

**AMENDMENT LIST NO 1 TO
COMBAT MEDICAL ATTENDANT
SKILLS MAINTENANCE LOG BOOK
ASSESSOR'S GUIDE**

Amendment Instruction

1. Page amendments are to be made as follows:

Existing Pages Cancel and Remove/Delete	Insert New Pages	Amendments Made
Remove old page v to vi	Insert new page v to vi	Page v to vi
Remove old pages 2.3 to 2.5	Insert new pages 2.3 to 2.5	Page 2.3
Remove old pages 3.1 to 3.2	Insert new pages 3.1 to 3.2	Page 3.1
	Insert new pages 3.21 to 3.30	Pages 3.21 to 3.30
Remove old page 3.21	Insert new page 3.31	Page 3.31
	Insert new pages 3.32 to 3.50	Pages 3.46 to 3.50

2. On completion of the above amendment, initial and date the amendment certificate on page iii to confirm that the amendment has been made.

CONTENTS		
		Page
	Amendment Certificate	iii
	Contents Page	v
	Conditions of Release	vi
	Glossary/ Abbreviations	viii
SECTIONS		
1.	Introduction	
	1.1 Background	1.1
	1.2 Aim of SMLB and Assessor Guide	1.1
	1.3 Purpose of Assessors Guide	1.1
	1.4 Objectives of Assessor Guide	1.1
2.	User Guidelines	
	2.1 Introduction	2.1
	2.2 Security requirements	2.1
	2.3 Responsibilities	2.1
	2.4 Resources	2.3
	2.5 Assessment requirements	2.3
	2.6 Failure to meet currency requirements	2.4
	2.7 Reporting Process	2.5
	2.8 CMA's loss of SMLB	2.5
3.	CMA Currency Requirements	
	3.1 Introduction	3.1
	3.2 Definitions	3.1
	3.3 Currency Assessment - CMA	3.1
	3.4 Skills Assessment Results Summary Table	3.2
	3.5 Checklists and Assessments	3.2
	Competencies	3.3-3.30
	CMA Skill Assessments	3.31-3.50
4.	Professional Development	
	4.1 Introduction	4.1
	4.2 Professional Development	4.1
	4.3 Operational Training, Field and Deployment Exercises	4.1

CONDITIONS OF RELEASE OF THE SKILLS MAINTENANCE LOG BOOK ASSESSORS GUIDE

Conditions of Release

1. This document contains Australian Defence Force information. The following conditions of release apply:
 - a. The recipient is to safeguard the document under the current security rules and regulations in force for the Australian Defence Force and as appropriate to its security classification.
 - b. It **IS NOT** to be used for other than military purposes.
2. The SMLB Assessors Guide is to be issued to workplaces where assessment of the Combat Medical Attendant occurs and is not to be issued as a personal copy.

Security

3. Appropriate security measures commensurate with the classification level of the CMA SMLB (Assessors Guide) should be observed. Photocopies of any portion of the CMA SMLB (Assessors Guide) may be made at the discretion of the training/SMLB Coordinator of the respective unit.

Authority for Issue

4. Organisations requesting the issue of the CMA SMLB (Assessors Guide) for the conduct of training require approval from their respective training authority or appointed delegate.

Amendments

5. The CMA SMLB Assessors Guide is a controlled document. Amendments are to be completed by the Health Cell, TD only. Proposed amendments are to be forwarded to the Health Cell TD for consideration. Amendments to the SMLB (Assessors Guide) will be promulgated by Health Cell TD to ASAH for issue with next level of the Training Continuum requested by training organisations.

Combat Medical Attendant

The CMA is responsible for:

- the security of the SMLB;
- ensuring that the location of the SMLB is known at all times so that it can be made available on request;
- identifying appropriate experiences to consolidate the competencies obtained;
- obtaining adequate practice prior to assessment;
- identifying timings for assessments and completing all currency requirements in the SMLB;
- seeking and identifying appropriate opportunities for professional development; and
- working within their Employment Specification.

2.4 Resources

All currency assessment requirements are in accordance with the following texts

CMA REFERENCES		
TRG LEVEL	AUTHOR	TITLE
CMA Mod 1	Australian Army	LWP-G-1-2-5 Basic First Aid
CMA Mod 1	Australian Resuscitation Council	ARC Australian Resuscitation Guidelines
CMA Mod 1	ADF	Defence Health Publications
CMA Mod 1	MEMA Vol 2	Chapter 6 (issue of equipment)
CMA Mod 1	Mosby (Fourth edition)	Basic and Advanced Pre-hospital trauma life support 1999
CMA Mod 1	MIMS Australia	MIMS Annual or MIMS Bi-monthly
CMA Mod 1	Potter & Perry (2001)	Fundamentals of Nursing
CMA Mod 1	HD 245	Consent of health treatment
CMA Mod 1	Mosby (Fifth Edition)	Medical, Nursing and Allied Health Dictionary
CMA Mod 1	Williams and Wilkins, New York (1999)	Lippincotts Textbook for Medical Assisting
CMA Mod 1	Commonwealth	OH&S Act
CMA Mod 1	Army treatment protocols	Vol 1: Pre-hospital Care
CMA Mod 1	Lippincotts, Hosley and Molle-Matthews	Lippincotts Textbook for Clinical Medical Assisting
CMA Mod 1	ADDP 1.2	Defence Health
CMA Mod 2A	LWD 1-2	Combat Health Support (2004)
CMA Mod 2A	ADFP 1.2.3.3	Military Surgery Handbook
CMA Mod 2A	ADFP 1.2.3.4	Casualty Treatment Regimes
CMA Mod 2A	LC Health Services	Resuscitation Standardisation Handbook, Version 2 (1997)
CMA Mod 2A	LWP 1-2-4	Health Company Operations (2004)

2.5 Assessment Requirements

Specific Assessment requirements are outlined in the 'Instructions to Assessors' for each individual skills currency assessment. A master copy of the assessment checklist is enclosed in the guide. **Assessment checklists will, therefore, need to be photocopied prior to the commencement of the assessment.** Currency requirements necessitate assessors to document the performance of certain skills at

set intervals (either 6 or 12 mths) and as opportunities arise (therefore they may be recorded more frequently). Some of these required skills are highly erodable (eg I/V cannulation) and need to have their currency assessed at regular intervals to ensure that the member is still able to perform them. Assessments are to be conducted in the workplace environment. If there are problems meeting the assessment criteria, a simulated workplace environment may need to be generated (eg. calculate drug dosages).

All skill currency assessment requirements have been performed by the CMA with the same criteria in training. Assessments have been designed to test either the 'fundamentals' of a skill or the 'higher level' required to perform the task. The CMA is not current in the task(s) until all components of the checklist are met.

The skills currency assessments for each level are located in Section 3.

Currency/Professional Development/Operational Deployments and Exercises: CMAs are required to fill in the appropriate details and request a signature from their supervisor to confirm the extra development has been undertaken.

2.6 Failure to Meet Currency Requirements

Failure of CMAs to meet skill currency requirements in the SMLB may have a two-fold effect:

- Firstly, if they have an 'unsatisfactory' result in the performance of certain duties, they will be removed from those duties until they are reassessed.
- Secondly, they may be subjected to disciplinary action/legal proceedings for actions they take outside of their skill/knowledge base and Occupation/Employment specification.

Should a CMA's performance be found 'unsatisfactory' in any assessment, remediation is to occur IAW HPD 822 as follows:

'If a member is unable to demonstrate currency, when assessed against the criteria contained within the log, a period of revision and guided practice of not less than 14 days, or greater than 28 days, is to be arranged within the local area. The member's base or unit may request the assistance of the training establishment in the provision of revision material. On completion of this time, the member is to be re-assessed in those elements by an independent assessor. A further failure in those tasks is to result in formal assessment of competency. Until that assessment result is known, the member is not to be permitted to independently undertake those clinical functions in which the failure has been recorded.'

'If the member subsequently fails to successfully complete this assessment, the parent unit or base is to initiate a request for the withdrawal of the trade qualification or additional skill certification. Results of all failed assessments are to be forwarded to the member's Senior Health Officer.'

Further detail regarding conduct of remediation training is found in HPD 822 and conducted IAW Service training policies and procedures. The appeal process for CMAs against adverse outcomes of skills competency testing is IAW Army policy.

2.7 Reporting Process

Once a skills assessment has been completed, the Assessor is to record the details on the Currency Assessment Summary Sheet and the assessment archived by the unit for a minimum of two (2) years. The CMA is to be encouraged to take a copy of the assessment for their records.

Once all skills assessments have been completed for the reporting period, a copy of the Currency Assessment Summary Sheet is to be placed in the CMA's Competency Log Book. The original copy of the Currency Assessment Summary Sheet is to be maintained within the SMLB and a copy placed in the Platoon Commander's notebook, maintained by the CMA's supervisor. Auditing of logbooks for member's currency is to be conducted by the unit at 6 - 12 monthly intervals and individual results recorded to reflect a member's proficiency for readiness purposes. Audit results may be used to comment on the member's 'Individual Readiness'/AIRN compliance and employment proficiency.

2.8 CMAs Loss of SMLB

Should loss of the SMLB occur, replacement copies are available through the TE where the member's undertook their initial employment training. Summary of Currency Tables that have been archived on the members Competency Log Book, and archived copies of assessments may be used to complete the new SMLB. Where no retrievable historical data on the CMA's current status exists, the member will be required to be reassessed in those SKAs.

Section 3

CMA Currency Requirements

3.1 Introduction

Health personnel demonstrate a range of skills during the performance of their work duties. If these skills are not practised regularly they can deteriorate and personnel lose their ability to perform them, which has detrimental effects on the ability of the ADF to provide optimum health service in peacetime and during operations. The following pages outline the currency requirements for CMAs to meet the continued standard required for the job. The frequency of performance is clearly outlined under each skill.

Competency in skills does not necessarily mean currency. A CMA may have been competent in performing a particular skill, but have not practised it for many months or even years, yet there will be times when they are called upon to perform those skills again. Some of these required skills are highly erodable (eg I/V cannulation) and the CMA needs to have their currency in these skills assessed at regular intervals to ensure that they are still able to perform them.

3.2 Definitions

The following definitions are distinct elements of proficiency:

- **Currency** – refers to the recency of the member in undertaking a process, and
- **Competency** – refers to the member's ability to apply knowledge and skill to the standard required in the workplace in a timely manner.

3.3 Currency Assessment – CMA

CMA Module 1 – Pre – hospital Care:

The CMA skills that require regular currency assessment for Module 1, pre-hospital care are located in the following competencies:

HLTFA2A	Apply advanced first aid,
DDDAMEDA212A	Transport patients by road ambulance, and
HLTAMBCR1A	Deliver Basic Patient.

CMA Module 2A – Resuscitation and Administration:

The CMA skills that require regular currency assessment for Module 2A, resuscitation and administration are located in the following competencies:

DDDAMEDA203A	Record clinical information during casualty resuscitation, and
DDDAMEDA204A	Provide general support during casualty resuscitation.

The competencies are located within this section beginning on page 3-3.

3.4 Skills Assessment Results Summary Tables

The CMA's performance during each assessment is to be recorded using the skills assessment results summary tables at Section 2 in the CMA SMLB. Currency on all skills must be assessed on a 6/12 monthly basis as indicated in the instructions to assessors of each assessment, but as stated earlier any opportunity to perform skills and maintain currency should be taken and CMAs should not be constrained by the 6/12 month timeframe.

Extra Summary of Currency Assessment Tables may be photocopied if opportunity arises to practise more than indicated in the tables.

3.5 Checklists and Assessments

The skills assessments contained in this section are performed in the workplace environment and IAW the 'Instructions to Assessors' in each individual assessment. Checklists are broad to allow for varying performance/assessment situations. CMAs are familiar with all procedures and checklists from their training. Skills currency assessments are to be performed at six (6) or twelve (12) monthly intervals as indicated in the instructions to assessors.

The Currency Assessment Summary Sheets in Section 2 of the CMA SMLB are the account that the CMA is at job standard. It is a pre-requisite for progression onto the next level of training for the CMA that all skill assessments in the SMLB are completed successfully and remain current. A revised SMLB will be provided at the completion of each level of training. A simulated workplace environment may be used for preparation should sufficient resources to consolidate skills in the workplace be unavailable.

The requirement for assessment is as follows:

- read 'Instructions to Assessors' and Skill Assessment Checklist;
- provide a copy of the assessment checklist to the CMA at least 24 hrs prior to the assessment;
- check procedures in the appropriate reference;
- brief the member on their assessment;
- perform assessment;
- document and process results;
- debrief member; and
- provide remediation as required.

COMPETENCY UNIT

DDDAMEDA203A

RECORD CLINICAL INFORMATION DURING CASUALTY RESUSCITATION

Unit Descriptor: This competency is applicable to ADF Health Care Providers on ADF training activities and or operations. It is not intended for application in a non-ADF health care environment.

Pre-requisite Units: Nil

Application of Unit: This unit covers the competency required for the Health Care Provider to perform the duties of a scribe as a member of a resuscitation bay team.

These duties include providing assistance to the resuscitation team as required, and accurately recording resuscitation events as they occur.

These duties are performed under supervision and are limited to the performance of tasks in accordance with guidelines and organisational policy and procedures.

Work performed requires a range of well-developed skills where some discretion and judgement is required. Individuals will take responsibility for their own actions and limited responsibility for the actions of others.

Entered/Checked ELEMENT

WO2 A.M. STEWART

Version Date: 14-Jul-05

PERFORMANCE CRITERIA

1 Prepare for the resuscitation

- 1 Resuscitation documentation is prepared prior to arrival of patient in accordance with organisational policy and procedures.
- 2 Resuscitation bay is prepared to receive the patient in accordance with manufactures' guidelines and organisational policy and procedures.
- 3 Resuscitation equipment is checked before each use for good working order, cleanliness, calibration, and for correct settings.
- 4 Supplies are obtained and fitted to equipment where required.
- 5 Personal protective equipment is donned in accordance with organisational policy and procedures.

2 Participate in the resuscitation

- 1 Personal hygiene and infection control procedures are followed.
- 2 Patient details are obtained and recorded in order to accurately identify the patient and raise documentation.
- 3 Treatment information and patient's response to treatment are accurately recorded in accordance with organisational policy and procedures.

DDDAMEDA203A

**COMPETENCY UNIT
ELEMENT**

PERFORMANCE CRITERIA

3 Conclude the resuscitation

- 4 Assistance is provided to the resuscitation team to aid with the provision of treatment as required.
- 1 All relevant documentation is completed in accordance with organisational policy and procedures.
- 2 Documentation is provided to team leader for authorisation.
- 3 Resuscitation bay is refurbished in order to prepare it for the next resuscitation.

KEY COMPETENCIES

Performance Level 1- at this level, the candidate is required to undertake tasks effectively
 Performance Level 2- at this level, the candidate is required to manage tasks
 Performance Level 3- at this level, the candidate is required to use concepts for evaluating and reshaping tasks

Key Competency	Example of Application	Performance Level
How are ideas and information?		1
How can information be collected, analysed and organised?		1
How are activities planned and organised?		1
How is teamwork used within this competency?		1
How are mathematical ideas and techniques used?		1
How are problem solving skills applied?		1
How is the use of technology applied?		1

RANGE STATEMENT

Health Care Provider may include: ADF Medical Technician.
 ADF Medical Assistant.
 ADF Medical Attendant.

Guidelines and organisational policy and procedures may include: Organisational health policy directives.
 Industry standards (state and national).
 Clinical standards (state and national).
 Treatment protocols.
 Resuscitation bay procedures.
 Standard for patient care.
 Codes of ethics.
 Codes of practice.

**COMPETENCY UNIT
RANGE STATEMENT**

Relevant Commonwealth Acts.
Industry professional bodies standards.
Relevant Australian standards.
ADF Nursing policy and procedure manuals.

Resuscitation documentation may include: Resuscitation recording flow chart.
Resuscitation register.
Clinical investigation request forms.

Resuscitation bay may include: Under tentage in the field.
On hard standing in a purpose designed facility.
A capability of a:
Primary Health Care Team,
Health Company, and
Health Support Battalion.

Resuscitation bay equipment may include: Patient litters and litter supports.
Vital signs monitoring equipment.
Resuscitation and ventilation equipment.
Oxygen delivery equipment.
Heart monitor and defibrillator.
Splints and immobilising devices.
Procedure trays.

Supplies may include: Bandages and dressings.
IV lines and fluid.
Artificial airways.

Personal hygiene/infection control procedures may include: Washing hands
Current National Health and Medical Research Council (NHMRC) guidelines for infection control in health care settings.
Standard Precautions and Additional Precautions as defined by the NHMRC.
Current Australian Standards.

Personal protective equipment may include: Gloves.
Gown.
Eye shield.
Face mask.

Patient details may include: First /Last Name.
Gender.
Date of birth.
Personal identification number.
Unit or organisation.

Treatment information may include: Findings of primary survey.
Basic life support interventions.
Medications administered.
Findings of secondary survey.
Clinical investigations ordered.
Referrals made.

**COMPETENCY UNIT
RANGE STATEMENT**

Information pertaining to patient's response may include: Patients vital signs.
Basic life support status.

Assistance to the resuscitation team may include: Assisting with patient treatment.
Fetching supplies to aid treatment.
Passing information.
Liasing with other agencies.

Resuscitation bay is refurbished Switching equipment off
Disposing of bio-hazardous material.
Cleaning resuscitation bay area and equipment.
Restocking resuscitation bay supplies.
Recharging/resetting equipment as necessary.

EVIDENCE GUIDE

1

Critical Aspects of Evidence Demonstrate the ability to prepare resuscitation documentation prior to arrival of patient.
Demonstrate the ability to prepare resuscitation bay equipment.
Demonstrate the ability to accurately obtain and record patient details.
Demonstrate the ability to accurately recorded treatment information and patient's response to treatment.
Demonstrate the ability to provided assistance to the resuscitation team to aid the provision of treatment.
Demonstrate the ability to assist in the refurbishment of the resuscitation bay and its equipment.

Interdependent assessment of units This unit can be assessed independently; however, holistic assessment practice with other clinical units of competency is encouraged. This unit may be assessed concurrently with the following units of competence:
HLTHIR1A Work effectively in the Health Industry,
HLTCOM1A Provide specific information to clients/patients,
HLTIN1A Comply with infection control policies and procedures, and
HLTHSE1A Follow the organisation's occupational health and safety policies.

Underpinning Knowledge Knowledge of the role of other health care providers and support services.
Knowledge of organisational policies and procedures pertinent to resuscitation.
Knowledge of human anatomy and physiology.
Knowledge of documentation processes relevant to receiving and resuscitating a patient.
Knowledge of set up and operation of equipment contained within a resuscitation bay.
Knowledge of the structure, function and layout of a resuscitation bay.

**COMPETENCY UNIT
EVIDENCE GUIDE**

DDDAMEDA203A

Knowledge of infection control policy and procedures

Underpinning Skills

Reading and writing skills - literacy competence required to fulfil job roles in a safe manner and as specified by organisation.
 Oral communication skills - language competence required to fulfil job roles in a safe manner and as specified by the organisation.
 Numeracy skills may range from the ability to complete basic arithmetic calculations such as addition, subtraction, multiplication, division to recording numbers.
 Problem solving skills required include the ability to use available resources and prioritise workload.
 Ability to work with others and display empathy with patients and significant others.
 Ability to prepare resuscitation documentation prior to arrival of patient.
 Ability to prepare resuscitation bay equipment.
 Ability to accurately obtain and record patient details.
 Ability to accurately recorded treatment information and patient's response to treatment.
 Ability to provided assistance to the resuscitation team to aid the provision of treatment.

Resource implications

An appropriately stocked and equipped resuscitation bay or simulated work environment.
 Relevant clinical guidelines and organisational policy and procedures.

Consistency in performance

Assessment should be conducted on more than one occasion to cover a variety of circumstances to establish consistency.

Context of assessment

This unit is most appropriately assessed in the workplace or in a simulated workplace and under the normal range of workplace conditions. Assessment may contain both theoretical and practical components and examples covering a range of clinical situations.
 Methods of assessment may include:
 Observation of work activities in a resuscitation bay,
 Observation of simulation and/or role play involving resuscitation of an actual or simulated patient,
 Discussion of physical and/or behavioural contingency scenarios involving expected workplace situations,
 Authenticated transcripts of relevant education/training courses,
 Authenticated reports of performing the duties of a scribe in a workplace,
 Case studies and scenarios as a basis for discussion of issues and strategies in resuscitation of a patient, and
 A diversity of assessment scenarios is essential for holistic assessment.

COMPETENCY USED IN THE FOLLOWING COURSES/MODULES

Combat Medical Attendant Module 2A (AR)

COMPETENCY UNIT **DDDAMEDA204A**
PROVIDE GENERAL SUPPORT DURING CASUALTY RESUSCITATION

Unit Descriptor: This unit of competency is applicable to Australian Defence Force (ADF) personnel in an operational environment.

Pre-requisite Units: Nil

Application of Unit: This unit covers the competency required to provide assistance as an orderly to the resuscitation team particularly in the area of patient exposure which includes the removal and securing of all personal clothing and equipment of the patient.

These duties are performed under supervision as a member of a resuscitation team and are limited to the performance of tasks in accordance with guidelines and organisational policy and procedures.

Entered/Checked ELEMENT

WO2 A.M. STEWART

Version Date: 14-Jul-05

PERFORMANCE CRITERIA

1 Prepare for the resuscitation

- 1 Resuscitation bay is prepared to receive the patient in accordance with manufactures' guidelines and organisational policy and procedures
- 2 Resuscitation equipment is checked before each use for good working order, cleanliness, calibration, and for correct settings
- 3 Supplies are obtained and fitted to equipment where required
- 4 Personal protective equipment is donned in accordance with organisational policy and procedures

2 Participate in the resuscitation

- 1 Personal hygiene and infection control procedures are followed
- 2 Patient's personal equipment is removed and secured in accordance with organisational policy and procedures
- 3 Patient is exposed in order to accurately assess the nature and extent of injuries or illness as directed by the team leader
- 4 Assistance is provided to the resuscitation team to aid with the provision of treatment as required

3 Conclude the resuscitation

- 1 Resuscitation bay is refurbished in order to prepare it for the next resuscitation in accordance with organisational and infection control policy and procedures
- 2 A receipt for clothing and equipment is raised and provided to the patient in accordance with organisational policy and procedures

DDDAMEDA204A

**COMPETENCY UNIT
KEY COMPETENCIES**

Performance Level 1- at this level, the candidate is required to undertake tasks effectively
 Performance Level 2- at this level, the candidate is required to manage tasks
 Performance Level 3- at this level, the candidate is required to use concepts for evaluating and reshaping tasks

Key Competency	Example of Application	Performance Level
How are ideas and information communicated within this competency?		1
How can information be collected, analysed and organised?		1
How are activities planned and organised?		1
How is teamwork used within this competency?		1
How are mathematical ideas and techniques used?		1
How are problem solving skills applied?		1
How is the use of technology applied?		1

RANGE STATEMENT

Health Care Provider may include:	ADF Medical Technician ADF Medical Assistant ADF Medical Attendant
Guidelines and organisational policy and procedures may include:	Organisational health policy directives Industry standards (state and national) Clinical standards (state and national) Treatment protocols Resuscitation bay procedures Standard for patient care Codes of ethics Codes of practice Relevant Commonwealth Acts Industry professional bodies standards Relevant Australian standards ADF Nursing policy and procedure manuals
Resuscitation bay may include:	Under tentage in the field On hard standing in a purpose designed facility A capability of a: Primary Health Care Team Health Company Health Support Battalion
Resuscitation bay equipment may include:	Patient litters and litter supports Vital signs monitoring equipment Resuscitation and ventilation equipment

**COMPETENCY UNIT
RANGE STATEMENT**

Oxygen delivery equipment
Heart monitor and defibrillator
Splints and immobilising devices
Procedure trays

Supplies may include: Bandages and dressings
IV lines and fluid
Artificial airways

Personal hygiene/infection control procedures may include: Washing hands
Current National Health and Medical Research Council (NHMRC) guidelines for infection control in health care settings
Standard Precautions and Additional Precautions as defined by the NHMRC
Current Australian Standards

Patient's personal equipment may include: Personal clothing
Personal load carrying equipment including:
Pack
Webbing
Bag
Personal weapons including:
Rifle
Hand gun
Grenades
Section weapons including:
Area defensive mines
Short range anti-armour weapons
Grenade launcher
Illumination devices

Patient is exposed includes: Removing clothing from the patient
Cutting the clothing from the patient

Personal protective equipment may include: Gloves
Gown
Eye shield
Face mask

Assistance to the resuscitation team may include: Assisting with patient treatment
Fetching supplies to aid treatment
Passing information
Liasing with other agencies

Resuscitation bay is refurbished Switching equipment off
Disposing of bio-hazardous material
Cleaning resuscitation bay area and equipment
Restocking resuscitation bay with used supplies
Recharging/resetting equipment as necessary

EVIDENCE GUIDE

Critical Aspects of Evidence Demonstrate the ability to prepare resuscitation bay equipment
Demonstrate the ability to remove and secured patient's personal

**COMPETENCY UNIT
EVIDENCE GUIDE**

DDDAMEDA204A

equipment in accordance with organisational policy and procedures
 Demonstrate the ability to expose the patient as directed by the team leader
 Demonstrate the ability to provided assistance to the resuscitation team to aid the provision of treatment
 Demonstrate the ability to assist in the refurbishment of the resuscitation bay and its equipment

**Interdependent
assessment of units**

This unit can be assessed independently; however, holistic assessment practice with other clinical units of competency is encouraged. This unit may be assessed concurrently with the following units of competence:

- HLTHIR1A Work effectively in the Health Industry
- HLTCOM1A Provide specific information to clients/patients
- HLTIN1A Comply with infection control policies and procedures
- HLTHSE1A Follow the organisation's occupational health and safety policies

**Underpinning
Knowledge**

Knowledge of the role of other health care providers and support services
 Knowledge of organisational policies and procedures pertinent to resuscitation
 Knowledge of human anatomy and physiology
 Knowledge of documentation processes relevant to receiving and resuscitating a patient
 Knowledge of the administrative processes to receive equipment from another person and to provide a receipt
 Knowledge of the storage and security requirement for weapons, explosives and pyrotechnics
 Knowledge of set up and operation of equipment contained within a resuscitation bay
 Knowledge of infection control policy and procedures

**Underpinning
Skills**

Reading and writing skills - literacy competence required to fulfil job roles in a safe manner and as specified by organisation
 Oral communication skills- language competence required to fulfil job roles in a safe manner and as specified by the organisation
 Numeracy skills may range from the ability to complete basic arithmetic calculations such as addition, subtraction, multiplication, division to recording numbers
 Problem solving skills required include the ability to use available resources and prioritise workload
 Ability to work with others and display empathy with patients and significant others
 Ability to prepare resuscitation bay equipment
 Ability to receive personal clothing and equipment from a patient and to provide a receipt for equipment received
 Ability to store and secure personal clothing and equipment received from the patient

**COMPETENCY UNIT
EVIDENCE GUIDE**

DDDAMEDA204A

Ability to provide assistance to the resuscitation team to aid the provision of treatment

**Resource
Implications**

An appropriately stocked and equipped resuscitation bay or simulated work environment
Relevant clinical guidelines and organisational policy and Procedures

**Consistency in
performance**

Assessment should be conducted on more than one occasion to cover a variety of circumstances to establish consistency

**Context of
Assessment**

This unit is most appropriately assessed in the workplace or in a simulated workplace and under the normal range of workplace conditions. Assessment may contain theoretical and practical components and examples covering a range of clinical situations.

Methods of assessment may include:

- Observation of work activities in a resuscitation bay;
- Observation of simulation and/or role play involving resuscitation of an actual or simulated patient;
- Discussion of physical and/or behavioural contingency scenarios involving expected workplace situations;
- Authenticated transcripts of relevant education/training courses;
- Authenticated reports of performing the duties of an orderly in a workplace; and

A diversity of assessment scenarios is essential for holistic assessment.

COMPETENCY USED IN THE FOLLOWING COURSES/MODULES

Combat Medical Attendant Module 2A (AR)

CMA Skill Assessments

Ser	Skill Assessment	Page
1	Administer Parental Medications	3-32
2	Basic Life Support	3-36
3	Emergency Response	3- 41
4	Resuscitation Team	3- 46

COMBAT MEDICAL ATTENDANT SKILL ASSESSMENT 1 – Administer Parental Medications

INSTRUCTIONS TO ASSESSORS

Assessment Synopsis

1. This skill assessment assesses the knowledge, skills and attitude for HLTF2A Apply Advanced First Aid and HLTAMBCR1A Deliver Basic Patient Care and requires the CMA to administer parental medications (intramuscular).
2. **Time.** Conduct for assessment is in accordance with workplace requirements.
3. CMAs are to individually complete the assessment. One assessor per CMA is required.

Assessment Tasks

4. CMAs are required to:
 - a. calculate the correct drug dose required for a parenteral (IM) medication;
 - b. administer a intramuscular injection; and
 - c. state indications, contra-indications, side effects, adverse reactions, presentation, and doses for Methoxyflurane, Morphine, Naloxone and Adrenaline.
5. All procedures are performed in accordance with Potter, P. and Perry, A. (2001). Fundamentals of Nursing. Mosby Sydney, Army Treatment Protocols Manual Volume 1 – Pre-hospital Care and MIMS Annual.

Assessment Scenario

6. The CMA is required to complete the currency assessment at 12 monthly intervals post completion of the Combat Medical Attendant Module 1 (Pre-hospital Care) Course. CMAs are to calculate the correct drug dose for the administration of intramuscular medication in the workplace environment. A scenario may be orchestrated to meet the requirements of the assessment. CMA's must show all working out for drug calculations.
7. **Determination of currency.** A CMA's performance is to be assessed against the performance/assessment criteria outlined in the Skill Assessment Checklist. A CMA's performance is to be assessed as:
 - a. **Satisfactory.** A 'YES' recorded against each performance/assessment criteria in the Assessment Checklist will deem the CMA's performance 'Satisfactory'.

- b. **Unsatisfactory.** A 'NO' recorded against any of the **critical points** in the Assessment Checklist will deem the CMA's performance as 'unsatisfactory'. CMAs who are deemed 'unsatisfactory', are to be re-assessed IAW HPD 822 (Maintenance of Defence Health Service Personnel Clinical Competency and Currency).

7. **Completion of checklist.** As a guide, the checklist is to be completed as follows:

- a. **Section 1.** CMAs are to complete Section 1 accurately.
- b. **Section 2.** Assessors are to complete Section 2 during the CMA's assessment. The CMA's performance is to be assessed against the performance/assessment criteria as detailed in the Checklist. Assessors are to tick either the 'Yes' or 'No' column of the checklist against each of the performance/assessment criteria.
- c. **Section 3.** Assessors are required to write general comments on the CMA's performance.
- d. **Section 4.** Assessors are to record the CMA's Skill assessment result accurately and clearly in the area provided.
- e. **Section 5.** Assessors are to complete their details accurately in the areas provided.
- f. **Section 6.** CMAs are to sign and date Section 6 on completion of their debrief. CMAs may comment on the assessment or their result.

8. **Debrief.** Assessors are to debrief the CMA on his/her performance on the completion of the assessment.

9. **Re-assessment.** A CMA deemed 'unsatisfactory' is to be given appropriate remediation/re-training and is to be re-assessed. All re-assessment is to be conducted in accordance with HPD 822 (Maintenance of Defence Health service Personnel Clinical Competency and Currency) on re-training and re-assessment.

COMBAT MEDICAL ATTENDANT SKILL ASSESSMENT 1 – Administer Parental Medications

CHECKLIST

Section 1 - CMA Details

PMKeys Number		Rank:	
Surname:		Initials:	

Section 2 - Assessment Task

Ser	Performance/Assessment Criteria	Yes	No
1.	Universal precautions adhered to throughout the assessment. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
2.	Required equipment prepared.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Calculate correct drug dosage (to demonstrate calculations). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
4.	Checks the five rights before medication given (Right casualty, right time and frequency of administration, right dose, right route, right medication). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
5.	Explains procedure to casualty.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Intramuscular injection correctly performed / confirms site, inserts needle, withdraws to confirm position. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
7.	Reassess and continual monitoring of patient	<input type="checkbox"/>	<input type="checkbox"/>
8.	Documentation completed. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
9.	State indications, contra-indications, side effects, adverse reactions, presentation and doses for Methoxyflurane, Morphine, Naloxone and Adrenaline. Critical point	<input type="checkbox"/>	<input type="checkbox"/>

CMA must be deemed satisfactory in all **critical points** to be deemed satisfactory overall.

Section 3 - General Comments

Section 4 - Assessment Result

The CMA demonstrates the ability to perform drug calculations.

Satisfactory

Unsatisfactory

Section 5 - Assessor Details

PMKeys Number:		Rank:	
Surname:		Initials:	
Signature:		Date:	

Section 6 - Confirmation of Result

Signature:		Date:	
-------------------	--	--------------	--

CMA Comments

<input type="checkbox"/>	(Awaiting clarification for placement into PMKeys) PM Keys reported (tick for 'yes')
Date:	
Signature: (Orderly Room Staff)	

COMBAT MEDICAL ATTENDANT

SKILL ASSESSMENT 2 – Basic Life Support

INSTRUCTIONS TO ASSESSORS

Assessment Synopsis

1. This skill assessment assesses the knowledge, skills and attitude for HLTF2A Apply Advanced First Aid and HLTAMBCR1A Deliver Basic Patient Care. It requires the CMA to perform a casualty primary survey and Basic Life Support (BLS), perform intravenous cannulation including attachment of intravenous line under direct supervision and the use the mask-valve (Airviva) and resuscitator (Oxyviva) in BLS.
2. **Time.** Conduct for assessment is in accordance with workplace requirements.
3. CMAs are to individually complete the assessment. One assessor per CMA is required.

Assessment Tasks

4. CMAs are required to:
 - a. conduct a casualty primary survey on an unconscious casualty;
 - b. demonstrate effective BLS on an unconscious casualty by applying EAR/CPR (one operator);
 - c. use the valve-mask resuscitator (Airviva) in EAR (including oropharyngeal airway insertion and use with supplementary oxygen);
 - d. use the resuscitator(Oxyviva) including the suctioning device in EAR;
 - e. performs precordial thump correctly;
 - f. insert and secure intravenous cannula and attaches a primed intravenous line;
 - g. explain the indications and contraindications for using the 'Airviva' and 'Oxyviva' in BLS.
5. All procedures are performed in accordance with LWP-G 1-2-5 Basic First Aid, ARC Australian Resuscitation Guidelines, Army Treatment Protocols Manual Volume 1 – Pre-hospital Care and equipment user manuals.

Assessment Scenario

6. CMA's are to perform the assessment at 6 monthly intervals post course completion in a simulated workplace environment. Units are to generate and simulate as realistically as possible scenario(s) that cover the assessment criteria described.
7. **Determination of currency.** A CMA's performance is to be assessed against the performance/assessment criteria outlined in the Skill Assessment Checklist. A CMA's performance is to be assessed as:
 - a. **Satisfactory.** A 'YES' recorded against each performance/assessment criteria in the Assessment Checklist will deem the CMA's performance 'Satisfactory'.
 - b. **Unsatisfactory.** A 'NO' recorded against any of the **critical points** in the Assessment Checklist will deem the CMA's performance as 'unsatisfactory'. CMAs who are deemed 'unsatisfactory', are to be re-assessed IAW HPD 822 (Maintenance of Defence Health Service Personnel Clinical Competency and Currency).
8. **Completion of checklist.** As a guide, the checklist is to be completed as follows:
 - a. **Section 1.** CMAs are to complete Section 1 accurately.
 - b. **Section 2.** Assessors are to complete Section 2 during the CMA's assessment. The CMA's performance is to be assessed against the performance/assessment criteria as detailed in the Checklist. Assessors are to tick either the 'Yes' or 'No' column of the checklist against each of the performance/assessment criteria.
 - c. **Section 3.** Assessors are required to write general comments on the CMA's performance.
 - d. **Section 4.** Assessors are to record the CMA's Skill assessment result accurately and clearly in the area provided.
 - e. **Section 5.** Assessors are to complete their details accurately in the areas provided.
 - f. **Section 6.** CMAs are to sign and date Section 6 on completion of their debrief. CMAs may comment on the assessment or their result.
9. **Debrief.** Assessors are to debrief the CMA on his/her performance on the completion of the assessment.
10. **Re-assessment.** A CMA deemed 'unsatisfactory' is to be given appropriate remediation/re-training and is to be re-assessed. All re-assessment is to be conducted in accordance with HPD 822 (Maintenance of Defence Health service Personnel Clinical Competency and Currency) on re-training and re-assessment.

COMBAT MEDICAL ATTENDANT SKILL ASSESSMENT 2 –Basic Life Support CHECKLIST

Section 1 - CMA Details

PMKeys Number:		Rank:	
Surname:		Initials:	

Section 2 - Assessment Task

Ser	Performance/Assessment Criteria	Yes	No
1.	Universal precautions adhered to throughout the assessment. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
2.	Primary survey and Basic Life Support (BLS) Primary survey correctly performed (ie. DRABC, patient positioning with Cx spine precautions). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
3.	EAR correctly performed (one operator). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
4.	Oropharyngeal/ Naso-pharyngeal airway correctly inserted. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
5.	Airviva and supplementary oxygen correctly prepared (ie size mask, assembly, oxygen turned on). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
6.	Airviva correctly applied during EAR (ie airtight seal and ventilation ratio correct maintained). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
7.	If arrest witnessed and pulse absent (carotid or femoral), precordial thump performed correctly. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
8.	Assess level of consciousness and pupil size for reaction. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
9.	CPR correctly performed (one operator). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
10.	IV cannulation sites considered, prepares IV giving set and IV fluids (primes line) Critical point	<input type="checkbox"/>	<input type="checkbox"/>
11.	IV cannula inserted and secured correctly. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
12.	Primed IV line correctly attached TKVO and secure IV site and line. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
13.	Attach monitor and determine rhythm	<input type="checkbox"/>	<input type="checkbox"/>
14.	Conduct secondary survey	<input type="checkbox"/>	<input type="checkbox"/>

15.	Casualty correctly positioned at completion of BLS as dictated by injury/illness Critical point	<input type="checkbox"/>	<input type="checkbox"/>
16.	Reassess and continual monitoring of patient and IV infusion.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Documentation completed. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
18.	Explain indications, contra-indications, for using an 'Airviva' and 'Oxyviva' in BLS. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
19.	Explains rationale for cannulation IAW ATPM Vol 1, Chap 6, Sect 6-1. Critical point	<input type="checkbox"/>	<input type="checkbox"/>

CMA must be deemed satisfactory in all **critical points** to be deemed satisfactory overall.

Section 3 - General Comments

Section 4 - Assessment Result

The CMA demonstrates the ability to perform a casualty primary survey and BLS, including inserting an oropharyngeal airway and using the Airviva / Oxyviva, in an emergency situation.

Satisfactory

Unsatisfactory

Section 5 - Assessor Details

PMKeys Number:		Rank:	
Surname:		Initials:	
Signature:		Date:	

Section 6 - Confirmation of Result

Signature:		Date:	
-------------------	--	--------------	--

CMA Comments

<input type="checkbox"/>	(Awaiting clarification for placement into PMKeys) PM Keys reported (tick for 'yes')
Date:	
Signature: (Orderly Room Staff)	

COMBAT MEDICAL ATTENDANT

SKILL ASSESSMENT 3 – Emergency Response

INSTRUCTIONS TO ASSESSORS

Assessment Synopsis

1. This skill assessment assesses the knowledge, skills and attitude for HLTF2A Apply advanced first aid, DDDAMEDA212A Transport patients by road ambulance and HLTAMBCR1A Deliver Basic Patient Care. The CMA is to participate as a member of an emergency response team/ambulance crew. It requires the CMA to respond to an emergency, conduct a casualty assessment (primary and secondary survey), perform first aid and evacuate a casualty from an emergency scene.
2. **Time.** Conduct for assessment is in accordance with workplace requirements.
3. CMAs are to individually complete the assessment. One assessor per CMA is required.

Assessment Tasks

4. CMAs are required to:
 - a. respond to an emergency (ie receive and relay information, prepare equipment / ambulance for response);
 - b. conduct a casualty assessment (primary and secondary survey);
 - c. insert and secure intravenous cannula and attach a primed intravenous line;
 - d. calculate the correct intravenous drip rate;
 - e. perform first aid (identify, prioritise and perform first aid) on a casualty with multiple (2) injuries, one (1) of which is life threatening;
 - f. evacuate a casualty (ie prepare, care and evacuate the casualty from the scene to the ambulance); and
 - g. explain the rationale for cannulation and behind their actions in the next steps in casualty management during and after casualty evacuation.
5. All tasks are to be performed in accordance with LWP-G-1-2-5 Basic First Aid, ADDP 1.2 – Defence Health, ARC guidelines, Army Treatment Protocols Manual Volume 1 – Pre-hospital Care, MIMS Annual and equipment user manuals.

Assessment Scenario

6. CMAs are to perform the assessment at 12 monthly intervals post course completion in a simulated workplace environment. Units are to generate and simulate as realistically as possible scenario(s) that cover the assessment criteria described. In

scenarios, CMAs are to be paired with a AFA or CFA. The role of the AFA or CFA is to add realism to the assessment scenario by assisting when requested by the CMA.

7. **Determination of currency.** A CMA's performance is to be assessed against the performance/assessment criteria outlined in the Skill Assessment checklist. A CMA's performance is to be assessed as:

- a. **Satisfactory.** A 'YES' recorded against each performance/assessment criteria in the Assessment Checklist will deem the CMA's performance 'Satisfactory'.
- b. **Unsatisfactory.** A 'NO' recorded against any of the **critical points** in the Assessment Checklist will deem the CMA's performance as 'unsatisfactory'. CMAs who are deemed 'unsatisfactory', are to be re-assessed IAW HPD 822 (Maintenance of Defence Health Service Personnel Clinical Competency and Currency).

8. **Completion of checklist.** As a guide, the checklist is to be completed as follows:

- a. **Section 1.** CMAs are to complete Section 1 accurately.
- b. **Section 2.** Assessors are to complete Section 2 during the CMA's assessment. The CMA's performance is to be assessed against the performance/assessment criteria as detailed in the Checklist. Assessors are to tick either the 'Yes' or 'No' column of the checklist against each of the performance/assessment criteria.
- c. **Section 3.** Assessors are required to write general comments on the CMA's performance.
- d. **Section 4.** Assessors are to record the CMA's Skill assessment result accurately and clearly in the area provided.
- e. **Section 5.** Assessors are to complete their details accurately in the areas provided.
- f. **Section 6.** CMAs are to sign and date Section 6 on completion of their debrief. CMAs may comment on the assessment or their result.

9. **Debrief.** Assessors are to debrief the CMA on his/her performance on the completion of the assessment.

10. **Re-assessment.** A CMA deemed 'not yet competent' is to be given appropriate remediation/re-training and is to be re-assessed. All re-assessment is to be conducted in accordance with HPD 822 and single service training policies on re-training and re-assessment.

COMBAT MEDICAL ATTENDANT SKILL ASSESSMENT 3 – Emergency Response CHECKLIST

Section 1 - CMA Details

PMKeys Number:		Rank:	
Surname:		Initials:	

Section 2 - Assessment Task

Ser	Performance/Assessment Criteria	Yes	No
1.	Universal precautions adhered to throughout the assessment. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
2.	Emergency details correctly obtained (i.e location of incident, time, persons involved and suspected injuries). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
3.	Emergency details correctly reported to supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Emergency response equipment / ambulance prepared (ie adequate oxygen in cylinder, spare batteries etc).	<input type="checkbox"/>	<input type="checkbox"/>
5.	Primary survey performed (ie. DRABC, patient positioning with Cx spine precautions). Critical point	<input type="checkbox"/>	<input type="checkbox"/>
6.	IV cannulation sites considered, prepares IV giving set and IV fluids (primes line) Critical point	<input type="checkbox"/>	<input type="checkbox"/>
7.	IV cannula inserted and secured correctly. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
8.	Primed IV line correctly attached and secure IV site and line. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
9.	Calculates / regulates flow rate IAW appropriate protocol. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
10.	Secondary survey performed. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
11.	Casualties injuries identified and prioritised. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
12.	Casualty monitored and reassessed regularly for effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Appropriate evacuation method selected IAW condition of casualty.	<input type="checkbox"/>	<input type="checkbox"/>

14.	Casualty correctly prepared for evacuation from scene. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
15.	Casualty regularly reassured.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Casualty safely transferred to ambulance.	<input type="checkbox"/>	<input type="checkbox"/>
17.	During casualty handover, medical terminology is appropriately used in context, language is clear, concise and effective. An appropriate style, level and tone is adopted.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Rationale behind actions appropriately explained and justified.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Correct supervision of assistant and ambulance driver. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
20.	Documentation completed. Critical point	<input type="checkbox"/>	<input type="checkbox"/>
21.	Explains rationale for cannulation IAW ATPM Vol 1, Chap 6, Sect 6-1. Critical point	<input type="checkbox"/>	<input type="checkbox"/>

CMA must be deemed satisfactory in all **critical points** to be deemed satisfactory overall.

Section 3 - General Comments

Section 4 - Assessment Result

The CMA demonstrates the ability to perform a casualty assessment (primary and secondary survey), provide first aid treatment for life and non-life threatening injuries and evacuate casualty effectively.

Satisfactory

Unsatisfactory

Section 5 - Assessor Details

PMKeys Number:		Rank:	
Surname:		Initials:	
Signature:		Date:	

Section 6 - Confirmation of Result

Signature:		Date:	
-------------------	--	--------------	--

CMA Comments

<input type="checkbox"/>	(Awaiting clarification for placement into PMKeys) PM Keys reported (tick for 'yes')
Date:	
Signature: (Orderly Room Staff)	

COMBAT MEDICAL ATTENDANT – MODULE 2A

SKILL ASSESSMENT 4 – Resuscitation Team

INSTRUCTIONS TO ASSESSORS

Assessment Synopsis

1. This assessment assesses the knowledge, skills and attitude for DDDAMEDA203A Record clinical information during casualty resuscitation and DDDAMEDA204A Provide general support during casualty resuscitation and requires the CMA to perform the duties of an orderly and/or scribe in a resuscitation team.
2. **Time.** Conduct of assessment is in accordance with workplace requirements.
3. CMAs are to individually complete the assessment. One assessor per CMA is required.

Assessment Tasks

4. CMAs are required to perform the role of orderly and/or scribe during:
 - a. activation phase;
 - b. resus phase; and
 - c. post-resus phase.
5. All procedures are performed in accordance with LWP-G-1-2-5 Basic First Aid, ADDP 1.2 – Defence Health, ARC guidelines, LWD 1-2 Combat Health Support (2004), ADFP 1.2.3.3 Military Surgery Manual, ADFP 1.2.3.4 Casualty Treatment Regimes, Resuscitation Standardisation Handbook, Version 2, Land Command Health Services (1997), Army Treatment Protocols Manual Volume 1 – Pre-hospital Care, MIMS Annual and equipment user manuals.

Assessment Scenario

6. CMAs are required to complete the assessment at 12 monthly intervals in the workplace environment.

Assessment of Performance

7. **Determination of competency.** A CMA's performance is to be assessed against the performance/assessment criteria outlined in the Skill Assessment Checklist. A CMA's performance is to be assessed as:
 - a. **Satisfactory.** A 'YES' recorded against each performance/assessment criteria in the Assessment Checklist will deem the CMA's performance 'Satisfactory'.
 - b. **Unsatisfactory.** A 'NO' recorded against any of the **critical points** in the Assessment Checklist will deem the CMA's performance as 'unsatisfactory'. CMAs who are deemed 'unsatisfactory', are to be re-assessed IAW HPD 822 (Maintenance of Defence Health Service Personnel Clinical Competency and Currency).

8. **Completion of checklist.** As a guide, the checklist is to be completed as follows:
 - a. **Section 1.** CMAs are to complete Section 1 accurately.
 - b. **Section 2.** Assessors are to complete Section 2 during the CMA's assessment. The CMA's performance is to be assessed against the performance/assessment criteria as detailed in the Checklist. Assessors are to tick either the 'Yes' or 'No' column of the checklist against each of the performance/assessment criteria.
 - c. **Section 3.** Assessors are required to write general comments on the CMA's performance.
 - d. **Section 4.** Assessors are to record the CMA's Skill assessment result accurately and clearly in the area provided.
 - e. **Section 5.** Assessors are to complete their details accurately in the areas provided.
 - f. **Section 6.** CMAs are to sign and date Section 6 on completion of their debrief. CMAs may comment on the assessment or their result.
9. **Debrief.** Assessors are to debrief the CMA on his/her performance on the completion of the assessment.
10. **Re-assessment.** A CMA deemed 'not yet competent' is to be given appropriate remediation/re-training and is to be re-assessed. All re-assessment is to be conducted in accordance with HPD 822 (Maintenance of Defence Health service Personnel Clinical Competency and Currency) on re-training and re-assessment.

COMBAT MEDICAL ATTENDANT – MODULE 2A

SKILL ASSESSMENT 4 – Resuscitation Team

CHECKLIST

Section 1 - CMA Details

PMKeys Number:		Rank:	
Surname:		Initials:	

Section 2 - Assessment Task

Perform the role of Scribe			
Ser	Performance/Assessment Criteria	Yes	No
1.	On team activation		
	Report to resus bay	<input type="checkbox"/>	<input type="checkbox"/>
	Assist to check equipment and prepare required paperwork	<input type="checkbox"/>	<input type="checkbox"/>
	Don protective equipment/universal precautions adhered to throughout the assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
2.	Resus phase		
	Accurately record the documents with the casualty details and casualty number	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Accurately detail the treatment and progress with particular attention to timings	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Provide information on casualty to team members as requested	<input type="checkbox"/>	<input type="checkbox"/>
	Assist as directed	<input type="checkbox"/>	<input type="checkbox"/>
3.	Post resus		
	Ensure documentation contains all relevant information to necessitate handover procedures	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Provide team leader with documentation for confirmation	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Obtain appropriate signatures	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Ensure all paperwork leaves with casualty	<input type="checkbox"/>	<input type="checkbox"/>
	Critical point		
	Attend team debrief	<input type="checkbox"/>	<input type="checkbox"/>
	Refurbish resus bay	<input type="checkbox"/>	<input type="checkbox"/>

Perform the role of Pack Storeman			
1.	On team activation		
	Report to resus bay	<input type="checkbox"/>	<input type="checkbox"/>
	Assist to check equipment and prepare required paperwork	<input type="checkbox"/>	<input type="checkbox"/>
	Collect identification tags, envelopes and bags. Ensure pen and trauma scissors are accessible Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Don protective equipment/universal precautions adhered to throughout the assessment Critical point	<input type="checkbox"/>	<input type="checkbox"/>
2.	Resus phase		
	Weapons and ammunition made safe, separated and secured Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Remove, catalogue and secure casualties equipment and personal effects Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Casualty exposed in order to accurately assess injury/illness Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Assist resuscitation team as directed	<input type="checkbox"/>	<input type="checkbox"/>
3.	Post resus		
	Ensure removed items are documented/receipted and stored safely Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Ensure valuables and personal equipment including receipts leave with the casualty Critical point	<input type="checkbox"/>	<input type="checkbox"/>
	Attend team debrief	<input type="checkbox"/>	<input type="checkbox"/>
	Refurbish resus bay	<input type="checkbox"/>	<input type="checkbox"/>

CMA must be deemed satisfactory in all **critical points** to be deemed satisfactory overall.

Section 3 - General Comments

Section 4 - Assessment Result

The CMA demonstrates the responsibilities of an orderly and scribe prior, during and post resuscitation of a casualty by a resuscitation bay team.

Satisfactory

Unsatisfactory

Section 5 - Assessor Details

PMKeys Number:		Rank:	
Surname:		Initials:	
Signature:		Date:	

Section 6 - Confirmation of Result

Signature:		Date:	
-------------------	--	--------------	--

CMA Comments

<input type="checkbox"/>	(Awaiting clarification for placement into PMKeys) PM Keys reported (tick for 'yes')
Date:	
Signature: (Orderly Room Staff)	