

**VOL 47**  
SUMMER 2020

# RESPONSE

The official voice of Paramedics Australasia

**PAIC2019**  
Broadening horizons



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Krystal Smith

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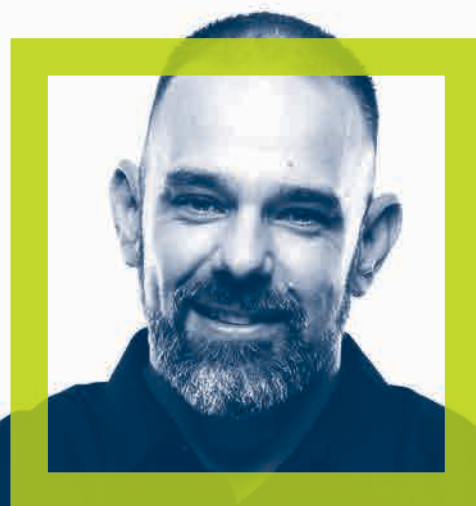
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**"It is imperative that first responders have the skills to deal with a mass casualty terrorist attack, and have the knowledge to keep themselves, their patients, partners and colleagues safe."**

**– Aldon Delport, Lecturer in Tactical Medicine**

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#### COVER

Paediatric Skills Masterclass at PAIC 2019.





with Peter Jurkovsky

# Shaping the future

**A** warm welcome to the Summer Issue of *Response*. It is with some sadness, but with complementary excitement, that I write to you for the last time in *Response* under the Paramedics Australasia banner with the transition to the Australasian College of Paramedicine to take place on 1 March 2020.

*Response* has been a primary portal for communication to our members over many years – and in fact has been in publication since 1974 – and although the mechanism for information dissemination has evolved over this period to a more instantaneous form through the ubiquitous nature of social media platforms, we have always been proud of this more formal style of communicating with members. The Australasian College of Paramedicine will continue to provide this type of member engagement in the future and I look forward to providing you with relevant information and added features in the months to come.

This Summer Issue of *Response* features a review of PAIC 2019; we talk to Krystal Smith, the first graduate of the Queensland Ambulance Service Indigenous Paramedic Program and now Officer-in-Charge at Normanton Ambulance Station, in *Response* Q&A; and in a separate article provide an insight into the QAS Indigenous Paramedic Program. We also feature an article by psychologist Lee Rushton on strategies to employ when you are feeling overwhelmed; we continue our health and wellbeing series with Mitch Mullooly; and offer an opinion piece by Gissing and Eburn on the need for a national crisis plan. Also included is news and reviews, and research abstracts from our peer-reviewed scientific journal, the *Australasian Journal of Paramedicine*.

## Australian bushfires

The news in Australia have been dominated over the past few months by the devastating impact of the bushfires across many states with the tragic loss of human life, wildlife and property. The effect of these events, and the subsequent reviews and responses to them, will shape our social and political discourse for a generation. Our thoughts, as a peak representative body for one of the first responder professions closely involved in these events, are with all those who have suffered loss or dislocation in these disasters.

“ The effect of these events, and the subsequent reviews and responses to them, will shape our social and political discourse for a generation ”

## Australia Day 2020 Honours

Congratulations to all 18 recipients of the Ambulance Service Medal in this year's Australia Day Honours list. We are especially proud of the following Paramedics Australasia Members in being recognised for their hard work and dedication to the profession and their communities: William Briggs (Vic), Terrence Marshall (Vic), Kenneth Whittle (Vic), David Jaensch (SA) and Han-Wei Lee (Tas).

To see the full list of recipients turn to the news section in this issue of *Response*.

## Registration in New Zealand

As we reported in the previous issue of *Response*, paramedics in New Zealand have succeeded in their quest for professional recognition and were formally acknowledged on 1 January 2020 under the *Health Practitioners Competence Assurance Act 2003* (along with over 20 other health professions).

The registration process is expected to be in place in the second half of 2020 following the formation of the new Paramedic Council which will establish the new standards and processes required before all paramedics have to be registered. Just over 1000 paramedics currently operate for the two emergency ambulance providers, St John and Wellington Free Ambulance. This workforce is expected to grow to 1400 by 2021 as double-crewing becomes standard around the country.

We look forward to continuing to support our New Zealand colleagues as they take this significant step in the professionalism journey.

## The role of a paramedic – is it really expandable?

In this issue of *Response* we review of our highly successful conference PAIC 2019, which was held in Hobart in late November 2019. The theme for this conference was 'Broadening Horizons'. In the closing address to the conference, I raised the issue of the paramedic's role in the wider health sector in the context of this theme and without wishing to be overtly controversial, described an 'elephant in the room'. I defined this as the number of paramedicine graduates flowing through the 'system' and the number of employment opportunities reasonably available within jurisdictional ambulance services.

“ There is an inherent responsibility placed upon all the significant stakeholders in the sector to the end that gainful employment is a reasonable expectation of a successful paramedicine graduate ”

The conference touched on these opportunities in a number of sessions describing the role of community paramedicine while other terms being used include 'extended care paramedic', 'primary care paramedic', 'paramedic practitioner' and 'prescribing paramedic'.

Although there is some justifiable skepticism about these potential opportunities in the short term, this is precisely the type of pursuit which should be undertaken by a strong and relevant national representative body (such as the Australasian College of Paramedicine) in consultation with government, ambulance services, public and private institutions, universities and regulators to potentially create these opportunities through a range of expanded and aligning roles in the broader health sector.

Ultimately, there is an inherent responsibility placed upon all the significant stakeholders in the sector to the end that gainful employment is a reasonable expectation of a successful paramedicine graduate.

With these factors in mind and the need to actively address this issue, the Australasian College of Paramedicine intends approaching the federal government and offer to co-ordinate a wide review and consultation, with the objective of producing an evidence-based report and recommendations, through engagement with the myriad of stakeholders throughout a range of health and social sectors to ascertain the scope of this expanded practice opportunity. We will keep you informed of the progress of this project in the months to come.

As always, stay safe and I look forward to speaking to you soon as we continue our professional transition to the Australasian College of Paramedicine.

*Peter Jurkovsky*

*President, Paramedics Australasia*

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– Mitchell Barnett, Graduate Diploma of Paramedic Science (Critical Care)





with Mal Boyle

# A new decade, a new approach

**A**s we enter a new decade, the direction the *Australasian Journal of Paramedicine (AJP)* took at the start of 2019 to change to continuous publishing (instead of four issues per year) appears to have been successful. In 2019, the *AJP* published two editorials, 33 research articles, 10 literature reviews, two education articles, two commentaries and two sets of conference abstracts. This is more than the journal has published in previous years.

Sadly, this new decade has been marked by the devastating bushfires that are ravaging our communities. The aftermath of these fires – for both humans and wildlife – will potentially take decades to overcome. Many are asking: “How well prepared are we for this type of disaster?” Countries can learn a lot from disasters, but does this translate into better preparation for the next event? Or is it stifled by politics and layers of bureaucracy?

There have been comments in Australian newsfeeds from general practitioners that their services in bushfire refuge shelters has been ignored, and so they have set up their own clinics to provide healthcare services to victims. The provision of healthcare services in Australia comes under various organisational responsibilities and is dependent on individual states and territories to how they function. Perhaps Australia and its states and territories need to look at other countries and how they respond to disasters in the immediate and short-term aftermath.

When I visited Brawijaya University in Malang, Indonesia several years ago I was interested to see that the university had their own ambulance and people carrier which was used to respond to disasters within the local area. The university response included emergency nurse academics and nursing students who were then part of a larger medical response at the incident site. The use of university staff and students provides many benefits: it does not deplete the nursing staff from local hospitals or Puskesmas (community health clinics), and it provides students

with real world experience. (Nurses predominately staff ambulances in Indonesia, so the university response is additional to any local ambulance response.)

Decision makers, policy makers and planners in Australia should consider the human resources available in universities and how they could be used in a healthcare response to disasters. There are sufficient universities within each Australian state and territory, covering a range of healthcare disciplines, to have a targeted response to a disaster within their area. There are many issues to consider and work through before this could become reality, however it is an underutilised resource that needs to be considered.

So, as we enter this new decade with its potential for more extreme weather events and natural disasters, the healthcare provision at, and immediately following, these events needs to be reviewed. The decision makers, policy makers and planners need to make use of all available human healthcare resources in their future planning for disaster management. The general community needs to decide on how to support the volunteers that may be fighting fires for extended periods and therefore be away from their usual place of employment. Aligned with volunteers are the needs of the organisations in which the volunteers work and the question of how they are compensated or supported to maintain their normal productivity.

Associate Professor Mal Boyle is Editor-in-Chief of the *Australasian Journal of Paramedicine*; Academic Lead in Paramedic Education in the School of Medicine at Griffith University, Gold Coast, Qld; and Senior Lecturer at Monash University, Melbourne, Vic.



# PAIC 2019

## Broadening horizons



PARAMEDICS  
AUSTRALASIA

For the 300 delegates in attendance in Hobart over 28 to 30 November, PAIC 2019 was a truly uplifting conference.



**P**AIC 2019 was the last Paramedics Australasia International Conference and a significant milestone for paramedicine as PA and the Australian & New Zealand College of Paramedicine move closer to a merger to form the Australasian College of Paramedicine in March 2020 – a single representative body for paramedicine.

PAIC has always provided a vital link in the chain of educational, social and professional engagement for paramedicine practitioners, educators and administrators in the broader sector and we look forward to expanding the offerings in the conference and seminar space in 2020 and beyond with the benefit of one national body to showcase events to a broader audience.



Ambulance Tasmania  
Chief Executive, Neil Kirby



With a central theme of ‘broadening horizons’ the conference primarily looked at the future of the paramedic role within the vast healthcare sector, in addition to a diversity of subject matter through three days of workshops, plenaries, concurrent streams and discussion panels. Our conference MC was the brilliant Major Brendan Wood, Senior Lecturer/Military Programme Leader at Auckland University. It was fitting that such a popular and professional MC was our steward for the final PAIC.



“ PAIC has always provided a vital link in the chain of educational, social and professional engagement ”

Chair of the PA Scientific Committee  
Jamie Rhodes and his team of Lucy

Oatley, Michael Birtill, Scott Devenish and Joseph Cuthbertson brought together a stellar program of six workshops, nearly 70 presentations and eight panel discussions. From the engaging, insightful and challenging interactive session with our keynote speaker Tom Harkin, to the abstract presentations and the inspiring story of Krystal Smith, the sessions resonated with delegates, as was reinforced



PAIC 2019 MC, Brendan Wood





All set for the Gala Dinner

in attendee feedback. Krystal's presentation on capacity building work with Indigenous communities in Queensland rallied a spontaneous standing ovation, a first time at PAIC we believe. (Check out our Response Q&A with Krystal in this issue.)

“... a program to inspire delegates to push themselves a little bit further”

Jamie Rhodes' aspiration for PAIC 2019 was for a program to inspire delegates to push themselves

a little bit further and embrace the opportunity to develop both professionally and personally.

Feedback in relation to our invited presenter sessions was extremely positive:

- for relevance to paramedicine, the score was 4.5/5
- for relevance to individual paramedic practice, the score was 4.3/5
- for presentations, the overall the score was 4.4/5
- for the presenters' ability, the overall score was 4.3/5
- for the slides, the score was 4.3/5.



# PAIC 2019

## Research Award winners

Abstracts represent an integral component of PAIC as they provide an excellent opportunity for researchers to share their work with peers. From a highly competitive field, we were delighted to announce the following 2019 Ambulance Tasmania Research Award winners.

### Best Overall Research Presentation Award – Best of the Best

**Rachael Berry** – Anaphylaxis recognition: Is there consistency in paramedic and emergency department diagnosis?

### Best Postgraduate Paper

**Buck Reed** – Perceptions of professional registration in Australian paramedics

### Best Undergraduate Presentation

**Giuseppe Fierravanti** – Environmental cleanliness standards for emergency ambulances: A scoping review

### Best Poster Presentation

**Ahmad Alrawashdeh** – Factors influencing emergency medical service delays in suspected ST-elevation myocardial infarction

### PAIC 2019 People's Choice Award (a new category for 2019)

**Sean Thompson** – General practitioners' perspectives on Advance Care Directives and their accessibility by paramedics when making resuscitation decisions



Rachael Berry



Buck Reed



Sean Thompson



Paramedics Australasia International Conference

# PAIC19

BROADENING HORIZONS

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# RESPONSE | Q&A



Krystal Smith was the first graduate of the Queensland Ambulance Service Indigenous Paramedic Program. She is now Officer-in-Charge at Normanton Ambulance Station and a role model for others. In this Response Q&A, we talk to Krystal about the importance of engaging with patients and family, advocating for excellence in ambulance service, and dreaming big.

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

**A** For me, the opportunity to assist others during times of need, creating stronger links to health literacy and the ability to humanise care by connecting with people are the highlights of what paramedicine offers.

**Q You have undertaken campaigning for recruitment to the Indigenous Paramedic Program. Can you briefly tell us what motivates you to do this?**

**A** The Queensland Ambulance Service delivers a program that is supported, flexible and targeted to the community's needs. The most valuable attribute of the program is the role modelling capacity. The program encourages dreams, creates hope and empowers individuals and the broader community.

**Q Achieving health equality will be essential in Closing the Gap, and you have spoken about the need for healthcare delivery built on culturally sensitive and safe practices as being the cornerstone to achieving this. Can you briefly explain why this is vital?**

**A** As registered health professionals, we experience new life and end of life; this should never be taken for granted. It is a privilege to engage with patients and family during any request for service.

The challenge in the acute environment is to develop a dialogue that is genuine, by acknowledging and understanding the patient's narrative. The building blocks for management require a holistic approach: emotional well-being, fostering trust and consent to discuss a treatment or referral pathway.

It is vital that patients have positive interaction, this allows

relationships to be made and the foundation to improving health literacy and health equality.

**Q You are a role model for young Indigenous people. If you had one piece of advice for those seeking a career in paramedicine, what would it be?**

**A** Dream big, set goals and ask for help – remember we all started at the same place.

Early in my career with the QAS, a clinical mentor told me: "We all started at the same place – but you control where you end up."

“ The program encourages dreams, creates hope and empowers individuals and the broader community ”

This has been a powerful message while achieving milestones through the Indigenous Paramedic Program, and actively mentoring Indigenous cadets at my station.

**Q How important is it for paramedics to be involved in their community?**

**A** The participation in community events is truly what embeds paramedics in the community. It humanises a challenging role and shows a relatedness and opportunity to deliver messages on a large scale. The QAS has a proud history in participating and promoting health and safety messages.

**Q You have been recognised for your contribution to out-of-hospital and emergency remote health care.**





Krystal (pictured middle) and QAS Normanton staff participating in the Normanton Rodeo's calf scruffing event at their annual rodeo, held the first weekend of June.

**Have you ever imagined transitioning this advocacy to a career in management or politics?**

**A** I laughed reading this question! I was terribly nervous presenting at PAIC 2019, I could not imagine a career in politics, but I am enjoying my role as Officer-in-Charge and advocating for excellence in ambulance service and remote health care.



Krystal (pictured far left) and QAS Normanton staff with their 'Austin Knows Best. Hands on Chest. CPR Saves Lives' health promotion float as part of the Normanton Rodeo Street Parade.

**Q At PAIC 2019 in Hobart you gave a presentation which had those in attendance on their feet, applauding. That's pretty amazing to see at a conference! How did it make you feel to receive such support?**

**A** I felt extremely humbled.

The ability to represent the Indigenous Paramedic Program cohort, promoting the successes and growth of the program from its inception in 2012, to at present 41 Indigenous cadets across 25 Queensland communities is an honour.

PAIC was an opportunity to share the program modelling and my story – but there are many other stories within the program that deserve recognition, and these officers inspire the next generation each time they wear the Queensland Ambulance Service uniform.

The ability to share the faces of past and present Indigenous cadets, celebrating achievements and milestones throughout their journey was a moment I will recall fondly for the rest of my career and beyond.

**Q And finally, we all need time out from our working lives. If you could go anywhere in the world to recharge, where would it be, and why?**

**A** Bora Bora. I absolutely love the water, it is relaxing, and I find it easy to reconnect and recharge.



Krystal (pictured left) and program cadet, Shakia Owen, wearing Aboriginal and Torres Strait Islander epaulettes as part of NAIDOC Week 2019.

# THE INDIGENOUS PARAMEDIC PROGRAM

## Success by inclusion

By fostering a closer relationship between Queensland's Indigenous communities and the ambulance service, the QAS Indigenous Paramedic Program is helping bridge the gap in health and life expectancy outcomes between Indigenous and non-Indigenous Australians.

Commencing in 2012 with just four cadets in two Queensland communities (Yarrabah and Thursday Island), the award-winning Queensland Ambulance Service Indigenous Paramedic Program currently supports 41 Indigenous cadets across 25 Queensland communities. In addition to the 41 current cadets, eight cadets have successfully completed the program and are now qualified and registered paramedics. Of these, two have further advanced into supervisory roles.

In 2016, the program received top honours at the Council of Ambulance Authorities Excellence Awards, winning both the Management Practice and Operational Performance Award, and the Overall Star Award. So what's behind the program's success?

According to the program's senior educator, paramedic Trish Murray, maintaining connection to community and culture is "pivotal to the retention and success of the cadet as they progress in the challenging pre-hospital emergency environment".

Underlining this is the program's recruitment strategy. QAS cadets must be recommended to the program by Indigenous Elders and/or high-profile members within their own community. And it is this inclusiveness and advocacy that provides a culturally safe and responsive support network for the cadet throughout the recruitment process and beyond. As Trish explains, "By ensuring the

community supports the program, and the cadet chosen to represent their community, the cadet is provided with a culturally safe and responsive support network."

Queensland is home to the second largest Aboriginal and Torres Strait Islander population in the country; understanding their health needs is essential to improving health and life expectancy outcomes and bridging the gap between Indigenous and non-Indigenous Australians. The QAS is "dedicated to developing workforce recruitment and retention strategies which increase participation and represent Aboriginal and Torres Strait Islander peoples". The Indigenous Paramedic Program has therefore been designed to equip participants with the theoretical knowledge and skills required to provide clinical assessment and care in the emergency pre-hospital environment.

The program's focus areas include:

- providing access and equity in education for Indigenous people aspiring to work in the space of pre-hospital ambulance response
- targeting Indigenous Queenslanders with a strong interest in healthcare who have the support of their community
- developing individuals to achieve their full potential
- fostering the principles of reconciliation within everyday practice.





**QAS Indigenous Paramedic Program presentation ceremony, May 2019.**

Photo courtesy Queensland Ambulance Service.

## “ Others have embraced the foundation of the program to become respected role models within their community ”

The program's education pathway has been tailored to accommodate various learning needs and capabilities and provides a stepped program with the following accreditation milestones available along the way via a unique partnership with Central Queensland University:

- Cert IV Health Care (Ambulance)
- Diploma Paramedical Science
- Bachelor of Paramedic Science
- Advanced Care Paramedic II.

Through the development and success of the program a number of inspiring stories have emerged. Trish Murray explains, “Prior to joining the QAS, many cadets have not been afforded the opportunity to access secure employment while furthering their education. Others have embraced the foundation of the program to become respected role models within their community.”

A perfect example of the program's success is Krystal Smith, the program's first graduate and now Officer-in-Charge at Normanton Ambulance Station. You can read Krystal's story in this issue of *Response*.

## Want to know more?

The QAS Indigenous Paramedic Program provides a structured and supportive educational pathway with the added benefits of full-time employment within the pre-hospital emergency response sector, along with on-the-job expert mentoring and additional learning support.

For further details about the program and information on the recruitment process, visit [www.ambulance.qld.gov.au/indigenous-recruitment.html](http://www.ambulance.qld.gov.au/indigenous-recruitment.html) or contact the QAS Recruitment Team via [QAS.Recruitment@ambulance.qld.gov.au](mailto:QAS.Recruitment@ambulance.qld.gov.au)





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# Grounding strategies

## What to do when you're feeling overwhelmed

by Lee Rushton

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This article follows on from previous articles in *Response*, which covered self-care and PTSD, to focus on everyday actions designed to help you cope with distress and overwhelming emotions in your work and daily life. First, a brief recap of previous topics.

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**Y**our job requires you to button down your responses and deal with the emergency in front of you. You have chosen this work; you will be good at doing this. You will have ways of letting off steam, getting rid of excess energy, winding down, managing head miles and 'go to' activities for rest and relaxation. From sport, to getting together with mates, spending time with your family, exercise, gardening, Netflix; the list is long, what relaxes you will be different from the next person. These are what we would describe as *self-care activities*. The things you enjoy doing that give you time out and assist you to manage your wellbeing in the long term.

Your work puts you in the way of trauma. Again, you have been trained for this work and self-selected your role. However, there will be times when an event may cause distress. It is likely you will have developed successful

means to manage this. But if you find it difficult to manage, it is important to speak with a health professional such as your GP or a trauma-informed psychologist. Speaking with a professional in this way will help you to manage through a difficult time.

So how do you deal with overwhelming emotions? And what can you do in the short term? While it sounds too simple, what distresses us is worrying about what happened in the past and what may happen in the future. When in this state of mind we are more likely to 'lose it': in other words, more likely to *react* instead of *respond*. Having some way of reducing the distress, connecting and therefore concentrating on what is happening around us in the here and now is useful. Grounding strategies can be the answer.





## Grounding strategies for daily life

Grounding strategies are short-term tools used to detach from emotional pain. You may feel overwhelmed (be flooded with emotion) or numbed (experience too little emotion). Grounding strategies can help you to stay connected and focussed on your environment so you can access your ideas and usual useful responses to what is happening around you and respond. They put a distance between you and the feeling of being overwhelmed.

“ Utilising grounding strategies can assist you to refocus on the work demands instead of your issue ”

For example, something in the work environment may remind you of an issue you face, and this becomes front of mind for you. Utilising grounding strategies can assist you to refocus on the work demands instead of your issue.

### Mental tactics

There are many types of grounding strategies and ways of categorising them. For example, ‘mental tactics’ are those that occupy your mind, such as describing your environment in detail; playing a category game (e.g. name an animal starting with A, then B, then C...); describing an everyday event in detail (e.g. your morning walk, cooking a meal). One popular approach is ‘5 senses grounding’.

This is how it works. Pause, take a breath and:

1. Look around you, notice 5 things you can see
2. Listen carefully, name 4 things you can hear
3. What 3 things do you feel, things making contact with your body
4. What 2 things can you smell?
5. Name 1 thing you can taste.

### Physical grounding

Physical grounding focusses you on your sensory experiences, such as feeling your feet on the floor or a special object in your pocket; chewing gum; running your hands under cold or hot water.

### Focus on breathing

Focus on your breathing. Breathe out. We often forget to breathe out, as we tend to hold our breath when anxious. Try ‘box breathing’:

- Sit up straight, close your eyes and mouth, do not clench your teeth or purse your lips
- Visualise travelling along the sides of a square box. As you breathe or hold your breath you will be travelling down a different side of the box
- Inhale for four counts, hold for four counts, exhale for four counts, hold for four counts
- Repeat the cycle.





You might also like to try the '4-7-8 breathing technique':

- Empty the lungs of air
- Breathe in quietly through the nose for 4 seconds
- Hold the breath for a count of 7 seconds
- Exhale forcefully through the mouth, pursing the lips and making a 'whoosh' sound, for 8 seconds
- Repeat the cycle up to four times.

Activities that are soothing, such as listening to music, taking a quick walk or having a coffee can take you to a more relaxed state of mind. Distraction can work when you are feeling overwhelmed: use a phone app (e.g. cards or puzzles); read a book in your break; at home, download a TV series and watch it.

What works for each of us is different. Search the internet for grounding strategies or devise some of your own. Choose one or two that appeal to you and practise them when you are not feeling overwhelmed. Practise as often as possible. Reflect on what worked: was it to do with your body or your mind? Experiment. Then start early when you feel the stress and overwhelm.

Grounding is not always easy; it won't come immediately, but don't give up.

Lee Rushton is a clinical psychologist at CRANaplus Bush Support Service. CRANaplus provided free face-to-face counselling to interested delegates at PAIC 2019.

### CRANaplus Bush Support Service

CRANaplus Bush Support Service runs a free and confidential 24/7 telephone counselling service for all rural and remote health professionals and their families. Callers may remain anonymous and do not have to be a member of CRANaplus to use the counselling line.

The psychologists and clinical psychologists who answer the calls have rural and remote experience, which gives them an understanding of the specific issues faced by those living and working in the country. Each has been trained in trauma informed practice.

All paramedics and their families located in rural and remote Australia are welcome to use the service. Calls from mobile phones to the service's 24/7 toll free number can be returned at the caller's request.

**Phone 1800 805 391**

For more information, visit <https://crana.org.au/workforce-support/bush-support-services/>

### Resources

Australian Psychological Society – Trauma  
[www.psychology.org.au/for-the-public/Psychology-Topics/Trauma](http://www.psychology.org.au/for-the-public/Psychology-Topics/Trauma)

Information on PTSD  
[www.psychology.org.au/for-the-public/Psychology-topics/Posttraumatic-stress-disorder](http://www.psychology.org.au/for-the-public/Psychology-topics/Posttraumatic-stress-disorder)

The University of Sydney Counselling and Psychological Services – Grounding techniques  
<https://sydney.edu.au/content/dam/students/documents/counselling-and-mental-health-support/grounding-techniques.pdf>

# A well balanced life

by Mitch Mullooly

“ Balance is the key to everything. What we do, think, say, eat, feel, they all require awareness, and through this awareness we can grow ”

– Koi Fresco

**L**ife balance seems to be the topic on everyone's mind of late. We have discovered that maintaining a healthy life balance is not only essential for happiness and wellbeing, it can be a tremendous boost to your productivity, your career and personal success as well. A well-balanced person has a far greater ability to focus their attention and energy on attaining their goals, taking productive actions and moving forward in a meaningful way.

The big question is... What does 'life balance' really mean? What would a balanced life look like to us? And, most importantly, how do we go about achieving this in the midst of our busy lives?

There are steps you can take to change what isn't working and get back some control and balance in your life. And once you start seeing results you'll be better equipped to maintain that new found equilibrium. The key is not to try to change everything at once, but to make small adjustments over time to determine what works for you. Eventually you will have a whole new set of positive life habits and you'll never look back!





# 10 strategies to help you achieve life balance

- Turn it off – Disconnect on your days off. I hear the excuses already, but try it, at least for one day or even a few hours each night. Put the phone down and turn off the computer. Give your work brain a rest. Bonus: spend the extra time actually interacting with your family and friends... be human!
- Trim, trim, trim – It's a given that if your life is overflowing you will never be able to achieve balance and manage it all. It's just not possible. So, say no to everything that is either not essential or doesn't add something valuable to your life. And be ruthless with this!
- Pay attention to your health – We hear this over and over again, but usually only give it lip service, or tokenism. We know what we need to do, we are health professionals, but it isn't a priority until we have a health crisis. Our health really does affect the quality of our lives and our work. We are far more productive and happier when we get enough sleep, eat a little healthier and fit in some type of daily movement.
- Minimise toxins – By this I don't mean chemicals (though that always helps as well). Minimise the negative influences around you. Try and avoid toxic people, those that are complainers, whingers, or have poor attitudes. If you can't completely avoid them, at least minimise contact and tune them out as much as you can. Surround yourself with positive, supportive, can-do people whenever possible.
- Spend time alone – Making time for you is probably the hardest thing to do for the typical overworked and overwhelmed person, but it is crucial for lowering stress, increasing happiness and encouraging creativity.
- Relationships do matter – Set aside quality time with your family and friends. Don't just sit in front of the television, really connect and pay attention to those you care about. Make a date with your significant other, have coffee with a friend, play a game with a child. Really get to know the people around you.
- Treat yourself – Get a pedicure or a facial. Better yet, schedule a massage. It doesn't need to be costly: a glass of wine, a craft beer, your favourite coffee or tea; something for you, perhaps something you wouldn't normally do, but brings you joy.
- Explore the world – Take a walk and really pay attention to what's going on around you. Take a new route, visit a new town or try being a tourist in your own town. Attend a local performance, play amateur photographer or go to the park and watch children play. They really know how to enjoy life!
- Expand your awareness – Take a class, learn to paint or try something new that you've always wanted to learn. Read a book that sparks your interest or try listening to uplifting music. Find what interests you, be creative!
- Remember fun – Laugh, joke, play, find your sense of humour, subscribe to a daily joke or get a tear-off calendar. Nothing makes you feel better than a good old-fashioned belly laugh!

Things you can try include meditation, writing in a journal, drawing, practising yoga, or simply sitting quietly for a few minutes each day and doing absolutely nothing. You can do it!

Join the Facebook community **Team EAT. TRAIN.BE. Fit for Duty - Nutrition + Movement + Mindset** for all the goodness on how to be **fit for duty** and ultimately **fit for LIFE!**

Or contact [mitch@eattrainbelieve.com](mailto:mitch@eattrainbelieve.com) for more information.



Mitch Mullooly MPA is a paramedic and flight paramedic with St John New Zealand, Chair of the New Zealand Chapter of Paramedics Australasia, and a paramedic health and wellness coach.



# Australia needs a national crisis plan, and not just for bushfires

*by Andrew Gissing and Michael Eburn*

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Calls are growing for a national bushfire plan, including from former prime minister Malcolm Turnbull, who says they are an issue of national security and the federal government must provide hands-on leadership.

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**I**t's true that more people are living in high-risk bushfire areas, emergency services are stretched and the climate is rapidly changing. Future crises are inevitable. We must consider the prospect of a monstrous bushfire season, the likes of which we've never seen.

But bushfires aren't the only catastrophe Australia must prepare for. If we are to create a national crisis plan, we must go much further than bushfire planning.

## Not just bushfires

In the decade since Victoria's Black Saturday fires, we have improved fire predictions, night-time aerial firefighting, construction codes and emergency warnings. All of these have no doubt saved many lives.

There are calls for more resources to fight fires, as part of a co-ordinated national plan. But few people have pro-

posed an all-encompassing vision of such a plan. For a start, it should not be confined solely to bushfires. Far more people die during heatwaves and residential housefires. Tropical cyclones, floods and hail each cost our economy more. Any plan must provide a strategic vision across these various facets for at least the next 10 to 20 years.

## A national firefighting force?

Calls for a national firefighting force to supplement existing state resources are fundamentally short-sighted. A national force – quite apart from the level of duplication it would create – would spend much of its time idle. Even during severe fires, such as those now raging, there would be limits to its usefulness. At a certain point, the size and energy of the fires means no amount of firefighting technology will extinguish them all.



Research conducted by Risk Frontiers, the Australian National University and Macquarie University through the Bushfire and Natural Hazards Cooperative Research Centre, has focussed on better planning and preparedness for catastrophic events. This research concludes it is unrealistic to resource the emergency management sector for rare but truly catastrophic events. It is wildly expensive to remain 100% prepared for the worst-case scenario.

Despite the smoke blanketing Sydney, we need to think beyond bushfires. Instead of simply scaling up existing arrangements, we need to think differently. Bush fire-fighting could be improved by innovation and research. Future investments must focus on rapidly detecting and extinguishing ignitions before they spread out of control.

## Everyone is responsible

States and territories are traditionally responsible for emergency management in Australia. But almost by definition, a catastrophic disaster exceeds one's capacity to cope – inevitably drawing on nationwide resources. This means preparing for catastrophic disasters is everyone's responsibility.

Existing plans allow for assistance across state borders, and between state and federal governments. But there is no national emergency legislation defining the Commonwealth's role or assigning responsibility for responding to a truly national disaster.

The Australian Defence Force has a well-defined support role in natural disasters, but should not be relied on due to its global commitments. However, resource-sharing between states could benefit from more investment in programs that enable emergency services to work better together.

International help in massive emergencies also needs better planning, particularly around timing and integration with local agencies. Non-government organisations, businesses and communities already make valuable contributions, but could play a more central role. We could look to the US, which successfully uses a whole-of-community approach.

This might mean emergency services help community organisation provide aid or carry out rescues, rather than do it themselves. These organisations are also best placed to make sure vulnerable members of the community are cared for.

The most important task is to reduce the risk in the first place. The vast majority of disaster-related spending goes on recovery rather than risk reduction. Calls from the Productivity Commission and the Australian Prudential

Regulation Authority for more disaster mitigation funding have been largely ignored.

The federal government's recent National Disaster Risk Reduction Framework highlights the need to identify highest-priority disaster risks and mitigation opportunities. This would see priority investments in flood mitigation and strengthening of buildings against cyclones in northern Australia. (This will also help address insurance affordability.)

“ We must understand our local risk and be ready to look after ourselves and each other ”

Land-use planning needs to be improved to reduce the chance that future developments are exposed to unreasonable risks.

Infrastructure must be constructed to the highest standards and, following a disaster, destroyed buildings should be rebuilt away from dangerous areas.

Finally, communities have the most critical role. We must understand our local risk and be ready to look after ourselves and each other. Governments at all levels must facilitate this spirit of self-reliance. Local leadership is crucial to any crisis plan and communities need to be involved in its construction.

Eastern Australia's bushfire crisis has triggered emotional arguments for throwing resources at the problem. But planning must be careful and evidenced-based, taking into account the changing face of natural disasters.



Andrew Gissing is General Manager, Risk Frontiers and Adjunct Fellow, Macquarie University, NSW.



Michael Eburn 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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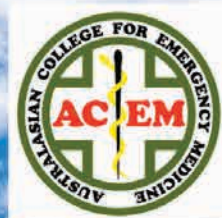
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# Are conferences useful?

## How to gain professional development from attending a conference

**T**here are many reasons for professionals to attend conferences. Gaining knowledge, presenting research results and staying current in the field are, of course, primary reasons that many people attend. But what other benefits are there? Below are our tips on how paramedics can gain both professional development and other benefits from attending conferences.

“ These interactions can enlighten you, motivate you, and potentially open doors ”

- Prepare yourself in advance. Go to the conference website and review the program, as well as the list of speakers. Make a strategic plan to attend the sessions of most benefit to you. If there is a presenter that you would like to meet in person or visit with, you may want to contact them in advance to see if that can be arranged.
- If possible, stay at or close to the venue where the conference is being held. This will ensure that you have the most opportunity to interact with others attending the conference and the presenters.
- Networking and looking for opportunities for future collaborations is a critical aspect of the conference experience. The relationships that you build with other attendees may prove to be as valuable as the information you get from the sessions themselves. Social gatherings, dinners and other collegial aspects of the conference are excellent ways to develop these relationships.
- Work to build your knowledge base. Attend some sessions that are not directly related to your field. You might be surprised at the connections you discover or the new interests that arise.
- Be on the lookout for learning opportunities not directly related to the content of the presentations, such as information about new technologies, curricular applications, and potential funding/grant sources, trends in the profession and so on.
- Do not be afraid to talk to others about your research. This is an excellent opportunity to get feedback, ask for advice, discuss frustrations and learn from others. The other conference attendees are like-minded professionals in your field and their insights may be valuable to you.
- If a researcher or presenter has a particular topic of genuine interest to you or you have questions, make the effort to speak to them personally if you can. These interactions can enlighten you, motivate you, and potentially open doors. Do not be afraid to introduce yourself; but using a mutual acquaintance for introductions is also acceptable.
- Remember — getting the most of your conference experience may require extra effort and may also require stepping out of your comfort zone. But the potential benefits and value to your career are worth it!

# PAIC

## The student experience

by Kelly White

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I recently attended PAIC 2019 in Hobart as a student (a mature one at that). “Yeah so what?” “Good for you!” – Might be what you’re thinking. The thing is, this experience will continue to shape the type of paramedic I want to become.

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**A**tending PAIC exposed me to different possibilities in my future career I never realised I might have. It also affirmed in my mind who I am and why I have chosen this path. All this from a conference? Let me put it into perspective for you: six years ago I was a wife and mother of two, and I felt mostly unfulfilled. I knew I was a great mum and I did a good job putting my husband and children first, but I wanted to do more. I wanted to tap into the me that wanted to help others, to utilise my intelligence and feel 100 percent satisfied that I was going to contribute something positive to this earth. I just hadn’t found it yet.

I was a laboratory assistant in Canberra in my early 20s (working in immuno-contraceptive research) before I married a farmer and got side-tracked with raising a family and running a farming business. I got into health and fitness training as a group instructor and my interest in health was ignited. The farm was sold due to drought, we moved to greener pastures and my marriage dissolved. What next? University!

Dilemma... what could I study while located nowhere near a university? I knew I wanted to study health but wasn’t sure which career path, so I enrolled in a Bachelor of Science in Health and Rehabilitation (which I could complete via distance education.) I found an interest in physiotherapy, but you can’t study physiotherapy via distance, so I left the isolated little town I was living in and took a massive ‘cliff jump’ to give myself more options.

So here I am in a regional city, working part-time as a barista, studying and getting ready for a transfer to physiotherapy; hoping that I’m on the right track. One

day that track presented me with a big T intersection and the turn I took has changed the hoping to KNOWING. Due to the rotten luck of a cyclist who found himself in a crumpled mess on the side of the road after hitting a stray dog at speed, I found the thing that inspires and drives me... I wanted to become a paramedic. I want to be clear though; I don’t want to be a paramedic because I think it will be a big adrenaline rush or its super exciting, it can be and it is, BUT – I feel it best represents my core life value of being able to help people and do good.

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“ My idea of paramedicine was beginning to open up and I started to realise the diversity within paramedicine and its applications in all types of healthcare settings ”

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I am still a barista and a distance student – but now of paramedicine – and I juggle my life to fit in study and residential schools and placement and any other learning opportunity I can get. Which is how I ended up in Hobart at PAIC 2019. I applied for a student scholarship ticket and got it. I didn’t know a single person who would be attending and my trepidation towards feeling like I should even be there, and would people want to talk with ‘a student’ was very strong. But I was starting to get better at this thing I call ‘cliff jumping’ and knew I just had to take the opportunity to learn what I could and maybe gain a bit of insight into the professional world of paramedicine and how I might fit into that when I graduated.





Mt Wellington wilderness paramedicine group – led by Dave Brown

The PAIC 2019 theme was ‘broadening horizons’ and boy, did they deliver on that! The line-up of presenters, researchers, industry representatives and workshop providers took inspiration to a whole new level. First, I signed myself up for a place in a wilderness paramedicine workshop. I hoped to meet a few people and learn something about dealing with patients in the wilderness. We learned about hypoglycaemic patient care and treatment, passive dislocation reductions, suspected spinal trauma management and, most importantly, how exposure is detrimental to compromised patients in the wilderness. BANG! Off to a flying start, how cool was that?! Clinical skill building – AWESOME. Oh, and I did meet some really nice people.

Day one of the conference was emotionally challenging. We listened to speakers covering topics such as the adaptability of people who are paramedics, what it is to be a paramedic, how important research is in continuing to develop paramedicine and what is happening politically in caring for the mental health of emergency workers across Australia. Everyone knows something about the emotional strain endured by many emergency responders, as well as the risk to their mental health by doing their job. How to address it on a political and managerial level is the next step, change is coming. We can continue to be part of the drive, students, professionals and volunteers.

We were then introduced Tom Harkin, an emotional intelligence genius. He led us through a workshop on reconnecting with our real emotions and how to communicate them to our support network, family,

colleagues and friends. Life can be hard, sometimes things are traumatic and it's okay to find a way to speak about it and heal from it. Another invaluable experience – emotional resilience.

After lunch we could choose to attend concurrently run presentations about research findings in areas of resuscitation, clinical case studies, paramedic operations



Workshop group scenario





Me (fifth from left) with Gavin (standing) and Sheree Leader (seated far right) from Queensland, at the Gala Dinner

and paramedic education. I was particularly interested in the topics on community paramedicine, interdisciplinary healthcare of patients and how paramedicine can play a part in being an intervention in gender-based violence in the community. My idea of paramedicine was beginning to open up and I started to realise the diversity within paramedicine and its applications in all types of healthcare settings.

The final afternoon session introduced us to the extraordinary work by some inspiring paramedics who have taken their knowledge and skills to remote places to capacity build remote services and take primary healthcare to isolated communities. These presentations were moving and demonstrated that through adversity can come greatness.

Day two was not as emotionally raw (thank goodness) and my mind was continually expanded by more research, education, community paramedicine and recounts of extraordinary paramedic experiences in extraordinary places and situations. By this time, I had built a rapport with a few people, other students, career paramedics and educators and I felt honoured by their acceptance and sense of belonging and encouragement to keep going and keep learning. They have helped to instil KNOWING that I am definitely on the right path.

The final part of the conference, the gala dinner, was what led me to put together this story. One of my university lecturers and I had a conversation about the impact the conference had on me, we brainstormed how I could use the experience to possibly inspire others and came up with the idea of an article. He asked me “what the biggest overall thing” I have taken away from the conference and I responded: “To not put myself in a category or a box or set limits on what I can achieve.” Whoa! Huge right? For sure it is! I have been encouraged and mentored and challenged throughout this entire life changing experience since that poor cyclist found me on the side of a road with him until real help arrived. I will continue to strive to be the best version of myself and keep reminding myself why it is we choose this occupation – to do good. I have two years, seven subjects and two emergency placements to go to complete my initial education. I know I will never stop learning and I love the idea of that! I will also never stop ‘cliff jumping’.

I would like to thank and acknowledge Julie Couper from Ambulance Tasmania and the Paramedics Australasia Tasmanian Chapter for making my attendance possible.



# TRAUMA

## ON THE BORDER

24 April 2020 | SAVE THE DATE

Tweed Heads, NSW

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# Ombudsman received and resolved record number of complaints about AHPRA and the National Boards in 2018–19

**T**he office of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) recently released its annual report.

The Ombudsman and Commissioner is an independent statutory officer with oversight of the Australian Health Practitioner Regulation Agency (AHPRA) and the 15 National Boards.

Highlights from the report show that in 2018–19 the office:

- received 1035 approaches from the public and health practitioners about a range of matters (up 30 percent from 2017–18), including 586 complaints (up 32 percent from 2017–18)
- finalised 600 complaints about AHPRA and the National Boards (up 45 percent from 2017–18)
- commenced 128 investigations into AHPRA and the National Boards (up 47 percent from 2017–18)
- provided 44 formal comments or suggestions for improvement to AHPRA and the National Boards (up 19 percent from 2017–18)
- worked with AHPRA and the National Boards to identify and address systemic issues of concern.

The Ombudsman and Commissioner, Richelle McCausland, says her office welcomes complaints from health practitioners and community members alike to ensure the health professions are regulated in a fair and reasonable way.

“Every complaint my office receives is important. Each complaint is an opportunity not only to resolve someone’s concerns, but also to identify systemic issues which may be affecting others,” said Ms McCausland.

The report shows that complaints generally fell into four main categories:

- the handling of a notification about a registered health practitioner (52 percent)
- the health practitioner registration process (40 percent)
- the handling of a request for documents under Freedom of Information legislation (3 percent)
- a breach of privacy (3 percent).

Ms McCausland says common concerns about AHPRA and the National Boards in 2018–19 related to:

- delays in a decision being made
- lack of communication and/or inadequate explanation of a decision that was made
- concerns that all relevant information was not considered before a decision was made
- unfair policies and procedures.

Ms McCausland provided AHPRA or a National Board with 30 suggestions for improvement, nine formal comments and positive feedback on five occasions in 2018–19.

To find out more, visit [www.nhpopc.gov.au](http://www.nhpopc.gov.au)

\*The National Boards include the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.



# Australia Day 2020 Honours

A huge congratulations to this year's Australia Day Honours Ambulance Service Medal (ASM) recipients, five of whom are members of Paramedics Australasia:

## NSW

Clare Beech  
Michael Bray

## QLD

Tracey Eastwick  
Wayne Sachs  
Cary Strong

## WA

Christopher Oakes  
David Saunders  
Austin Whiteside

## SA

David Jaensch  
(PA Member)

## VIC

William Briggs  
(PA Member)  
Rain Histen  
Terrence Marshall  
(PA Member)  
Gail Sharp  
Lance Simmons  
Susan Walsh  
Kenneth Whittle  
(PA Member)

## TAS

Lorraine Gardiner  
Han-Wei Lee  
(PA Member)



Ken Whittle pictured with his Labrador, Bruce. Ken was awarded the ASM for “demonstrated exceptional service in the provision of innovative change at Ambulance Victoria... and the driving force behind the success of the first Peer Support Dog Pilot Program in an ambulance service in Australia”.

## Registration for our NZ colleagues!

Paramedics in New Zealand have been formally acknowledged under the *Health Practitioners Competence Assurance Act 2003*. Ambulance New Zealand Chief Executive David Waters said it was exciting news for the profession which plays such a vital role in the country's health sector.

“The legislative reforms to establish the Paramedic Council and introduce additional measures to protect the public were a momentous step for paramedics and New Zealand,” David said.

The regulatory framework for paramedic registration to be overseen by the Paramedic Council

is expected to take 12 to 18 months. Inaugural board members will be appointed by the Minister of Health,

David Clark, pictured below with Wellington Free Ambulance and St John Ambulance staff.



# #FOAMed

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***Drugs in cardiac arrest – a review of the latest evidence on cardiac arrest resuscitation from ILCOR lead Gavin Perkins, author of Paramedic 2 and lead on ILCOR guidelines***

OHCA, or 'Out of Hospital Cardiac Arrest', is surrounded in controversies from bystander CPR and the use of adrenaline, to airway management and mechanical CPR.

**Listen to the podcast at <https://litfl.com/drugs-in-cardiac-arrest-should-we-bother/>**



***Emergency literature updates with Aidan Baron, paramedic researcher, Charles Sturt University***

Best literature on resuscitation published 2018 including Paramedic 2, Airways 2, CAM. A rapid-fire review critically analysing the hottest papers published during 2018.

**Listen to the podcast at <https://litfl.com/emergency-literature-hot-updates/>**



***Expedition and wilderness medicine with Dr Edi Albert, Associate Professor, Remote and Polar Medicine at the University of Tasmania***

The scope of wilderness medicine combines traditional medical specialities, particularly emergency medicine, sports medicine, military medicine and general practice, with pre-hospital care and rescue skills.

**Listen to the podcast at <https://litfl.com/expedition-and-wilderness-medicine/>**



***Pre-hospital rapid sequence intubation with Dr Chris Nickson, emergency physician***

A video from the Greater Sydney Area HEMS blogpost on rapid sequence intubation in retrieval medicine.

**Listen to the podcast at <https://litfl.com/prehospital-rapid-sequence-intubation-rsi/>**



# Looking for some great CPD in 2020?

Learn while you earn with this great line up of conferences that may help you to meet the Paramedicine Board of Australia's continuing professional development requirement for ongoing registration.

**APR**  
24

## Trauma on the Border

Location: Tweed Heads, NSW

Info: [www.facebook.com/pg/ACParamedicine/events/](https://www.facebook.com/pg/ACParamedicine/events/)

**JUN**  
03–05

## ROAR Paramedic Conference

Location: Roebuck Bay, Broome, WA

Info: [www.facebook.com/pg/ACParamedicine/events/](https://www.facebook.com/pg/ACParamedicine/events/)

**AUG**  
21–22

## EMSA2020

Location: Adelaide Convention Centre, SA

Info: <https://emergencysa.org.au/>

**AUG**  
25–27

## CAA2020

### The New Normal: adapting to our reality

Location: Sydney International Conference Centre, NSW

Info: [www.caacongress.net.au/](http://www.caacongress.net.au/)

**SEP**  
02–04

## 9th World Congress of Clinical Safety

Location: Amsterdam, The Netherlands

Info: [www.iarmm.org/9WCCS/](http://www.iarmm.org/9WCCS/)

**SEP**  
16–18

## 2020 Australasian Road Safety Conference

### Towards Zero: a fresh approach

Location: Melbourne Convention & Exhibition Centre, Vic

Info: <https://australasianroadsafetyconference.com.au/>

For local events organised by your Chapter, visit [www.paramedics.org/events/](http://www.paramedics.org/events/)

# Selected abstracts

The following abstracts have been taken from the Australasian Journal of Paramedicine, Volume 17, 2020. The AJP employs continuous publishing, so check the AJP website regularly for new peer-reviewed paramedicine research and review papers at <https://ajp.paramedics.org>

## Accuracy of call-taker assessment of patient level of consciousness: a systematic review

*Jason Belcher, Judith Finn, Austin Whiteside, Stephen Ball*

### Introduction

When triaging an emergency phone call for ambulance assistance, one of the key areas of questions asked in internationally used triage decision support systems is around the patient's level of consciousness. A patient with a reduced level of consciousness can be indicative of a requirement for a high level of urgency of ambulance response. However, the value of this as a triage criterion is dependent on how accurately it can be determined by the call-taker. We sought to identify and summarise the results from published studies which determine the accuracy of call-taker assessment of conscious state during an emergency phone call.



### Methods

We searched MEDLINE, EMBASE, CINAHL and Scopus databases for studies relating to concepts of emergency medical services, conscious state, triage and/or accuracy. Studies were screened and included if they dealt with emergency calls in the community, reported call-taker determination and on-scene determination of conscious state, and included sufficient data for at least one measure of diagnostic accuracy to be calculated.

### Results

Out of 5753 articles initially identified, only two were found that matched the inclusion criteria. Both reported accuracy of a binary determination of consciousness versus unconsciousness and found that it is common for the reported consciousness to differ from actual findings at scene. There were no studies identified that measured accuracy of determination of altered conscious states among conscious patients.

### Conclusion

There is a notable gap in the literature regarding accuracy of determination of the patient's conscious state in an emergency call, which needs to be addressed.



# Factors associated with psychiatric morbidity, post-traumatic stress disorder and post-traumatic growth in paramedic first responders: the role of core beliefs

Lois J Surgenor, Deborah L Snell, Martin Dorahy

## Introduction

Paramedics are routinely exposed to traumatic events. This study describes the rates of post-traumatic stress disorder (PTSD), psychiatric morbidity and levels of post-traumatic growth (PTG) in New Zealand first responder paramedics, exploring a mix of demographic, professional, crewing status and exposure risk factors associated with these outcomes and their associations with core belief disruptions.

## Methods

A cross-sectional study recruited paramedics (N=579) working in a first responder role. Univariate and multivariate logistic and linear regressions were conducted to identify predictors of PTSD, non-specific psychiatric morbidity and PTG in trauma-exposed participants

## Results

Two-thirds (66.3%) reported significant psychiatric morbidity, with volunteer paramedics being significantly less at risk when compared with professional paramedics (OR=0.52; 95% CI: 0.31-0.87;  $p<0.01$ ). Probable PTSD was reported by 14.6% of participants. Older age reduced the odds of this (OR=0.94; 95% CI: 0.92-0.98;  $p<0.01$ ) while experiencing greater disruptions in core beliefs increased the odds (OR=2.75; 95% CI: 2.00-3.77;  $p<0.01$ ). Being female ( $t=4.70$ ;  $p<0.01$ ) and experiencing greater core belief disruption ( $t=7.54$ ;  $p<0.01$ ) (adjusted  $R^2=0.27$ ) independently contributed to PTG.



## Conclusion

Although PTSD rates were typical of first responders generally, psychiatric morbidity rates were high and may be more prevalent in professional staff. Contextual and methodological factors may have influenced these outcomes. Core belief disruptions predict both negative and positive emotional states, suggesting their important role in workplace interventions.

You can add valuable hours to your CPD portfolio with AJP articles. Log in to eLearning at <https://elearning.paramedics.org/moodle/> and complete the multiple-choice questions.

## PAIC 2019 – Best Overall Research Presentation Award – Best of the Best

### Anaphylaxis recognition: Is there consistency in paramedic and emergency department diagnosis?

Rachael Berry, Dale Edwards, Melanie Blackhall

#### Introduction/Aims

Anaphylaxis is a serious, rapid-onset allergic reaction that can cause death. Early recognition of symptoms is crucial as immediate treatment has been shown to significantly reduce mortality rates and the requirement for further treatment. This study aimed to compare pre-hospital (PH) and emergency department (ED) diagnoses of allergy and anaphylaxis and determine any impact of these diagnoses on hospital admission rates and length of stay.

#### Methods

This retrospective chart study linked electronic health records from paramedic attendances, public hospital ED presentations and public hospital admissions for all allergy and anaphylaxis cases registered in Tasmania from January 2008 to December 2015. Differences were identified using chi-squared and t-test analyses.

#### Results

Only cases with complete PH and ED data were included in the study (1553). Significant differences in PH and ED diagnoses of allergy and anaphylaxis were identified ( $p < 0.001$ ), with correspondence in diagnoses observed in 540 cases (34.8%). A diagnosis of anaphylaxis by either PH or ED occurred in 749 cases, with correspondence in diagnoses observed in 40.3% of these. Average ED waiting time to service delivery was significantly longer for



cases in which diagnoses did not correspond (33.7 min vs. 26.41 min;  $p < 0.001$ ). Admission to hospital was required in 29.7% of cases, with over 50% of these being anaphylaxis cases. Although differences in diagnoses did not impact rates of hospital admission, mean length of stay was significantly longer for patients with inconsistent PH and ED diagnoses (1.10 days vs. 0.65 days;  $p < 0.05$ ).

#### Conclusion

These results highlight the challenges faced by health professionals to consistently diagnose anaphylaxis. They also suggest further education regarding recognition of anaphylaxis symptoms may be required, particularly in terms of recognising the transition from an allergic reaction to anaphylaxis.





# GRADUATE CERTIFICATE OF AEROMEDICAL RETRIEVAL

Monash University is the leader in Postgraduate Paramedic education and training for Aeromedical Retrieval Specialists both nationally and internationally.

The Graduate Certificate of Aeromedical Retrieval offers current and experienced clinicians an opportunity to expand their knowledge and skills to enable them to practice at an advanced level in the aeromedical retrieval setting. This online course is available to suitably qualified health professionals who are aiming to improve their clinical practice and knowledge in the delivery of aeromedical retrieval services. It is designed to prepare clinicians for future positions in aeromedical retrieval practice, leadership, and coordination. The development of advanced techniques and treatment regimes, coupled with an understanding of local and global aeromedical retrieval systems will enable graduates to provide out-of-hospital care to patients in a diverse range of situations at the highest level. Participants will be expected to demonstrate clinical competence in the aeromedical retrieval setting using a patient centric approach, that utilises effective communication techniques and advanced clinical reasoning.

## Entry requirements

The Graduate Certificate of Aeromedical Retrieval is available to experienced practicing paramedics, nurses or doctors who meet the following criteria:

- An Australian undergraduate degree in a relevant health discipline;
- Professional registration to practice as a health care professional in a relevant discipline;
- At least two years of full-time experience in a relevant discipline; Relevant disciplines include paramedicine, nursing and medicine.

## Mode of study

This course is completed entirely online via distance education.

## Duration

1 year (part-time)

## Intakes

First Semester (February)

## Course Structure

The Graduate Certificate of Aeromedical Retrieval consists of 4 units of study (24 credit points).

All participants complete the following units (12 points):

- PAR5200 Introduction to aeromedical retrieval
- PAR5210 Professional practice in aeromedical retrieval

Selection of the following units is based on clinical experience, current level of practice and area of interest (12 points):

- PAR5220 Clinical aeromedical retrieval for advanced life support or critical care practitioners, OR
- PAR5250 Clinical aeromedical retrieval for intensive care paramedics
- PAR5230 Aeromedical retrieval coordination, OR
- PAR5240 Aeromedical retrieval rescue for intensive care paramedics

## PATHWAYS

Graduation from this course may provide a pathway to the Master of Specialist Paramedic Practice (M6015) or other Postgraduate Programs at Monash University.

Monash Paramedicine is a world leader in education and research and expects graduates to develop and demonstrate core attributes pertinent to advanced practice, including professionalism, leadership, teamwork, patient centred care, reflective practice, and advanced clinical reasoning.

## Contact Details and Enquiries

Further details about our Postgraduate courses can be found at the Department of Paramedicine Postgraduate website:

[monash.edu/medicine/spahc/cehpp/graduate-certificate-of-aeromedical-retrieval](https://monash.edu/medicine/spahc/cehpp/graduate-certificate-of-aeromedical-retrieval)

Or through Future Student Enquiries:

Tel: 1800 MONASH (1800 666 274)

Email: [register.monash.edu.au/enquiry](mailto:register.monash.edu.au/enquiry)

# ROAR

RURAL, OUTBACK AND REMOTE PARAMEDIC CONFERENCE



3-5 June 2020 | SAVE THE DATE

## Roebuck Bay, Broome, WA

ROAR is designed specifically for paramedics and allied health professionals working in rural, outback and remote locations.

ROAR will be held at the iconic Mangrove Hotel on the shores of Roebuck Bay, Broome from Wednesday 3rd to Friday 5th June.



**AUSTRALASIAN COLLEGE OF PARAMEDICINE**