The Incident C		3
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Command and Control (During the Intervention)	
39. Patient(s) condition	
The Incident Commander received (or searched for) sufficient information about the patient's condition without delays	5
The Incident Commander receives (or searches for) sufficient information about the patient's condition but with delays.	3
The Incident Commander was not concerned with receiving (or searching for) information about the patient's condition	0
40. Warnings	
The Incident Commander monitored safety warnings (noises, movements, etc.) to the medic and patient throughout the incident without delays.	5
The Technical team gave safety warnings, but some were missed or delayed.	3
The patient received no warning due to failures in team communication	0
41. Patient's safety and well-being	
The Incident Commander monitored the patient's safety and well-being, ensuring adequate protection throughout the rescue.	5
The Incident Commander showed some concern for the patient's safety and well-being, with slight shortcomings or delayed corrections.	3
The Incident Commander had little concern for the patient's safety and well-being.	0
42. Coordination with Medic	
The Incident Commander coordinated activities with the Medic to collectively influence actions and outcomes (initial approach, access, plan selection, patient	5
extrication).	
The Incident Commander coordinated sufficiently with the Medic; some were not at the appropriate time.	3
The Incident Commander did not coordinate with the Medic.	0
43. Clear instructions to the team	
nstructions to the team were clear, concise, and personalised, with confirmatory responses without delay.	5
nstructions were clear but not personalised or with delay.	3
nstructions were not given by the Incident Commander or were ignored or misunderstood by the team, or there was no confirmatory response.	0
4. Communication with Technical team	
Communication with the Technical team was always effective and two-way, with appropriate body language and tone.	5
Communication was adequate, with slight lapses.	3
There was little communication with the Technical team during the rescue or there was not confirmatory response	0
45. Patient's condition	
The Incident Commander received information about the patient's condition and injuries at the appropriate time (on the initial approach, after primary assessment,	5
followed by regular updates).	<u> </u>
The Incident Commander received information about the patient's condition and injuries, but it was incomplete or done at inappropriate or delayed times.	3
No information about the patient's condition or significant injuries was received.	0
46. With Medic	
Communication with the Medic was effective and two-way at all times; it continued throughout to ensure a patient-centred rescue.	5
Communication with the Medic was adequate, with some minor lapses	3
There was very little or no communication with the Medic during the rescue.	0
PHASE 3: EXTRICATION	
47. Patient handover	
The Incident Commander identified the extrication phase (phase 3) and passed control of patient handling and extrication to the Medic. The Commander remained in	1
	10
overall control of the rescue.	
overall control of the rescue.  The Incident Commander identified the extrication phase, but there was confusion about who controlled the extrication or movements.	5