

# RESPONSE



## Community paramedicine in Wiluna



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Community  
paramedicine in  
Wiluna

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Expanding  
paramedics'  
horizons

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RESPONSE is published quarterly by the Australasian College of Paramedicine. Editorial and photographic contributions are welcome and can be submitted to EditorResponse@paramedics.org All material accepted for publication is subject to editing.

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Ngangganawili Aboriginal Health Service

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# As paramedicine evolves, so too must our definition of the profession

with Ryan Lovett

Welcome to our Summer edition of *Response*. The past decade has been a period of rapid evolution for the paramedicine profession, with paramedics increasingly taking on a range of duties across multiple settings in primary, community and extended healthcare beyond the provision of traditional ambulance-based services.

Despite the continued growth of the profession, paramedic practice and its place within the health system was long defined in terms of pre-hospital care. As the profession expanded to include such dimensions as extended care, aeromedical, specialised operations and referral pathways, that evolved into the more encompassing definition of out-of-hospital care. However, with professional maturity and continued evolution into areas of practice beyond traditional modes of jurisdictional ambulance services, framing the profession as it relates to a hospital is acutely limiting our ability to reflect the full breadth of paramedic practice.

While for the vast majority of paramedics, time is spent with patients in the context of ambulance services, and a number of those patients do ultimately end up receiving ongoing care in hospital, the continued contextualisation of paramedics in relation to a hospital is becoming less appropriate with every passing day. As the profession continues to evolve, so too must our definition of paramedicine to fully encompass the totality of current and future paramedic practice, and to ensure that paramedics are accepted as an integral and integrated component of the health system.

We recognise the work of the team at Monash University and their drafting of a wide-ranging definition of the profession as a reflection of the many dimensions of paramedicine practice around the world: “Paramedicine is a domain of practice and health profession that specialises across a range of settings including, but not limited to, emergency and primary care. Paramedics work in a variety of clinical settings such as emergency medical services, ambulance services, hospitals and clinics, as well as non-clinical roles such as education, leadership, public health and research. Paramedics possess complex knowledge and skills, a broad scope of practice and are an essential part of the healthcare system. Depending on location, paramedics may practice under medical direction or independently, often in unscheduled, unpredictable or dynamic settings.”

The ongoing challenge of any definition is to make sure it accurately reflects who we are and what we can and will do. It is also essential that in attempting to define us and be as inclusive as possible, that we don't unintentionally limit ourselves in the way pre-hospital and out-of-hospital does today. Definitions can also serve to be aspirational, providing the prompt to ourselves, our peers, our partners and our regulators to provide the opportunity to chart our own path.



We see this shift happening today. In rural and remote areas, doctor shortages and the limited availability of community nursing staff means patients are increasingly being managed by paramedics, who are attending to a variety of patient presentations, from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care. They are also increasingly using their experience in the provision of low-acuity healthcare in GP and health clinics, hospitals, urgent care centres, aged care, and other key primary health care settings, reducing costs to the health system associated with ED presentations, improving the management of chronic health conditions, and reducing early entry into aged care.

As paramedicine continues to advance as a profession, we need to ensure that our definition of the profession encapsulates the depth of paramedics' professional experience and skills now and into the future. We welcome further discussion on this issue, and always seek your opinion on how we define our profession.

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# Leadership objectives for 2022

with John Bruning

In November's *Response* I focused on the College's efforts in advocating for our members and the profession. This time I want to lay out what we have planned in 2022 in leading and advocating for paramedicine.

## Chief Paramedic Officers

Last year we produced our first major position statement as a College on Chief Paramedic Officers (CPOs) and have engaged with all jurisdictions about the introduction of this role (except Victoria where one is already in place). We will continue our efforts in this area and advocate for strong paramedic representation. Our advocacy for a CPO in Aotearoa New Zealand will start with a similar position statement, to be released soon.

## The role of paramedics in the health system

Throughout 2021, as we engaged with stakeholders, it became evident that there was no clear understanding of the role paramedics can play in the wider health system. Generally, paramedics aren't considered beyond emergency response, so an important focus this year will be to clearly establish where paramedics fit within the health system and highlight the broader ways that paramedics can meaningfully contribute to the health system.

There is also debate about whether paramedicine should be in allied health or a standalone health profession. There are some immediate benefits to being in allied health, but also longer-term issues with paramedicine being appropriately recognised if we are considered allied health. While we

may ultimately end up being in the allied health group, there is an opportunity now to advocate for paramedicine as a standalone health profession alongside medical and nursing.

“An important focus this year will be to clearly establish where paramedics fit within the health system and highlight the broader ways that paramedics can meaningfully contribute”

## Community Paramedicine

A key focus for us is expanding the roles and opportunities for paramedics outside of emergency response, mainly in primary care as community paramedics. While advocating for this expansion, we remain focused on the fact that you trained to be and wanted to be paramedics, so any such expansion needs to retain the core aspects of paramedicine.

Regarding paramedic practitioners, while the College recognises that there is a future opportunity for independent paramedic practice (potentially with prescribing rights), there is considerable work to be done before this becomes a government consideration. The College will continue to execute a strategy that ensures the greatest possible recognition for paramedics across emergency, community and primary care.

## Workforce survey and career pathway

The data on paramedicine is currently disjointed and unsuited to highlighting the important role paramedics play in the health system. It is vital that the College addresses this.

We will be undertaking a significant workforce survey this year covering all facets of paramedicine, all work and employment areas (jurisdictional services, private, industrial, maritime, mining, events, etc.), academia, management, students, graduates, and volunteers. Our goal is to create a complete picture of paramedicine and provide usable and publishable data to show what is happening with paramedics and students and the work you do.

This data will help the College create a Paramedicine Career Framework that will define pathways and opportunities for paramedics and students across all areas of paramedicine in 2023.

## Student paramedics

The learning environment has been particularly difficult for our student paramedics in the past two years. Before COVID, there was significant competition for employment with more graduates than available roles, challenges with effective placements, and varied internships and development provided by employers. While some changes may flow from the pandemic experience in these areas, we will be focused on advocating for how the profession sets up graduates for success.

Stay safe and well.

# Ngangganawili Aboriginal Health Service at the forefront of community paramedicine in Australia

NAHS is the only Aboriginal Medical Service in Australia to utilise community paramedics

## Wiluna Shire, Martu Country

In the vast desert country of central Western Australia, the Ngangganawili Aboriginal Health Service (NAHS) in Wiluna Shire is pioneering an innovative model of community paramedicine that capitalises on the unique skill set of paramedics to provide a more holistic and integrated approach to remote healthcare.

NAHS Community Paramedic Gary Pyle said the NAHS was contracted by the WA Department of Health to provide comprehensive accident and emergency services. Initially, the ambulance response fell under the St John volunteer system and was predominantly undertaken by support

staff and on-call nurses. However, they were only able to provide the level of care stipulated under the St John volunteer system, such as the issuing of over-the-counter medications and no invasive procedures.

“The role of community paramedicine is well established overseas and is one that is in great need here in Australia.”

Given the shire’s large geographical area, encompassing multiple pasto-

ral stations, many mine sites and two major transit and tourist routes, this proved to be inadequate.

In response to the challenges, the NAHS adopted a community paramedic model, encompassing emergency response, primary healthcare and preventive healthcare. It is the only Aboriginal Medical Service in Australia utilising community paramedics.

“The community paramedics are primarily employed for emergency response,” Gary said. “However, emergency response is only a small part of what we do. Most of our workload is general clinic-based, general GP-style presentations, similar to how a



military or mine site medic operates, only in a town. We also find ourselves working as an extension of the clinic staff, going out to the community and surrounding areas and providing in-home treatment, ranging from simple dressings to IV AB's."

The benefits of this model include better community integration and continuity of care.

"As we are out in the community a lot, we found that we have built a good rapport and the divide/ barrier between clinic and community is lessened. This helps a lot with health promotion, as evidenced by our higher-than-average covid vaccine numbers (more than 80% double vaccinated). When education is conveyed via an informal chat, people are more open and receptive."

In terms of continuity of care: "Generally, once we collect a patient, we will then transfer them to the clinic and assume the role of primary treatment provider. These treatments are generally at a level higher than most nurses' training but lower than the doctor, so there is no stepping on toes."

Procedures include advanced wound closing and suturing, X-rays and casting, pathology collection, processing, and interpretation.

"There is a reason the paramedic profession is the specialty field that it is."

Gary said the community paramedicine model could be replicated in other parts of Australia, particularly in rural and remote areas of the country, providing opportunities for the expansion of roles for paramedics within the health system.

He said that like Wiluna, many small towns had small clinics or Silver Chain nursing posts, and experienced the same health service challenges. In the event of an emergency, a nurse from those clinics responded with volunteers to assist. The major issue, however, was the authority to practice.

"The nurse is not cleared outside their clinic, and they are only permitted to work to the level of the volunteer as



stipulated by St John. Imagine if these roles were supplemented with an extended care paramedic; that high level of initial paramedic response would be enabled on scene then continued through into the clinic."

He said the first step would be the recognition of paramedic practitioners as a field of specialisation, in the same manner as nurse practitioners, one that is registered and regulated as its own speciality.

“There is a reason the paramedic profession is the specialty field that it is.”

"We already have the qualification and training framework available at many universities. Once recognized, the role would then be able to be put forward to some of these clinics as it is easily comparable and interchangeable."

He said the role of community paramedicine was well established overseas and was one that was in great need Australia.



## Ngangganawili Aboriginal Health Service

"As many on-road paramedics will attest, so many calls could be easily treated in home and not transported, if allowed the scope, tools and time. I personally believe it is inevitable that this role will be formalised here in Australia soon. If so, this could provide an avenue for those paramedics wanting a change of pace but not wanting to leave the profession."

For students/graduates and working paramedics wanting to embark on such a career pathway, he recommended exploring extended care paramedicine studies available at many universities.

"Regardless of your current area of work, you will still learn advanced assessment tools and gain a better understanding of many chronic health issues and treatment pathways."

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# Queensland paramedic joins PNG's pandemic efforts

Heeding the call for support, Isabella Carbone headed to PNG to assist St John's COVID-19 response during a surge in cases

Queensland Ambulance Service Advanced Care 2 Paramedic Isabella Carbone, who is based at Durack station in south Brisbane, spent six weeks on the frontlines of Papua New Guinea's emergency medical response in mid-2021 as the country grappled with a rapid surge in COVID-19.

Seeking a challenge, she had responded to the College's expression of interest in facilitating paramedics to assist St John Ambulance PNG in the provision of medical support as rising case numbers placed growing pressure on the medical system and strained health staff and infrastructure across the country.

"I jumped at the chance to travel to another country and work during the pandemic," she said. "I didn't really have any expectations when I went over as everything associated with COVID had been moving so quickly; it was difficult to tell what it was going to be like when I landed."

When she arrived in Port Moresby on June 1, she found St John had set up a large field hospital next to its station to support hospitals in the area. It was about to be dismantled, but as case numbers increased, they began providing COVID tests and reutilising the facility.

The work she undertook varied, rang-

ing from backing up crews on cases, aeromedical evacuations of patients in different provinces, and providing education for ambulance officers on COVID-19, particularly in relation to PPE.

"During the period between waves, I was also helping St John to complete vital projects that they had to put on the backburner during the large COVID outbreaks."

She said the biggest challenge was learning about the infrastructure and capability of the health system in PNG and how it differed from that in Australia.

.....  
“I jumped at the chance to travel to another country and work during the pandemic.”  
.....

"Their common cases were also very different to the frequent cases we would get at home. Traumas like assaults with weapons and extremely serious motor vehicle accidents were common, as was obstetrics, so that was a challenge for me professionally, as we don't have much exposure to that work in Queensland."



She said St John was extremely supportive in helping overcome those challenges.

"The local ambulance officers were very welcoming and receptive to education. They really taught me about their culture and language. Jacquie Hennessy, the Chief of Clinical Operations, was also available by phone or in person 24 hours a day if I needed advice about a case."

After her six-week stint, Isabella continued to work remotely for St John PNG while in hotel quarantine. She said her time in the country was one of her best work experiences.

"It was fantastic being able to work with not only other health professionals from around Australia, but also to work directly with the local ambulance officers. The local community were very friendly and welcoming; it made being away from home a lot easier."

She encouraged other paramedics to undertake emergency response work in other jurisdictions.

"Not only was the work interesting, challenging and fulfilling, but learning about another culture, meeting new people, and exploring another country on days off was a privilege as well."

# Expanding paramedics' horizons

Paramedic David McLeod is advocating for greater scope for the paramedicine profession

## Sydney, Gadigal Country

As an advocate for the expansion of roles for paramedics beyond traditional ambulance-based duties in Australia, Paramedic David McLeod, Clinical Governance and Medical Response Manager with Crown Resort Sydney, is keen to see the development of more specialisation pathways to enable the profession to better respond to health system needs, gaps, and priorities.

David said paramedics had the capability to reduce pressure on both the health system and on other health-care professionals by utilising their extensive out-of-hospital experience in reducing patients' reliance on the hospital system, and by becoming part of multidisciplinary medical teams that would improve patient health outcomes.

“It’s amazing the misunderstanding that still exists throughout the healthcare industry on what paramedics are capable of doing.”

In the past 12 months, he has been involved with Primary Health Net-



works (PHNs) in reviewing current after-hour services and examining new models of care. Initially, the majority of the work was focused on educating healthcare managers and senior clinicians about the ability of paramedics to safely and effectively

undertake clinical assessments and provide emergency and non-emergency treatment.

“It’s amazing the misunderstanding that still exists throughout the healthcare industry on what paramedics are

capable of doing, as well as the education and training the paramedics undertake compared to 20 years ago,” he said.

“Once these misunderstandings were dismissed, healthcare managers and clinicians rapidly opened up to looking at where paramedics can fit in to assist with after-hours services in metropolitan, regional and rural areas. It quickly became apparent that due to the unique training, education and experience of paramedics, they had the potential to offer improved patient assessment, treatment and referrals within the after-hours setting.”

He said these sectors were entering a modernisation phase in the way they provided contemporary healthcare, with growing recognition that paramedics were well-placed clinicians able to provide primary healthcare services to the aged care and disability sectors, brought unique clinical experience to multidisciplinary healthcare teams, and could assist in providing advanced autonomous clinical care in patients’ homes, particularly after hours.

## “There is still an internal struggle about the definition of paramedics.”

His advocacy work and discussions with PHNs have resulted in paramedics being included in modellings of remote and rural primary health services outside of the traditional jurisdictional ambulance service setting, and has begun to challenge the thinking of policymakers.

However, he said that before approaching government and pushing for professional practice changes, there was a need for internal advocacy and re-education within the paramedicine profession on the roles paramedics could play within the community.

“Even post-registration, there is still an internal struggle about the definition of paramedics and still the belief that paramedics ‘scoop and run’ to hospital. Some of our own clinicians still believe that all patients are better cared for in hospitals and that paramedics are only capable of ‘using diesel’ when providing care. How do we expect other healthcare professions or policymakers to understand that paramedics are capable of working outside of traditional roles if we continue to struggle with the idea ourselves?”

He said support was also needed from academia to undertake research and studies on the ways in which paramedics can reduce pressure on the healthcare system, and in ensuring that paramedics have the necessary skills and capabilities to safely and effectively treat patients in primary health and community settings. Doctors and nurses could also assist in advocating in both the public and private sectors.

“Having the support of associations like the Royal Australian College of General Practitioners will have a

massive impact on future policy and legislative changes that could impact primary health paramedics.”

With that support, he said those different models of care could easily be replicated throughout metropolitan, regional and rural Australia with minimal modifications to meet jurisdictional needs.

“Imagine paramedics being embedded into medical centres and undertaking home visits. The experience that paramedics have in assessing patients in their homes and initiating treatment while undertaking an ADL

assessment and commencing referrals isn’t new to our profession.

“Let’s take this a step further; while paramedics are doing those tasks, they’re uploading this information to the medical centres’ patient records and requesting pathology (even radiography if needed), all in the comfort of the patient’s home. The next day, their regular GP is notified that there are notes and results to be reviewed.

“GPs review those results in conjunction with the paramedics’ clinical, ADL and environment assessment and are able to tweak the patient’s treatment plan or medications. What impact could this have on the patient? It could improve quality of life, reduce potential hospital admissions, reduce pressure on emergency services, and assist in ensuring that the correct multidisciplinary care is being provided to the patient. This is just one idea of how one model of community/primary health paramedicine can have a positive impact on the wider healthcare system, and most importantly on patient outcomes.”

Paramedicine education was also evolving to encompass more professional specialisation pathways, with a number of universities shifting from an emergency clinician focus towards the development of all-round undergraduate clinicians, and postgraduate courses similarly were starting to offer Extended Care and Community Paramedicine courses as they adapted to the changing needs of patients.

“Continuing to make changes in not only the course context but also in assessment scenarios will help develop well-rounded clinicians and help with the internal stigma of paramedics only being skilled to work for statutory services.”



# The CCP/ECP mixed model

Advanced Health Care Practitioner Jack Faxon Jr pushes for a new direction for the paramedicine profession in Aotearoa New Zealand

## Aotearoa New Zealand

A fortuitous meeting in the middle of the night during Aotearoa New Zealand's first lockdown in 2019 lay the groundwork for the development of a new direction in paramedicine in the country.

Jack Faxon Jr, then a St John Intensive Care Paramedic, was waiting in the carpark at Hawke's Bay Hospital about 1:45am while his partner finished paperwork when hospital consultant Dr Umang Patel, an emergency physician and Medical Director at urgent care centre City Medical, came outside to say hello.

"I struck up a conversation with him about having a Critical Care/Extended Care Paramedic mixed model staff member in his clinic as part of a multidisciplinary team. He loved the idea, and it grew from there."

Jack submitted a proposal, and he, Dr Patel, City Medical General Manager Leanne Mandeno and Clinical Nurse Manager Rowan Plater then worked to make the concept a reality, consulting with their Board of Directors, other clinic staff and doctors across Aotearoa New Zealand, and researching other countries' programs. A year-and-a-half later, he began work at City Medical as an Advanced Health Care Practitioner.

“My current role is that of a Critical Care and Extended Care Paramedic. We decided on the term Advanced Health Care Practitioner with the hopes that this will become the standard for the paramedic practitioner in the country.

“Although there have been a few registered nurses who have cross-trained as paramedics/ICPs and the odd ECP, to my knowledge this is the first clinic in Aotearoa New Zealand to develop the CCP/ECP mixed model.”

It was a concept that he became interested in exploring in his postgraduate studies at Auckland University of Technology while studying community and remote paramedicine.

“There was a group of us that all of a sudden had all of this knowledge and ability, but due to practice levels changing, we weren’t allowed to practice any of the treatments we had learned.”

“To my knowledge, this is the first clinic in Aotearoa New Zealand to develop the CCP/ECP mixed model.”

The chance meeting with Dr Patel enabled his vision to take shape. In his position as Advanced Health Care Practitioner, he is responsible for assessing and treating patients that present to the clinic.

“Dr Patel and I decided that I would not just pick patients that I could treat within my scope of practice, but that I would see all patients who presented. This has helped with expanding my assessment in the low-acuity space, and if a patient presents and I need a hand with medications or a diagnosis, I discuss it with the doctors on duty. If a patient comes in critically



unwell, I am to diagnose and treat them as I previously had in the ambulance service. I am also able to help the nurses and doctors if they need a hand with anything.

“I still see the same patients as in an ambulance, just in a different setting. I have everything available to me in the clinic: Nurses, doctors, labs, x-rays, additional medications, and a pharmacy on site. A big difference is that I only work eight-hour shifts. Traditional ambulance staff in Aotearoa New Zealand work 12 hours. This has been great for family life, and the fact I don’t work nights I think has added about another 15-20 years to my life.”

The shift to this mode of paramedic practice has not been without its challenges, including accepting a larger amount of risk when treating and discharging patients, and discovering areas in which his knowledge is lacking due to a lack of exposure to such things as interpreting lab results and converting that information into diagnoses. To overcome the challenges, he has worked closely with the clinic’s nurses and doctors and furthered his education through extensive research.

And while he said the nurses and doctors he worked with or to whom he referred patients initially were hesitant in trusting his abilities, he is

now well accepted in his role and is treated equally as a colleague.

Jack is eager to see the Advanced Health Care Practitioner model rolled out across the country to benefit the national health system. He said a paper was recently submitted to Interim Health New Zealand that focused on the incorporation of paramedicine into all facets of healthcare, which was met with positivity and was in the process of being discussed.

In the interim, opportunities for paramedics to undertake different roles in the paramedicine profession in Aotearoa New Zealand remain limited. Some paramedics were working in GP and urgent care clinics, some in palliative care, and some in emergency departments, although most were not being used to their full potential.

“I’m hoping this will create a set standard that we all work to.”

“With registration only being new here, I think there will be a national shift to fill gaps that paramedics are qualified for but have never been considered for. With specialist registration set to happen in the near future, I’m hoping this will create a set standard that we all work to.”

Jack has offered his assistance and guidance for other paramedics, students and graduates with similar aspirations.

“Umang, Leanne and I have agreed that if someone is in need of advice or a discussion about some of the challenges, we’re keen to help where and when we can.”

Jack can be reached at ahcp.jfaxon-jr@gmail.com; Leanne at leanne@citymednapier.co.nz.



# Opportunities, challenges and professional development in private sector paramedicine

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After graduation, paramedic Georgia Sirec is honing her skills in private practice

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## **Sydney, Gadigal Country**

After graduating from Western Sydney University with a bachelor's degree in Health Science (Paramedicine) in January 2021, paramedic Georgia Sirec has embarked on a career in the private sector as part of the Cynergex Group's Safety and Emergency Response Team, a professional trajectory that has proved both challenging and rewarding.

Georgia, who currently works across two sites at the Star Sydney casino complex and the DP World Port Botany terminal, began her job search in 2020, initially seeking work through NSW state service recruitment, but found that opportunities were limited. She turned to more general online job sites, searching for paramedic and graduate paramedic positions.



“At the time, only a few roles came up, but I applied for them,” she said. “I mostly got calls asking whether I had registration yet; as I did not, most said contact us when you do. Cynergex, however, invited me for an interview and clinical assessment. After successfully completing those, they held a position open for me to start after the completion of my course.”

“Our skill sets can be used in a variety of settings... with registration we can branch out.”

She began in a part-time role before quickly progressing to full-time employment, with her job predominantly focused on work-related injuries, from strains and sprains through to major trauma events such as falls from heights. Working at an international shipping terminal, she also responds to shipboard incidents, and her work at The Star Sydney sees her providing care for all patrons and staff on site.

“This can be incredibly challenging as it’s possible to have more than one patient at a time. You see everything here: Strains/sprains, burns, suspected drug overdoses, cardiac arrests, even minor electrocution. With the pandemic and many lockdowns, we have also seen a spike in mental health-related presentations.”

Working individually also proved challenging, but she said it enabled her to build confidence and learn to trust her instincts, and had bolstered her communication skills. This was particularly important in her duties at The Star Sydney, where she worked with a security team when responding to incidents. While staff generally had a first aid or advanced first aid certificate, good communication was

needed to explicitly request items and inform them of plans of action.

“You must move away from the use of jargon and used closed loop communication. This is very different from how we train at university; the majority of the time we’re paired, and everyone has the same knowledge. It’s a big adjustment, but I have become better at bystander management and have stronger situational awareness as I need to know what everyone is doing.

“In my role, we generally respond with a backpack that carries first aid equipment, a defibrillator and observation gear. We also have oxygen, masks and igels. This means that while we are well equipped, we do have limited equipment at the point of care, so we must be resourceful when treating patients. If a patient needs something I can’t provide, I have to either call an ambulance or refer them to an appropriate service. This is also a change to how we were trained; at university we had a set scope, so moving away from what was considered standard is difficult.”

In addition to her professional growth, she said the benefits of having paramedics on sites as “an extra triage step” helped to alleviate pressure on ambulance services and the broader healthcare system.

“We are qualified to decide whether this person needs an ambulance, can make their own way to hospital or be referred to their GP. Additionally, with work-related injuries we have the option to refer them to a physiotherapist or a healthcare provider specialising in occupational injury management. This also helps to alleviate the burden on the healthcare system.

“Having a paramedic on site that has referral capabilities allows the staff to have any injury assessed immediately and minimise long-term complications from not being quickly seen to.”

She said a career in private sector paramedicine was an option that pro-

vided a range of professional development opportunities and the chance to work in different settings. She said most companies offered a variety of in-house training and had a predetermined scope for different levels of training. For volunteering opportunities, she highly recommended St John Ambulance.

“I joined in 2020 and it has been a great experience thus far, both for my clinical skills but also for networking.

“Most companies understand that the private sector is not your big plan, but ensure you make the most of your experience. Any clinical experience is highly favoured on a resume, and you must have a good reference to accompany it. Every opportunity you get is a great chance to learn. Think outside traditional paramedic roles. Our skill sets can be used in a variety of settings, including first aid training, in-school health clinics, in a primary care setting, GP clinic, even risk-management roles. With registration we can branch out.”

Georgia is also currently studying

“Every opportunity you get is a great chance to learn.”

at Western Sydney University for a Master of Research in paramedicine degree, and has completed a Certificate IV in Leadership and Management and is working on completing a Certificate IV in Training and Assessment. Her future career aspirations are to become a qualified paramedic researcher and working towards a PhD, an Extended Care Paramedic or Paramedic Practitioner, and taking up a training role either as a clinical educator or a university academic in paramedicine or broader health sciences.



WRAP UP

# ACPIC 2021

*What will you decide?*

#ACPIC2021

**74** SPEAKERS

**71** PRESENTATIONS

**35** RESEARCH PRESENTATIONS

**13** POSTER PRESENTATIONS

“The knowledge and experience of the speakers complemented each other well. Their passion was contagious, and I felt so inspired and excited about paramedicine as a growing profession after hearing them speak. Love them all and love what they do. I could have listened to them for hours.” – Attendee

The second annual ACP International Conference was held in a hybrid format from 25-26 November. We welcomed more than 400 online attendees, as well as delegates who joined us in person on day two in Hobart and on the Sunshine Coast.

This year’s conference theme, “What will you decide?”, provided attendees with a range of presentations to challenge thinking, explore changes in practice, and showcase the latest in pre-hospital research.

The conference started with keynote speaker Ant Williams, who has swum 223 metres on a single breath, freedived to 100m, and held his breath for eight minutes. Ant’s keynote session discussed techniques for performing under pressure.

Day two started with the “Best of the Best” research presentations and was followed by in-person presentations in Hobart and on the Sunshine Coast (which were also livestreamed). The program covered a broad range of paramedic practice with presentations, workshops and discussions featuring clinical and operational topics such as ramping, referral pathways, critical literature appraisal, health system pressures, and a variety of interesting and unique clinical case studies.



Some of the most interesting sessions were:

- Industrial action and “controversial” service policy in the context of professional responsibility under registration, by Ruth Townsend
- The hijacked ambulance – amygdala activation in paramedic care, by Sunny Whitfield
- Adverse events from nitrate administration during right ventricular myocardial infarction: A systematic review and meta-analysis, by Matt Wilkinson-Stokes

## THANK YOU

We would like to acknowledge those who made this event possible.

Thank you to the conference organising committee: Jamie Rhodes-Bates, Lucy Oatley, Alannah Morrison, Andrew Odgers, Craig Campbell and Tim Andrews.

To the Scientific Research Committee: Dr Linda Ross, Dr Louise Reynolds, Dr Nigel Barr and Harry Reeves, as well as all the abstract reviewers.

To our session chairs: Michelle Murphy, Lindsay Mackay, Brendan Shannon, Robin Pap, Tim Andrews, Lauren Clothier, Louise Reynolds, Linda Ross, Laura Wirth, Stuart Cook, Paul Simpson, Sascha Baldry, Lucy Oatley, Alecka Miles and Hayley Grant.

To our facilitators: Levi Karschimkus, Andrew Odgers, Julie Johnson, Laura Wirth, Kirsty Mann, Chris Campbell, Alex Ball and Alannah Morrison.

To our in-person moderators: Alex Ball, Lucy Oatley, Hayley Grant, Stuart Cook and Kirsty Mann.

Finally, a huge thank you to Lead Event Manager Georgia Coetzee, supported by our College staff.

Thank you to our event partners Laerdal and Guild Insurance, and our event sponsors Edith Cowan University, Charles Sturt University, Zoll, Noble Oak, and Medical Developments International.

## MISSED THE CONFERENCE?

Session recordings are available on the College website under Online Courses. Recordings are free for College members: <https://paramedics.org/courses>

### EVENT PARTNERS



### EVENT SPONSORS



The College is committed to supporting and promoting paramedic research, and it was pleasing to see more than 30 research sessions presented at this year's conference, as well as a portfolio of research posters that are available on the conference platform (<https://paramedics.org/acpic2021/posters>). We extend our congratulations to all who submitted abstracts and delivered their research.

We would also like to congratulate the following research award winners:

## BEST RESEARCH POSTER PRESENTATION



Brian Haskins – Cardiac arrests in general practice clinics or witnessed by emergency medical services: A 20-year retrospective study

## BEST 5-MINUTE THESIS PRESENTATION



Caitlin Wilson – Enhancing pre-hospital feedback for emergency ambulance staff to promote workforce wellbeing and patient safety: A mixed-methods multiple sub-study PhD project

## BEST ORAL RESEARCH PRESENTATION



Tegwyn McManamny – Pre-hospital health initiatives to reduce the potentially preventable hospitalisation of older people in rural and regional Australia: A growing opportunity

## BEST OF THE BEST RESEARCH PRESENTATION

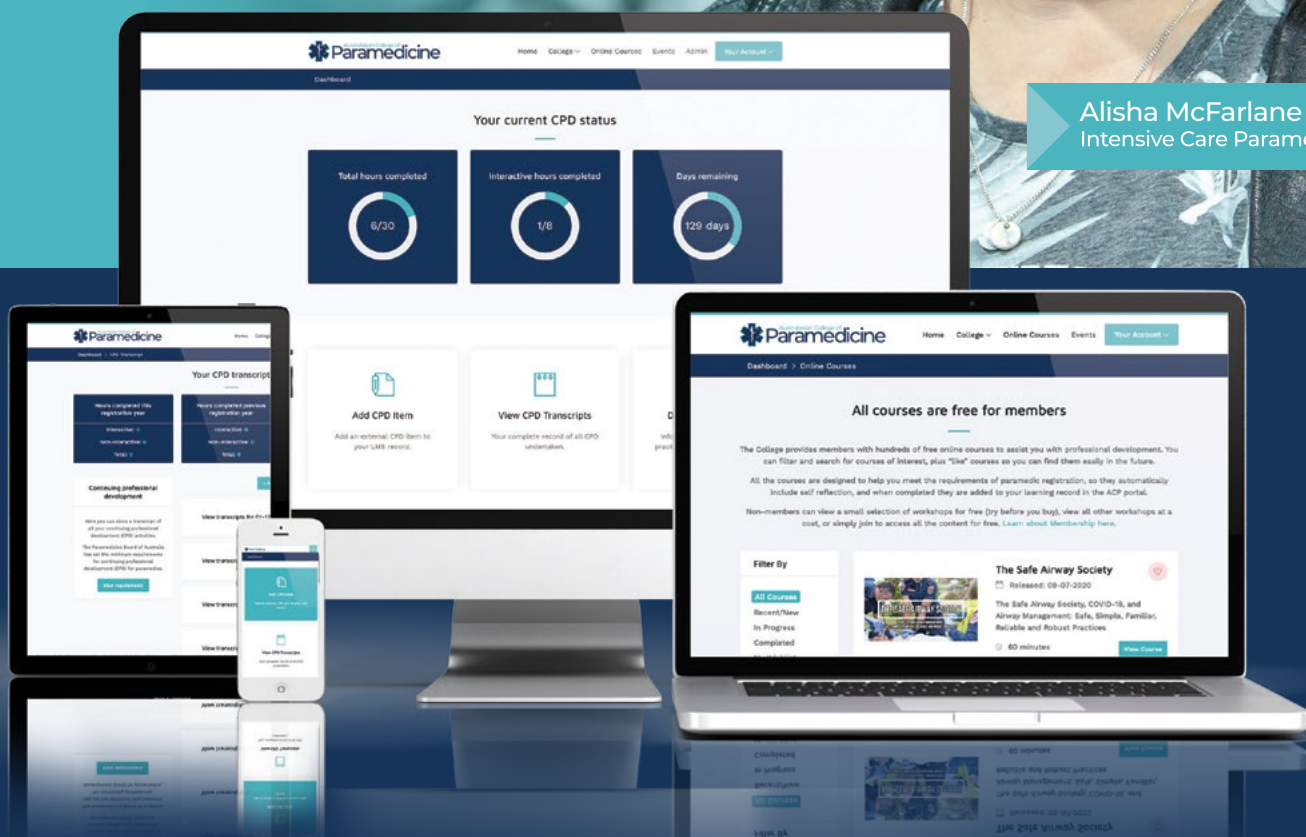


Matt Wilkison-Stokes – Adverse events from nitrate administration during right ventricular myocardial infarction: A systematic review and meta-analysis. As the Best of the Best winner, Matt is able to present his research at this year's EMS999 conference.

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Alisha McFarlane  
Intensive Care Paramedic



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Australasian College of  
**Paramedicine**

# RE-ENTRY TO PRACTICE (PARAMEDICINE)

This course is suitable for those who have graduated for more than two years and not practiced, if your registration has lapsed, or you are still registered but have had a break from the workforce, or shifting from one area of practice to another.

## OVERVIEW

To prepare for practice this eight-week course enables you to build your knowledge, skills, experience and may help you prepare to meet the requirements of registration as a paramedic in Australia. This course will include a combination of online and on-campus learning including practical skills, simulations, and assessments.

The course will cover the following eight modules: Foundations, Cardiology, Respiratory, Trauma, Medical, Paediatrics and Obstetrics, Transition to Practice, SWOTVAC and Final Assessments.

## PREREQUISITES

All applicants must hold a Bachelor of Paramedicine or Bachelor of Nursing/Paramedicine or equivalent.

## ASSESSMENTS

Formative and summative MCQ, and short answer assessments. Clinical competency of psychomotor skills, tasks and safe competent practice of clinical simulations. Theoretical assessment will be undertaken online, while all practical skills and clinical scenarios will be undertaken face-to-face.

## CLASSES

Online theoretical classes will be held Monday to Thursday, while practical classes will be delivered online and face-to-face every Friday from 10am-3pm.

## REGISTRATION

[monash.edu/medicine/spahc/paramcourses](https://monash.edu/medicine/spahc/paramcourses)

## 2022 INTAKE

Course 1: 7 Feb - 1 April  
Course 2: 2 May - 24 June  
Course 3: 18 July - 9 Sept  
Course 4: 10 Oct - 2 Dec

## LOCATION

Notting Hill, Victoria

## COST

\$2650

Completing the Re-entry to Practice (Paramedicine) course may help prepare you to meet the registration requirements and practice as a paramedic in Australia.

## Contact Us

Professor Brett Williams,  
[brett.williams@monash.edu](mailto:brett.williams@monash.edu)  
Ph: 03 9904 4283

## COLLEGE CONSULTATIONS AND SUBMISSIONS

The College regularly engages in government and industry consultations to represent and advance the interests of the paramedicine profession. This behind-the-scenes work is often a result of the dedication and hard work of our College's advisory committees and special interest groups.

The College will provide updates on future consultations and submissions as they occur.

### 2022 SUBMISSIONS/CONSULTATIONS

Submission/Consultation	Organisation/Body	Date submitted
SA Ambulance Service Resourcing	Parliament of South Australia	14 January 2022

The College made a submission in response to House of Assembly Petition No 84 of 2021 – SA Ambulance Service Resourcing. The submission focused on four system-wide recommendations to address the issues of ramping and access block within the South Australian health system. The recommendations spanned the wider implementation of Community/Extended Care Paramedics, more comprehensive telehealth services, expansion of the Urgent Care system, and the introduction of a Chief Paramedic Officer to oversee better utilisation of the paramedic workforce within South Australia. The College looks forward to appearing before the Legislative Review Committee to speak to our recommendations.

### 2021 SUBMISSIONS/CONSULTATIONS

Submission/Consultation	Organisation/Body	Date submitted
Low Back Pain Clinical Care Standard	Australian Commission on Safety and Quality in Healthcare	19 April 2021
Targeted consultation on draft amendments to Health Practitioner Regulation National Law	Health Chiefs Executive Forum	20 April 2021
Regulatory Guide chapter re Procedural Fairness	Ahpra	21 April 2021
Public consultation on revised regulatory principles for the National Scheme	Ahpra	19 May 2021
English Language Skills Registration Standards	Ahpra	26 May 2021
Revised code of conduct	Ahpra	5 July 2021
Primary Health Care Reform	Primary Health Reform Steering Group	27 July 2021
Developing the next National Plan to Reduce Violence against Women and their Children	Department of Social Services	30 July 2021
Ambulance Victoria Strategic Plan	Ambulance Victoria	26 August 2021
Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians	Senate Community Affairs References Committee	30 September 2021
Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard	Australian Commission on Safety and Quality in Healthcare	5 October 2021
Inquiry into the delivery of ambulance services in Western Australia	Legislative Council Committee Office of Western Australia	28 October 2021
Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032 Consultation Draft	Primary Health Reform Steering Group	9 November 2021

For more information, contact the College's Policy and Project Officer Rachel Shanahan at [rachel.shanahan@paramedics.org](mailto:rachel.shanahan@paramedics.org)

# Chief Paramedic Officers a necessity in holistically meeting community healthcare needs

The COVID-19 pandemic has strained Australia's medical services and exposed systemic shortcomings in the health system. It has also provided insight into the potential ways paramedicine can address those deficits by capitalising on the broader role paramedics can play in community healthcare beyond traditional ambulance-based duties.

The appointment of Chief Paramedic Officers across Commonwealth, state and territory governments is a much-needed step in realising this potential, providing leadership and oversight, and ensuring the profession has a seat at the table and is represented in decision-making processes.

Throughout Australia, governments have established roles within their respective Health Departments for Chief Clinical Officers. The role of these Senior Officers is to provide expert leadership, professional representation, strategic clinical advice, and advocacy on all aspects of government and the healthcare system.

The Victorian Government is the only jurisdiction in Australia that has a Chief Paramedic Officer specifically charged with providing oversight of the out-of-hospital care sector and advice related to the professional discipline of paramedicine. The absence of Chief Paramedic Officers across other jurisdictions means that the paramedic profession is absent from this high-level professional leadership. This highlights a lack of representation, perspective, and consideration regarding quality and safety matters related to paramedicine, and the role that paramedics can play in the wider health sector and in the development of innovative solutions

to meet community healthcare needs.

While the College acknowledges the role of Chief Executives of established emergency ambulance services in advising government, these service providers do not represent all paramedics employed in their jurisdictions, are subject to commercial or policy/employer relationships with government, are bound by their industrial and operational environment, and do not have the breadth of perspectives that professional representation brings.

“A considerable and growing part of the paramedic workforce is employed outside of these emergency service providers, and reliance on advice from statutory providers results in many paramedics, in a variety of extended care roles, at risk of not being considered a part of broader health sector initiatives or solutions to improve health outcomes for the community,” said College Chair Ryan Lovett.

Since the introduction of paramedic registration in 2018, paramedics are increasingly working across a variety of healthcare settings, not just jurisdictional ambulance services. The challenge for paramedicine is that regulation either impedes or does not support paramedics working independently, or from taking up opportunities in other health care settings, such as primary care.

Increasingly, various primary, community or extended paramedic models of care are being implemented internationally and there are some limited trials in Australia. These models utilise the highly qualified paramedic workforce that is uniquely placed to support existing health infrastructure to deliver responsive,

flexible, high-quality, and affordable primary and community healthcare services.

“With primary health in Australia under increasing pressure, and health workforce shortages seen across the country, paramedics are a workforce the health system could be utilising beyond traditional ambulance-based roles to deliver connected, high-quality, community-based healthcare,” Mr Lovett said.

The role of the Chief Paramedic Officer would sit alongside other Chief Clinical Officers as part of the clinical leadership team for health, and is critical in ensuring that difficult problems facing health systems can be addressed with a co-designed, multidisciplinary, interprofessional approach. A Chief Paramedic Officer would enable governments to have an expert paramedic available to advise how paramedics could contribute to existing health systems through their unique clinical skill set, and help to address some of the health workforce challenges seen across the health system.

While the College acknowledges that the paramedicine workforce is currently small, the ability for paramedics to play a vital role in the delivery of ad-hoc, responsive and diverse care makes the Chief Paramedic Officer a necessity, and is an important and needed step in health system reform and in holistically addressing the nation's healthcare needs now and into the future.

Read our full position statement at: <https://paramedics.org/storage/news/Chief-Paramedic-Officers-Position-Statement-AUS.pdf>



# College awards for paramedic student excellence at Flinders University



The College supports two awards for excellence at Flinders University that recognise outstanding achievers from the Bachelor of Paramedic Science graduating year.

At the annual Flinders Paramedicine end-of-year event on December 3, the three highest achievers in degree research were Kate Formston, Mohammad Khazayee and Chloe Draper, with Kate being named the recipient of the Australasian College of Paramedicine Award for Research Excellence.

The Russell Liston Award for Paramedic Clinical Excellence, in honour of the much-respected South Australia Ambulance Service Intensive Care Paramedic and educator, is awarded to the student who has demonstrated the most outstanding paramedic clinical excellence in the key areas of professionalism, clinical care, patient advocacy, interpersonal skills, and clinical knowledge.

Nominations are received from SA Ambulance Service paramedics, who host a student on a clinical placement. A panel consisting of SA Ambulance Service senior management and Flinders Paramedicine academics then select the recipient.

The nominees were Rhys Kavanagh-Jones, Tom Strudwick and Alex Johnston, with Rhys taking home the award.

The awards are each valued at \$500. The College congratulates all nominees and winners, and looks forward to continuing our support for student and graduate professional development.



Kate Formston



Rhys Kavanagh-Jones



Chloe Draper



Mohammad Khazayee



Alex Johnston



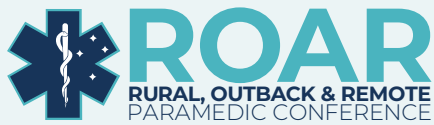
Tom Strudwick

# 2022 College conferences



## Trauma on the Border

18 March 2022 – Face-to-face & online  
Twin Towns Services Club, Tweed Heads, NSW  
Find out more [paramedics.org/events/TotB2022](https://paramedics.org/events/TotB2022)



## Rural Outback and Remote Paramedic Conference

May 2022



## Student Conference

July 2022



## ACP Research Symposium

July 2022



## ACP International Conference 2022

September 2022

» Find out more  
[paramedics.org/events](https://paramedics.org/events)



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**Paramedicine Board  
Ahpra**

## Ahpra News

### PARAMEDICINE BOARD RELEASES REGISTRANT DATA DECEMBER 2021

The latest registrant data is now available on Ahpra's website: <https://www.paramedicineboard.gov.au/News/Statistics.aspx>

### FACILITATING ACCESS TO CARE IN A COVID-19 ENVIRONMENT: GUIDANCE FOR HEALTH PRACTITIONERS

Ahpra and the National Boards expect all health practitioners to facilitate access to care regardless of someone's vaccination status. Guidance has been developed to help support good practice in this context: <https://www.ahpra.gov.au/News/2021-12-21-Facilitating-access-to-care.aspx>

### AHPRA AND NATIONAL BOARDS RELEASE SOCIAL RESEARCH RESULTS

Ahpra and the National Boards have released results from surveys to retest practitioner and broader community sentiment and perceptions about our role and work.

### ANNUAL REPORT: REGISTERED HEALTH PRACTITIONERS GROW WITH PARAMEDICS LEADING THE CHARGE

A continued growth in the registered health workforce is highlighted in the Ahpra 2020/21 annual report. <https://www.ahpra.gov.au/Publications/Annual-reports/Annual-Report-2021.aspx>

### ADVANCE COPY OF SUPERVISED PRACTICE FRAMEWORK PUBLISHED

The framework comes into effect on 1 February 2022. An advance copy has been published to allow time for supervisees, supervisors, employers and others to familiarise themselves with the revised framework. Visit <https://www.paramedicineboard.gov.au/News.aspx>



**Kaunihera  
Manapou**  
Paramedic Council

## Te Kaunihera Manapou Paramedic Council News

### SUSPENSION OF CONTINUING PROFESSIONAL DEVELOPMENT AUDIT

Te Kaunihera Manapou Paramedic Council has decided that in light of the exceptional circumstances relating to the COVID-19 Delta outbreak to suspend the continuing professional development audit for the 2021-2022 annual practising certificate year.

Paramedics will still be required to complete the 30 hours of continuing professional development but will not be required to provide evidence of completion through an audit.

### CPD UPDATE

New Zealand registered paramedics are required to complete a minimum of 30 hours of continuing professional development (CPD) each year to maintain their annual practicing certificate (APC).

It is expected that part of professional development is focused on cultural competencies and includes learning that is designed to improve patient experience.

### ANNUAL REPORT NOW AVAILABLE

The Council's inaugural annual report for the year ending 31 March 2021 is now available on Te Kaunihera Manapou Paramedic Council website.

For more information, visit <https://www.paramediccouncil.org.nz>

# How to create a self-care plan

## A guide for first responder families

Self-care is the ways in which you look after yourself, to nurture your physical and mental health.

Self-care doesn't fit into a one-size-fits-all box. It's different for everyone. Practising self-care is about creating healthy habits in your life. This sounds simple, but it's something we all need to pay more attention to.

### Why is self-care necessary?

Some people worry that self-care is selfish. This is untrue.

Self-care is not selfish. It is an important way to manage your health, which is an essential part of life. For first responder families, the impact of supporting your partner and taking on extra tasks within your family and household, while also worrying about a loved one who's responding to demanding call-outs, can mean that self-care isn't considered a priority.

It's self-care that helps you to be healthy, it helps you find meaning in life and think positively, it boosts your confidence and self-esteem, and it helps you cope with stress. It also enables you to help others in your life.

### How often should you practice self-care?

The best way to approach self-care is to make it part of your daily routine. Unfortunately, when we're feeling stressed or busy, self-care is often the first thing we drop. Sometimes we feel guilty about taking time out for ourselves, or like we don't deserve it or that others need our care more than we need it ourselves.

Having a list of self-care activities, or a self-care plan, can help to break that cycle and remind us that we have to look after ourselves.

It can be as small as taking a little time out to read a chapter of the book you're enjoying, having an early night, or dancing around the house to a song you love.

“It can take some practise to get used to doing things for yourself. Over time it will feel normal and become a healthy habit.”

### How can you make a self-care plan?

#### Understand your existing coping mechanisms

List the helpful coping skills you have (such as meditation, yoga, breathing exercises, or going to the gym). On the other side of the page, list your unhelpful coping skills (such as angry outbursts, drinking alcohol more than usual, over or under eating, sleeping late, or ignoring friends and family).

#### What are your needs?

Identify your physical, emotional, spiritual, social, financial and workplace wellbeing needs. The self-care plan you come up with should address these.

#### Think about your values

The closer you live by your values, the better you feel.

#### Take action on your self-care plan

You can write it down, draw a table or create your plan in a way that makes sense to you.

### Reflect on your plan and make changes

Self-care is constantly changing. Sometimes things will work and other times they won't. It's okay to modify your plan as you go.

### What can you include in your self-care plan?

**Be active:** Exercise helps prevent depression, anxiety and stress, it improves your mood, sleep and self-esteem, and reduces negative thoughts. Try walking, cycling, yoga, surfing, or an organised group activity.

**Connect:** Developing close relationships and socialising with friends, family and others broadens the quality of your connections. Try sharing dinners, going out for a coffee catch-up, or having a family weekend.

**Have fun:** Do something you already enjoy, and take the time to learn something new. That might mean playing an instrument you like, cooking a meal, gardening, dancing, or getting creative.

**Be mindful:** Being mindful allows you to recognise and then manage your thoughts. This way, you can challenge unhelpful thinking by asking what is realistic, what is in your control, and encouraging yourself to practise positive thinking.

**Ask for help:** You can ask for help from family, friends and professionals. See your GP to get a mental health care plan, and then make an appointment with a psychologist to start caring for yourself through therapy.

<https://fortemaustralia.org.au/wp-content/uploads/2020/12/Create-a-Self-Care-Plan-Fortem-Australia-Resource.pdf>

# The National COVID-19 Clinical Evidence Taskforce

The National COVID-19 Clinical Evidence Taskforce brings together the peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The Taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, evidence-based guidelines for the clinical care of people with COVID-19. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are “living” guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

## Taskforce notes concerns about potential Ronapreve effectiveness and Omicron

The Taskforce has added the following statement to the remark in all for use casirivimab plus imdevimab recommendations:

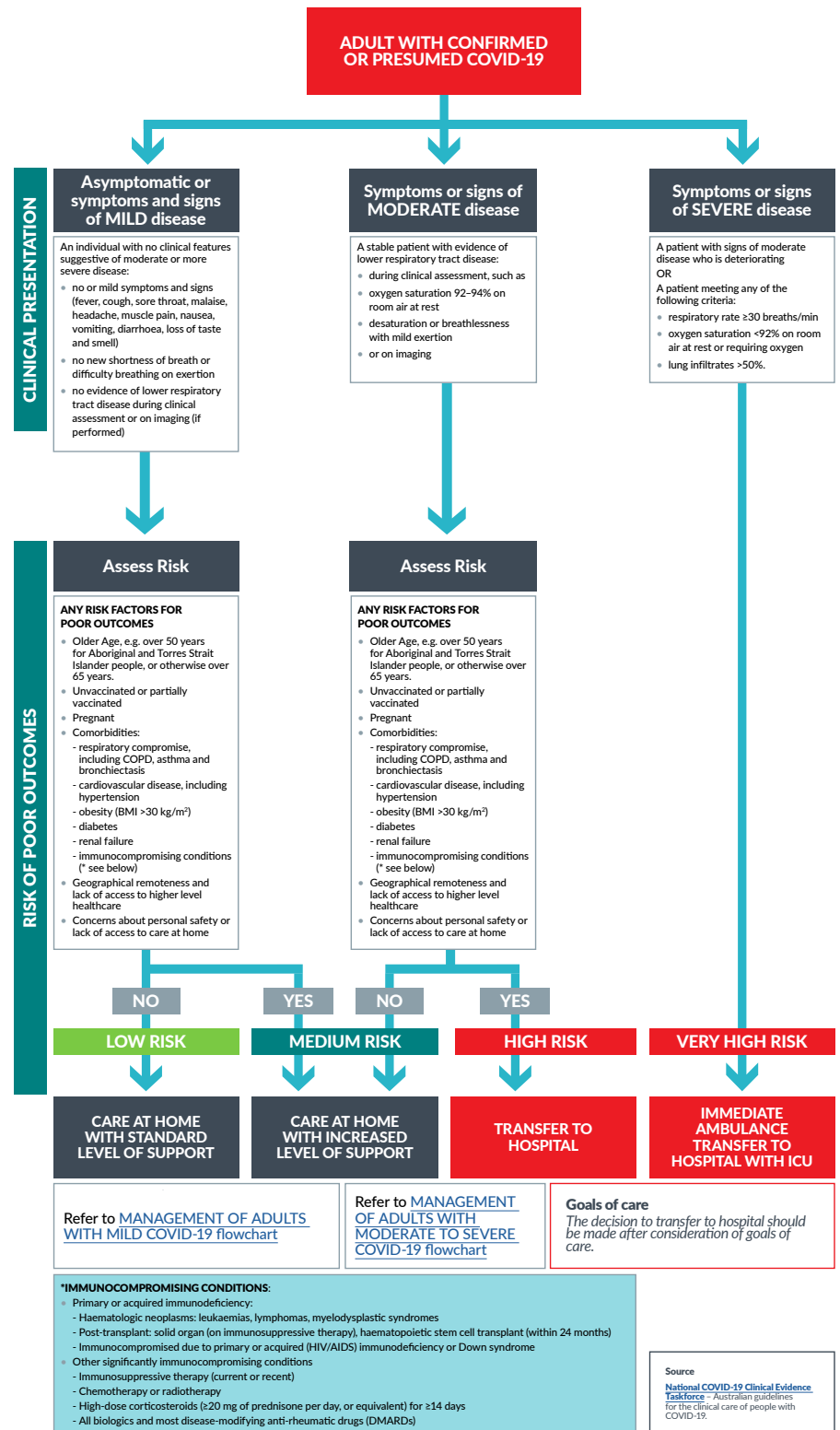
The Taskforce is aware of concerns about the potential for decreased effectiveness of casirivimab plus imdevimab against the Omicron variant, based on in vitro data. We will update this recommendation as definitive evidence becomes available.

## COVID-19 Taskforce releases new assessment flowchart

The National COVID-19 Clinical Evidence Taskforce has published a new assessment flowchart (version 3.0), Pathways to Care for Adults with COVID-19.

Local adaptation may be necessary as assessment of overall risk and appropriate models of care may vary across jurisdictions

VERSION 3.0  
PUBLISHED 17 DECEMBER 2021





## The National COVID-19 Clinical Evidence Taskforce



### New recommendation on the use of pulse oximeters

In anticipation of the increasing number of people who will be treated in the primary care setting, the Primary and Chronic Care Panel, in consultation with the Guidelines Leadership Group, has made a new consensus recommendation on the use of pulse oximeters:

People with risk factors for deterioration, who are being cared for at home, should be offered monitoring of oxygen saturation with pulse oximetry.

For guidance on when to escalate care, please refer to the Pathways to Care Flowchart.

Risk factors for deterioration\* include:

- Older age, e.g. over 50 years for Aboriginal and Torres Strait Islander people, or otherwise over 65 years
- Unvaccinated or partially vaccinated
- Pregnant
- Concerns about personal safety or access to care
- Comorbidities: lung disease, including COPD, asthma or bronchiectasis; cardiovascular disease, including hypertension; obesity (BMI >30 kg/m<sup>2</sup>); diabetes; renal failure; immunocompromising conditions \*\*

Use pulse oximetry with adults to assist in assessing and monitoring the severity of respiratory symptoms and detect early deterioration. Provide patients with education on how to self-monitor using pulse oximetry and when to call a GP or triple 0.

Be aware that different pulse oximeters have different specifications, and that some can under or overestimate readings, especially if the saturation level is borderline. Overestimation has been reported in people with darker skin.

**\*The evidence enabling us to rank risk factors in order of priority is not yet available.**

**\*\*Immunocompromising conditions:**

- Primary or acquired immunodeficiency:
  - Haematological neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
  - Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  - Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency
- Other significantly immunocompromising conditions:
- Immunosuppressive therapy (current or recent)
  - Chemotherapy or radiotherapy
  - High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
  - All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

# Meet the College's Research Committee



## ASSOCIATE PROFESSOR LINDA ROSS

Linda is a registered paramedic, academic and College Fellow. Following a 15-year clinical career with Ambulance Victoria, she joined Monash University and is now Deputy Head of the Department of Paramedicine. She has completed a Master of Health Professional Education degree and a PhD focusing on paramedic education, and now supervises numerous higher degrees by research students. Linda has more than 30 peer-reviewed publications and is co-editor of the Paramedic Principles and Practice: A Clinical Reasoning Approach (second edition) textbook. She is Chair of the College's Research Committee, and through this role aims to give back to the profession by fostering, mentoring and growing interest and capacity in paramedic-led research.



## DR LOUISE REYNOLDS

Dr Louise Reynolds is an Associate Professor and registered paramedic. She began her pre-hospital career as a student paramedic with SA Ambulance Service in 1992, where for the next 10 years she held various operational and non-operational roles before moving into higher education in 2003 at Flinders University. As Australia's first female paramedic to attain doctoral qualifications, her thesis described the emerging professionalism of pre-hospital care practice. She has taught paramedicine vocationally, and at undergraduate and postgraduate levels across Australia and the UK. Her research interests include qualitative methodologies in paramedicine education, systems, and leadership.



## ROBIN PAP

Robin is a lecturer in paramedicine at Western Sydney University and a PhD candidate at the University of Adelaide. His international career to date has included military service with an air force medical squadron, delivering pre and inter-hospital critical care in both ground and aeromedical operations, lecturing and course coordination, as well as managing ambulance service operations and quality improvement programs. Robin joined the College's Research Committee as he has a keen interest in contributing to paramedicine research. His research interests include pre-hospital emergency care, quality improvements in health care, and more specifically pre-hospital care quality indicators.



## MICHELLE THOMSON

Michelle has worked as a paramedic across three continents, starting her career in Zimbabwe, followed by 16 years in the UK working for an NHS ambulance service. During this time, Michelle was a Research Paramedic and Clinical Mentor and was involved in various patient safety projects. Three years ago, Michelle moved to South Australia with her family and now works for the SA Ambulance Service. Michelle has a keen interest in research and human factors.



## DR NIGEL BARR

Dr Nigel Barr is the Discipline Leader for Paramedic Science at the University of the Sunshine Coast. He has extensive experience in the healthcare, emergency medical services and education sectors. He was formerly an Intensive Care Paramedic in several ambulance jurisdictions, and Senior Operations Officer (Clinical and Education Services) for Rural Ambulance Victoria. His roles have encompassed the provision of intensive care paramedicine, clinical governance, professional leadership, teaching and research. He has completed a PhD exploring infection prevention and control in paramedic-led healthcare, and has a considerable research publication history.



## ASSOCIATE PROFESSOR PAUL SIMPSON

Paul is the Director of the Academic Program for Paramedicine at Western Sydney University. He began his paramedicine career in 1996 with NSW Ambulance, where he worked as an Intensive Care Paramedic, clinical educator and research fellow. He completed his PhD in Public Health and Community Medicine, investigating epidemiology and clinical outcomes of older people who fall and receive care from paramedics. Paul's current research interests are diverse, and include work-integrated learning in undergraduate paramedicine programs, infection control in the pre-hospital setting, paramedic management of mental health, and paramedic academic leadership and workforce issues. He is the current Chair of the Australasian Council of Paramedicine Deans, and the Interim Editor in Chief of the Australasian Journal of Paramedicine. Paul continues to work clinically as an ICP with NSW Ambulance and in the private sector when time permits, but is a little rusty these days.



## HARRY REEVES

Harry is a registered paramedic working in Sydney for NSW Ambulance as an Intensive Care Paramedic. He completed a Master of Advanced Paramedicine through the University of Tasmania while working as a sessional educator for the university. Harry has been engaged as a member of the College's Research Committee since its inauguration in 2021, and has assisted in a number of committee projects, such as Talking Research, the ACPIC 2021 conference, and the International Paramedic Research Conference 2021. Harry is currently involved in a project created by the Research Committee that is developing a research agenda for Australasian paramedicine using census methodology.



## MATTHEW REARDON

Matt is a registered paramedic currently working as an Advanced Care Paramedic 2 for the Queensland Ambulance Service. He began his career in 2019 with NSW Ambulance Service before heading north to Queensland. He completed a Bachelor of Health Science (PDHPE) in 2016 and a Bachelor of Health Science (Paramedicine) in 2018 at Western Sydney University. Matt's research interests are diverse and include paramedic burnout, mentorship, and clinical reasoning and decision-making. He is an active member of the College's Research Committee and is currently leading the Research Mentoring Program.

## ABOUT THE COLLEGE'S RESEARCH COMMITTEE

The College's Research Committee, chaired by Dr Linda Ross and co-chaired by Dr Louise Reynolds, has eight members with varying levels of experience in research. However, all have a common goal: Advancing the paramedicine profession through research. The committee promotes research through the various programs it runs throughout the year. These programs aim to:

- Disseminate research and evidence
- Educate and engage paramedics in conducting research
- Stimulate paramedic participation in research
- Support paramedic researchers across the spectrum of experience
- Foster collaboration, partnerships and collegiality
- Inform policy and practitioners.

## RESEARCH AGENDA FOR AUSTRALASIAN PARAMEDICINE (RAAP)

One of the committee's most significant activities at present is the "Research Agenda for Australasian Paramedicine" (RAAP) project. This project aims to identify the barriers and enablers to paramedics undertaking research, and research priorities for the paramedicine discipline. Phase 1 of the project has recently come to an end and the investigators are excited to commence the next phase soon. Phase 2 will involve an expert panel reaching consensus on a research agenda. It is anticipated results will be published mid-2022.

## TALKING RESEARCH

The Committee hosts a webinar called "Talking Research", which is available in the "Online Courses" page of the College website. This webinar has guest speakers who have research expertise. The aim of the webinars is to break down the different stages of research to help guide and educate paramedics who are new to research, and to support those who are in the thick of their own research journey. Keep an eye out on the Events page of the College website to see when the next Talking Research webinar takes place.



## RESEARCH MENTORING PROGRAM

The Research Mentoring Program is a 12-month program that links experienced paramedicine researchers with paramedics who are beginning their research journey. The program has four workshops throughout the year, and mentors and mentees meet up one-on-one monthly to chat about all things research. The goal of the program is to help break down the barriers that paramedics feel when they first start engaging in research, and provide them with the opportunity to be mentored by an expert who has navigated their own path in paramedicine research. Applications for the next program are due to open in May 2022, so make sure you don't miss out on this incredible opportunity.

## RESEARCH SYMPOSIUM/CONFERENCE

This year the College will be running a Research Symposium in July, an event close to the hearts of Research Committee members. The symposium will comprise two days of workshops and research presentations, both face-to-face and online. Some of the presentations will also be featured at the College's main conference, the Australasian College of Paramedicine International Conference (ACPIC), which this year is being held in September. Both events are a great opportunity to network with fellow paramedics, researchers, and academics to talk about all things research. The College


will accept abstract submissions for each of these events, so make sure you check our website for when these open.

## RESEARCH GRANTS

College research grants are due to open in March and will be awarded in May this year. These grants are aimed at both early career and experienced researchers to help fund some of the additional costs that can come with running a research project. There are three different grant categories: Early Career Research Grant, the HDR Grant, and the Research Dissemination and Translation Grant. If you're planning on undertaking research this year, make sure you check the College website in March to complete your application.

## SUPPORTING RESEARCH PROJECTS

If you're undertaking a research project and need to disseminate it to paramedics to solicit survey responses or invite paramedics to participate, have a look here on website: <https://paramedics.org/research/promotion>. We may be able to help you to promote and disseminate your research to our members. You're welcome to reach out to us if you want to discuss how you can be involved in the research space. All you need to do is email us at: [research.committee@paramedics.org](mailto:research.committee@paramedics.org).




We asked Paramedic Gerry from NSW

## Why did you get vaccinated for COVID-19?

“

No brainer, more positives than negatives; needed to set an example for my two sons, who I'd hate to see medically affected by COVID. Vaccination to me is like a beanie on a freezing day in the mountains, without it you're going to be miserable!

**COVID-19**  
VACCINATION

 **Australasian College of Paramedicine**



# Member Exclusives

Get even more from your College membership with these exclusive offers

10% lifetime discount on Life cover for ACP members\*



Receive 25% off frames and lenses



Comprehensive private health insurance designed for the emergency services community.



Receive 25% off RRP on any book on the Elsevier Health website



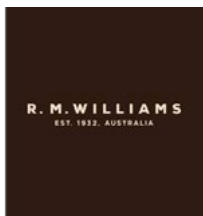
Receive a discount on your premium when taking out a policy with Guild Insurance



Receive 20% off selected full price items at THE ICONIC

THE ICONIC

Receive 15% off R.M. Williams gear



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Login to your College account to redeem these offers.

[paramedics.org/login](https://paramedics.org/login)

\*Terms and conditions apply



Leading the profession  
for paramedics



Professional development  
and research opportunities



Supporting paramedics  
throughout their careers



Promoting paramedic  
health and wellbeing

## Advancing paramedicine.

The College is the peak professional body representing and supporting paramedics across Australia and Aotearoa New Zealand through knowledge, events, research, advocacy, networking and much more.

[www.paramedics.org](http://www.paramedics.org)



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