

<b>Technical Assessment</b>						<b>Location</b>						<b>Date</b>					
<b>Team</b>						<b>Assessor</b>						<b>Time</b>					
<b>Phase 1: Initial Priorities</b>																	
<b>Initial Team Approach</b>									<b>Risk Control</b>								
1. Scene Safety			2. Fire Protection			3. Safe Approach			4. Control or Mitigation of Vehicle				5. Control or Mitigation of Scene				
0	3	5	0	3	5	0	3	5	0	5	10	0	5	10			
<b>Stabilization</b>											<b>Patient Access</b>						
6. Primary Stabilization				7. Secondary Stabilization				8. Stabilization Checks/Lifting				9. Appropriate Initial Access			10. Initial Access without Delay		
0	5	10	15	0	5	10	15	0	5	10	15	0	5	10	0	5	10
<b>Patient Access</b>				<b>Communication</b>													
11. Initial Interior Space Created				12. With Command				13. With Technical Team				14. With the Medic					
0	5	10		0	3	5		0	3	5		0	3	5			
Stabilization		Time: 1 <sup>o</sup>		/		2 <sup>o</sup>		/									
Patient Access		Time:		/													
<b>Phase 2: Plans</b>																	
<b>Vehicle Preparation</b>						<b>Operations</b>											
15. Glass Management			16. Removal of trim			17. Selection and Tool Handling			18. Appropriate Techniques			19. Teamwork / Simultaneous Activities					
0	5	10	0	5	10	0	5	10	15	0	5	10	15	0	5	10	15
<b>Safety</b>									<b>Communication</b>								
20. Proper Use of PPE			21. Risk Controls			22. Tidy Work Area			23. With Command			24. With Medic Warnings Given and Confirmed					
0	5	10	0	5	10	0	5	10	0	3	5	0	3	5			
<b>Patient(s) Care</b>						<b>Plan(s) Implementation</b>											
25. Protection During Operations			26. Adverse Movements			27. Appropriate Final Interior Space			28. Final Space According to Plan(s)			29. Plan(s) Progression					
0	5	10	0	5	10	0	5	10	15	0	5	10	15	0	5	10	15
<b>Immediate Plan(s)</b>																	
<b>Emergency Plan(s)</b>																	
<b>Full Plan(s)</b>																	
<b>Phase 3 : Extrication</b>																	
<b>Patient Handling</b>									<b>Coordination with Medic</b>								
30. Proper Positioning			31. Proper Handling Techniques			32. Safe Extrication Process			33. Extrication Phase								
0	5	10	0	5	10	0	5	10	15	0	5	10	15				
<b>Communication</b>																	
34. With Medic			35. With Technical Team			36. Communication with Commander											
0	3	5	0	3	5	0	3	5									
Patient extrication.		Time:		/		Time:		/									



Initial Priorities (Phase 1)	
<b>1. Scene safety</b>	
The Technical Team introduced controls to provide a safe working area.	5
The Technical Team introduced controls to provide a safe working area, but there were omissions.	3
No controls were introduced to protect the scene	0
<b>2. Fire protection</b>	
Fire extinguishing equipment was made available and located at a point of easy access to respond to potential fires.	5
Fire extinguishing equipment was made available but was located in the wrong position	3
No fire extinguishing equipment was made available.	0
<b>3. Safe approach</b>	
The Technical Team made a safe approach maintaining an appropriate distance unless instructed otherwise by the incident commander.	5
The Team's approach was safe but with some minor failures.	3
The Team's approach was unsafe; they entered the risk area without authority or overlooked hazards, placing themselves at risk.	0
<b>4. Control or mitigation of vehicle risks</b>	
All external and internal vehicle risks were controlled or mitigated without delay. Safe systems of work were introduced.	10
Most vehicle risks were controlled or mitigated. There were some minor deficiencies.	5
No vehicle risks were controlled or mitigated, or there were significant deficiencies in control measures.	0
<b>5. Control or mitigation of scene risks</b>	
All scene risks were controlled or mitigated without delay. Safe systems of work were introduced.	10
Most scene risks were controlled or mitigated but with some deficiencies.	5
No scene risks were controlled or mitigated, or there were significant deficiencies in control measures.	0
<b>6. Primary stabilization</b>	
Emergency or primary stabilisation was appropriate and performed quickly. Vehicle movement does not impact the patient or put team members at risk.	15
Emergency or primary stabilisation was insufficient or inappropriate; movement impacted the patient's welfare	10
Stabilization was inappropriate; there were long delays, or vehicle movement put responders at risk	5
No stabilization was performed	0
<b>7. Secondary stabilisation</b>	
Secondary (or complete) stabilization was satisfactory and performed quickly or was unnecessary.	15
Secondary stabilisation was insufficient or delayed, or there was moderated vehicle movement	10
Inappropriate stabilization was performed with significant delays or there was excessive vehicle movement	5
Secondary stabilization was required but was not introduced.	0
<b>8. Stabilisation re-check/lifting</b>	
Stabilization Re-checks were performed correctly and at the right times. Completed lifting operations when performed correctly with appropriate backup systems in place.	15
Stabilization Re-checks were performed with delays or small failures. Completed lifting operations were performed correctly, but there was a delay in implementing a backup system.	10
Stabilisation Re-checks were performed with significant delays or on minimal occasions. Completed lifting operations were performed correctly, but there was a significant delay in implementing a backup system.	5
Stabilization Re-checks were not performed or not performed correctly. Completed lifting operations were unsafe or had no backup systems in place	0
<b>9. Appropriate initial access</b>	
Point of access was effective. The patient was not exposed to harm; access methods are safe and appropriate.	10
Access to the patient was provided at a suitable point but created some difficulties for the medic. The patient was not exposed to harm; access methods are subject to minor failures.	5
Access to the patient was provided but created difficulties for the medic. The patient was exposed to harm; access methods are subject to significant failures.	0
<b>10. Initial access without delay</b>	
Considering the situation, access was gained to all patients without delay	10
Initial access was delayed (earlier access was feasible).	5
Initial access was significantly delayed (earlier access was feasible).	0
<b>11. Initial interior space created</b>	
Initial interior space was created quickly and adequately for good patient care and adapted to the circumstances.	10
Sufficient initial interior space was created but could be improved, or there was a delay.	5
There was no effort to create initial interior space or insufficient space was created.	0

<b>12. Communication with Command</b>	
Technical Team maintained effective, two-way communication during the initial approach with the Command.	5
Communication was unclear or not bidirectional.	3
Communication with the incident Commander was limited or non-existent.	0
<b>13. Communication with Technical Team</b>	
Within the Technical Team, effective two-way communication is maintained during the initial approach.	5
Communication between the Technical Team was somewhat unclear or one way.	3
Communication between the Technical Team was limited or non-existent.	0
<b>14. Communication with the Medic</b>	
The Technical Team maintains effective, two-way communication during the initial approach with the Medic	5
Communication with the Medic was confusing or not bi-directional.	3
Communication with the Medic was limited or non-existent.	0
<b>Plans (Phase 2)</b>	
<b>15. Glass Management</b>	
The Technical Team performs safe glass management, in a logical order, without delay or a need to revisit at a later stage.	10
The Technical Team performs glass management with minor safety infringements or not in a logical sequence, with delays or further work was required at a later stage.	5
Glass management was uncontrolled or unsafe.	0
<b>16. Removal of interior trim (de-trimmed)</b>	
Where assessable, the Technical Team removed the interior trim to expose all cutting or spreading areas. Actions were timely, safe and efficient.	10
The Technical Team removed the interior trim to expose all cutting or spreading areas. Actions were slightly delayed, or some accessible areas were not revealed.	5
The Technical Team made no effort to reveal and check tool impact zones or it was undertaken unsafely.	0
<b>17. Selection and tool handling</b>	
The Technical Team's choice of tools and handling was appropriate and performed with maximum safety.	15
The Technical Team's choice of tools and handling was appropriate, with some minor safety failures.	10
The Technical Team's choice of tools was appropriate; during handling, poor practices were displayed, or there were lapses in safety.	5
The Technical Team's choice or handling of tools was inadequate or unsafe.	0
<b>18. Appropriate techniques</b>	
Techniques were appropriate and performed correctly, and Technicians reacted effectively to problems.	15
Techniques were appropriate and performed correctly, but the Technician's reaction to problems was delayed.	10
The Technical Team demonstrated some knowledge of techniques or failed to react to problems or made unnecessary tool operations.	5
The Technical Team had a lack of knowledge of extrication techniques or used incorrect techniques, or made constant errors.	0
<b>19. Teamwork-Simultaneous activities</b>	
The Technical Team always worked together with simultaneous activities throughout	15
The Team worked together most of the time with only minor discrepancies	10
Team was intermittent with sporadic simultaneous activities.	5
Work was done individually or with no/limited simultaneous activities.	0
<b>20. Proper use of PPE</b>	
The Technical Team maintained proper use of PPE/RPE without delays.	10
The Technical Team wore PPE/RPE with minor failures or delays.	5
The Technical Team consistently fail to wear PPE/RPE correctly	0
<b>21. Risk Control</b>	
The Technical Team appropriately controls all hazards without delays (sharp edge protection, etc).	10
The Technical Team controlled most risks, with some delays.	5
The Technical Team did not adequately control all risks.	0
<b>22. Tidy work area</b>	

The Technical Team kept the working area tidy and safe.	10
The working area is somewhat disorderly, or there were minor safety concerns.	5
The work area was untidy or unsafe.	0
<b>23. Communication with the Commander</b>	
The Technical Team maintained effective two-way communication in communicating the plans and, if necessary, they provided suggestions and confirmed they understood the plans	5
The Technical Team received information about the plans it was consulted excessively, or the objectives were not fully understood.	3
The Technical Team did not discuss the extrication plans or allowed the Incident Commander to be overbearing, failing to inject vital information.	0
<b>24. Communication with the Medic</b>	
The Technical Team gave warnings of all possible noises and movements without delay and received confirmation at the correct moment.	5
The Technical Team gave warnings, on most occasions but some delays of they did not wait for confirmation	3
No warnings were given or did not reach the patient(s).	0
<b>25. Protection during operations</b>	
The Technical Team provided protection throughout without delays	10
The Technical Team provided protection for the patient(s) but with some failures or with delays.	5
Little or no protection was provided for the patient by the Technical Team.	0
<b>26. Adverse movements</b>	
No adverse movement was transmitted to the patient during operations.	10
Some adverse movement was transmitted to the patient(s).	5
A large amount of movement or vibration was transferred to the patient(s) during the operations.	0
<b>27. Appropriate final interior space(s)</b>	
The final interior space was appropriate to the circumstances, facilitating safe patient extraction.	15
The final interior space was adequate, with minor impacts on the patient(s) during extrication.	10
Minimal interior space was created which hampered the extrication process.	5
The Team made no effort to create interior space, or it was insufficient and impacted the extrication process.	0
<b>28. Final space(s) according to plans</b>	
The final space was created according to the condition and needs of the patient(s), and it was adapted to the circumstances.	15
The final space was created adequate but could be improved for the condition of the patient	10
Insufficient final space was created, or it was not in accordance with the patient(s) status.	5
The final space was not created, or there was no emergency plan, or it was not appropriate for the patients' injuries and condition.	0
<b>29. Plan(s) progression</b>	
The Technical Team performed appropriate actions leading to the completion of technical operations and extrication of the patient(s)	15
The Technical Team performed appropriate actions and were close to the completion of technical operations and extrication of the patient(s)	10
The Technical Team performed appropriate actions but with insufficient progress.	5
There was limited progress or hasty completion of patient extrication that was detrimental to their welfare.	0

Extrication (Phase 3)	
<b>30. Proper positioning</b>	
Positioning of rescuers to lift, slide and manipulate the patient was appropriate to the patient's condition and position.	10
Good initial positioning, but it was not maintained during the manipulation and extraction of the patient or there was a failure to complete the extraction safely.	5
The positioning of the rescuers was not appropriate.	0
<b>31. Proper handling techniques</b>	
Appropriate manipulation techniques were performed (during all phases) without delays.	10
Some handling techniques were not effective or delayed.	5
There was a failure to complete the extraction safely or handling techniques were inadequate.	0
<b>32. Safe extrication process</b>	
The extraction process was performed with maximum coordination and safety, the patient felt safe at all times, and there were no adverse movements.	15
The extraction process was performed with well with coordination and safety, the patient felt safe with the exception of some minor concerns.	10
The extraction process was performed but the patient did not feel completely safe, with some adverse movements or the patient was not fully extricated.	5
The extraction process was not performed or was uncoordinated and unsafe.	0
<b>33. Extrication phase</b>	
The extraction phase was initiated and completed, the patient was removed to the patient's safe area.	15
The extraction phase was initiated but not completed, the patient was stabilised on board or the board and in the process of being extricated.	10
The extraction phase was initiated but not completed, the patient was progressing on board or extrication was performed in a hasty manner (unsafe extrication).	5
The extrication phase was not initiated.	0
<b>34. Communication With the Medic (Patient's condition)</b>	
The Technical Team receives information about the patient's condition and significant injuries. If not received, they must prompt the medic for information.	5
The Technical Team receives information on the patient's condition with delay or information on major injuries were not complete.	3
No information on the patient's condition or significant injuries was provided.	0
<b>35. Communication with Technical Team</b>	
Effective two-way communication was maintained between the Technical Team.	5
Communication between the Technical Team was unclear or one-directional.	3
There was very little or no communication in the preparation and extrication of the patient.	0
<b>36. Maintained with Incident Commander</b>	
Communication with the Incident Commander was effective and two-way at all times.	5
Communication was appropriate, with some slight lapses or it was not maintained during the rescue.	3
There was very little or no communication during the rescue.	0