

Combat Medical Attendant



Skills Maintenance Log Book (SMLB) Assessor's Guide

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Combat Medical Attendant Skills Maintenance Log Book Assessors Guide

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Sponsor

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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. Subsequent addendum will be issued on completion of the next level of training.

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. Units conducting training will be issued the SMLB AG as part of the CMA Course Training Package.

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.

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ABBREVIATIONS/ GLOSSARY

ADF	Australian Defence Force
ADDP	Australian Defence Doctrine Publications
ADFP	Australian Defence Force Publications
AMA	Advanced Medical Assistant
AQF	Australian Qualifications Framework
Assessor	An assessor is a person who holds the three assessment competencies from the Certificate IV in Workplace assessment (WPA). These competencies are BSZ401A Plan Assessment, BSZ402A Conduct Assessment and BSZ403A Review Assessment. The assessor may also be an appropriately qualified and credentialed health professional who is deemed a subject matter expert (SME) – MO/NO (or civilian equivalent), CMA qualified one level higher than person being assessed, BMA or an AMA/SMA. An assessor in conjunction with a non-assessor qualified SME may also conduct assessments.
ATI	Army Training Instruction
BMA	Basic Medical Assistant
CBTA	Competency Based Training and Assessment
Competency	Refers to the member's ability to apply knowledge and skill to the standard required in the workplace in a timely manner
Currency	Refers to the recency of the member in undertaking a process.
Direct Supervision	To oversee workers in the performance/execution of tasks by providing advice/guidance/direction in the immediate physical area and in close proximity on a one-to-one/face-to-face basis to enable rapid intervention by the supervisor in respect of the procedure/process.
Erodable skills	Skills that have the potential to diminish or deteriorate over time if not performed or practiced on a regular basis.
HD	Health Directive
IAW	In accordance with
Indirect supervision	To oversee workers in the performance/execution of tasks by providing advice/guidance/direction either in person or by a range of communications media in accordance with established ADF policies/protocols.
Invasive procedures	An invasive procedure is one in which the body is "invaded" or entered by a needle, tube, device, or scope.
I/V	Intra-venous
MO	Medical Officer
NFRT	National Framework for the Recognition of Training
NO	Nursing Officer

PD	Professional Development
RTO	Registered Training Organisation
SMA	Specialist Medical Assistant
SME	Subject Matter Expert
SMLB	Skills Maintenance Log Book
SKA	Skills, knowledge and attitude
TE	Training Establishment
WPA	Work Place Assessor

Section 1

Introduction

1.1 Background

The CMA training continuum is based on a 'whole of career' principle, operational health support requirements and best practice. CMA training consists of seven tiers, providing the CMA with skills, knowledge and attitudes relevant to employment and levels of experience. This directs the CMA employment continuum to allow for appropriate experience before advancing to a higher level of skills, knowledge and attitudes (SKAs) and employment.

One key element underlying CBTA is the Skills Maintenance Logbook (SMLB). The SMLB focuses on the outcomes that a person can actually produce in the workplace.

HPD No 822 entitled 'Maintenance of Defence Health Service Personnel Clinical Competency and Currency' outlines the ADF policy toward maintaining clinical currency of DHS personnel. Each health employment category or qualification gained within the ADF is to be subjected to regular assessments to ensure personnel remain current.

1.2 Aim of the SMLB and Assessor Guide

The primary aim of the SMLB is to ensure that the skills, knowledge and attitudes (SKAs) of Combat Medical Attendants (CMA) obtained throughout the training continuum and from on-the-job experience are maintained and kept current throughout their employment as CMAs in the Army. It also provides the CMA with a record of Professional Development (PD) Activities. At the completion of each level of the training, the CMA will be issued a supplement for their SMLB corresponding to that level of the CMA continuum. The SMLB records their currency of skills and knowledge.

1.3 Purpose of The Assessor's Guide

The SMLB Assessor Guide is the official supporting document for the CMA SMLB. The purpose of the Assessor Guide is to provide workplace direction for Commanders, Supervisors and Assessors on the skill currency requirements of CMAs.

1.4 Objectives of The Assessor's Guide

The objectives of SMLB (Assessor's Guide) are:

- establish the framework for the assessment of CMAs in the clinical setting to maintain their skills currency; and
- provide the assessment tools for the maintenance of CMA currency.

Section 2

User Guidelines

2.1 Introduction

CMAs are supervised either directly or indirectly according to their experience, knowledge base, complexity of the skills required and the legal parameters of their employment. The following section outlines the responsibilities of both the workplace supervisory personnel and the CMA for the use of the SMLB.

2.2 Security Requirements

The SMLB is an official document to chronicle the skills maintenance of CMAs in the workplace. The CMA is responsible for the safeguarding of their SMLB. The unit commander is responsible for safe guarding a unit register (AD 223 Australian Competency Log Book Section 3) on the currency status of CMAs in their unit. The designated Unit Training Officer is responsible for safeguarding the Assessor's Guide and distributing to assessors as defined below when required. All assessment checklists are 'assessment-in-confidence' after the first entry, with the original assessment document filed under unit arrangements after completion for one year.

2.3 Responsibilities

Commander

Unit Commanders are responsible for:

- determining likely workplace requirements for skills maintenance assessments;
- ensuring that enough assessors are trained and available to meet workplace requirements;
- prioritising access to assessment services;
- ensuring that subject matter experts (SME) are available to conduct assessment;
- identifying needs for assessment or supporting requests for assessment;
- making reasonable resources available to support maintenance and undertaking of assessment;
- providing work based opportunities to demonstrate currency;
- liaising with the assessor and the candidate to discuss areas which require further development;
- providing appropriate training and development opportunities;
- maintain a unit register of CMA currency (AD 223 CLB);
- ensuring that currency is up to date prior to detachments; and
- ensuring that all areas of the CMA SMLB are current prior to next posting.

Supervisor

The supervisor is to be an appropriately qualified and credentialed health professional. This may be an MO/NO (or civilian equivalent), SMA, AMA, BMA or a

CMA qualified to at least one level above the CMA being supervised. The role of the supervisor is to ensure that the CMA performs their duties with the required supervision in a safe and appropriate manner, IAW the Occupation/Employment Specification. The supervisor is responsible for:

- determining likely workplace requirements for assessment;
- ensuring that subject matter specialists are available;
- identifying needs for assessment or supporting requests for assessment;
- making reasonable resources available to support preparation and undertaking of assessment;
- providing work based opportunities to demonstrate currency;
- liaising with the assessor and the candidate to discuss areas which require further development.
- providing appropriate training with adequate exposure time of not less than 14 days and not more than 28 days prior to assessment;
- providing appropriate development opportunities; and
- providing remediation training of not less than 14 days and not more than 28 days if required.

Assessors

Assessment is to be conducted only by an appropriately qualified and experienced assessor. In accordance with the ANTA Standards for Registered Training Organisations, 2001 and ATI 3-11/2002 Individual Assessment, an assessor must have completed the three assessment competencies, BSZ401A Plan Assessment, BSZ402A Conduct Assessment and BSZ403A Review Assessment, which are part of the Certificate IV in Workplace assessment (WPA). Assessment may be conducted by an appropriately qualified and credentialed health professional who is deemed a subject matter expert (SME) – MO/NO (or civilian equivalent), CMA qualified one level higher than person being assessed, BMA or an AMA/SMA. An assessor in conjunction with a non-assessor qualified SME may also conduct assessments. Assessors are responsible for:

- briefing the CMA on what is expected for currency and competency;
- providing access to a copy of the assessment tool to the CMA at least 24 hrs prior to the assessment;
- conducting the assessment process in accordance with the Assessment Package;
- ensuring that the assessment of the skill is to the standard required in the workplace;
- ensuring that the collection of evidence and judgement of currency addresses the five dimensions of competency (task skills, task management skills, contingency management skills, job/roll environment skills and the ability to transfer these skills and knowledge to new situations);
- ensuring that the assessment is not narrowly based on tasks but embraces all aspects of workplace performance within an integrated, holistic approach that combines knowledge, understanding, problem solving, technical skills and, where called for within the competency standards, attitudes and ethics;
- ensuring the conduct of assessment is valid and reliable assessment;
- recording and reporting the outcome of the assessment in the SMLB;
- signing the appropriate sections of logbook once currency achieved; and
- archiving of assessments as appropriate.

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

ASSESSOR'S 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 – Health Support
CMA Mod 1	ADF	Defence Safety Manual Vol 1 & 2

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 and be unable to deploy 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 IAW DI(A) PERS 116-1.

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 one (1) year. 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, the original copy of the Currency Assessment Summary Sheet is to be placed in the CMA's AD 223 Competency Log Book. A 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 in AD 223 Australian Army Competency Logbook Section 3 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 ASAH ALTC website. 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

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 Care.

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 assessment situations. 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 4 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 the CMA access to a copy of the assessment checklist 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.

COMPETENCIES USED IN THE FOLLOWING COURSE/MODULE

IET Combat Medical Attendant Module 1 (AR)

APPLY ADVANCED FIRST AID

HLTFA2A

Unit Descriptor:

This unit deals with the provision of advanced First Aid response, life support, management of casualty(s), the incident and other First Aiders, until the arrival of medical or other assistance, and provision of support to other providers.

Training Package users should ensure implementation is consistent with any relevant legislative requirements in relation to First Aid. When co-assessed with HLTFA1A Apply Basic First Aid this unit is equivalent to skill outcomes achieved upon completion of a senior or advanced First Aid Certificate.

NB. Element 5 'Manage casualty in a remote and/or isolated area' should only be assessed when required by a workplace.

Pre-requisite Units:

Application of Unit:

Entered/Checked

WO2 J.M. NEWBERY

Version Date: 30-Oct-03

ELEMENT

PERFORMANCE CRITERIA

1 Assess the situation

- 1 Physical hazards are identified and minimised according to OHS requirements and workplace procedures
- 2 Risks to First Aider and others are assessed and appropriate response determined to ensure prompt control of situation
- 3 Need for emergency services/medical assistance is ascertained and prioritised and triage undertaken where required
- 4 Resources are deployed to appropriate locations as required in accordance with workplace procedure

2 Manage the casualty(s)

- 1 Agreement for management of the casualty's injury/illness is sought from person(s) where relevant
- 2 Welfare procedure is determined and implemented according to casualty(s) needs
- 3 Effects of injury are controlled and appropriate First Aid management is determined and applied to meet the needs of the casualty and situation
- 4 Medication is administered according to relevant legislation and manufacturer's/supplier's instructions and subject to casualty's regime
- 5 Casualty(s) condition is monitored and responded to in a timely manner in accordance with effective First Aid principles
- 6 Life support equipment is correctly operated where appropriate according to relevant legislation and

**COMPETENCY UNIT
ELEMENT**

HLTFA2A

PERFORMANCE CRITERIA

manufacturer's/supplier's instructions

7 Management is finalised according to casualty(s) needs and First Aid principles

3 Coordinate First Aid activities until arrival of medical assistance

- 1 Available resources required are identified and communication links with appropriate personnel, emergency management services and medical assistance are established as appropriate
- 2 Correct amount of resources are deployed to appropriate locations in an effective manner to ensure timely arrival of required resources
- 3 The provision of resources is documented and modifications recommended
- 4 The management of casualties is monitored in accordance with First Aid principles and workplace procedures
- 5 Evacuation of casualties is coordinated according to worksite evacuation procedures
- 6 Support services are arranged for personnel involved in the incident in accordance with workplace principles and procedures

4 Communicate essential incident details

- 1 Communication is maintained with relevant personnel using appropriate media and equipment
- 2 First Aid information is communicated with other providers/carers as appropriate to meet their needs and in accordance with workplace procedures
- 3 Information is calmly provided to reassure casualty, adopting a communication style to match the casualty's level of consciousness

5 Manage casualty in a remote and/or isolated area

- 1 Preparation for isolated travel or work is undertaken, accounting for expected contingencies
- 2 Casualty's condition is assessed and appropriate response is determined in order to minimise hazards and determine need for medical assistance
- 3 Casualty's condition is monitored and responded to in accordance with effective First Aid principles
- 4 Reassurance and support is provided to casualty during the wait for medical assistance
- 5 Casualty's comfort is ensured and determined by establishing and explaining the nature of the illness/injury and the management procedures
- 6 Shelter from elements is undertaken in accordance with environmental conditions
- 7 Condition of casualty is documented over time to assist in on-going management
- 8 Communication links to medical services are established to ensure prompt control action is undertaken
- 9 Administration of medication is undertaken under medical instruction, using relevant communication

**COMPETENCY UNIT
ELEMENT**

HLTFA2A

PERFORMANCE CRITERIA

6 Evaluate the incident

- equipment
- 10 Decision whether to transport casualty to medical assistance or wait is made by evaluating environmental and casualty's condition
- 11 Assistance in the evacuation of the casualty by emergency services is provided as required
- 1 Management of the incident is evaluated and where required an action plan is developed in consultation with relevant parties
- 2 Participation in debriefing/evaluation occurs either by self or others or both in order to improve future operations and address individual's needs
- 3 Access is provided to bona fide critical stress facilitators where required/requested
- 4 Site management/procedures are implemented and evaluated in accordance with risk assessment
- 5 Contingency planning is formulated and reviewed to identify and select alternative management principles and procedures

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

Established First Aid principles include: Checking the site for danger to self, the casualty and others and minimising the danger

**COMPETENCY UNIT
RANGE STATEMENT**

	Checking and maintaining the casualty's airway, breathing and circulation
Documentation, especially in remote/isolated areas may include:	Time Fluid intake/output Blood Vomit Faeces Urine Administration of medication including time, date, person administering, dose Vital signs
In remote/isolated areas consideration to travel or wait would depend upon:	Severity of injury Time required for medical assistance to arrive Movement that might hinder rescue procedures
Preparation for isolated/remote travel may include:	Selection of relevant communication equipment Relevant First Aid supplies and resources to cater for environmental conditions
Communication systems may include but not be limited to:	Mobile phones Satellite phones HF/VHF radio Flags Flares Two way radio E-mail Electronic equipment Hand signals
Resources and equipment are used appropriate to the risk to be met and may include:	Blood pressure cuff Oxygen resuscitation/cylinders Defibrillation units Pressure bandages Thermometers Injections Black boards Stretchers Soft bag resuscitator First Aid kit Eyewash Thermal blankets Pocket face masks Rubber gloves Dressing Spacer device Cervical collars
First Aid management will need to account for:	Location and nature of the workplace Environmental conditions eg electricity, biological risk, weather, motor vehicle accidents Location of emergency services personnel Number of casualties and potential casualties

**COMPETENCY UNIT
RANGE STATEMENT**

HLTFA2A

Use and availability of First Aid equipment, resources and Pharmaceuticals
 Confined spaces, subject to industry need
 Medications may include: oxygen; pain relief - paracetamol in accordance with state and territory legislation, analgesics (penthrane, entonox - used in mining industry); asthma-bronchodilator drugs and aerosol bronchodilators-casualty's own or from the First Aid kit in accordance with state and territory legislation; severe allergic reactions-adrenalin-subject to casualty's own regime; heart attack - aspirin

First Aid management may include:

Administration of analgesic gases
 Cardiopulmonary resuscitation (CPR)
 Infection control
 Semi-automated external defibrillator (SAED)
 Expired air resuscitation (EAR)

Casualty's condition is managed for:

Abdominal injuries
 Allergic reactions
 Bleeding
 Burns - thermal, chemical, friction, electrical
 Cardiac conditions
 Chemical contamination
 Cold injuries
 Crush injuries
 Dislocations
 Drowning
 Envenomation - snake, spider, insect and marine bites
 Environmental conditions such as hypothermia, dehydration, heat stroke
 Epilepsy, diabetes, asthma and other medical conditions
 Eye injuries
 Fractures
 Head injuries
 Insect/marine bites
 Minor skin injuries
 Neck and spinal injuries
 Needle stick injuries
 Poisoning and toxic substances
 Respiratory management of asthma and/or choking
 Shock
 Smoke inhalation
 Soft tissue injuries including sprains, strains, dislocations
 Substance abuse - illicit drugs
 Unconsciousness including not breathing and no pulse

Risks may include:

Worksite equipment, machinery and substances
 First Aid equipment (oxygen cylinder, defibrillator)
 Environmental risks
 Body fluids
 Risk of further injury to casualty
 Risks associated with the proximity of other workers and

**COMPETENCY UNIT
RANGE STATEMENT**

HLTFA2A

Physical hazards may include: bystanders
Workplace hazards
Environmental hazards
Proximity of other people
Hazards associated with the casualty management

First Aid management will need to account for: Workplace policies and procedures
Industry/site specific regulations, codes etc
OHS requirements
State and territory workplace health and safety requirements

EVIDENCE GUIDE

Critical Aspects of Evidence The following knowledge should be demonstrated in assessment:
OHS legislation and regulations
Legal responsibilities and duty of care
Basic anatomy and physiology
Respiratory/circulatory system
How to gain access to and interpret material safety data sheets (MSDS)
Company standard operating procedures (SOPS)
Debriefing counselling procedures
Dealing with social problems and confidentiality
Capabilities of emergency management services
Knowledge of the First Aiders' skills and limitations
Evidence should demonstrate the following skills:
The specific injuries/illnesses managed should be identified according to the workplace/environmental needs of the workplace and the range of variable listed in this unit:
Resuscitation
The use of a semi-automated defibrillator
Delivery of oxygen
Demonstration of First Aid principles
Adequate infection control procedures
Safe manual handling
Consideration of the welfare of the casualty
Initial casualty assessment
Report presentation
Communication skills
Incident management skills
Ability to interpret and use listed documents

Interdependent assessment of units HLTFA1A Apply Basic First Aid

Underpinning Knowledge Basic anatomy - skeleton, muscles, joints, bones
Basic physiology
Basic toxicology
Transport techniques
Leadership

**COMPETENCY UNIT
EVIDENCE GUIDE**

HLTFA2A

Decision making
 Legal requirements
 Duty of care
 Infection control
 Resuscitation
 Bleeding control
 Airway management
 Care of unconscious
 State and Territory regulatory requirements relating to
 currency of skill and knowledge

**Underpinning
Skills**

Assertiveness skills
 Communication skills

**Resource
implications**

TBA

**Consistency in
performance**

Consistency of performance should be maintained over the
 required range of workplace situations until renewal of
 competence/licence is required by the
 industry/organisation

**Context of
under assessment**

Competence may be demonstrated working individually,
 supervision or as part of a First Aid team
 Where applicable, assessment should replicate workplace
 conditions as far as possible. Where, for reasons of safety,
 space access to equipment and resources and
 assessment takes place away from the workplace,
 simulations should be used to represent workplace
 conditions as closely as possible

COMPETENCY USED IN THE FOLLOWING COURSES/MODULES

- IET Combat Medical Attendant Module 1 (AR)
- Combat First Aid (All Corps) Course
- BMA Advanced First Aid Course

COMPETENCY UNIT**HLTAMBCR1A****DELIVER BASIC PATIENT CARE**

Unit Descriptor: This unit involves assessing basic patient needs, planning the procedure(s) to be implemented, implementing procedure(s) and monitoring the state of the patient at the level of basic patient care.

Pre-requisite Units:

Application of Unit:

Entered/Checked

WO2 J.M. NEWBERY

Version Date: 28-Apr-03

ELEMENT**PERFORMANCE CRITERIA**

- | | |
|--|---|
| 1 Make initial patient assessment | <ol style="list-style-type: none"> 1 Pre-planning is conducted before arrival at scene based on information communicated in request for service. 2 Scene survey is conducted according to local ambulance standard operation procedure 3 Primary survey is conducted according to local ambulance standard operation procedure 4 Vital signs are checked and monitored in accordance with local ambulance standard operation procedure 5 History of the event is obtained 6 Secondary survey is conducted, incorporating a systematic physical examination of the whole body 7 Chief complaints, including pattern and mechanism of illness or injury are identified as a basis for prioritising treatment 8 Patient's medical history is obtained to ensure appropriate treatment is selected 9 Determine patient's potential or actual time criticality versus transport criticality 10 Transport requirements and appropriate destination are assessed, considering patient's condition and the type of resources needed to ensure that requirements of urgency and patient care are met |
| 2 Plan basic patient care | <ol style="list-style-type: none"> 1 Priorities of care are established based on initial patient assessment according to local ambulance standard operation procedure 2 Contingency plans are developed, based on mechanisms of injury and potential for patient deterioration according to local ambulance standard operation procedure |
| 3 Implement basic patient care procedures | <ol style="list-style-type: none"> 1 All patient care procedures and drug therapies are commenced as patient's presenting condition determines, with reference to local clinical guidelines and pharmacological requirements 2 Where the situation or patient's condition requires treatment that is outside the scope or authority to practise of the attending officer, the need for assistance is recognised and sought immediately |

COMPETENCY UNIT**HLTAMBCR1A****ELEMENT****PERFORMANCE CRITERIA**

	3	Ambulance equipment utilised in patient management is correctly operated according to manufacturer/supplier's instructions and local clinical guidelines
	4	Patient care techniques are implemented in accordance with infection control procedures and techniques Safe lifting and patient handling techniques are used in accordance with OHS requirements and service policy and procedures
4 Monitor basic patient care and modify as required	1	Patient and his/her presenting conditions are re-assessed at appropriate intervals and treatment modified as required according to local ambulance standard operation procedure
	2	Drug therapy is monitored noting effectiveness of treatment regime and amended according to patient's condition
	3	Need for advanced levels of intervention and action is identified and initiated
5 Hand over patient requiring basic care	1	Relevant patient details are documented according to local ambulance standard operation procedure
	2	Patient confidentiality is maintained at all times
	3	Documentation for handover procedures conveys all necessary information
	4	Information is conveyed appropriately to those individuals involved in ongoing patient care to facilitate understanding and optimise continuing patient care
	5	Patient care is maintained until responsibility for patient care is taken over by staff of the receiving agency

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?		0
How can information be collected, analysed and organised?		0
How are activities planned and organised?		0
How is teamwork used within this competency?		0
How are mathematical ideas and techniques used?		0

COMPETENCY UNIT	Example of Application	HLTAMBCR1A
Key Competency		Performance Level
How are problem solving skills applied?		0
How is the use of technology applied?		0
RANGE STATEMENT		
Pre-planning may include, but is not limited to:	Potential resources required such as equipment, personnel, other services Access and egress requirements Identification of potential safety issues	
Scene survey may include, but is not limited to:	Identification of dangers and hazards Operational safety Confirmation of location and initial case details Determination of access, egress and initial equipment requirements	
Primary survey must include, but is not limited to:	Dangers Response Airway Breathing Circulation	
Vital signs may include, but are not limited to:	Conscious state assessment, eg Glasgow Coma Score, AVPU - alert, voice, pain unconscious Respiratory status assessment, eg rate, rhythm, effort and breath sounds Perfusion status assessment, eg pulse, blood pressure, capillary refill and skin	
Secondary survey may include, but is not limited to:	Systematic head to toe physical body examination Assessment of time criticality as indicated by physiological status or pattern and mechanism of injury	
History of event includes present history and may be elicited from:	Patient Bystanders Primary carers Medical personnel Medi-alert bracelet Evidence at the scene	
Patient history includes:	Pre-existing conditions Allergies Current medication or treatment	
Situation involves a patient in need and may include, but is not limited to:	Transfer of patient with pre-diagnosed illness or injury Transfer of patient with sudden undiagnosed illness or injury Management of patient in trauma or with undiagnosed illness	
Mode of transport is selected for its availability and potential to provide	Road ambulances Clinic car Rescue or retrieval units Fixed and rotary wing aircraft	

**COMPETENCY UNIT
RANGE STATEMENT**

the means of mobile care most suited to the needs of the patient and may include but is not limited to:

Water-borne craft
Four wheel drive vehicle

Patient management will need to take into account for:

Location and nature of incident
Environmental conditions
Number of casualties and potential casualties
Use and availability of ambulance equipment and pharmaceutical's

Drug therapy used in the treatment of a patient's condition may include, but is not limited to:

Basic pharmacological agents for management of bronchospasm, pain (medical including cardiac) trauma and hypoglycaemia
Other medications as indicated by local ambulance clinical guidelines

Techniques expected to be utilised where patient's condition indicates they would be of some benefit, include but are not limited to:

Airway management, ie manual airway techniques, oropharyngeal airway and suction
Shock Advisory External Defibrillation (SAED)
Intramuscular injections
Traction and other types of splinting

Non-verbal cues may include, but are not limited to:

Posturing
Gait
Anxiety

Types of documentation may include, but are not limited to:

Incident reports
Handover reports
Case management material

Persons authorised to receive confidential information may include, but are not limited to:

Medical personnel at hospitals and surgeries
Police Officers
Legal practitioners
Others, where approved as acting in the best interests of the patient

Reports may be:

Verbal (oral or written)
Non-verbal (with gestures)

Acts and regulations are those specified in each State/Territory that relate to:

Confidentiality
Freedom of information

Policy and procedures are service policies and procedures that relate to:

Documentation
Reporting of patient medical information

**COMPETENCY UNIT
EVIDENCE GUIDE**

HLTAMBCR1A

**Critical Aspects
of Evidence**

Correct use of approved documents
 Correct documentation of patient and incident details
 Interaction with receiving facility personnel
 The initial patient assessment used to detect and correct any immediate life threatening conditions. This must include primary survey of:
 danger
 response
 airway
 breathing
 circulation
 Accurate completion of all documentation and supplying all relevant patient information to receiving facility staff under a variety of conditions and circumstances

**Interdependent
assessment of units**

This competency does not specify interdependent assessment

**Underpinning
Knowledge**

Basic physiology and anatomy
 Procedures and equipment used for Basic Life Support, as specified within authorised limits defined by legal requirements and service policies
 Receiving facility requirements or how to access these requirements
 Function of documentation being provided

**Underpinning
Skills**

Oral communication skills (language competence) required to fulfil job roles as specified by the organisation/service.
 Oral communication skills include asking questions, active listening, asking for clarification from patient or other persons at the scene, negotiating solutions, acknowledging and responding to a range of views
 Written communication skills (literacy competence) required to fulfil job roles as specified by organisation/service. The level of skill may range from reading and understanding incident reports, case management materials and manufacturers' specifications for the use of materials and equipment, to preparing handover reports to receiving agency staff
 Interpersonal skills required include working with others, empathy with patient and relatives and an ability to relate to persons from differing cultural, social and religious backgrounds
 Clinical problem solving process as it applies to basic patient care
 Skills in implementing basic procedures

**Resource
implications**

Collection and documentation of relevant information
 Access to appropriate workplace or simulation of realistic workplace setting where assessment can be conducted
 Access to equipment and resources normally used in the Workplace

COMPETENCY UNIT

HLTAMBCR1A

EVIDENCE GUIDE

**Consistency in
Performance**

Observations, questioning and evidence gathered from the workplace environment

**Context of
Assessment**

Evidence must include observation of performance in the work environment or in a simulating work setting

COMPETENCY USED IN THE FOLLOWING COURSES/MODULES

IET Combat Medical Attendant Module 1 (AR)

COMPETENCY UNIT

DDDAMEDA212A

TRANSPORT PATIENTS BY ROAD AMBULANCE

Unit Descriptor: This competency is applicable to ADF Health Care Providers on ADF training activities and or operations. It has been drawn from HLTAMBT2A Transport Emergency Patients.

Pre-requisite Units: Nil

Application of Unit: This unit covers the competency required for the Health Care Provider to transport patients by road ambulance.

The transport of the patient will relate specifically to the performance of a Health Care Provider in a field road evacuation capability. It includes the requirement to convey and receive information relevant to the patient transport, transporting the patient and the loading, unloading patient and equipment for transportation This is limited to providing patient transport and patient care within defined organisational policy / procedures.

Entered/Checked WO2 A. STEWART **Version Date:** 17-Jun-05

ELEMENT PERFORMANCE CRITERIA

- 1 Convey and receive information relating to patient transport**
 - 1 Information relevant to patient transport is received from dispatching authority and understood in order to plan appropriate equipment, patient care, route and timings according to organisational policy / procedures
 - 2 Appropriate receiving facility is notified according to organisational policy / procedures

- 2 Transport patient**
 - 1 Continuity of care is maintained in order to provide seamless patient care from point of collection to handover to appropriate receiving facility
 - 2 Ambulance equipment utilised in patient transport is correctly operated according to manufacturer/supplier's instructions and local clinical guidelines
 - 3 Vehicle is controlled in a manner that avoids exacerbation of patient's condition
 - 4 Appropriate route is chosen according to distance, time, travel and terrain considering patient's potential or actual time criticality
 - 5 Communication is established and maintained as required between driver and Health Care Provider to ensure safe transport and effective patient care

- 3 Load, unload and secure patient and equipment for transportation**
 - 1 Loading/unloading is conducted smoothly, consistent with safe work practices, and organisational policy / procedures
 - 2 Patient's illness/injury is not exacerbated by unnecessary movement during loading and unloading
 - 3 Patients are removed from scene in a manner consistent

**COMPETENCY UNIT
ELEMENT**
DDDAMEDA212A
PERFORMANCE CRITERIA

- with treatment and in accordance with organisational policy / procedures
- 4 Patient and equipment is secured for transport in accordance with relevant organisational policy / procedures
- 4 Hand over a patient requiring continuing care**
- 1 Patient information is documented according to organisational policy / procedures
 - 2 Patient confidentiality is maintained
 - 3 Documentation for handover procedures conveys all necessary information
 - 4 Information is conveyed appropriately to those individuals involved in ongoing patient care to facilitate understanding and optimise continuing patient care
 - 5 Patient care is maintained until responsibility for patient care is taken over by staff of the receiving agency over by staff of the receiving agency

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

COMPETENCY UNIT

RANGE STATEMENT

Road ambulance may include	4WD ambulance 2WD ambulance Other designated patient transport vehicles
Organisational policy and procedures may include	Organisational policy directives Industry standards (state and national) Clinical standards (state and national) Privacy Act Occupational Health and Safety Acts, Regulations and Standards Organisation standard operation policy and procedures Safe lifting and manual handling procedures Acts, Regulations service policy and procedures include those relating to the operation of radio and electronic communication equipment Industry professional bodies standards Relevant Australian standards ADF Treatment Protocols ADF Nursing Procedure Manual
Information relevant to patient transport may include, but is not limited to	Patient information: Demographic information Injury/illness information Time criticality Location Special equipment requirements Point of contact at patient location Receiving facility destination
Ambulance equipment may include	First responder medical kits Oxygen/suction equipment Patient lifting devices Patient immobilising devices Personnel protective equipment Communication devices Lighting
Vehicle is controlled may include	Giving instructions to vehicle driver including: Limiting speed Specified route Limiting corner and obstacle turbulence
Communication may include, but is not limited to	Operating service radio equipment Viable alternatives that support effective communication
Patient and equipment is secured may include	Securing: - Patients actual person - Patient belongings - Items of luggage - Mobility devices Operating securing devices Using available ambulance space appropriately

**COMPETENCY UNIT
RANGE STATEMENT**

**Patient information
may include** MR - Demographic
M- Mechanism of injury
I - Injury
S- Significant signs and symptoms
T - Treatment

**Information is
conveyed includes** Verbally
Written

EVIDENCE GUIDE

**Critical Aspects
of Evidence** Observation of performance in the work environment or a simulation

A variety of situations involving the transport of patients in life-threatening situations

Loading/unloading patients requiring the Health Care Provider to exhibit diverse patient handling skills and knowledge

Safe transportation of patients over routes requiring the Health Care Provider to communicate effectively with the driver of the vehicle

Compiling and delivering patient handover

**Interdependent
assessment of units** This unit must be assessed after attainment of competency in the following unit(s):

- Nil

This unit must be assessed in conjunction with the following unit(s):

- Nil

For the purposes of integrated assessment, 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

- HLTHSE1A Follow the organisation's occupational health and safety policies

- HLTAMBCR1A Deliver basic patient care

- HLTAMBSC1A Manage routine scene

**Underpinning
Knowledge**

Use of communications equipment and systems, and of relevant Acts, Regulations, Service policies and procedures

Patient care and restraint during transportation

Methods of loading and unloading patients under life-threatening conditions

Knowledge of relevant acts, regulations and procedures governing the handling/lifting of patients

Knowledge of AS/NZ Standard 4535: 1999 Ambulance restraint systems

COMPETENCY UNIT

DDDAMEDA212A

EVIDENCE GUIDE

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 relatives

Ability to use interpersonal and questioning skills

Ability to provide appropriate patient care

Ability to use equipment and resources competently and safely

Resource implications

An appropriately stocked and equipped road ambulance or medical equipment set or simulated environment

Relevant clinical guidelines and protocols

Appropriate assessment environment and tools

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 clinical setting
- Observation of simulation and/or role play involving 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 Health Care Provider in a clinical setting
- Case studies and scenarios as a basis for discussion of issues and strategies in care of a patient

A diversity of assessment scenarios is essential for holistic assessment

COMPETENCY USED IN THE FOLLOWING COURSES/MODULES

IET Combat Medical Attendant Module 1 (AR)

CMA Skill Assessments

Ser	Skill Assessment	Page
1	Administer Parental Medications	3-22
2	Basic Life Support	3-26
3	Emergency Response	3- 31

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 HLTFA2A 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:	
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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 HLTFA2A 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; and
 - 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:	
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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 HLTFA2A 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 and 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:	
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CMA Comments

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

Section 4

Professional Development

4.1 Introduction

The following discusses further opportunities the CMA is required to take to enhance the training they have received and contribute to skill development.

4.2 Professional Development

The CMA is responsible for completing Section 4 of the CMA SMLB. Opportunities for Professional Development (PD) may be obtained by a variety of avenues. This can be attendance at conferences, in-service lectures, other courses or external studies at a tertiary institute. It is advantageous for CMAs to extend their professional development within health related fields as much as possible. It will assist them with maintaining motivation and interest in their chosen career.

They are required to fill in the appropriate details and obtain a signature from their supervisor to confirm that the professional development has been undertaken.

4.3 Operational Training, Field and Deployment Exercises

The CMA is responsible for completing this section of their CMA SMLB. Any opportunity CMAs have to experience other forms of professional development within the military are very valuable and need to be recorded. They may obtain this experience from activities such as Adventure Training, Operational Exercise, providing medical support for any ADF training/activities. They are not required to perform any tasks above their level of qualification in accordance with Employment Specifications.

CMAs are required to fill in the appropriate details and request a signature from their supervisor to confirm the exercise has been undertaken.