

**VOL 45**  
SPRING 2018

# RESPONSE

The official voice of Paramedics Australasia



# PAIC

A new era in  
paramedicine



**PARAMEDICS**  
AUSTRALASIA

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Restart  
A Heart Day

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paramedics

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Mindfulness and  
mental health

# Paramedics get ready!

**National regulation starts 1 December 2018**

## Paramedicine will become a regulated profession

All Australian paramedics must be registered with the Paramedicine Board of Australia (the National Board) or have applied for registration before this date.

## 'Paramedic' will become a protected title

From this date only people who are registered with the National Board will be able to lawfully call themselves a 'paramedic' and continue to practise as one.

## Apply now for registration



**Apply**

**Visit the National Board's website to begin the online registration process to make sure that you have completed your application before regulation begins.**

If you have already submitted a complete application for registration, you can continue to practise while it is considered by the Board.



#readyforregulation  
[www.paramedicineboard.gov.au](http://www.paramedicineboard.gov.au)

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Paramedicine  
Board of Australia | AHPRA

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### COVER

Ferno Sim Challenge teams, crew and judges at PAIC 2018  
Image © Ferno Australia





with Peter Jurkowsky

# A new era in paramedicine

**D**ear Members, a very warm welcome to this spring issue of *Response*, your member magazine.

Following a review of our overall strategy in keeping members informed and to ensure we align with technological advances that enable instantaneous and reliable communication, *Response* is now delivered to our members electronically in flipbook format. The Board of Directors made this decision after due consideration and I hope you enjoy this transition to instant and easily accessible quality articles, reviews, research and Paramedics Australasia news.

This spring issue contains a range of interesting and engaging pieces including a comprehensive review of the highly successful Paramedics Australasia International Conference (PAIC 2018) held at Sea World on the Gold Coast over 20 to 22 September; a Q&A with our Vice-President, Simone Haigh; a legal piece by Michael Eburn and Ruth Townsend on the 'implications and purpose of ambulance service promotion' as seen on television programs and social media; a useful mental health and wellbeing article on mindfulness and meditation; topical updates

from SPA and our state and territory chapters and research from the *Australasian Journal of Paramedicine*, which includes a timely project looking at the possibilities around aligning clinical practice protocols nationally.

## PAIC 2018

While this issue of *Response* contains a detailed review of PAIC 2018, it would be remiss of me not to make a personal observation. The annual conference is PA's showpiece event of the year and it provides our members and the entire paramedic sector with a fantastic opportunity to learn and engage with their professional peers in a wonderfully collegial environment. I was fortunate to be invited to host the plenary sessions over the

two key days of the conference and, for the first time, I witnessed the extraordinary work and professionalism delivered by all those involved in bringing the program together.

.....  
**“ I am just in awe of the honorary work undertaken by the conference and scientific committees ”**  
 .....

The theme of the conference was 'A New Era in Paramedicine' reflecting the dawning of professional recognition through national registration – which will commence on 1 December – and the arduous road we have travelled in this quest. My role was made easy by the obvious work that all presenters had undertaken in preparing their comprehensive presentations, and I am just in awe of the honorary work undertaken by the conference and scientific committees, led by our Queensland Chapter Members Colin Allen and Jamie Rhodes respectively, to bring such an interesting program to fruition. The further work delivered by Colin and the organising team for the Ferno Sim Challenge was also amazing and saw a wonderful event with all teams competing in the spirit in which it was designed – a big congratulations to the even-



Colin Allen at the opening address of PAIC 2018

tual winners, Team Singapore Civil Defence Force. Finally, an acknowledgment of the great work provided by our own executive team, led by our CEO Robyn Smith, in bringing all these elements of the conference together to deliver the ultimate event.

I would urge you to consider being a part of our major events in 2019 – the Rural Outback And Remote (ROAR) Conference, which will be held in Alice Springs over 10 to 12 April; and PAIC 2019, which will be held in Hobart over 28 to 30 November. These two events in particular, will lead our offerings to members and we would be delighted to see you at these significant paramedic events.



## National registration

National registration continues to be the main discussion point in the sector after the official announcement last week that paramedicine will officially become the 15th registered health profession in Australia on 1 December 2018, formally known as the 'participation' date.

The five mandatory registration standards that apply to eligibility for registration are:

- Continuing professional development (CPD)
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

As the peak industry representative body PA can support our members in complying with some of these standards, while others are personal to you as an individual. The two standards in which your membership of PA is supported are through CPD and professional indemnity insurance.

PA launched the new member-specific CPD platform at PAIC, which will provide everything a paramedic needs to meet this mandatory standard on an annual basis.

“The two standards in which your membership of PA is supported are through CPD and professional indemnity insurance”

Professional indemnity insurance and paramedic practice have raised a number of questions in the sector and many of these were addressed at PAIC during a number of sessions where delegates posed a range of questions around the need for this type of individual insurance when a paramedic is employed by a jurisdictional ambulance service.

A number of industry leaders identified this as an area of uncertainty for paramedics, and as a representative organisation focussed on the welfare of the profession and its members, we feel it is incumbent on us to ensure you are fully protected through rigorous protective insurance arrangements. It is worth reiterating this key point – the unique paramedic employment demographic, compared to all other health professions, whereby a vast majority of practitioners are employed by a government-based ambulance service in all states and territories give rise to a clear conclusion that paramedics, in these circumstances, will be fully covered for professional indemnity insurance if acting within their scope of employment.

Due to the nature of the role and the skills associated with paramedic practice, paramedics, unlike many other health professions, are sometimes called upon to assist in medical emergencies when they not actively engaged by an employer – this is where individual 'top up' professional indemnity insurance provides an extra layer of cover where third party arrangements can be problematic.

Our partner in professional indemnity insurance is Guild Insurance. PA members can access a suite of superior insurance products at significantly discounted premiums for professional indemnity, public and product liability and legal advocacy – PA will be providing Australian paramedics with peace-of-mind in relation to all insurance matters. The site is now live at [www.guildinsurance.com.au/professional/paramedics](http://www.guildinsurance.com.au/professional/paramedics) and members requiring insurance now can purchase a policy. We look forward to a long and mutually beneficial relationship with Guild Insurance in protecting the interests of paramedics.

I wish you well in your personal and professional lives in this exciting time as our crucial and beloved role in the healthcare chain takes another leap towards greater professionalism.

*Peter Jurkovsky*  
President, Paramedics Australasia

# PAIC 2018

## A new era in paramedicine



**PARAMEDICS**  
AUSTRALASIA

Over 360 delegates from Australia, New Zealand and beyond converged at Sea World Resort Conference Centre on Queensland's magnificent Gold Coast to explore and open conversations around the new era in paramedicine. We were pleased to have delegates join us from Singapore, Hong Kong, Thailand, the United Kingdom, the USA and Canada.

### PAIC 2018 theme

For many years, the focus in the paramedic industry centred on the clinical evolution of Australasian paramedics, resulting in a rapidly expanding scope of clinical practice and emerging models of care. As paramedicine enters the new era of national registration, it is timely for the industry to place a renewed emphasis on our professional identity rather than just our clinical capacity. The theme for PAIC 2018 was 'a new era in paramedicine' and the program encompassed presentations and interactive sessions that focussed on this era of change and what it means to every paramedic

from varied work settings and geographic locations.

The structure of PAIC 2018 was informed by feedback from over 300 members from jurisdictions all over Australia and New Zealand who told us what is important to them when deciding to attend PAIC. We listened and actively built the conference around those views:

- "Destination, quality and affordability of accommodation" – Sea World Resort offered an appealing venue, with affordable accommodation, family friendly options and the opportunity to extend pre- or post-conference accommodation at a discounted rate

- "Registration fee can be a barrier to attendance" – Conference registration fees for PAIC 2018 were reduced from previous years
- "Key goals in attending PAIC include clinical development, learning about new and re-emerging research, learning new skills and networking" – All of these elements were included
- "The preferred program is a 50/50 balance of plenary and concurrent sessions" – the PAIC 2018 program reflected this preference
- "The program needs to be focussed on the paramedicine profession" – PAIC 2018 boasted over 95 percent paramedicine content.

### Pre-conference workshops

The pre-conference workshops were well attended with three concurrent streams and a range of practical sessions covering topics that members had requested:

- QBank provided valuable advice on managing money – from when paramedics secure their first job right through to planning for retirement





- Professor Julia Williams covered the rules on qualitative research for those of us just starting out, to help shape and direct research and also offered a practical guide on how to transform work into a publication for a peer review journal
- Gary Berkowitz gave a pre-hospital ultrasound crash course and Prue Sneddon convened a hands-on practical workshop on road crash rescue.

In a registration toolbox session PA's eLearning Manager, Ally Butacan, walked us through the impressive PA CPD and eLearning portal that will ensure paramedic members are well enabled to obtain an annual 30 hours of CPD from commencement of national registration in Australia; and our partner Guild Insurance outlined why members must investigate their individual requirement for professional indemnity insurance and ensure that legal advice will be available in any future circumstance or dispute.

Ari Peach shared his research on the causes and symptoms of burnout and explored strategies that effectively foster engagement and reduce burnout as a lead in to the conference wellbeing stream held the following day. This stream showcased abstract presentations on: the evolution of the MANERS model as a framework for peer support and a review on how educational choices have supported occupational longevity, promotion and retention by Dr Elizabeth Ashbury and self-reported stigma towards people with mental illness by Dr Paul Simpson.

## Conference program

### Friday 21 September

The official PAIC opening was officiated by Aaron Harper, MP the member for Thuringowa; John Hammond,

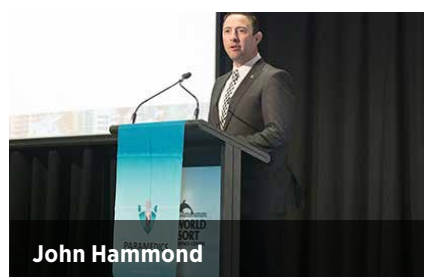


Mental Health and Wellbeing SIG members

the Assistant Commissioner for Queensland Ambulance Service, Gold Coast LASN; and Peter Jurkovsky, PA President. Peter also did a great job as our Master of Ceremonies throughout the plenary program.



Peter Jurkovsky



John Hammond

Paramedic registration was in the spotlight with sessions covering Australia's entry as the 15th health profession in Australia by Chair of the Paramedicine Board of Australia, Associate Professor Stephen Gough ASM. Perspectives of a new era in

paramedicine – the Canadian Experience, and the UK Experience were presented by Associate Professor Joe Acker and Professor Julia Williams, respectively.



Stephen Gough

Abstract presentations were structured in themes including clinical, operations, wellbeing, resuscitation, leadership and servicing beyond the state. This arrangement was well received as there was a logical flow of themes, however members could cross between the streams if they wished. Interestingly, the most popular stream on both days of PAIC was the clinical stream and we have resolved to set aside a larger meeting room for this stream in 2019!

Friday also featured a plenary Stroke Masterclass that brought the most advanced global trends

in stroke care as presented by Dr Bronwyn Tunnage, along with two thought-provoking sessions. The first session was presented by Graham McClelland – Development and validation of a pragmatic pre-hospital tool to identify stroke mimics. We were delighted to have Graham join us, he is a research paramedic, Stroke Association Fellow from the North East Ambulance Service Trust in the UK and winner of the highest quality research paper at the EMS999 Research Forum Conference in Scotland. His prize included support to attend and present his research at PAIC 2018.



Graham McClelland

The second session, presented by Associate Professor Hal Rice focussed on interventional neuroradiology and the final session of the stream was presented by Skye Coote who gave insight into the trial of the Melbourne Mobile Stroke Unit in providing pre-hospital healthcare.

## Saturday 22 September

On Saturday morning delegates were treated to presentations by the identified three best abstracts for PAIC 2018: Renee Roggenkamp: *Characteristics of emergency ambulance attendances to patients with dementia*; Dr Kathryn Eastwood: *The appropriateness of cases presenting in the emergency department following ambulance service second triage*; and Simpiwe Sobuwa: *Assessing the effectiveness of infection control prevention in an ambulance environment within the Qatar National Ambulance Service*. In a strong field of research



Q&amp;A panel discussion

papers and engaging presentations, the winner of the PAIC 2018 Best of the Best Research Paper was Dr Kathryn Eastwood from Ambulance Victoria and Kathryn's prize incorporates the prestigious trophy along with \$4,000 towards attendance of an overseas paramedic conference. Winners in the other categories were:

- Best Post-graduate Research Presentation – James Wylie for *The effectiveness of freeze-dried plasma in haemorrhagic shock: a systematic review and meta-analysis*
- Best Under-graduate Research Presentation – Matthew Reardon for *Cleaning the same site with alcohol before performing glucose measurement does not affect the glucose reading*
- Best Research Poster – Kirsty Mann for *Proactive healthcare via electronic referrals – keeping local communities safe and well*.



Kathryn Eastwood

And also in research, Professor Mal Boyle presented on PA's peer-re-

viewed journal the *Australasian Journal of Paramedicine* and the importance of having a professional journal led by paramedics. Mal is the AJP's editor-in-chief.



Mal Boyle

Saturday featured further streams including clinical and care pathways and as an innovation prompted by delegate feedback last year, we introduced case study presentations based on care improvement and cases of LYSIS. In one of the case studies, PA's immediate past board director Sharon Duthie provided her personal and moving experience of STEMI with her usual frankness, warmth and humour.



Sharon Duthie



The final two sessions of the conference filled delegates with a sense of trepidation around the perils faced by paramedics in 'the new era in paramedicine'. However, both sessions showed how human resilience and preparedness can make all the difference. In Jake Carlson's presentation he walked us through his experience working inside the hot zone of the London Bridge attack and how he was able to manage and recover from the PTSD following early expert support. Joe Acker demonstrated how Canadian paramedic authorities are confronting an uncertain world by protecting the paramedic and the community.



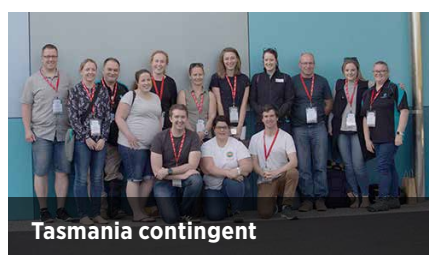
Joe Acker



Victoria contingent



Northern Territory contingent



Tasmania contingent



## Ferno Sim Challenge

Ferno Sim attracted a great deal of interest and was again professionally presented by Ferno Sim representatives and our own Colin Allen and his team. Although there was only a matter of points between the finalist teams it was a popular outcome when the Team Singapore Civil Defence Force was announced as the winner. The Singapore team's win was widely covered in Singapore and Asian newspapers, including in *The Straits Times*: "The four-member team eventually beat five other teams from around the region and emerged champions in the competition that took place on September 21. This is the third time an SCDF team has participated in the international challenge and it is the first time the force has won first place. 'We were the only Asian team there and, in some way, we felt we represented Singapore. So we reminded ourselves to stay focused and do our best', said team leader Warrant Officer Naomi Wee, 28, who has been with the force for a decade."



South Australia contingent

## Conference dinner

With Sea World as our backdrop the conference dinner was a casual outdoors affair with great music and dancing and informal seating for mixing and socialising. An enjoyable night was had by all!



# PAIC 2018

a new era in paramedicine

# Acknowledgements

Paramedics Australasia and delegates of PAIC 2018 offer sincere appreciation to our key sponsor Laerdal, our host sponsor Queensland Ambulance Service and to our outstanding group of exhibitors. This year Laerdal featured a partnership with SonoSim, a global leader in ultrasound training. Delegates visited the Laerdal stand to learn about a blended learning approach to ultrasound training.

Queensland Ambulance Service provided a multitude of support to PAIC 2018 from availing us to their expert staff, providing equipment and systems (such as the portable hospital for Ferno Sim and the road trauma challenge workshop) through to media and communication support. To the Commissioner Russell Bowles, Assistant Commissioner John Hammond, Associate Professor Stephen Gough and Queensland Ambulance Service staff we extend our most sincere appreciation.

We also wish to thank and congratulate the local conference committee who have planned and developed this event for the last year in liaison with Carillion Conference Management: Colin Allen, Robyn Smith, Mick Davis, Neil Noble, Jamie Rhodes, Alan Mountford and Dan Townson.

We would also like to acknowledge the significant contribution of our social media committee of Neil Noble, Simone Haigh and Levi Karschimkus and to Lauren Turnbull for managing the PAIC website.

## Scientific program

PAIC 2018 continued our worldwide reputation for high calibre scientific presentations and the tradition of presenting the Australian Pre-hospital Emergency Health Research Forum for the Best Paper and the Best Poster Award. We wish to thank and congratulate Jamie Rhodes, Scientific/Program Chair and his committee of Scott Devenish, Joe Cuthbertson and Michael Birtill for their collaborative approach in presenting a balanced and engaging conference.

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*Come for the conference... stay for the experience!*



**PARAMEDICS**  
AUSTRALASIA

INTERNATIONAL CONFERENCE

# PAIC 2019

PAIC 2019 will be held at Wrest Point Casino in Hobart over 28 to 30 November 2019. Wrest Point, situated on the Derwent River waterfront, is within walking distance to central Hobart and all Hobart has to offer.

Hobart is a breath of fresh air. So save the date and join us in this pristine island city. Why not bring the family and extend your conference experience and explore more of the Apple Isle.



**WREST POINT**  
TASMANIA

Hobart, Tasmania's capital city, offers a blend of heritage and lifestyle with world class activities and attractions nearby. To find out more about Tasmania and what you can see and do, visit Discover Tasmania at [www.discovertasmania.com.au](http://www.discovertasmania.com.au)





# Hands on hearts

The Council of Ambulance Authorities led events across Australia and New Zealand on 16 October – World Restart A Heart Day, which is aimed at putting ‘hands on hearts’ to save more lives.

In Australia alone, there are almost 30,000 cardiac arrests annually and only one in 10 currently survive. One of the key messages of Restart A Heart Day is that we can do better than that!

Bystander intervention within the first 10 minutes of a sudden cardiac arrest can save a life and Restart A Heart Day vowed that 50,000 people would learn how to restart a heart on this global awareness day.

Ambulance services around Australia and New Zealand supported the initiative with demonstrations and educating the community one-on-one in a range of settings, including airports and schools.



Team ACT Ambulance at Parliament House





A heartfelt thank you to paramedics from the Prime Minister

The Australian launch of World Restart A Heart Day was held on the lawns of Parliament House in Canberra. The Council of Ambulance Authorities in conjunction with ACT Ambulance Service and the Royal Flying Doctor Service hosted the event in the nation's capital with Prime Minister Scott Morrison officially launching the day.

The Prime Minister expressed his deep appreciation for the work done by paramedics, his gratitude for care his own family had received from paramedics and the strong connection to paramedicine that has been forged through his paramedic brother Alan Morrison, a much-respected Paramedics Australasia member and Director of Education for NSW Ambulance.



Paramedic students teach students the three steps



NSW Ambulance, Ambulance Victoria and ACT Ambulance collaborated

Prime Minister Morrison commented that paramedics do an outstanding job in restarting hearts, however with 30 percent of cardio arrests happening at home, everyone in the community, including children, need to understand that to restart a heart involves three simple steps. He emphasised that the community shouldn't fear that they may make a mistake and cause an adverse impact on someone who has suffered a cardiac arrest as no harm can be done by undertaking the three steps: Call 000; Push; Shock.

## Quick Q&A with Alan Morrison

**Q** What's it like to have your younger brother as the 30th Prime Minister of Australia?

**A** It is quite surreal actually but above all our family is so proud of Scott.

**Q** When did it cross Alan's mind that his brother could possibly become the prime minister?

**A** When Scott was in his early 20s I could see that he had the ability and qualities for making a significant contribution in public service but I did not anticipate this would be the culmination of his attributes. However, we grew up in the context of parents who were fully committed to community and public service and this built the foundation for both our future careers.



Alan Morrison and his wife Wendy

Alan Morrison is the NSW Ambulance Superintendent and Director of Education. Alan and Scott's father John was a policeman, councillor and mayor of Waverley in Sydney and their mother Marion focussed on a range of community endeavours including youth work and community theatre. Both have received recognition through Order of Australia medals.



# Wild paramedics

by Steve Whitfield

The mighty Himalayas has an alluring charm and intriguing attraction like nowhere else in the world. It is a place of told and untold adventures, quests and escapades that have decoyed intrepid travellers and adventurers throughout history. It is the home to the roof of the world (Sargarmartha), and the birthplace of Buddha.

**I**t is here among the greenery of the Himalayan foothills contrasted against the unforgiving, icy, rocky appearances of the Himalayan behemoths that loom over much of Nepal's population that you will find some unlikely people.

Wild medics or 'mountain medics' are ordinary people from Australia doing extraordinary things. The Wild Medic Project is a Queensland-based paramedic-led social initiative that has established itself as a grass roots pre-hospital primary medical project.

The resilience of the Nepali people is admirable as they continue to live their lives through their vital agricultural work, sharing what little resources they have and supporting each other through harsh winters and torrential monsoons. People are still living in temporary shelters more than two years after the events that shook this

mountain region in April 2015. Rural community buildings still lie where they fell, remote medical centres are a pile of rubble.







The Wild Medic team first entered Nepal in November 2015 with two target villages in mind that had experienced little outside assistance or support. Their target was a medical centre lying in ruin in the village of Chitre, located 90 kilometres north east of the capital. The team, ever conscious of similar failed (yet well intentioned) programs in the past, approached the community and established a relationship with a community committee. The committee allowed the Wild Medic team to involve the local population to hear what they needed, not what the team thought they should have. It allowed the villagers to have a voice where none had previously listened.

Since 2015, 18 medical expedition teams made up of local Australian based paramedics, nurses and doctors have travelled to the village of Chitre in Helambu province to work with the community. The initial focus of providing medical care for the community, although still needed and facilitated, has taken a back seat to address the real issue identified, that of education.

The team has identified that education is what will provide the most opportunity and assistance to the community. The medical centre has been a shack with dirt

floors and the team utilise rudimentary equipment but with each team visiting, better equipment arrives offering more educational opportunities for the local healthcare workforce. What has been noticeable is that the educational aspect has also applied to the visiting teams. The local villagers have embraced the teams and have been keen to share their own experiences and skills that the medics have found to be the 'real experience'. From making hospital grade sodium chloride 0.9% over an open fire to ploughing a field while knee deep in mud with an ox; from learning the intricacies of gravity fed water supply from high in the mountains to sharing someone's home who allows you to sleep on the floor next to them. These are the real stories. A shared learning experience is where the real value applies. It empowers people on both sides and allows for a shared cultural exchange while assisting people rise from a devastating situation.



### About the author

Steve Whitfield is a paramedic from Queensland who has travelled with Wild Medic since 2015. He holds a Bachelor of Paramedic Practice, Graduate Diploma of Strategic Leadership, a Diploma in Journalism and is currently completing a Master of Public Health (remote and polar medicine).

The Wild Medic Project is a collection of Australian based paramedics, nurses and doctors who are developing support programs for remote communities, including Timor Leste. It engages with community committees to assist in the direction of programs. The project accepts volunteer applications year-round for anyone wild hearted enough to deploy and is an amazing developmental opportunity for health or medically qualified people. To find out more, visit [www.thewildmedicproject.com](http://www.thewildmedicproject.com)



# RESPONSE | Q&A



Simone Haigh is an Intensive Care Paramedic with Ambulance Tasmania. She is also Vice-President of Paramedics Australasia and her director portfolio is the Mental Health and Wellbeing Special Interest Group. In this Response Q&A, Simone chats to us about advocating for the mental health and wellbeing of paramedics and the role of PA in supporting its members and advocating for the profession.

**Q What attracted you to a career in paramedicine?**

**A** To be honest, it was not a path I ever really considered. I was studying exercise and sports science at university but enjoyed the medical science subjects more. I became friends with one of my fellow students, Lachy, who wanted to be a paramedic and he encouraged me to volunteer for Ambulance Tasmania. My first ever on-road shift was with Paramedics Australasia past director John Richardson, and from that night I just felt that being a paramedic was the right job for me. And the rest, as they say, is history.

**Q You have spoken honestly and openly about the suicide rates of paramedics. Do you get a sense that the conversation in this space is changing?**

**A** Yes I do. There is still some way to go but the conversation is increasing. I think that now that mental health is less stigmatised within the general community, this will have an effect on paramedic mental health stigma. As paramedics I think we see ourselves as needing to be strong, but I also think that we sometimes neglect our own mental health and wellbeing to help others. We need to remind ourselves that we are ordinary people doing extraordinary work and that it is okay to not be okay.

**Q You lobbied for a senate inquiry into the mental health of emergency service workers and first responders. How do you feel knowing that this is now a reality?**

**A** It is fantastic; however it is only the beginning. The senate inquiry has really increased the conversation and the feedback from Senator Anne Urquhart (who represents Tasmania in the Australian Senate) is that many

first responders around the country feel like they now have an opportunity to have their say and be heard.

Hopefully the senate committee's recommendations, which will be handed down in a few month's time, are taken on board by governments both in the states and territories, and federally.

**Q National registration for paramedics in Australia will be a reality in 2018 and, potentially, in New Zealand not long after. What do you see as being the major impact that registration will have on the profession?**

**A** Knowledge and professionalism. There are a lot of paramedics out there who don't seek continuing professional development in order to stay relevant. I think registration will encourage these people to get out there and learn new things.

Reporting to the Australian Health Practitioner Regulation Agency (AHPRA) may also help tidy up some behaviours that aren't necessarily seen as professional, especially toward patients. I know that sounds harsh, but patients are our core business no matter how frustrated we might feel at times.

I think that registration will also open more career pathways for paramedics into the future. This could be more community care/extended care roles, hospital roles or even the possibility of a paramedic practitioner model. I look forward to seeing where the profession takes us in the next 10 years. It has already drastically changed in the 15 years I have worked in the sector. Exciting times ahead!





Simone and Oskar

**Q What do you see as being PA's biggest role in supporting its members?**

**A** Professional development opportunities for members will be vital going forward in national registration. PA already has a fantastic CPD platform that is added to regularly. I encourage members to log in and have a look. The eLearning platform has videos from CPD events held all around the country and an exciting range of topics to choose from.

**“ We need to remind ourselves that we are ordinary people doing extraordinary work and that it is okay to not be okay ”**

I also see PA's role in advocacy for the profession. Since the inception of the Institute of Ambulance Officers in 1971 with PA stalwarts such as Malcolm McDonald, PA has advocated for paramedics on various issues. PA's advocacy and tireless lobbying for paramedic registration has been one of the key turning points in our profession. I feel honoured to be part of an organisation that has continued to push the profession forward.

**Q How important is PA's Mental Health and Wellbeing Special Interest Group and what can it add to the discussion and potential solution of paramedic wellbeing?**

**A** Absolutely. There are some amazing people on our Mental Health and Wellbeing Special Interest Group – coming from different backgrounds and with diverse experiences. Most importantly, everyone on the SIG is passionate about paramedic mental health. Already the SIG

has provided a submission to the Senate inquiry into the role of governments in addressing the mental health of first responders (Submission 57). The submission is available to read in the Mental Health and Wellbeing SIG section on the PA website.

Also, the Survive and Thrive Symposium on paramedic mental health and resilience is now heading into its fourth year (the inaugural symposium was held in 2016). The symposium not only provides a great opportunity for paramedics to join in the discussion, but it also gives them an opportunity hear about what is happening in the mental health and wellbeing space, and, importantly, to hear about other people's experiences. It stimulates conversation, which ultimately decreases stigma in this area.

**Q You are a clinical educator in paramedicine. If you had one key message to students, what would that be?**

**A** Have a strong foundation. I am passionate about knowing your anatomy and physiology. If you have a strong base in how the body works normally, it makes it easier to understand abnormal function.

**Q And finally, you are a champion of advocating for the mental health of your colleagues. What's your go-to when you need time out?**

**A** I spend time with my dogs and enjoy learning new things with them. This year I have trained Oskar to become a tracking dog. It has been a great challenge and something different from the every day. Plus, dogs teach you to live in the moment.



(L-R) Senator Anne Urquhart, Simone Haigh and Senator Doug Cameron





# Report aggressive and violent behaviour. It's never OK.

Up to 95% of our healthcare workers have experienced verbal or physical assault, but these incidents are currently chronically under-reported. Aggression and violence is never OK. Report it to your employer, so together we can work towards reducing these incidents and stop it happening to you or your colleagues again.

**AGGRESSION AND VIOLENCE  
AGAINST HEALTH WORKERS.  
IT'S NEVER OK**

[worksafe.vic.gov.au/itsneverok](https://worksafe.vic.gov.au/itsneverok)





# Back to Alice ROAR 2019

**T**his year's inaugural PA Rural Outback And Remote (ROAR) Conference, which was held in Alice Springs in April, was an outstanding success attended by paramedics from every state and territory in Australia, and also New Zealand. We had the pleasure of welcoming not only personnel from jurisdictional ambulance services but also a number of private industry paramedics from a broad demographic and a small number of local hospital allied staff.

PA is busy planning our second ROAR conference, to be held once again in Alice Springs from 10 to 12 April 2019. We are expanding next year's program by including two full days of inspiring and engaging speakers, interactive workshops, concurrent sessions and greater flexibility for delegates to attend all or part of the program. Some of the early possibilities already in the pipeline, include:

- wilderness medicine
- the use of virtual reality in simulated training exercises
- teams working in resource limited environments
- mental health and personal safety
- the patient's perspective during an episode
- working with and understanding cultural challenges

- telehealth
- stepping out of your comfort zone – leadership
- primary healthcare and complex wound assessment
- dialysis in remote communities
- a practical exercise – what to pack in my kit.

In addition, we will be hosting two fantastic social events so delegates can come together to network and share experiences:

- a fully catered welcome reception held at the Mercure Alice Springs Resort (also the conference venue) in an architecturally designed space named 'Ilthe Akethe-le' (Ar-rernte for outdoor shelter) with views to the MacDonnell Ranges and Todd River, and
- a true outback dining experience at the beautiful Ooraminna Station Homestead, a family-owned private 600 acres with the desert backdrop of Alice Springs escarpments.

ROAR is truly unique. It is aimed specifically at paramedics, local hospital and allied health staff, retrieval doctors and remote nurses working in outback and remote areas of Australia and New Zealand. Our focus is on the special conditions they face, including demographics, climate, resources, mental health and safety and Indigenous health and culture.



We are proud to announce that our partner, Guild Insurance, will be sponsoring the Welcome Reception. Registration will open soon.



**PARAMEDICS**  
AUSTRALASIA



**Mercure**  
HOTELS  
ALICE SPRINGS  
RESORT



# The art of just being

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There are many ways to calm the mind and refocus the body to provide balance and inner strength to your daily life.

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**M**indfulness, meditation and breathing are techniques designed to bring a sense of wellbeing and calmness to the mind and body. The practise of these techniques can be wonderfully cleansing and the health benefits enormous.

## Mindfulness

Mindfulness has been described as a state of ‘being in the present and accepting things for what they are’. It is ‘paying attention in a particular way, on purpose, in the present moment and non-judgementally’.

Mindfulness was originally developed to assist with mood regulation and relapse prevention in depression and has been found to have considerable health benefits. You can develop mindfulness through the practise of meditation and through other training.

“If you let cloudy water settle, it will become clear. If you let your upset mind settle, your course will also become clear – Buddha’s Little Instruction Book”

One way of practising mindfulness is simply to try to bring the attitude of non-judgemental awareness to whatever it is you are doing. This means if you are walking the dog, just walk the dog; if you are eating, just eat; or if you are studying, just concentrate on the topic at hand.

A more formal practise of mindfulness can also be helpful, such as daily meditation or a tradition such as yoga or tai chi.

Finding space to reflect on what already works for you or what kind of technique might suit you is a great start. The most important ingredients for success are finding what type of practice suits you best and finding a way to practise it regularly. The rest will take care of itself.

### A special note to students

It can be challenging to stay present when studying or preparing for exams, and distractions are easy to find, such as social media! But the benefits of practising mindfulness – being in the present moment – are huge and can not only reduce stress but also improve exam performance.

## Meditation

Meditation is the ‘deliberate focussing of attention to bring about feelings of calm and heightened energy and awareness’. Regular meditation offers many health benefits, including reduced stress and anxiety levels. Meditation can also promote emotional health and good sleeping patterns.

There are many different ways to meditate, such as using a mantra (chant) or focussing on the breath. It can be practised when you are alone at home, or in a group setting such as a yoga class.

## Breathing techniques to calm the mind and body

Sean Thompson, an Intensive Care Paramedic and immediate past chair of PA’s New Zealand Chapter, uses breathing exercises to help focus and calm the mind. “I use breathing exercises and have two that I find really useful for different situations,” says Sean.

### 4-4-4-4 or ‘square’ breathing

- 4 seconds breathe in
- 4 seconds hold your breath
- 4 seconds breathe out
- 4 seconds hold your breath.

Sean uses this technique for ‘nerves’. “If I’m going into an assessment or a stressful meeting or if I feel my adrenaline rising during a challenging case it helps me physiologically return to a state of control.”

### 4-7-9 breathing

- Breathe in to the count of 4
- Hold for the count of 7
- Breathe out for the count of 9.

“This is deeply relaxing. The 4-7-9 doesn’t need to be seconds but with this technique you can work up to the point where you are breathing just three times per minute. Two minutes of this repeated when I climb into bed helps me get off to sleep much more quickly.”

## Resources

- For a more detailed discussion of the practice and benefits of mindfulness try: Mindfulness for Life, by Dr Stephen McKenzie and Dr Craig Hassed (Exisle Publishing, 2012)
- Free audio resources for mindfulness and meditation: Mindful – Healthy Mind, Healthy Life. Available at [www.mindful.org/audio-resources-for-mindfulness-meditation/](http://www.mindful.org/audio-resources-for-mindfulness-meditation/)
- Free mindfulness app: Smiling Mind. Available at <https://www.smilingmind.com.au/>
- Mindfulness fact sheet: Black Dog Institute. Mindfulness in Everyday Life. Available at [www.blackdoginstitute.org.au/clinical-resources/wellness/general-wellbeing](http://www.blackdoginstitute.org.au/clinical-resources/wellness/general-wellbeing)

# Paramedic professionalism and the quandary of the use of television programs for service promotion

by Ruth Townsend and Michael Eburn

There have been a number of new paramedic television programs appearing on Australian television this year. This follows in the footsteps of the UK where similar programs have been running for some time. The programs are closely linked to ambulance services.

**T**he television program ‘Paramedics’ (Channel 9) is associated with Ambulance Victoria, and ‘Ambulance Australia’ (Channel 10) with the Ambulance Service of NSW. These programs are a new take on an old theme already established with programs such as ‘24 Hours in Emergency’ that have provided fly-on-the-wall takes on emergency room work. So what, if any, are the legal, ethics and broader professionalism issues paramedics should be aware of when participating in these types of service promotion?

We have both written about our concerns with the matter of ambulance services using personal patient data and experiences for service promotion,<sup>1,2</sup> but thought it was important to dig deeper into the implications and purpose of ‘ambulance service’ promotion, evidenced by television programs and social media. In this article we explore the professional obligations a registered paramedic has to put their patient’s interests first and the quandary that may pose for some paramedics involved in the production of these programs.

From an ethical perspective, the first, and probably most important issue is the duty of confidentiality. A person calling for help from paramedics has a reasonable expectation that that relationship will remain confidential. The Paramedicine Board of Australia Code of Conduct (which will apply to registered paramedics after 1 December 2018) states, ‘Patients or clients have a right to expect that practitioners and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations’. Further, the Code of Conduct says paramedics must provide ‘appropriate surroundings to enable private and confidential consultations and discussions to take place’.

A disclosure in the public interest is not justified because the public are interested. Indeed, the public are interested in the work of paramedics but that doesn’t mean it is appropriate to broadcast personal patient information. A ‘public interest’ consideration has a strict legal meaning and relates to the sharing of sensitive personal information, such as patient data, if there is a public health or security reason for doing so. For example, in the case of contact tracing for notifiable diseases there may be exceptions for the sharing of personal information for public health reasons (see the *Public Health Act 1997* (ACT) s110).

From a legal point of view, disclosing personal information is permissible if the person consents. It is highly improbable that patients are in a position to give valid consent to the filming of these programs (and note the issue is filming, not broadcasting the program). According to a paramedic from the Ambulance Service of NSW, the process of obtaining consent from people appearing in ‘Ambulance Australia’ is the following, “consent is gained as we walk through the door and is done in two or so seconds verbal, if the pt (sic) OR family on scene said no the cameras stopped rolling”.<sup>3</sup> ‘Consent’ given under coercive conditions is not valid. It is likely that a person in this situation is unable to weigh up and consider the implications of their decisions about anything unrelated to their immediate emergency. Additionally, the patient is unlikely to refuse to be filmed if they suppose that refusal may in some way diminish the quality of the care they are provided – there is a power imbalance between the patient and the paramedic that must be considered.

There are also ethical issues of diminishing the patient’s autonomy to make decisions for themselves and the question of beneficence – what benefit does the patient



get from being involved in this filming? The ambulance service benefits because the show is a way for the service to promote itself to the public and politicians. The television stations that produce and air the show benefit from the advertisements and other revenue streams associated with the airing and sale of the show. They exploit the suffering of the patient in order to promote themselves and support the profit making of media corporations. They may promote the public profile of one or two paramedics but what is the patient benefit?

“ There is a power imbalance between the patient and the paramedic that must be considered ”

This is where the matter becomes one of broader professionalism. The primary concern of any registered paramedic should be their patient. The whole basis of paramedic registration and the regulatory scheme is the protection of patient safety. Beyond just providing good quality care, a registered paramedic has a duty to act as an advocate for their patient and to act in their patient's best interests. There is no evidence that these paramedic television shows provide a benefit to the patient who is the subject of these programs.

Paramedics have been identified as members of the ‘most trusted profession’ year-on-year. In August 2018, the Governance Institute of Australia published a list that had paramedics at the top ahead of all other professions in terms of trustworthiness.<sup>4</sup> Steve Burrell, the CEO of the Governance Institute, said, “The message here is clear – those who are seen to be working selflessly for others are generally more trusted”. This relationship between acting in another's interest and professionalism is acknowledged in the sociological literature and this altruistic element has been described as the ‘soul of professionalism’.

Paramedics hold a unique position of power and privilege in the provision of healthcare. They work with extremely vulnerable people – often those lacking autonomy to advocate or protect themselves from those who may seek to intentionally harm or exploit them. They work with patients who are so unwell that they are not capable of protecting themselves, and paramedics work in places that are not overseen by others, unlike staff in hospitals for example. This is a powerful position of privilege and there are very few other workers who are placed in such a position. In this way, paramedics are a unique profession who hold a form of power over patients who must ‘place naïve trust’ in them.<sup>5</sup> Coming into that space with a film crew or with body cameras that record a person in a position of vulnerability with the intention that the footage may be used in television entertainment may threaten that position of trust.

As Townsend argues in her doctoral research, a distinguishing feature between a non-profession and a profession is the obligation on the professional to act with professionalism, which, at its core, is about putting the patient's interests before the practitioners.<sup>6</sup> This principle eliminates conflicts of interest for professionals between their own interests and that of the patient, or the interests of another party that may conflict with that of the patient. In the case of applying this principle in the face of pressure from employers, media corporations or others, paramedic professionalism will provide paramedics (for the first time) with a legal independence that allows and may at times require them to judge, criticise or disobey ‘employers, patrons and the laws the state’.<sup>7</sup> This is the responsibility that paramedics now have. The issue for paramedics involved in these programs is, ‘are you prepared to explain to a panel of your peers why you have acted first in the interest of your employer and a media corporation ahead of the interests of your patient?’

### About the authors



Ruth Townsend PhD, BN, LLB, LLM, DipParaSc is a lecturer in law and sociology at Charles Sturt University. She is an editor and author of *Applied Paramedic Law and Ethics* and maintains a blog on health, law, ethics and human rights at <https://healthlawethics.wordpress.com>



Michael Eburn BCom, LLB, BA(Hons), LLM, MPET, PhD is an Associate Professor at the Australian National University College of Law and Paramedics Australasia Board member. He is the author of *Emergency Law*, and maintains a blog on Australian emergency law at <https://emergencylaw.wordpress.com>

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# CAA18 Congress in Auckland

by Robyn Smith, CEO, Paramedics Australasia

The Council of Ambulance Authorities held the annual congress and an international roundtable on community paramedicine in Auckland in August. The CAA18 Congress was themed 'The patient: at the centre of everything we do'.

**T**he program focussed on a range of cutting-edge paramedicine topics with a stroke masterclass, science and survival in cardiac arrest, and a range of presentations where services are utilising technology to improve patient experience and outcomes.

Although there were presentations from a wide geographic reach, it was interesting to view sessions that drilled down on the New Zealand experience of healthcare and paramedicine, specifically looking at the local challenges in demographics, population distribution and disparity in care.



Bronwyn Tunnage - AUT Non-recognition of strokes by paramedics

Within this topic stream, Bridget Kool from the University of Auckland presented Preventability of Pre-hospital Injury Deaths in New Zealand; Bronwyn Tunnage from Auckland University of Technology presented Non-recognition of Strokes by Paramedics; Rebecca Lilley from the University of Otago presented A Geospatial Examination of Access to Advanced Trauma Services in New Zealand: identifying opportunities to improve survival following serious injury and Rowena O'Donnell from St John New Zealand presented A Demographic Review of Non-transported Ambulance Patients.

## Digital healthcare and health inequalities

Dr Lance O'Sullivan, chair and founder of the iMoko Foundation in New Zealand provided the opening keynote address on digital healthcare and health inequalities. He spoke about his concerns around access to care in New Zealand with data showing up to 25 percent of children are unable to get an appointment at their medical centre within 24 hours.

Dr O'Sullivan spoke about digital health democracy and harnessing digital technology to improve health outcomes. He believes that future technology will mean patients won't need to come to the doctor, the doctor will come to the patient.



Lance O'Sullivan

He also believes that paramedics are a constant in the community and have an opportunity to do much more in a health system that is currently reliant on general practitioners, and where 50 percent of New Zealand GPs will be retiring in the next 20 years. He urged ambulance services to take innovative approaches and meet challenges on how paramedicine can change health inequity.



Dr O'Sullivan is also founder and managing director of Navilluso Medical Limited, the company that developed iMOKO™, an innovative approach to utilising technology to deliver high quality basic health services. The centrepiece of iMOKO™ is smart software that has been developed specifically for community-based virtual health services managed by the communities themselves. The iMOKO™ program places smart tablets with iMOKO™ software into schools and trains approved people to conduct health assessments of common child health problems such as skin infections, dental infections, throat infections. A telehealth team in the cloud, using smart software supported by machine learning to make an accurate and prompt diagnosis and treatment recommendations, then interprets the information. Cases are approved by a telehealth clinician and treatment in the form of medication prescriptions is sent back to parents and caregivers of children by way of an iMOKO™ Parent App.

As at July 2018, 10,000 children have received this innovative form of healthcare using digital technologies.

## Global Resuscitation Alliance

Ann Doll, Executive Director of the Resuscitation Academy Foundation joined the congress from Seattle. The Global Resuscitation Alliance established in 2016 expands the international reach and utility of the academy.

The Global Resuscitation Alliance believe that the current survival from out-of-hospital cardiac arrest is unacceptably low and there is disparity across communities. With the ultimate goal of helping to increase global survival rates by 50 percent



Finalists and winners in the CAA Awards for Excellence

from 2015 to 2020, the alliance urges all communities to embrace their messages to implement best practices, including the 10 steps to improve cardiac survival.



Ann Doll - Resuscitation Academy Seattle

### 10 programs to improve cardiac arrest survival

1. Establish a cardiac arrest registry
2. Begin telephone-CPR with ongoing training and quality improvement
3. Begin high-performance EMS CPR with ongoing training and quality improvement
4. Begin rapid dispatch

5. Measure professional resuscitation using the defibrillator recording (and voice if possible)
6. Begin an AED program for first responders, including policy of officers, guards and other security personnel
7. Use smart technologies to extend CPR and public access defibrillation programs to notify volunteer bystanders who can respond to nearby arrest to provide early CPR and defibrillation
8. Make CPR and AED training mandatory in schools and the community
9. Work toward accountability – submit annual reports to the community
10. Work toward a culture of excellence.

Further information on the 10 programs and a range of case studies that demonstrate how implementation of the 10 steps have made an impact are included in a newly released document available at [www.global-resuscitationalliance.org/resources/](http://www.global-resuscitationalliance.org/resources/)

# Consultation on the regulation of Australia's health professions

As paramedics become the 15th health profession to be regulated by the Health Practitioner Regulation National Law, a review of the National Law is underway with broad consultation across stakeholders including Paramedics Australasia.

The National Law established the National Registration and Accreditation Scheme for health professions in 2010 and the scheme now regulates more than 700,000 practitioners and ensures that only health practitioners suitably trained and qualified to practise in a competent and ethical manner are registered.

To ensure that the National Law is up-to-date and fit for purpose, an extensive consultation is being undertaken to ensure the Scheme is efficient, fair and responsive for both health consumers and practitioners. The consultation paper is intended to foster debate about whether the National Law remains up-to-date and fit for purpose, or whether further reforms are needed to deliver a stronger, fairer National Scheme and safe health workforce for all Australians. With paramedics entering the scheme on participation day of 1 December 2018, PA

has been afforded an opportunity to provide a submission in relation to proposals and issues around five reform themes:

- Governance of the national scheme
- Registration functions
- Health, performance and conduct
- Offences and penalties
- Information and privacy.

PA's CEO, Robyn Smith, attended the consultation briefing in Melbourne during October and a submission on behalf of PA members is being prepared in liaison with our two national registration board experts, President Peter Jurkovsky and Michael Eburn. The submission will be posted on the PA website by 1 November 2018.



# 2018 AGM and Board Director election

The 2018 Paramedics Australasia AGM saw some significant changes to the composition of the Board with several Board members retiring and new appointments made.

**S**haron Duthie, Neil Noble and Dan Townson retired from the Board and President Peter Jurkovsky thanked each individual for their collective and individual contributions to PA during their tenure.

Peter outlined the significant and sustained work Neil Noble has taken over the past eight years in building PA's social media platforms to the outstanding level of reach and quality we witness today, along with his social media team of Simone Haigh and Levi Karschimbus. Both Simone and Levi will continue this work with Levi taking a lead role in social media in Australia and New Zealand to enable Simone to focus on her position as PA's Vice-President and in her continuing endeavours for recognition and action to improve mental health outcomes for paramedics.

Sharon Duthie has been a champion of bringing New Zealand paramedics to PA and working closely with the New Zealand Chapter to ensure that local issues are brought to the Board table. Sharon has also had a long involvement in the PA Rural and Remote Special Interest Group and co-authored a paper with PA's Peter O'Meara – *Paramedicine in Australia and New Zealand: a comparative overview*, recently published in the *Australian Journal of Rural Health*.



Sharon Duthie and Peter Jurkovsky

Dan Townson leaves the Board after an energetic term in supporting and mentoring our SPA SIG and committee members and driving our sponsor relationships leading into this year's PAIC on the Gold Coast.



Dan Townson and Peter Jurkovsky

## New directors

Director Brad Mitchell's three-year term ended at the 2018 AGM and we are delighted that he has been re-elected for a further three-year term. In addition, we sincerely welcome another three elected Board directors in Bronwyn Tunnage (who previously served on the Board in 2014–15); Colin Allen, immediate past chair of the Queensland Chapter; and long-term PA Member, Richard Galleano.

For full details on the 2018–19 PA Board, please turn to page 26.

If you would like to view more information about the Paramedics Australasia AGM or financial information please view the 2018 Annual Report, which is available on our website.

# Introducing the Paramedics Australasia Board for 2018–19



**Peter Jurkovsky MPA**  
President

Peter was elected as President of Paramedics Australasia in November 2017. Peter has a lifetime of professional experience in paramedic operations, management and education. After working as an operational paramedic, he founded one of the first private ambulance companies in Australia. After the sale of the business, Peter returned to study and qualified as a lawyer and transitioned into the higher education sector where he taught and coordinated under- and post-graduate paramedic programs at Monash University. Peter now practices privately as a lawyer and undertakes advocacy in sporting tribunals.

Peter was co-opted to the Board as a skills-based Director in December 2015 in recognition of his legal skills and knowledge relating to paramedic regulation under the National Law and now chairs the National Registration Working Group where he will continue to lead the Board's strategy on paramedic registration.



**Simone Haigh MPA**  
Vice-President

Simone was elected as Vice-President of Paramedics Australasia in November 2017. She is currently an acting paramedic educator and Intensive Care Paramedic with Ambulance Tasmania where she has been employed for over 12 years, starting as an undergraduate student. She was also a clinical teacher at the University of Tasmania for nine years. Simone enjoys both paramedic and teaching work, finding both to be very gratifying. Simone was chair of the Tasmania Chapter in 2016 and Vice-Chair for the two years prior and was elected as a Board member in September 2015. Simone's director portfolio is the Mental Health and Wellbeing Special Interest Group. She lobbied tirelessly for a senate inquiry in to the mental health of emergency service workers and first responders.



**Paul Thaw**  
Treasurer

Paul brings over 15 years experience as a finance executive to his directorship including roles as a chief financial officer, company secretary and board director.

Paul has worked both in Australia and internationally for large multi-national corporations, growth-oriented start-ups and medium size businesses. Paul now consults independently, allowing him the flexibility to provide his skills on a pro-bono basis in support of not-for-profit organisations such as Paramedics Australasia.



**Dr Philip Bachelor OAM**

As a Community Representative Director, Philip contributes to PA's broad governance and management perspective. He is a social-behaviourist, environment manager and business administrator. A skilled small-to-medium business leader, cemetery specialist and company director, he is a Fellow of the Institute of Managers & Leaders and a Fellow of the Australian Institute of Company Directors.



**Adjunct Professor Stephen Cornelissen**

Stephen is a Community Representative Director. He is currently the Group Chief Executive Officer for Mercy Health and has worked in the health industry for over 30 years holding leadership roles in Australia and New Zealand. Stephen is an alumnus of a number of Australian universities, the University of Oxford and the Australian Institute of Company Directors.

Stephen was awarded the 2016 Australian CEO of the Year and Health Executive of the Year by The CEO Magazine. He has been recognised for his leadership and commitment to equity and inclusiveness and is a Pay Equity Ambassador for the Workplace Gender Equality Agency.



**Dr Michael Eburn**

Michael was co-opted to the Board in November 2017 for a 12-month period because of his strong skillset in law and paramedic registration. Michael is a barrister and Associate Professor at the Australian National University College of Law in Canberra. He has served as a probationary and



then honorary ambulance officer with NSW Ambulance. He has also served as a legal officer with NSW Health.

Michael has written the text *Emergency Law*, now in its 4th edition, and his blog – *Australian Emergency Law* – is widely read by paramedics, fire fighters and rescue operators and provides up-to-date information on developments of the law and its application to the emergency ambulance services and paramedic practice.



### **Nathan Haynes MPA**

Nathan was elected to the Board at the November 2017 AGM. Nathan is a paramedic and emergency registered nurse. He has held several roles within PA including media and event coordinator, chapter chair and committee member

to the National Registration Working Group. As the paramedic industry approaches registration in late 2018, Nathan strongly believes that this is a crucial time to support our current working paramedics where they can smoothly transition to registered paramedic.



### **Brad Mitchell MPA**

Brad was elected to the Board at the 2015 AGM and re-elected at the 2018 AGM. He is a lecturer in the Paramedic Science degree at Flinders University, and maintains his clinical qualification by working part-time as a paramedic

with SA Ambulance Service. He is also a member of the SA Health Young Professionals Group Steering Committee. Brad's interests include evidence-based practice, and incorporating technology/innovations into teaching and paramedic practice. He is passionate about paramedic education and professional out-of-hospital care through paramedic registration.



### **Dr Bronwyn Tunnage MPA**

Bronwyn was elected to the Board at the 2018 AGM. She is a Senior Lecturer in Paramedicine at Auckland University of Technology and the departmental research and postgraduate leader.

Bronwyn is also a St John volunteer and works with the Clinical Audit and Research Team as an honorary Research Fellow. She has been a member of Paramedics Australasia since 2011, was a member of the PAIC local organising committee in 2016 and has experience as a director having served on the Board in 2014–15. Bronwyn's clinical background includes previous practice as an intensive care

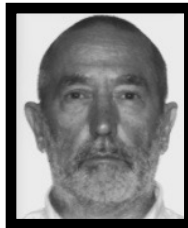
paramedic in Auckland and a registered nurse in the United Kingdom. In her PhD study she explored the paramedic care of acute stroke and TIA patients and both paramedicine and cardiovascular disease continue to be the main foci of her research interests



### **Colin Allen FPA**

Colin was elected to the Board at the 2018 AGM. He has worked in the EMS industry since 1987 as an on-road paramedic, supervisor and a communications/operations specialist in many locations across Queensland including rural and

remote locations through to the major metropolitan centres. He is currently the Senior Operations Supervisor State Operations Centres for the Queensland Ambulance Service. Colin has been a member of PA since he started his career and has always been heavily involved in the promotion of the paramedic profession. Colin is a member of various groups including the International Association of Emergency Medical Services Chiefs. He also sits on the JEMS Editorial Board as the Australian representative. Colin looks forward to supporting the profession at this important PA governance level going forward.



### **Richard Galeano MPA**

Richard joined the Metropolitan Ambulance Service (Victoria) in 1978 and became a MICA officer in 1982, working as a clinical instructor and flight paramedic before moving to Queensland in 1990.

While maintaining his Intensive Care Paramedic accreditation, Richard worked in many clinical, educational, operational, executive, Workplace Health and Safety, strategy and policy roles within Queensland Ambulance Service (QAS). Richard has been a sessional academic since 2005 working primarily at Queensland University of Technology where he led the development of the second-year curriculum in the Bachelor of Paramedic Science at QUT. Richard has retired from QAS and now works as a lecturer at the Australian Catholic University in Brisbane. Richard's focus is on improving the health, work life balance and support for ambulance personnel in Australia.

# PA highlights

No time to catch up with our Facebook or Twitter feeds? Haven't read Rapid Response lately? Check out a few highlights from what's been happening around our Chapters and National Office. All the latest paramedic news can be found at <https://www.paramedics.org>

## VICTORIA



▲ The Victoria Chapter sponsored two La Trobe University academic awards which were both received by paramedic graduate Matthew Wilkinson: Academic Achievement Award in Final Year Paramedic Practice, and Professional Excellence Award in Paramedicine Practice. Matt is pictured here next to La Trobe Chancellor Professor Richard G Larkins AO.



▲ We partnered with RescueMED to host a Wilderness Medicine Workshop in Eastern Melbourne. The

event featured a multi-disciplinary team of wilderness experts presenting on a range of topics including improvised airways, patient extrication and hypothermia management.



▲ Victoria members at PAIC on the Gold Coast.



▲ Victoria Chapter committee member Dr Kathryn Eastwood received the prestigious PA-sponsored Best of the Best Research Paper at PAIC 2018. Congratulations Kathryn!



▲ TeamAV in this year's Ferno Sim Challenge at PAIC. A huge congratulations to the team of Jason, Shannon, Kelly and Ali who placed second in this real-time high fidelity challenge!

## NEW SOUTH WALES



▲ Celebrating Restart A Heart Day in the hope of raising awareness of CPR and AEDs in our community. When someone is in cardiac arrest, the chances of survival decrease by 10% with every minute there is no intervention.



## QUEENSLAND



▲ QAS paramedics Danielle Kellam and Graeme Cooper met HRHs the Duke and Duchess of Sussex on Fraser Island as part of their Royal Tour.



▲ All set up for the KJM Education and Research Symposium.

## SOUTH AUSTRALIA



▲ The South Australia contingent at PAIC 2018 on the Gold Coast.

## TASMANIA



▲ Discussions were held on suicide prevention and safety planning with UniSA Mental Health and ConnectingwithPeople, with Simone Haigh (PA Vice-President) and Ambulance Tasmania paramedics and ambulance leaders from across the state.

## NEW ZEALAND



▲ Members of Team St John Ambulance representing New Zealand at the Ferno Sim Challenge at PAIC.



▲ At the Ferno Sim challenge at SPA-IC2018 our AUT student team won for the second year in a row, and against strong competition from teams from all over Australia. Well done team!

## National Office



▲ PA CEO Robyn Smith received a lesson on how to restart a heart at the World Restart A Heart Day campaign national launch at Parliament House in Canberra.



▲ Kylie Dyson, PA's representative on the Australian Resuscitation Council, won the prestigious Ian Jacobs Young Investigator Prize at the European Resuscitation Congress for her Aus-ROC PhD research program. Congratulations Kylie!

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# Society Spotlight – CSUSPA

*by Lana Plews, President CSUSPA*

## Who we are

Charles Sturt University Student Paramedics Australasia, or 'CSUSPA', is the Bathurst CSU campus student body representing committee. The 2018 committee consists of:

- President – Lana Plews
- Vice President/Treasurer – Chloe Selmes
- Secretary – Adam Valentine Goddard
- Christopher Gray (third year rep)
- Jack Phillips (second year rep)
- Samantha Lane, Brad Steel, Christopher Gray, Jack Phillips and Alex Parent (events team).



## What we do

CSUSPA sponsors the annual Dare to Know conference and holds regular CPD events, including an annual paint-ball event, which is attended by committee members and lecturers, and the Red and Blue Ball, with funds going to a local charity. This year, the committee chose to donate the funds raised from the ball to Daffodil Cottage, a local chemotherapy unit that assists cancer patients throughout their treatments. On the night, awards were given out to students for academic excellence, community assistance, research encouragement and a few funny ones thrown in too! 130 people attended the ball with a local band and DJ performing into the evening.

Donations were received from Fisher and Paykel, JB-Hi-Fi, Jack's parents ranch and many other local businesses, ensuring a great night with wonderful prizes to be won. CSUSPA was proud to raise \$3000 for Daffodil Cottage.







# SPAIC 2018 review

*by Dan Phillips, SPA Publications Officer*

The Student Paramedics Australasia International Conference (SPAIC) is the biggest event in SPA's calendar, and with SPAIC2018 having drawn to a close in South Australia's cosmopolitan coastal capital, the experience is one I am eager to share with readers.

## Friday – day one

SPAIC2018 was held at Flinders University's Bedford Park campus in Adelaide. The SPA crew arrived early morning to begin setting up, with the arrival of the coffee van as the attendees began to filter in a joyful development! Everyone was calm, cool and caffeinated, and the day began. Our MC for the event was Lewis Jones (our NSW SPA Representative) who gave the official welcome, followed by Dr Tim Rayner's welcome on behalf of Flinders University. Guests then broke for a morning of workshops: everything from wilderness skills and hypothermia, to Ambulance Victoria's virtual reality training demonstration to Lesa Myers' informative workshop on considerations when treating patients who are transgender.





Midday presentations began, but while attendees were soaking in the presentations by Ryan Lovett, Elizabeth Ashbury and Jake Carlson, preparation for the FernoSim Challenge was underway. Actors and volunteers were briefed, and the challenge began in the afternoon with student teams from across Australia and New Zealand called to a Halloween party gone awry. A packed lecture hall (and viewers on the live feed) was given an up-close view of some Oscar-level acting by three of our SPA committee members. With day one concluded, I left that evening impressed having watched some amazing student teams taking on a unique and nerve-racking challenge, of which every participant should be proud.

## Saturday – day two

Another early start, another coffee! The enthusiasm certainly hadn't dwindled as the guests arrived hungry for more. The morning workshops commenced, with Marc Colbeck teaching new ways to approach patient assessment that left many students stating out loud: "I wish I was taught this sooner". Lachy Ophof's workshop discussed planning in disaster management and the Adelaide Student Society of Critical Care unfolded the laryngoscopes to hold an informative airway workshop.

The highly anticipated results of the previous day's FernoSim Challenge were announced, with bragging rights given to incumbent winners Team AUT (the first team to win back-to-back!) much to the delight of Wiremu, AUT's travelling inflatable Kiwi! Second place went to CQU Cairns (the awesomely named Team Irukandji Syn-



drome), and third place went to the home team, FUSPA. The lunch break gave attendees time to view some sensational research posters submitted by students to the SPA poster competition, all the while filling up on some tasty Vietnamese food provided by Toly. The day wrapped up with presentations by Professor Renuka Visvanathan, Skye Coote, Steve Whitfield, Marc Colbeck and Lesa Myers. The final address was given by the 2018 SPA convener Dylan Williams, including the official announcement of the location for next year's SPAIC – QUT Brisbane!

On behalf of the SPA Committee 2018, I would like to thank the following sponsors: Gold Sponsors, Queensland Ambulance Service and Ambulance Victoria; Silver Sponsors, South Australia Ambulance Service and the National Council of Affiliated Paramedic Unions; and trade sponsors Super SA, Edith Cowan University, Leatherman and Stat Packs, as well as Ferno for the Sim Challenge. Without their support, SPA could not have planned such an amazing event. A huge thanks to Flinders University for hosting our conference. My personal congratulations go to my fellow SPA committee members, particularly the conference organisers of Luke Grindrod, Sarah Niedbala, Rachael Rose and Erin Wellington-Hyde for a successful and well-planned event.

I encourage all paramedic students who can to attend SPAIC to do so. The experience is unparalleled and immensely enjoyable, with networking opportunities that serve you well into your future careers. I'm looking forward to big things next year in Brisbane at SPAIC2019!





# In the air and on the sea

by Sophie Ducker, SPA New Zealand Representative

**I**n early September, 31 Auckland University of Technology paramedicine students visited the Auckland Rescue Helicopter Base and the Auckland Coastguard, located in Mechanics Bay in Auckland.



The day started off in the helicopter hanger where an inbound helicopter landed, watched from a safe distance surrounded by noise and gusts of wind generated by the helicopter rotors. After the rotors wound down we were given an informative talk

by crewman Mark 'Tinny' Cannell and ICP Marcel Driessen. They talked about the different types of rescue missions and the extensive range of equipment used on these missions. After that there was an opportunity for some photos and the chance to get a closer look at the helicopters and the equipment. Two BK117 helicopters were proudly on display along with the Police 2 Eagle aerospatiale helicopter. Students were able to approach the crew members and talk with them about their experiences and ask questions.

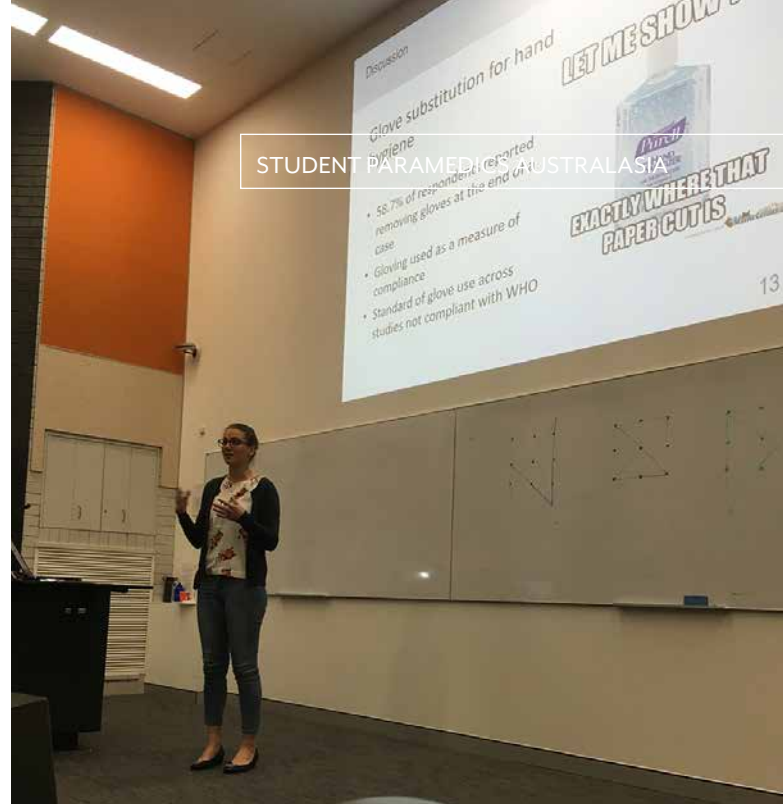
We then popped next door to the Auckland Coastguard and participated in an insightful discussion about the role of the coastguard and the large area that they cover. In two smaller groups we rotated through observing the communications room that manages the radio calls received to the coastguard and boarding one of

the coastguard's vessels and seeing the extensive range of navigation equipment, learning about the overall functionality of the vessel and how they handle medical emergencies out on the water. There were also other vessels on display, including the harbourmaster's patrol boat and two police vessels.



The day concluded with pizza and big smiles on the faces of all the students! It was a wonderful informative experience and it was great to see the high level of enthusiasm and engagement with the students throughout the day.





# Dare to Know

by Lana Plews and Dan Phillips,  
Dare to Know Committee

In early September, Charles Sturt University hosted the second annual Dare To Know conference, a research conference organised by students to help encourage research in undergraduate students studying in the field of paramedicine. The event was supported by SPA.

With a main lecture hall and secondary lecture room running simultaneously, the day brought forward some big names in paramedic research, such as Alexander Macquarie, Ben Meadley, Dr Belinda Flanagan and Dr Ruth Townsend, and allowed time for students in research to present their work. Attendance on the day was free (and live feed available online), food was sponsored by University District of Rural Health and the creation of the Dare to Know Student Paramedic Research Scholarship for CSU students was established. With over 100 people attending and views online reaching over 1.6 thousand, the day brought some interesting topics forward that looked into the future of paramedicine.

MCs for the event were Adelaide Tinkler and Dan Phillips. This event is one the team is very proud of, and with the founding Dare to Know committee members finishing university this year, we are confident the conference is in safe hands for next year!



**Dare to Know Committee**  
(L-R front): Dan Phillips, Zeak Smith, Brad Steel;  
(L-R back): Emily Warner, Lana Plews, Adelaide Tinkler





# Scene safety

*by Penny Pearson, SPA Treasurer and ACT Representative*

**O**n 12 October, Australian Catholic University paramedic students in Canberra attended a scene safety and awareness workshop presented by ACT Fire & Rescue. Students gained invaluable insight into the roles and responsibilities of the fire service when managing a wide variety of scenes. This included how an initial scene assessment is performed, set up of specific equipment, role delegation and action planning. Insight

was given into the differing roles of other emergency services, including ACT Ambulance, and the way in which these services work cohesively when managing a scene.

Students were given the opportunity to be extricated from a vehicle by ACT Fire & Rescue, and gained firsthand experience on how the extrication process occurs and what to expect when collaborating alongside fire and rescue.







# AUSTRALASIAN JOURNAL OF PARAMEDICINE



## National CPGs: a logical advancement of the profession

*Peter Jurkovsky*

The following editorial and abstracts have been taken from the latest issue of the Australasian Journal of Paramedicine Vol. 15, No. 3, 2018.  
**Available at <https://ajp.paramedics.org>**

**C**linical practice guidelines (CPGs) are a particularly important element of paramedicine because of our culture of mandatory adherence to this fundamental resource to guide autonomous practice. As the profession evolves it is therefore a logical advancement to develop then implement a national set of CPGs.

The Paramedics Australasia (PA) charter decrees that PA 'provides a

respected voice in determining how changes in health service provision, legislation and clinical practice are shaped and implemented to enhance the quality of patient care'. We do this by representing the interests of practitioners on matters relating to:

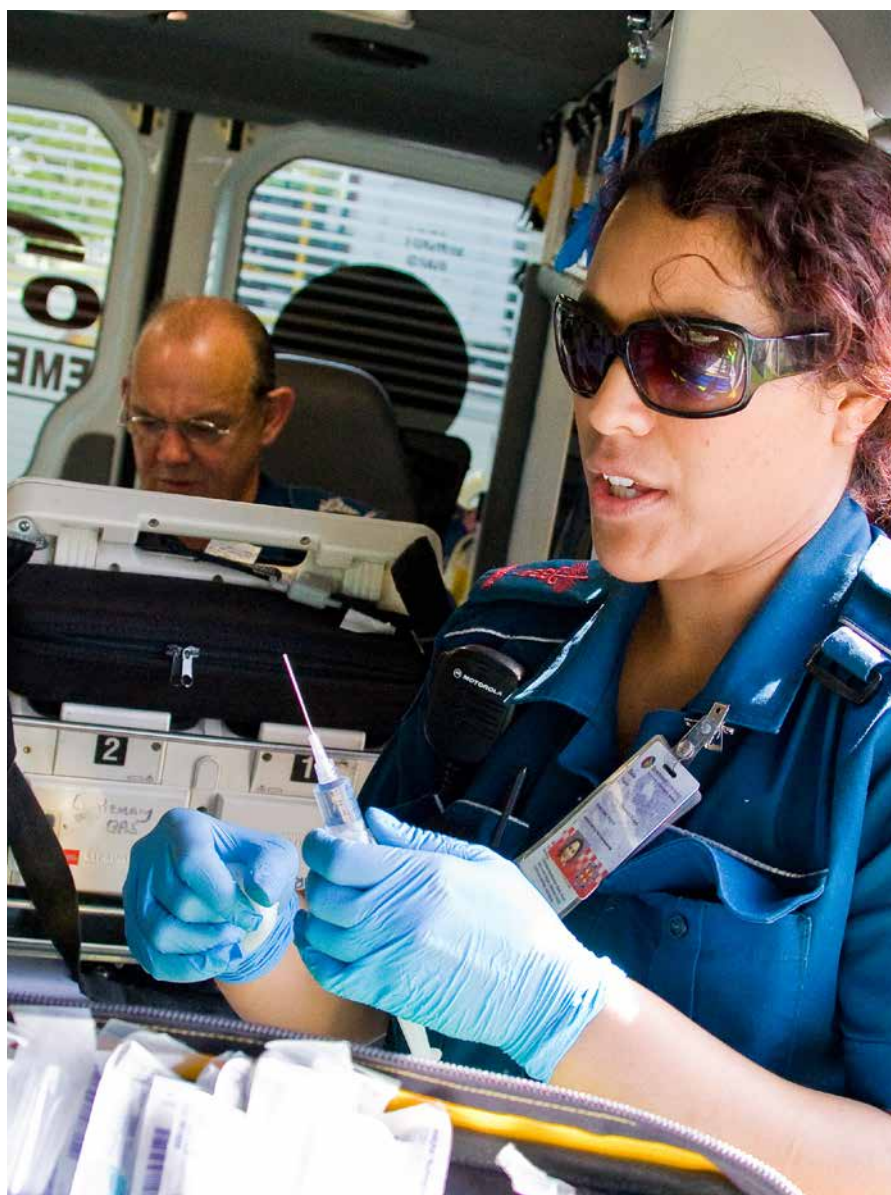
- health policies that affect the access to and delivery of front-line primary and emergency care
- the professional standards of education, training, and continuing professional development

- the funding, service standards, quality and accreditation of emergency service providers
- the registration of practitioners and the regulatory framework of paramedic practice
- the fostering of best practice through research into out-of-hospital and emergency medical care
- enhanced communication and interaction between paramedics and other health and allied health professionals.

In line with this charter and coinciding with the commencement of national registration later this year, PA is eager to drive a conversation around, and the development of, national CPGs.

To this end, in 2016 PA asked Marc Colbeck to oversee a project to review CPGs. He invited Sonja Maria to partner with him (both are paramedics, academics and PhD candidates focussing their studies on paramedic CPGs). Their comprehensive introductory article, 'A comparative taxonomy of Australasian paramedic clinical practice guidelines' is published in this issue of the AJP and we trust it will stimulate a much broader discussion on the need for national CPGs and the manner in which the project should proceed.<sup>1</sup>

Paramedics Australasia believes that a national set of CPGs is a logical advancement of the profession in Australia with multiple benefits – not the least being enhanced public safety. A national set of CPGs would align paramedic practice between each jurisdiction to ensure that ultimate best practice is standard across Australia. The end-user (the patient) is the one who will benefit most from a consistent evidence-based approach to paramedic practice. Education standards and curricula can be based on uniform teaching from the same CPGs regardless of state/university, leading to consistent expectations. National CPGs would bring Australia to the forefront of ambulance practice worldwide, matching the benchmarks created by jurisdictions such as the United Kingdom. Clinical governance could be aggregated across each ambulance service promoting collaboration and sharing of ideas. It would also create greater flexibility for paramedics to move between employers post-registration with clearly defined scopes of practice. These are just some of the potential benefits



that could be gained from this initiative with the overarching objective of improved patient outcomes.

Most importantly, PA sees this project as requiring a whole-of-industry approach and is eager to engage with all stakeholders in reaching this extremely worthwhile and achievable goal. I recommend the Colbeck and Maria article to you, and look forward to much engagement and discussion as the project progresses.

### About the author

Peter Jurkovsky LLM, LLB(Hons), DipParaSc, GradDipLegalPrac, GradCertHighEd is a paramedic, educator and lawyer. He is President and Board Director of Paramedics Australasia and Chair of the Australian National Registration Working Group.

### Reference

1. Colbeck M, Maria S. A comparative taxonomy of Australasian paramedic clinical practice guidelines. *Australasian Journal of Paramedicine* 2018;15.



# Selected abstracts

## A comparative taxonomy of Australasian paramedic clinical practice guidelines

Marc Colbeck, Sonja Maria

### Background

There are 10 state-run ambulance services in Australia and New Zealand, all of which are members of the Council of Ambulance Authorities (CAA). These CAA services use nine unique sets of clinical practice guidelines (CPGs) to direct the care that their paramedics deliver to patients. Although there are many similarities in these guidelines there are also notable differences in both structure and content. This paper is a comparative analysis of these CAA CPGs that contrasts the differences in organisation and also discusses the similarities and differences between the various CPGs themselves. This comparison was done as a preparatory exercise for the creation of a set of national CPGs by Paramedics Australasia.

### Methods

The complete set of CPGs were obtained and analysed. All CPGs intended for operational road paramedics were examined.

These included extended care paramedic, retrieval and intensive/critical care paramedic CPGs, and first responders. The 10 tables of contents were synthesised into one document and then restructured into a unique taxonomy determined by consensus of the authors. The authors reviewed the taxonomy to ensure the organisation was consistent and logical. Each CPG was then reviewed to ensure that it was appropriately placed in the new taxonomy. The CAA CPGs were further examined for similarities and differences independently by each author according to a predefined list of characteristics.



### Results

A new taxonomy for Australasian CPGs is presented with a discussion of various issues of interest that became apparent during the development of the taxonomy. This taxonomy can provide guidance in the creation of a unified set of CPGs that can be used as a reference for developers, educators, clinicians, researchers, managers and industry representatives interested in consulting and developing a clear statement of the scope and standards of Australasian paramedics. The comparative analysis could be of interest to developers of CAA CPGs, and others.

### Conclusion

This paper presents a novel taxonomy, or scheme of classification, that incorporates all CAA CPGs in preparation for the development of a uniform set of Australasian CPGs, which will be of use to various individuals and organisations.

Read the full article at <https://ajp.paramedics.org>

# Impact of loading and transport on effectiveness of external chest compressions – a simulation study

Reyna Chew, Clare Price, Hamed Moqadassi, Shaun Talbert, Tim Hilliar, Elizabeth Thyer, Paul M Simpson

## Introduction

Effective external chest compressions (ECC) are recognised as being critical for increasing chances of survival in out-of-hospital cardiac arrest. The aim of this study was to: 1) determine the impact of movement and transport on effectiveness of ECC performed by student paramedics; 2) provide results to inform a future larger study; and 3) validate teaching methods in an undergraduate paramedicine program.

## Methods

A prospective cohort design was utilised. Student paramedics performed ECC on a manikin under three different conditions: at ground level on a hard floor surface (ground ECC); at waist-height on a moving ambulance stretcher (extrication ECC; and during transport in the rear of a moving ambulance (transport ECC). Three minutes of ECCs was performed under each condition, with periods of rest between phases. The primary outcome was the composite 'compression score' (CS) (%).

## Results

Twenty-seven student paramedics performed chest compressions under all three conditions. For the primary outcome comparison of CS, there were clinically significant differences in ECC quality across the three conditions. Ground ECC produced the highest CS (89%; IQR 46), followed by transport ECC (54%; IQR 40). Extrication ECC was least effective (CS 0%; IQR 14).

## Conclusion

The conditions under which ECC are performed significantly affects ECC quality. The quality of ECC is substantially reduced if performed in the back of a moving ambulance, and futile if performed on a moving ambulance stretcher. Paramedics should consider these findings when deciding whether or not to move or transport



patients before return of spontaneous circulation. Lower than expected CS on hard ground surfaces may indicate a need to review teaching of ECC in this cohort of students.

Read the full article at <https://ajp.paramedics.org>





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