



Remote
and
Isolated Health



Message from Alan Eade

Welcome to the first edition of the eNews a new publication generated from the equally new position of Chief Paramedic Officer (CPO).

As the first person to be appointed CPO in Victoria, I am humbled to represent paramedics and the paramedicine sector within Safer Care Victoria. I see the opportunity to advance the profession, as well as the quality and safety of the care provided to the community as expansive. The role covers not just the 'traditional' provision of paramedic services through an ambulance service but also the non-emergency sector, the event health service sector, in fact anywhere that paramedic services are provided.

Communication with service providers and clinicians is frequently identified as an area for improvement. As too, is the opportunity to share learnings and system improvement information between service providers. I hope to use the eNews as a vehicle to facilitate the sharing of information that is of use to paramedic clinicians regardless of where they work. The content will be inter-professional as, just like in daily practice, the best care always comes from collaboration.

I encourage you to distribute eNews within your professional networks.

CRANA Safety and Security Guidelines for Remote and Isolated Health

Recognising that the safety of staff and services are essential for the effective provision of health services, these guidelines contribute to supporting two significant government initiatives: The Commonwealth Work Health and Safety Act; and the National Safety and Quality Health Service Standards (Standard One: Governance for Safety and Quality in Health Service Organisations).

The goal of these guidelines is to provide broad statements with examples of activities, which can be implemented by employers, service providers, communities, clinicians, and other stakeholders to establish and maintain safe and effective operating systems in remote health services.

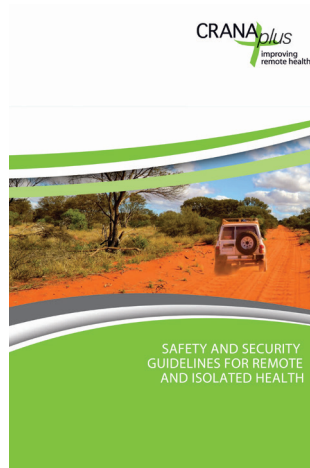
The guidelines identify seven safety and security priority areas, each of which is to be considered through the lens of the individual, the team, the employer, the infrastructure, the environment and the culture and community.

The guidelines were developed following the literature review and clinician survey.

For more information see:

<https://crana.org.au/uploads/pdfs/2017-SS-Guidelines-for-Remote-Isolated-Health.pdf>

<https://crana.org.au/uploads/pdfs/Remote-Health-Workforce-Safety-Security-Report-January-2017-5c4e6cc07ef30b87cf919ca42084a0a0.pdf>





PARAMEDIC REGISTRATION

National registration of paramedics is progressing and the National Law Amendments Bill has been introduced to the Queensland Parliament. This is the instrument that allows for the creation of the Paramedicine Board of Australia. It is anticipated that the national regulation of paramedics is expected to start in late 2018.

The Paramedic Registration Project bulletins can be accessed here: <https://www2.health.vic.gov.au/health-workforce/health-workforce-regulation/current-regulatory-reform/national-registration>

A summary of the Health Practitioner Regulation National Law Amendment Law 2017 from the Council of Australian Governments (COAG) Health Council can be accessed here: <http://www.coaghealthcouncil.gov.au/Portals/0/Summary%20of%20the%20draft%20Health%20Practitioner%20Regulation%20National%20Law%20Amendment%20Law%202017.pdf>

The Frequently Asked Questions paper from the COAG Health Council related to the Health Practitioner Regulation National Law Amendment Law 2017 can be accessed here: <http://www.coaghealthcouncil.gov.au/Portals/0/Health%20Practitioner%20Regulation%20National%20Law%20Amendment%20Law%202017%20FAQ.pdf> and here: <http://www.coaghealthcouncil.gov.au/Portals/0/Supplementary%20FAQs.pdf>

The process and timelines for the progression of registration are outlined on the outlined on the Australian Health Practitioner Regulation Agency (AHPRA) website: <https://www.ahpra.gov.au/Registration/Regulation-of-paramedics.aspx>

If you would like to understand greater detail regarding the National Registration and Accreditation Scheme for health professionals, the COAG Health Council has some detailed information <http://www.coaghealthcouncil.gov.au/NRAS>

Endovascular Clot Retrieval for acute stroke – Statewide service protocol

Endovascular Clot Retrieval (ECR) is a highly effective treatment for acute stroke. Successful ECR relies on health service systems to provide a coordinated response. The challenges are to identify the appropriate patient, organise rapid brain imaging including angiography (CTA), provide thrombolysis where appropriate, transfer the patient to the nearest ECR centre and, once there, to get the

patient to the angiography suite, commence the procedure as soon as possible, and to manage the patient after ECR. Repatriation of the patient to their local stroke service when appropriate is also a key consideration.

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/endovascular-clot-retrieval-for-acute-stroke-statewide-service-protocol>



Transport Incubators

(applies to Ambulance Victoria and Non-emergency patient transport services)



Transport incubators are appropriate for use in transporting small babies (less than five months corrected age) that are not ill enough to need a Paediatric Infant perinatal Emergency Retrieval (PIPER) neonatal escort, but require transfer in an incubator for clinical or restraint purposes.

The transport incubators:

- May be used for transport by road or air.
- Are suitable for babies weighing <5kg.
- Have an infant restraint harness that meets the Ambulance Victoria standard for inter-hospital transfer.
- Have an inbuilt pulse oximeter to enable appropriate monitoring of a baby's oxygenation.
- Have an inbuilt oxygen analyser to enable titration of supplemental oxygen if required.
- Can be used for inter or intra hospital transfers.

In most instances, after the incubator has been secured to an ambulance stretcher, a paramedic will accompany the baby to the receiving health service. The need to

send a referring health service nurse/midwife/doctor to escort the baby to the receiving service should be a rare event and should reflect a consensus between the PIPER neonatal consultant, health service staff and Ambulance Victoria staff. For more information see: http://www.rch.org.au/piper/guidelines/Statewide_incubator_documents/

Product Alert

Therapeutic Goods Administration has issued the following notices that might impact on your clinical care areas:

<https://www.tga.gov.au/alert/meditech-ultrasound-gel>



Community Action Plans

Community based action plans for exacerbations of chronic disease are available for a range of clinical conditions (eg: anaphylaxis, eczema, asthma, COPD, chest pain, and diabetes).

Action Plans provide a simple means to engage patients in their own care. Supporting patients to use their individualised action plan is not just educational, but it builds community resilience and personal confidence. The support of a health provider to work through an action plan, can increase the likelihood that the action plan will be followed in future events, and may reduce acute emergency presentations and their severity.

Asthma: <https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>

COPD: <http://lungfoundation.com.au/health-professionals/clinical-resources/copd/copd-action-plan/>

Anaphylaxis and Allergy: <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Eczema: <https://www.allergy.org.au/patients/skin-allergy/eczema-action-plan?highlight=WyJlY3plbWEIXQ>

Diabetes: <https://diabeteswa.com.au/professionals/training/diabetes-awareness-in-schools-2/diabetes-action-and-management-plans/>

Chest Pain: <https://www.heartfoundation.org.au/your-heart/heart-attack-symptoms>

Anaphylaxis



3 second EpiPen®s are now available

The devices have not changed, just the instructions on the label, which now include:

Reduced injection time from 10 to 3 seconds – this is based on research confirming efficacy and delivery of adrenaline through the 3 second delivery.

Removal of the massage step after the injection – this has been found to reduce the risk of tissue irritation.

To access updated ASCIA Action Plans for Anaphylaxis, & the 3 second EpiPen® training video go to www.allergy.org.au/anaphylaxis

Hand Hygiene

Provider safety and patient safety combined in a common initiative

Traditionally an area that has not been a core focus within the prehospital space, the impact of hand hygiene on health care associated infections is undeniable. Often dismissed as 'too hard' or 'not practical in the out of hospital environment', hand hygiene is a mindset that can be addressed, but it will take a cultural shift. It is as much a practitioner safety intervention as it is a patient safety one, framing it like this might just be the initiative that creates the opportunity to make change.



Hygiene initiatives, based on hand hygiene as a foundation, will be a theme from this office as we seek to keep practitioners safe as well as the people in our care.

For more information:

<http://www.hha.org.au/home.aspx>