

RESPONSE



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COVER

Paramedics Glenice Winter and Paul Dodds, part of the Ambulance Victoria team in the observational documentary series, Paramedics.

The Australasian College of Paramedicine acknowledge Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and sea in which we live and work, we recognise their continuing connection to land, sea and culture and pay our respects to Elders past, present and future.

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 **Australasian College of
Paramedicine**



with Peter Jurkovsky

Keeping members informed

A very warm welcome to the Autumn issue of *Response*, the first issue to be published since the successful merger of Paramedics Australasia and the Australian & New Zealand College of Paramedicine to form the Australasian College of Paramedicine.

Former members of PA will already be familiar with *Response* (published quarterly) and *Rapid Response* (our monthly eNewsletter), so I take great pride in being able to introduce former ANZCP members to these publications, both of which provide members with considered information relevant to paramedics and to the profession. Members are welcome to contribute to these publications, so please feel free to contact our Editor for more information or to refer something that piques your interest.

“The College stands with the public as a whole, and with its members as pivotal health professionals”

In this issue of *Response* our regular contributors Ruth Townsend and Michael Eburn discuss the role of a professional college in representing paramedics. In our Q&A series we profile Rose Forrester, a New Zealand paramedic and former medic for the New Zealand Antarctic Research Programme at Scott Base in Antarctica; and Mitch Mullooly continues writing for us in her excellent health and wellbeing series, this time providing advice and tips on how to build resilience. We also meet the team members of the television observational documentary series, *Paramedics*; and introduce you to the College Board of Directors. A regular feature in *Response* is the inclusion of research abstracts from our peer-reviewed scientific journal, the *Australasian Journal of Paramedicine*. In this issue of *Response* we highlight two recently published and topical commentaries: Using student paramedics during

a pandemic by Whitfield, MacQuarrie and Boyle; and COVID-19 – legal and ethical implications for your practice by Townsend and Eburn.

In the Summer issue of *Response* (published just a few short months ago) I described the devastating effects of the Australian bushfires and the subsequent reviews and responses to them as shaping our social and political discourse for a generation. I could never have imagined that a more significant experience would follow soon after to now dominate virtually every aspect of our lives. COVID-19 and its impact is that event.

As frontline health professionals, paramedics are now working in a continually evolving and often unknown environment where personal protective equipment has gone from the rare to the norm overnight, placing added stresses in an already complicated workplace. The College will be actively seeking information and resources, in conjunction with primary stakeholders, to assist members in these uniquely challenging times. The College stands with the public as a whole, and with its members as pivotal health professionals, in recognising that this crisis can be overcome through an unselfish community wide approach.

The College has also needed to respond proactively to this unprecedented crisis to ensure we focus our resources responsibly and appropriately within the confines of the various measures announced by commonwealth and state agencies. John Bruning, the College's CEO, has detailed these responses on page 5 and the expansion of our online presence to ensure you have ready access to continuing professional development resources during these constrained times.

Stay safe, and I look forward to speaking to you again soon as we continue our renewed professional journey under the distinguished banner of the Australasian College of Paramedicine.



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with John Bruning

Delivery and direction

I feel very privileged to have been appointed the inaugural CEO of the Australasian College of Paramedicine and appreciate the trust given to me by the Board to undertake this key role.

I have, as many of you will know, been involved with paramedicine for over seven years as the General Manager of the Australian & New Zealand College of Paramedicine, and have over 20 years' experience working in the not-for-profit sector with member associations at state and national level, so I am well placed to lead the delivery of the great services and benefits that you expect from your College. I have not been a paramedic, but I am continually inspired by the role paramedics play in helping our community in their time of need. While I'm unable to have the direct impact that you have, I work each day knowing I support you in the vital role you play.

The past four months have been extremely busy in preparing and establishing the College for operation, and myself and the College staff know there is still plenty for us to do to bring together all the parts that Paramedics Australasia and ANZCP provided previously. I am confident that by the end of June all College activities will be seamlessly integrated and functioning as they should to serve our members.

The impacts of COVID-19 are being felt in both our professional and personal lives. I hope all our members stay safe and well, and that those around you only have minor impacts during this difficult time. We have introduced a range of measures to support members and students, including a paramedic job board, COVID-19 clinical and hygiene information, and wellbeing resources, as well as membership fee flexibility to help those members who are in difficult financial times. Students have been particularly badly hit and we have opened up student and graduate membership at this time to help them.

The impacts of COVID-19 on the College match those seen in the wider community. The main impact is on our face-to-face events due to restrictions on gatherings and travel, which have already seen the postponement of all our conferences until 2021. We are ramping up our online activities as a result of the restrictions, with a goal of providing weekly live online learning sessions for members.

The Board has set the initial strategic direction for the College for 2020, following on from the direction and activities undertaken by both PA and ANZCP. Members can view the 2020 Strategic Plan on page 28. We will be undertaking a member engagement and consultation process during 2020 to set the 2021–2023 Strategic Plan. I look forward to strong member input into the direction and activities of the College, ensuring the College is delivering for members.

“ I look forward to strong member input into the direction and activities of the College ”

One of the many advantages of the establishment of the College from the merger of PA and ANZCP was the greater resourcing to deliver improved services to members. This has seen a doubling of the content in our online library, more staff to provide dedicated support to members, and a stronger organisation to withstand these challenging times.

I know the outlook for the next six months is subdued, but you can be assured the College will continue to be here to provide the support and learning you need.

I look forward to seeing you online over the coming months.

Representing paramedics – looking back and looking forward

with Ruth Townsend and Michael Eburn

This is the first issue of *Response* under the banner of the Australasian College of Paramedicine. The College has been formed by the merger of the Australian & New Zealand College of Paramedicine and the former publisher of this publication (and that of the *Australasian Journal of Paramedicine*), Paramedics Australasia. The new college commenced operations on 1 March 2020.

We both had the privilege of assisting with the process that led to the merger, Michael was a co-opted board member with PA and Ruth was co-opted by ANZCP. The merger discussions were detailed and thorough and we commend the former heads of each organisation – Peter Jurkovsky (President of PA and now Chair of the College), Marty Nichols (Chair of ANZCP and now College Board Director), Robyn Smith (CEO of PA) and John Bruning (General Manager of ANZCP and now CEO of the College) – for their commitment and desire to see the creation of the new entity to advance paramedic professionalism, even when it came at personal cost.

Although both organisations aimed to achieve a common goal of advancing the paramedic profession, they did have their own histories and culture and bringing them together required compromise and co-operation by all. No doubt members of either organisation can point to things that have been lost but hopefully all will see what has been gained as the College takes on the united role of leading the profession into the future.

That begs the question of: What is the appropriate role for a professional college such as the Australasian College of Paramedicine, and why is it important for paramedics to have, and be represented by, a professional (rather than industrial) organisation?

In her PhD, Ruth explored the legal and sociological notion of what it is to be a profession. That research suggested that an occupational group gains power in a number of ways. Power in this sense is broadly defined as ‘the ability or right to control people and events, or to influence the way people act or think in important ways’ (Cambridge English Dictionary). One of the ways in which a group can gain power is to hold unique, complex, essential knowledge and skills that no other group has. Paramedicine has these elements and as a consequence paramedicine, as an occupational group, has the ability and indeed social and legal authority to control and direct people (patients and their families), and has the power to influence the way people act or think. We have seen recently in Victoria that the state government has recognised the value of paramedicine and appointed a Chief Paramedic Officer to a position of influence to provide advice and guidance on matters pertaining to care and treatment in the out-of-hospital space. We have also seen the Victorian government provide paramedics with better pay and conditions without the profession having to engage in industrial action. Admittedly this may be because industrial action and organisational power was used effectively by paramedics leading up to the 2014 Victorian state elections, but this organisational power would not have been effective if it had not been for the fact that paramedics are such a critical organisational group in society.

Given the vital role that paramedics play in our society and the amount of community trust paramedics enjoy, should it be the case that paramedics start to harness and organise to use that power to influence policy makers and others to develop better healthcare systems and outcomes? If the answer is yes, then should it be that the paramedic professional college, the Australasian College of Paramedicine,

be the body that helps to facilitate this? We would argue that this is a vital role for the newly united professional college to play. It will move the role of the College beyond its traditional educational and research role and develop its advocacy and lobbying arm. This type of role is consistent with that played by similar entities in other equally valuable and valued professions including, for example, the respective specialist colleges of medicine. This role is not to be confused with the role played by the various paramedic unions whose purpose is to protect and improve paramedic pay and conditions. Advocacy and lobbying by the College would be conducted for the purposes of raising awareness of community health issues and proposing potential solutions that are very much within the domain of expertise that paramedics could credibly comment on. This may include, for example, topics such as pill testing at festivals, drinking and drug taking and trauma, elder care, regional health services, end of life decision making, care and treatment, and acute mental healthcare and treatment.

“Advocacy and lobbying by the College would be conducted for the purposes of raising awareness of community health issues and proposing potential solutions that are very much within the domain of expertise that paramedics could credibly comment on”

The amalgamation of both PA and ANZCP along with the national regulation of paramedicine offers an opportunity and mechanism for the profession to now realise its full potential as a civil actor and responsibly wield its power for the benefit of all of society. Having served both PA and ANZCP, we wish the new organisation all the very best and we look forward to seeing it lead the paramedic profession



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RESPONSE | Q&A



Rose Forrester is a Regional Manager and Intermediate Life Support Paramedic with Pro+Med NZ. She has worked as the Medic/Winter Base Leader for the New Zealand Antarctic Research Programme at Scott Base in Antarctica, and next year will join the Wild Medic Project in Nepal. In this Response Q&A, Rose shares with us the challenges of living and working in Antarctica, and her desire to make a real difference.

Q What attracted you to a career in paramedicine?

A I grew up involved with St John Youth, which seemed to shape my future from a young age. I've always been interested in pre-hospital medicine, and after I worked at Central Communications in Wellington as a 111 call taker, I found myself drawn more and more to the road, wanting to be on the other side of the call, responding to the person in need. So I completed my paramedic degree and spent several years working frontline in Auckland, further developing my passion for the role.

I also love how the paramedic role doesn't just fit into the back of an ambulance anymore – we can use our knowledge in so many different capacities. We've opened up the doors to build relationships the world over and our skill sets keep improving and evolving. This role is as adaptable as we can dream, and it's exciting to explore the many other paths that we take.

Q What is the most fulfilling aspect of being a paramedic?

A As cliché as it sounds – it's taking away someone's pain. Whether that's in the form of pain relief, or holding a hand, or just listening. We have one of the most incredible roles, we are welcome when most others are not, brought into desperate situations, seeing our fellow humans at their most vulnerable. It's not always the most glamorous job, but it's one where your understanding and care can make a huge difference.

Q You spent 13 months at Scott Base in Antarctica. As a medic, what were some of the biggest challenges?

A It becomes a very community orientated clinical role on the ice, as the stringent health and safety measures put in place means there aren't a lot of accidents and trauma to manage, so generally there's just minor injuries.

What you end up managing are more community-based challenges. In summer, we had around 85 people living in a relatively small space; there's lowered immunity from not being exposed to bugs (as we are in our cities) and a change in food and environment can all lead to problems. In winter you manage other issues such as vitamin deficiencies, circadian rhythm disturbance, and some symptoms from Polar T3 syndrome.

One of the biggest considerations in Antarctica is of course the temperature. You can't expose your patient to assess injuries, so it's adapting to the environment, being very aware of how patient condition can be impacted by the area, and how you can safely assess, treat and transport someone. Drills with the SAR team demonstrated how quickly a relatively mild day at minus 15°C could make you feel like it was minus 35°C in as little as 10 minutes when lying in snow and exposed, even with four to five layers of extreme cold weather clothing on!



Q What were the biggest personal challenges?

A The biggest challenge I found was the feeling of being so isolated at times; you realise you truly are at the bottom of the world. My mum was cycling to work and was hit by a car in New Zealand during our winter, and there's nothing quite so desperate as knowing you can't do anything, you can't just put everything down and be there, which you could do if you were anywhere else in the world. Other than med-evacs or scheduled flights every six weeks (weather dependant), there is no way of getting back to New Zealand in a hurry during the eight winter months (Mum's fine, thankfully).

The four months of 24-hour darkness is majestic but can be disorientating. There is a fascinating syndrome called Polar T₃ syndrome, which had a relatively obvious progression in all staff as winter progressed. The syndrome has to do with lowered levels of thyroid hormone T₃ and results in some incredibly entertaining forgetfulness and absentmindedness. T₃ also has other side effects including increased irritability, which means learning how to not let the small things build into something big, and that can be difficult when your immediate world is so small. Only 12 staff winter-over at Scott Base, so it becomes a very tight knit family living in a small house – and that can lead to some challenges!

However, the experience of living and working in Antarctica certainly outweighs every challenge. I absolutely cherish the time I spent there, and the people I met. We made the most of every opportunity, and we all walked away with lifelong friendships and memories.

Q Rural emergency care and community health in developing countries and isolated regions is something that interests you. Can you tell us why?

A When I left the ice I spent a lot of time travelling through Cuba, Mexico and Guatemala, seeing some of the most incredible places and meeting some beautiful people. I found that in some of the isolated areas where I stayed, people were affected by conditions and sickness which wasn't or hadn't been treated, resulting in chronic illness or long-term complications, even long-term injuries.

“This role is as adaptable as we can dream, and it's exciting to explore the many other paths that we take”

That really made me challenge myself as to what could I do to help people better their health, regardless of access or economy. I was glad to be able to contribute in small ways on my travels, but it made me recognise that a need exists. You can see it on TV, but it's never as real as seeing it first-hand.

We take for granted that we have access to world class health systems with medical professionals on tap for any type of issue. We are so lucky, yet others are not. I felt that we have the ability to change this, to give our skills and time to help others. The skills and knowledge we have are transferable, and sharing that passion with others creates a better world and future for those who follow us.



Q You have been selected to join the Wild Medic Project in Nepal early next year. What are you most hoping to gain from the experience?

A I'm absolutely rapt to be joining the Nepal expedition, although it has been delayed at this stage to early 2021 due to the current COVID-19 pandemic. The village we will be working remotely in was greatly affected by the massive earthquake five years ago. Their access to medical care and resources isn't the greatest due to location, so this gives me another opportunity to donate my time and skills, meet the locals and experience their culture, while helping their community with both healthcare and other wellbeing projects.

I'm hoping to gain a few more skills in remote medicine and communities, as my long term goal is to do similar work in Central and South America.

Q And finally, for someone who loves adventure, what's your favourite way of reconnecting and recharging?

A For me, there is almost nothing better than being out on the water, paddle-boarding or learning to surf. It's a perfect place to watch a sunrise or sunset, or to just chill with the lazy roll of the waves. If I'm not on the water, I'm usually out on my skateboard or longboard having fun trying out new moves or carving up some streets. I'm not sure when the rent's due on life, so I figure I'll just do everything I can while I can, and have a blast doing it!

“ I'm not sure when the rent's due on life, so I figure I'll just do everything I can while I can, and have a blast doing it! ”



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DIARY OF A PARAMEDIC

We often forget that our healthcare system is world-class

Call any time day or night and we'll turn up to your front door.
But COVID-19 makes things more complex.

04:30 Alarm goes off and my face scrunches up; is it really that time? I know I'm in for a long, busy day. That's always a given. I work at an ambulance station in Sydney's southwest with about 20 ambulance vehicles and more than 200 staff. We are one of many dotted around the Sydney metropolitan area.

05:30 Arrive at work 15 minutes early to check emails and clinical safety notices. These CSNs pop up regularly and provide us evidence-based, safety-related information. We must familiarise ourselves with them. Today's notice is about COVID-19. Increasingly they have been. I wonder if I'll get a case today. I file that information in the back of my mind and commence pre-shift checks.

06:00 We check the ambulance and sign on to our in-car computer, ready to respond. "Coffee?" I ask rhetorically to my work partner, Al, as we leave the station. Before we even get a whiff of beans, the radio calls us for a job. Car 288, we have a 1C breathing difficulties for you. A priority 1 job means lights and sirens. The notes drop down on our screen, a 93-year-old female can't breathe. Not much information, we respond briskly.

06:08 We arrive at the nursing home and greet our patient. She is breathing, but with some difficulty. I have a listen to her chest, wheezy. After some oxygen and a nebuliser she has settled but must still

come to hospital. "Has she had any overseas travel recently?" I ask a bemused looking nurse. "She is bed-bound," the nurse replies. I feel silly asking but we're expected to.

09:30 We arrive at the hospital. They're already at capacity, in fact the waiting room is overflowing on to the footpath outside. Our case is considered "low acuity" so we must wait in the corridor with our patient on our stretcher until we're allocated a hospital bed. I get chatting with the triage nurse. She tells me the latest from what she calls the Covid chronicles, of people coming in, sometimes with no symptoms besides fear. They are already one of Sydney's busiest hospitals. "It's the social media's fault," she says.

09:45 Coffee in hand and paperwork completed, we're ready to respond. The next few hours roll by as usual. A 49-year-old male with chest pain, another couple of nursing homes. Al and I talk about the job we're on our way to, but now the chat isn't the usual. COVID-19 is a big topic now, we're all talking about it. We were warned early but none of us expected it to blow up like this. I feel a mild anxiety about it, enough to keep me alert but stopping short of fear. It certainly makes me feel uneasy when words like pandemic are being used. We're running low on masks, we have protocols but they are vague, none of us know exactly what to do. Misinformation is spreading fear and we're doing our best to remain focused on our task.



15:40 Car 288, we have a medical transfer for you. The notes drop down. It's a medical centre: nausea, backpain, sore throat, headache. Not an abnormal job, someone just feels generally unwell. More script appears on the screen: PT works at the airport and has had symptoms for five days, doctor won't assess patient as querying coronavirus. Frustration sets in. "Why does the doctor think it's OK for us to assess the patient if they don't want to?" Al laments. I agree. Our job isn't just about turning up and taking someone to hospital, it's never that simple. We provide pre-hospital treatment, resolve social issues, relationship problems, family disputes. People sometimes call us when they have nowhere else to turn. It's the part of the job I enjoy the most.

But when we feel like we are being made the sacrificial lamb by doctors unwilling to provide frontline services, it grates. Don't get me wrong, most GPs do a fantastic job keeping people out of the hospital system. But it does happen, and more often now.

“COVID-19 is a big topic now. We were warned early but none of us expected it to blow up like this”

16:20 We arrive at the medical centre and are greeted by police waiting outside, telling us that they know the patient to have a “long mental health history”. By this time Al and I have donned all our protective wear – long-sleeved yellow gowns, respiratory masks, gloves and goggles. We now feel a little overdressed for the occasion. After gathering more of the story from the GP, I also suspect it's mental health related. But we are

required to rule out an organic cause before a mental health assessment is commenced. Al is in agreement with my plan, but he is the only one. Both GP and police don't seem impressed that I have decided to follow COVID-19 protocol. We receive the same dismissive response at the hospital by triage staff. “She's a regular, she can go to the waiting room,” the triage nurse tells me. Deflated, we off-load our patient and return to base. Sometimes it feels like you can't win.

19:05 Back at station finishing our shift an hour late. Not too bad – it can often be more. While restocking the car, Al and I talk about the day. We both feel frustrated by the lack of cooperation between agencies but hindsight gives us some perspective. Everyone is working for the same outcome, balancing our safety with what's best for the patient. This is where differences in opinions develop – all the guidelines in the world can't account for differing perceptions.

This is where my concerns regarding COVID-19 lie. Our healthcare system is world-class, we often forget that. We have so many avenues to access medical assistance, from HealthDirect, which is a 24-hour advice line, to home doctors, GP clinics and, of course, the ambulance service. Call any time day or night and we'll turn up to your front door. But the system is a complex beast, with multiple agencies and disciplines coexisting, so cooperating and collaborating is a fine balancing act at the best of times. Add something unexpected such as COVID-19 into the mix and the beast stirs.

The author is a paramedic at an ambulance station in Sydney's south-west.

*This article was originally published in The Guardian
www.theguardian.com*

Behind the scenes

Meet the diverse team in Season 2 of Paramedics, the groundbreaking observational documentary series currently showing on Channel Nine.



The series – filmed in Victoria and featuring Ambulance Victoria paramedics – goes behind the scenes and depicts the highs and lows of ambulance life. Ambulance Victoria responds to more than 1.3 million ambulance calls across Victoria each year; and the aim of the series is to “help the community better understand when to use their ambulance service and what to expect when paramedics arrive to treat them”.

Meet the team



Tarunl 'Taz' – Paramedic

Taz arrived in Melbourne from India in 2000. A medical professional in his homeland, he scrubbed toilets to make enough money to put himself through the paramedic course in Australia. Taz describes putting on his blue uniform for the first time as “one of the proudest days of my life”.



Amanda – Paramedic

36-year-old Amanda will officially graduate as a paramedic this year (after a previous career in hospitality). Amanda says she took a long time to find her perfect job, but now she has it. Describing herself as a “bleeding heart”, she admits she may need to toughen up!



Michelle – Paramedic

Michelle began her working life as a physio assistant at the Austin Hospital, has been a paramedic for 10 years. She loves the fact that “no two days are ever the same” and the job has taught her to never take life for granted.



Nicola – Paramedic

Nicola has been a paramedic for 10 years. Her light-bulb moment came when her Nan was taken to hospital and her Mum looked at Nicola and said: “That’s the job for you, darling” – and so it was! Nicola has recently taken up surfing as a release from the pressures of the job.



Paul – MICA Paramedic

Paul is a 49-year-old paramedic veteran who has been with Ambulance Victoria for over 21 years. Paul says he is “both street smart and clinically minded”, which has helped him become a good paramedic because a big part of his job is caring about and talking to people.



Leonard – Paramedic

Leonard became a paramedic five years ago, and also works as a clinical instructor. Leonard previously worked as an undertaker and is obsessed with anatomy. He says if he didn’t love being a paramedic so much, he would investigate becoming a forensic pathologist!



Carina – MICA Paramedic

Carina started her career in nursing before joining Ambulance Victoria. Carina also volunteers with a group that assists Australian Defence Force and emergency services personnel who suffer from post-traumatic stress disorder and other mental health issues.



Mike – Paramedic

Mike has just celebrated his second year as a paramedic, after a previous career as an emergency nurse for five years. He’s immensely proud of working for Ambulance Victoria and describes it as a “ripper organisation with incredible people”.



Natalie – Paramedic

Natalie, a 40-year-old mother of three, is passionate about her profession. A paramedic for 16 years, there aren’t many scenarios she hasn’t had to deal with. Natalie adores her family and admits that the “paediatric cases hit close to home”.



Cam – MICA Paramedic

Cam has been a paramedic for 15 years and says that he’s really fortunate that he gets to work on both an ambulance truck as well as a single responder vehicle. He loves both but says “there’s nothing better than being able to work on a truck two up with a mate”.



Glenice – MICA Paramedic

Glenice has been a paramedic for 28 years. When she started, there had only been 14 women before her. Despite it being a male-dominated health sector, Glenice says “the boys were just beautiful and always made us feel welcome”.

“ The series helps us educate the community about important health information ” Ambulance Victoria



Cullen – MICA Paramedic

Cullen has been a paramedic for 18 years. He is a social and competitive mountain bike rider whose sporty side extends to charity – for the first time this year, he took part in the Eureka stair climb, a charity climb for the Fred Hollows Foundation.



Eamon – Paramedic

Eamon was inspired to become a paramedic because of his brother, who was born with a serious medical condition. Eamon says he wants to bring to others the same relief he and his family received from paramedics throughout his childhood.



Matt – MICA Flight Paramedic

Matt started his career as a nurse in the Monash Medical Centre Emergency Department. The turning point in Matt's career came during a UK visit when he worked for a hospital trialling a rapid-response vehicle.



Al – MICA Paramedic

Al has been a paramedic for 30 years. He brings a wealth of knowledge and experience to the series. Outside of work, Al is the coach of the Mentone Tigers women's football team.



Ray – MICA Flight Paramedic

Ray has worked as a paramedic for 22 years, seven as a MICA Flight Paramedic. For Ray, his boyhood dream of flying for a living has come true. "I'm one of the lucky ones who's doing the job they have wanted to do since they were a kid."

The small print

Ambulance Victoria and production company WTFN worked closely together in the production of Paramedics, with WTFN filming with a team of 16 paramedics over five months. Protocols were put in place between Ambulance Victoria and WTFN to ensure privacy issues were considered during all stages of production.

When paramedics arrived at a scene, they advised the patient and any bystanders, including family members and friends of the patient, that a film crew was travelling with them. Any request for the cameras to be turned off was immediately complied with and the film crew exited the scene.

Ambulance Victoria then followed up with patients and their families at an appropriate time in their recovery to discuss the show, and to seek informed, signed consent to appear in the series.





Are they Triple OK?

We're always there to help. Let's make sure we help each other and ask R U OK?

'Are they Triple OK?' is an R U OK? campaign that aims to increase levels of peer and social support for police and emergency services workers nationwide. The campaign provides tips and resources to promote life changing conversations with police and emergency services workers at home and in the workplace to encourage early intervention and help-seeking.

The campaign resources include a conversation guide and personal stories from police and emergency service workers and volunteers that show the life changing impact an R U OK? conversation can have.

Three simple ways to get behind the campaign are to:

- ❶ Visit the website and download the resources today
- ❷ Share the resources within your service or agency
- ❸ Share why you're supporting the campaign online and within your service and agency

ruok.org.au/triple-ok

R U OK? are grateful to the members of the R U OK? Police and Emergency Services Advisory Group whose input and advice guided the development of this campaign.

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R U OK?™
A conversation could change a life.

How truly listening to your body can help you become more resilient



by Mitch Mullooly

Sh!t happens. And thanks to COVID-19, sh!t sure is happening to us right now, no matter who we are or where we are. And by the sheer nature of our work, it is increasingly difficult to escape, even just for a few moments.

We are surrounded by global fear and uncertainty. Our nervous systems are constantly being stressed. Instead of the occasional heightened sense of arousal with the large scale, mass casualty MVA, the sudden OHCA or the complex STEMI patient to get the rush of adrenaline going, we are constantly being hit with every call that we respond to, because we just 'don't know'...

It might help to know though, that it is possible to strengthen your own body-based somatic intelligence to quickly respond to and recover from any sense of threat to your safety or wellbeing.

What is somatic intelligence? It's understanding how your body responds to danger and using that knowledge to support your body as you go through specific challenging events (such as what we are all experiencing right now), but also life in general, which if you're human, is

bound to be filled with at least some adversity somewhere along the line.

To better support our natural somatic intelligence we need to soothe our nervous system through body-based practices that steady our brain's perceptions of and responses to danger and help us retain a sense of safety. Once we master some of these techniques, we're prepared for more resilient coping, understanding and growth.

Here are some simple practices I can recommend, each of them grounded in neurophysiology.

Breathing

We all know that to breathe is to be alive! We also know that every inhalation you take activates the sympathetic nervous system, while every exhalation activates the parasympathetic nervous system – but sometimes we do need to be reminded. Basically put, this means that your breath goes through a natural cycle of energising you, and then relaxing you.

We can intentionally use this rhythm of gently breathing in and out to reliably regulate the revving up and shutting down of our nervous system.

Just pause for a moment and focus your attention on your breathing. Notice where it's easiest to sense the sensations of your breath flowing in and out, your nostrils, your throat, in the rise and fall of your chest or belly. Take a moment to experience some gratitude for the breath that sustains your life.

Touching

To soothe the nervous system and restore a sense of safety and trust in the moment, it helps to use the power of touch. Warm, safe touch activates the release of oxytocin, the 'tend' and 'befriend' hormone that creates pleasant feelings in the body and is the brain's direct and immediate antidote to the stress hormone, cortisol.

Oxytocin is one of a cascade of neurochemicals that are an integral part of the brain-body social engagement system. Because being in the presence of other people is so critical to our wellbeing and safety, nature has provided this system to encourage us to reach out to others and connect. That's why touch, along with physical proximity and eye contact, evokes a viscerally felt sense of reassurance that all will be okay.

One of the hardest things with physical distancing in this current climate is touch, and although we can't connect with people as we are used to doing, there are other ways that we can remain 'connected'.

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“ You will be better able to bounce back from adversity by cultivating more calm in your body ”
.....

I like to use the 'hand on your heart exercise', as research has shown that placing your hand over your heart and gently breathing can soothe your mind and your body. This is a practice that takes advantage of breath and touch. Here is how it's done:

Place your hand on your heart. Breathe gently, softly and deeply into the area of your heart. If you wish, breathe a sense of ease or safety or goodness into your heart centre.

Remember one moment, just one moment when you felt safe, loved and cherished by another human being. Don't try to recall the entire relationship, just one moment. This could be with a partner, a child, a friend, or it could be with a spiritual figure. Remembering a loving moment with a pet can work really well, too.

As you remember this moment of feeling safe, loved and cherished, let yourself savour the feelings of that moment. Let yourself stay with these feelings for 20 to 30 seconds. Notice any deepening in a visceral sense of ease and safety.

Repeat this practice several times a day to strengthen the neural circuitry that remembers this pattern. Then practise this exercise whenever you experience the first sign of anxiety or stress. With practice, it will enable you to back out of a difficult emotional reaction before it completely hijacks you.

Movement

This is a big one for me and remains key in my life. Every time you move your body and shift your posture you shift your physiology, which in turn shifts the activity of your autonomic nervous system – so important! Therefore, you can successfully use movement to shift your emotions and your mood.

If you are feeling anxious or nervous, taking a pose that expresses the opposite of that feeling, such as putting your hands on your hips, your chest out and holding your head high, will make you feel more confident. I call this my 'Xena Warrior' pose!

Let your body shift into a posture that expresses the emotional state you want to develop in yourself to counteract what you're currently feeling or experiencing.

By practising these tools, and truly listening to your body, it will better prepare you for anything you are about to face or are currently facing. You will be better able to bounce back from adversity by cultivating more calm in your body, restoring your natural physiological equilibrium, and accessing a deeper sense of safety and wellbeing that will ultimately prime your brain towards being more resilient, for whatever our 'new normal' may come to look like.

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Mitch Mullooly MACPara is a paramedic and flight paramedic with St John New Zealand, Chair of the New Zealand Member Committee of the Australasian College of Paramedicine, and a paramedic health and wellness coach.

5 ways nutrition could help your immune system fight off the coronavirus

The coronavirus presents many uncertainties, and none of us can completely eliminate our risk of getting COVID-19. But one thing we can do is eat as healthily as possible.

If we do catch COVID-19, our immune system is responsible for fighting it. Research shows improving nutrition helps support optimal immune function. Micronutrients essential to fight infection include vitamins A, B, C, D and E, and the minerals iron, selenium and zinc. Here's what we know about how these nutrients support our immune system and the foods we can eat to get them.

1. Vitamin A

Vitamin A maintains the structure of the cells in the skin, respiratory tract and gut. This forms a barrier and is your body's first line of defence. If fighting infection was like a football game, vitamin A would be your forward line.

We also need vitamin A to help make antibodies which neutralise the pathogens that cause infection. This is like assigning more of your team to target an opposition player who has the ball, to prevent them scoring.

Vitamin A is found in oily fish, egg yolks, cheese, tofu, nuts, seeds, whole grains and legumes.

Further, vegetables contain beta-carotene, which your body can convert into vitamin A. Beta-carotene is found in leafy green vegetables and yellow and orange vegetables like pumpkin and carrots.

2. B vitamins

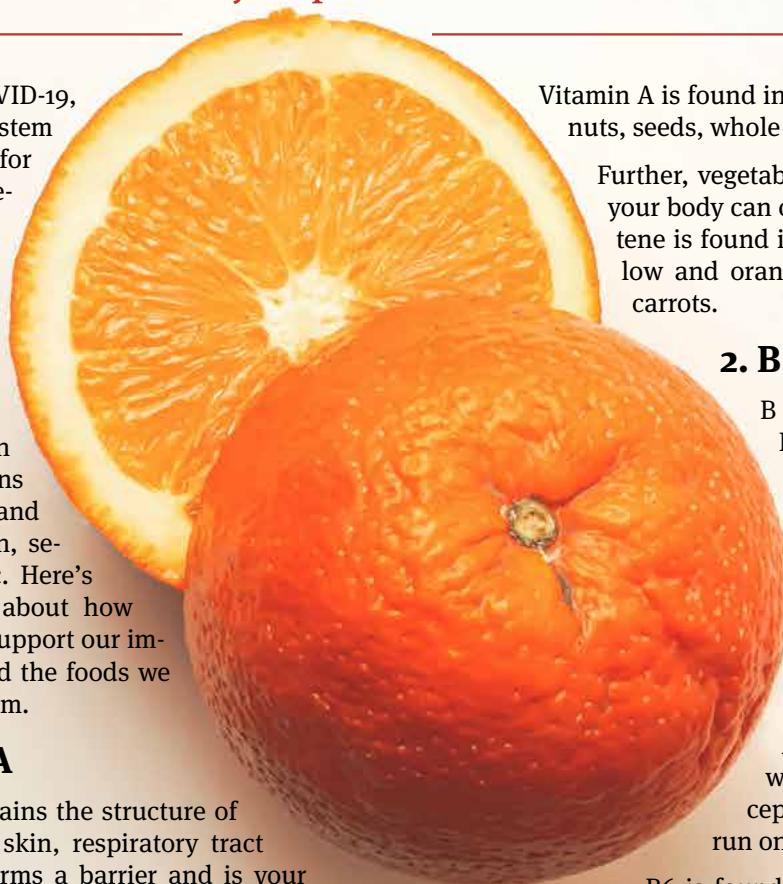
B vitamins, particularly B6, B9 and B12, contribute to your body's first response once it has recognised a pathogen. They do this by influencing the production and activity of 'natural killer' cells. Natural killer cells work by causing infected cells to 'implode', a process called apoptosis.

At a football match, this role would be like security guards intercepting wayward spectators trying to run onto the field and disrupt play.

B6 is found in cereals, legumes, green leafy vegetables, fruit, nuts, fish, chicken and meat.

B9 (folate) is abundant in green leafy vegetables, legumes, nuts and seeds and is added to commercial bread-making flour.

B12 (cyanocobalamin) is found in animal products, including eggs, meat and dairy, and also in fortified soy milk (check the nutrition information panel).



3. Vitamins C and E

When your body is fighting an infection, it experiences what's called 'oxidative stress'. Oxidative stress leads to the production of free radicals which can pierce cell walls, causing the contents to leak into tissues and exacerbating inflammation.

Vitamin C and vitamin E help protect cells from oxidative stress.

Vitamin C also helps clean up this cellular mess by producing specialised cells to mount an immune response, including neutrophils, lymphocytes and phagocytes.

So the role of vitamin C here is a bit like cleaning up the football ground after the game.

Good sources of vitamin C include oranges, lemons, limes, berries, kiwifruit, broccoli, tomatoes and capsicum.

Vitamin E is found in nuts, green leafy vegetables and vegetable oils.

4. Vitamin D

Some immune cells need vitamin D to help destroy pathogens that cause infection.

Although sun exposure allows the body to produce vitamin D, food sources including eggs, fish and some milks and margarine brands may be fortified with vitamin D (meaning extra has been added).

Most people need just a few minutes outdoors most days.

People with vitamin D deficiency may need supplements. A review of 25 studies found vitamin D supplements can help protect against acute respiratory infections, particularly among people who are deficient.

5. Iron, zinc, selenium

We need iron, zinc and selenium for immune cell growth, among other functions.

Iron helps kill pathogens by increasing the number of free radicals that can destroy them. It also regulates enzyme reactions essential for immune cells to recognise and target pathogens.

Zinc helps maintain the integrity of the skin and mucous membranes. Zinc and selenium also act as an antioxidant, helping mop up some of the damage caused by oxidative stress.

Iron is found in meat, chicken and fish. Vegetarian sources include legumes, whole grains and iron-fortified breakfast cereals.

Zinc is found in oysters and other seafood, meat, chicken, dried beans and nuts.

Nuts (especially Brazil nuts), meat, cereals and mushrooms are good food sources of selenium.

Putting it all together

It's true some supermarkets are out of certain products at the moment. But as much as possible, focus on eating a variety of foods within each of the basic food groups to boost your intake of vitamins and minerals.

While vitamin and mineral supplements are not recommended for the general population, there are some exceptions. Pregnant women, some people with chronic health conditions, and people with conditions that mean they can't eat properly or are on very restrictive diets, may need specific supplements. Talk to your doctor, Accredited Practising Dietitian or pharmacist.

And beyond diet, there are other measures you can take to stay as healthy as possible in the face of coronavirus.

Stop smoking to improve your lung's ability to fight infection, perform moderate intensity exercise like brisk walking, get enough sleep, practise social distancing and wash your hands with soap regularly.

.....
About the author: Clare Collins is a Professor of Nutrition and Dietetics in the School of Health Sciences, Faculty of Health and Medicine at the University of Newcastle, NSW.

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By Erin Smith

During the COVID-19 pandemic, everything seems to be cancelled – except for our anxiety!

I woke up with a sore throat. A few hours later I had a cough. It was most likely nothing, allergies probably – but was it?

I had already been recently tested for COVID-19 after being exposed to a diagnosed case. It was a tense three-day wait for the text message to come from the hospital.

“Your COVID-19 test result is negative”.

But even with the relief that followed, every subsequent cough was now potentially full of coronavirus-laden droplets.

I work from home, but my husband has to leave our apartment each day and go into the city to work. Had he made a miss-step in his incredibly strict daily routine and welcomed the virus into our home? Had it been a mistake to walk the dogs in the park? Should I not have gone to the pharmacy to fill my prescription?

I don't have clinically diagnosed anxiety – but I have moments of anxiousness. And they have certainly been more prevalent of late.

Those with existing mental health conditions are particularly at risk of exacerbations of mental health conditions during this pandemic.

Tips for taking care of our mental health

[Beyond Blue](#) has put together tips to help people take care of their mental health during COVID-19.

Find a healthy balance in relation to media coverage: Being exposed to large volumes of negative information can heighten feelings of anxiety. While it's important to stay informed, you may find it useful to limit your media intake if it is upsetting you or your family.

It's important to get accurate information from credible sources such as those listed below. This will also help you maintain perspective and feel more in control.

[Australian Government coronavirus \(COVID-19\) health alert](#)
[World Health Organization COVID-19 pandemic](#)

Maintain perspective: While it is reasonable for people to be concerned about the COVID-19 pandemic, try to remember that medical, scientific and public health experts around the world are working hard to contain the virus, treat those affected and develop a vaccine as quickly as possible.

Try to maintain a practical and calm approach: Widespread panic can complicate efforts to manage the outbreak effectively. Do your best to stay calm and follow official advice, particularly around observing good hygiene habits.

Try not to make assumptions: To contribute to a sense of community wellbeing, try to remember that the coronavirus can affect anyone regardless of their nationality or ethnicity and remember that those with the disease have not done anything wrong.

Stay connected and seek support: We need to keep our distance, but that doesn't mean that we need to be disconnected. It is important for us to keep in touch with family, friends, colleagues and [professional support services](#) by phone, video call, social media or email.

Try to stick to a routine: While it might not look exactly the same as our regular routine (and that's OK!) it is helpful to try and have some sort of structure to our days. Try to keep regular sleep routines and engage in healthy activities that you enjoy and find relaxing. Try to eat healthy foods and maintain some physical activity.

Supporting children and young people

Families and caregivers of children and young people should discuss the COVID-19 virus in an open and honest way.

Try to relate the facts without causing alarm, and in a way that is appropriate for their age and temperament.

It is important to answer any questions they may have, try to avoid providing any additional information that they are not seeking, and to always have the goal of letting them know that they are safe and that it's normal to feel concerned.

A [podcast on COVID-19](#) has been developed just for primary school aged children and might be a useful resource for some families.

Beyond Blue has developed a dedicated [COVID-19 Mental Health Support Service](#) in response to the growing demand for mental health support as a result of the COVID-19 pandemic.

The service offers free counselling by mental health professionals for all people in Australia 24/7, both online and over the phone. It also provides free and easily accessible information and advice around coping with COVID-19, isolation and connection, workplace and financial hardship, and how best to support the mental health of loved ones.

Supporting those on the frontline

It's important to talk about what you are experiencing. Talk about your thoughts and emotions. Processing what you are experiencing, thinking and feeling seems to be a protective factor for initial post-traumatic stress symptoms not advancing to post-traumatic stress disorder (PTSD).

What is PTSD?

[Beyond Blue tell us](#) that PTSD is a particular set of reactions that can develop in people who have been through a traumatic event that threatened their life or safety, or that of others around them.

This could be a serious accident, physical or sexual assault, or disasters such as bushfires or this pandemic. As a result, the person experiences feelings of intense fear, helplessness or horror. Around [12 percent](#) of Australians will experience PTSD in their lifetime. However, this figure does not account for the current pandemic situation we are all facing.

If you are a family member or friend, it's important to keep an eye on your loved one. Watch out for any changes in their behaviour that might signal that something isn't right.

And remember – it is ALWAYS OK to reach in and ask [RUOK?](#)

What if that isn't enough?

The bottom line is – it's important to get whatever help is needed. That goes for all of us!

If a person feels very distressed at any time after a traumatic event, they should talk to a doctor or other health professional. If a person experiences symptoms of PTSD that persist beyond two weeks, a doctor or a mental health professional may recommend starting treatment for PTSD.

In addition to the Beyond Blue dedicated Coronavirus Mental Wellbeing Support Service, those on the frontline are strongly encouraged to utilise other available support groups and peer-support. In Australia, first responders with mental health conditions resulting from their service to the community can access online peer support groups like [The Code 9 Foundation](#).

And finally...

During a time when everything seems to be cancelled – except for our anxiety, don't underestimate the importance of connecting with others and sharing your experiences.

Erin Smith is an Associate Professor and Course Coordinator in the School of Medical and Health Sciences at Edith Cowan University. She is also a research consultant for The Code 9 Foundation and the Wellbeing Team Co-Lead for the Australian Red Cross, Emergency Services Victoria.

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College member representative structure

The Australasian College of Paramedicine Board recently approved a new member representative structure for the College. It incorporates member committees, advisory committees and special interest groups.

MEMBER COMMITTEES

Structure: Chairperson, vice-chair and a committee of three to six members (varying sizes based on needs).

Scope: Jurisdictional – New Zealand, Victoria, Queensland, Northern Territory, South Australia, Western Australia, Tasmania, New South Wales, Australian Capital Territory.

Key objectives

- To provide a representative voice for each jurisdiction to inform and advise the College on member and jurisdictional needs, and
- To facilitate member service delivery, including professional development seminars and targeted member activities.

Member Committee chairs will meet as a group on a regular basis, as well as attend an annual Member Committee meeting with the College Board representatives.

ADVISORY COMMITTEES

Structure: Chairperson, vice-chair and a committee of three to six members (varying sizes based on needs).

Scope: Organisation-wide covering all jurisdictions.

Research Committee

Responsible for all areas relating to the facilitation and development of high quality, original research across topics of importance for paramedicine, with an emphasis on supporting the profession's development in areas where research is lacking.

Clinical Standards Committee

Responsible for developing and maintaining clinical quality, robust clinical governance and patient safety across the paramedic profession. Oversight of the overarching educational direction of the College.

Professional Standards Committee

Responsible for all areas related to developing and maintaining a credible profession through stakeholder engagement and the setting of standards in relation to professional behaviours, practices and relationships.

Student Committee

Responsible for all areas relating to the engagement, development and transition of student paramedics.

Awards and Recognition Committee

Responsible for the recognition of members for their service to the College and the profession.

Key objectives

- To provide strategic and operational advice and leadership in relation to the committee's area of expertise to the College, and
- To facilitate opportunities / development / position statements in relation to the committee's area of expertise.

Advisory Committee chairs will attend an annual National Advisory Committee meeting with the College Board representatives.

SPECIAL INTEREST GROUPS / COMMITTEES

Structure: Chairperson, vice-chair and a committee of three to six members (varying sizes based on needs).

Scope: Established on a needs basis. For example, Mental Health and Wellbeing, Regional and Remote, Private and Military, Paramedic Practitioners, Clinical Practice Guidelines.

Key objectives

- To allow for the discussion and dissemination of area-specific knowledge, and
- To provide advice and direction to the College on matters relevant to the Committee.

Introducing the College Board

The newly formed Australasian College of Paramedicine Board of Directors is made up of three former Paramedics Australasia Board Directors and three former Australian & New Zealand College of Paramedicine Board Directors. The Board had its first meeting on 27 November 2019.



PETER JURKOVSKY
FACPara

CHAIR

Peter is a paramedic, educator and lawyer. He has a lifetime of professional experience in paramedic operations, management

and education. Peter was a Paramedics Australasia Board member and chaired the National Working Group in the transition to registration. He was elected President in 2017 and led the negotiations with the Australian & New Zealand College of Paramedicine which evolved into the Australasian College of Paramedicine on 1 March 2020. He was elected as the inaugural Chair of the College at the first Board meeting in 2019.



SIMONE HAIGH
FACPara

VICE-CHAIR

Simone has been a paramedic with Ambulance Tasmania for 14 years and an Intensive Care Paramedic for eight. In 2014 she was elected to the Board

of Paramedics Australasia and subsequently elected Vice-President in 2017. Simone was elected Vice-Chair of the College in 2019.

Simone was awarded the Ambulance Service Medal in the 2019 Australia Day Honours. She is also on the executive of the National Council of Ambulance Unions.



RYAN LOVETT FACPara

Ryan commenced his engagement with paramedicine in the early 2000s with NSW Ambulance. He worked in a range of paramedic roles across New South Wales before taking up leadership positions

in planning for major events, the Sydney Control Centre, Regional Operations, the NSW Health Emergency Management Unit, the Office of the Chief Executive and the Sydney South East Sector. Ryan then moved to South Australia where he is currently the Executive Director of State-wide Operational Service with the SA Ambulance Service. Ryan has served on the boards of the Australian College of Ambulance Professionals, Paramedics Australasia and the Australian & New Zealand College of Paramedicine. Ryan maintains registration as a paramedic and holds formal qualifications in emergency management and public administration.



MICHAEL SMITH MACPara

Michael has been involved in the field of paramedicine for over 20 years as an on-road Intensive Care Paramedic with NSW Ambulance and comes onto the Board from a

long-standing position on the Australian & New Zealand College of Paramedicine Board of almost 10 years. He brings to the Board a wealth of experience within the corporate world as one of the directors of the Medical Rescue Group of companies, and also holds a position as a professional member on the NSW Paramedicine Council. He is the current Chair of the College Audit & Risk Committee.



MARTY NICHOLS MACPara

Over 20 years in NSW Ambulance Marty has worked as an Intensive Care Paramedic, Special Operations/Rescue Paramedic, frontline manager and helicopter paramedic. He is

currently a Critical Care Paramedic Educator at the Aeromedical Crewing Excellence Training Centre in Sydney.

Marty was a Director on the Board of the Australian & New Zealand College of Paramedicine and is a member of the Paramedicine Accreditation Committee. He is qualified and registered as both a paramedic and nurse, and holds a master's degree in health science, and in business administration.



DR BRONWYN TUNNAGE FACPara

Bronwyn is a Senior Lecturer in Paramedicine at Auckland University of Technology and the departmental research leader. Her clinical background includes practice as an

intensive care paramedic with St John in Auckland, New Zealand and as a registered nurse in the United Kingdom. Bronwyn is also an honorary Research Fellow at St John with the Clinical Audit and Research Team, and a former Paramedics Australasia Board Director.

Strategic Plan 2020

Vision

A strong and influential College representing and supporting paramedicine

Purpose

To lead and advance paramedicine in Australia and New Zealand

Values

Integrity, Inclusivity, Respect, Collaboration, Sustainability and Innovation

Strategic Pillars	Strategic Goals	Initiatives
Leadership	Lead the paramedic profession as it enters a new era of professionalism	<ul style="list-style-type: none">• Build the college brand throughout Australia and New Zealand• Lead, advocate and promote best practice for paramedicine• Advocate to government to greater recognise the contribution of paramedicine in health care
Education	Facilitate and support the development of paramedics through best practice education and professional development	<ul style="list-style-type: none">• Develop and deliver education activities to enhance paramedic skills and knowledge• Create multimodal delivery options to reach all members• Deliver major conferences and events across all jurisdictions
Research	Provide paramedic research opportunities to support the development of evidence-based paramedicine	<ul style="list-style-type: none">• Provide opportunities for the dissemination of paramedicine research• Create partnerships and collaborations with other leading research organisations• Support paramedicine research opportunities for members
Members	Represent and support the interests of members in their professional life	<ul style="list-style-type: none">• Deliver an integrated online member portal and learning management system with CPD app• Provision of education and research grants• Strengthen member engagement and provide opportunities for member involvement with the College
Performance	Build a sustainable, capable and socially responsible organisation	<ul style="list-style-type: none">• Create a high performing team of staff and volunteers• Transfer and engage with College members• Develop partnerships and alliances



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COVID-19 Resource Center



During this crisis, we have developed free resources to help you prepare, plan, and act during the outbreak of COVID-19. Our Resource Center will be updated as we learn more about the disease, its impact and how Laerdal solutions can help. The information and advice will reflect current knowledge and best practices, but will be subject to change as we understand more.

What can you find in this center?



Webinar series -
Simulation training for
COVID-19 readiness



Complimentary
scenarios for COVID-19
preparedness



Manikin Cleaning and
Hygiene



Preparedness Checklist



Medical devices and
Coronavirus



Research and Helpful
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[Free Simulation] Virtual
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What's new in the AJP?

The following selected abstracts have been taken from the Australasian Journal of Paramedicine, Volume 17, 2020. The full text articles can be found at

<https://ajp.paramedics.org>

The AJP employs continuous publishing, so check the AJP website regularly for new peer-reviewed paramedicine research and review papers.

COVID-19 – legal and ethical implications for your practice

Ruth Townsend, Michael Eburn

Most day-to-day decision making of paramedics is made in an environment where resources are not truly scarce, or not soon likely to be. Paramedics are therefore able to apply an ethical approach to their work that upholds their duty to provide patient-centred care that is in the best interests of the patient. Paramedics can and do apply a broader community-minded approach to triage at mass casualty events. However, what may be new and associated with the unprecedented public health emergency that is COVID-19 is that paramedics will now be required to make such rationing decisions across a much longer period of time for a far larger number of people.



Trained, ready but under-utilised: Using student paramedics during a pandemic

Steve Whitfield, Alexander MacQuarrie, Malcolm Boyle

The aim of this commentary is to outline a case for student paramedics as a potential solution to the operational resource issues ambulances services and other healthcare institutions are expected to experience during high demand situations, such as pandemics.



A simulated night shift for undergraduate paramedicine students: Lessons learnt and the perceived value towards learning

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Background

Ensuring undergraduate healthcare students are work ready graduates who possess real-world experiences and realistic expectations of their professional environment is essential for Australian universities. This is becoming increasingly more difficult to accomplish with ongoing difficulties on sourcing appropriate clinical placement learning opportunities. We developed and piloted a simulated paramedic night shift investigating if undergraduate paramedic students perceived the experience to be realistic and to what extent they felt it contributed toward their learning.

Methods

A total of 24 undergraduate paramedic students were recruited to participate in a simulated 13-hour paramedic night shift held on university campus. Student satisfaction and perceived value towards learning was measured using an online survey the day after the simulation.

Results

23 of 24 participants completed the online survey. Survey data suggested 22 participants felt the simulated night shift to be realistic of real-life paramedic practice, provided a valuable learning experience and should be made a mandatory component of undergraduate paramedicine curricula.

Conclusion

Given the difficulties associated with providing clinical placement opportunities for students and the perception among health professionals that on entering the workforce many graduates often lack the adaptability required to undertake shift-work and the professional role of a paramedic, educators should consider the merits of providing overnight simulated experiences to undergraduate students to better prepare and acclimatise students to overnight shift work.

Is age associated with emergency medical service transport to a trauma centre in patients with major trauma? A systematic review

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Introduction

Older adults with major trauma are known to have higher mortality rates than their younger counterparts and there is a known survival benefit of treatment in trauma centres. This systematic review sought to answer the question: are older patients with major trauma more or less likely to be transported to a trauma centre by emergency medical services (EMS) than younger patients?

Methods

The following databases were searched: Ovid MEDLINE, Ovid EMBASE, EBSCO CINAHL, Scopus, Cochrane Library and grey literature until 7 March 2019. Studies meeting each of the following criteria were included: 1) comparative study, including randomised controlled trials, cohort studies, cross-sectional studies, case-control studies; 2) study participants must be patients with major trauma; 3) the patients must have been initially transported from the accident scene to hospital by EMS, and 4) the study must report the association between major trauma patient, age and trauma centre transport.

Results

We identified 3365 unique citations and one study was identified through other sources. In total, 17 studies were included. The studies defined major trauma patients either by the meeting of pre-hospital trauma triage criteria or a retrospective diagnosis. All of the included studies reported that older age was associated with a reduced likelihood of EMS trauma centre transport when compared to younger age in major trauma patients.

Conclusion

The studies included in this review all showed that older age is associated with a reduced likelihood of EMS trauma centre transport when compared to younger age in major trauma patients.

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