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| Working with Ambulance Victoria (AV) |
| First Aid Services |
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# Introduction

The *Non-Emergency Patient Transport and First aid Services Act 2003* (the Act) and the First aid Services Regulations 2021 seek to ensure first aid services provide safe, quality care. The regulation of the first aid sector creates opportunity for first aid services to be better integrated into the Victorian health system. First aid services often work in the out-of-hospital setting alongside other health care services, which includes Ambulance Victoria (AV). Optimal patient care relies on first aid services and AV working in an integrated, collaborative manner at all times.

# Principles for working with Ambulance Victoria

The purpose of this document is to set guiding principles for First aid Services when working alongside AV at planned events where patient care requires escalation.

## 1 Patient centred care and effective multidisciplinary teams

First aid services and AV must work *together* to provide care that is responsive to the patient’s needs and values. Where able, the patient should play an active role in determining care options. At any public event where both AV and first aid services are on site, maintaining a collaborative working arrangement that provides for the provision of best patient care across the entire patient care episode is essential. Respect and effective communication within multi-disciplinary teams is important for the provision of safe, quality care. It is expected that all registered health professionals will adhere to the Ahpra Code of Conduct at all times.

## 2 Understanding capabilities

First aid services and AV may have differences in their clinical scope of care (clinical practice guidelines). For example, advanced first aid services may be able to provide urgent/primary care obviating the requirement for patient transport. Both AV and first aid services are responsible for understanding the other agency’s capabilities, importantly what they can and can’t do. Understanding the capabilities of the other agency commences during the planning and risk assessment stage and should continue during the operational phase.

In both the planning and operational stages for an event, AV and the first aid service should collaborate on the level of resourcing that will be provided for the event, the clinical skill sets that will be available, and any arrangements for working together. When an AV Health commander is on site for the event the AV Events team will produce a Health Emergency Management Plan (HEMP) and AV Operations Order where this information can be included. This information is emailed to the first aid service prior to the event. Operational and clinical leads for AV and the first aid service should meet regularly during the operational period of the event to review patient presentations, any potential issues, and emerging risks that may require mitigation.

## 3 Clinical decision-making responsibility

Patient clinical care is a team effort with shared decision-making responsibility. Despite this, clear delineation of roles and responsibilities is essential and there is the need for a leader to act as the final decision maker. For patient clinical matters, this should be the *lead clinician*. The *lead clinician* may be from either the first aid service or AV. The lead clinician should consult with the Health Commander (HC) to determine transport options, *if* they determine transport is required.

## 4 Appropriate transport management

Ambulance Victoria is the statutory emergency ambulance service for Victoria and is responsible for transport resource management for emergency patients attending hospital. AV managers that attend events as Health Commanders, or Liaison Officers have state-wide oversight of AV’s resourcing and triple zero demand in the area and are best positioned to determine the most appropriate and timely method of transport. When determining transport options, the HC will consider many factors, including the impact of transport arrangements on AV routine operations.

Where a first aid service has a patient that presents with a condition or injury that is likely to require transport to hospital, the first aid service should discuss the clinical treatment options with the HC early, and both are to agree on a course of treatment for the patient that provides appropriate care for the patient, with consideration of the following:

* the first aid services clinical scope as prescribed within their approved Clinical Practice Guidelines
* the required level of transport care required (e.g. ALS, MICA, or Air Ambulance)
* the availability of the required resource(s) and
* the time and distance to a health service that will provide definitive care for the patient

If a course of treatment cannot be agreed upon, the default is for the *lead clinician* to determine the clinical care required. If this occurs, the *lead clinician* must consider the ability of the first aid service to provide extended and prolonged care, whilst waiting for suitable transport to become available. Ongoing, constant communication between the *lead clinician* and the HC is critical.

## 5 Major incident management

Whilst a public event is not an emergency, all public events have the potential to become an emergency, especially those with a high degree of risk. Emergency management within Victoria requires responsible agencies to not only respond to major emergencies, but also standing up and maintaining an active readiness for potential emergencies[[1]](#footnote-2), including public events that have a high-risk profile[[2]](#footnote-3). In order to provide a smooth transition in the situation a planned event evolves into a mass-casualty situation, First aid Services should be familiar with the command-and-control structures within the State Health Emergency Response Plan (SHERP).

During an emergency, the HC is responsible for directing the pre-hospital health response, which includes first aid services, and utilising a liaison structure that reflects response arrangements that allow for the effective transition to a command and control structure should it be required. The AV command structure at an event will be the same as that utilised at a mass casualty incident.

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1. Emergency Management Victoria (2021). Victorian State Emergency Management Plan. [↑](#footnote-ref-2)
2. Emergency Management Victoria (2017) State Health Emergency Response Plan, Edition 4. [↑](#footnote-ref-3)