



Perspective

November 2010

Ambulance Victoria



Statewide communications

Ambulance Victoria has begun centralising its rural communications centres to bring consistent, proven and auditable processes to emergency call-taking and dispatch across the state.

Under the changes, the functions of the five communications centres in the rural regions are being gradually relocated to Mt Helen, Ballarat, where emergency calls will be answered by call-takers

from the Emergency Services Telecommunications Authority (ESTA).

The new call centre will be known as the Ballarat State Emergency Communications Centre (BALSECC) and by the second half of 2011 it will handle the five rural regions' emergency and non-emergency calls.

The metropolitan region will continue to run a separate call centre managed by ESTA in Burwood.

'This change in the rural regions will ensure callers receive a fast

and consistent response when they call 000,' said AV's Chief Executive Officer Greg Sassella.

'This is the next step in securing a more effective statewide service, following recent advances which have allowed us to install global positioning systems in each ambulance - which shows operators exactly where each vehicle is - and a new radio system that operates throughout the state.'

The five call centres based at Ballarat, Bendigo, Geelong, Morwell

and Wangaratta have been operating for many years, with 000 calls and non-emergency cases managed by AV staff and dispatched by paramedics.

The first step was taken on 19 April, when Geelong Operations Centre (Barwon South West Region) took over emergency calls from Ballarat (Grampians Region), and Ballarat took over Geelong's non-emergency calls, in AV's newly established Non-Emergency Communications Centre (NECC).

continued page 2



CITY LOOP BOMB BLAST
Anti-terror exercise in the tunnel P10



A CHANGE OF HEART
New CPR instructions save lives P3



STRIKE UP THE BAND
Pipe and drum band is formed P8



from page 1

At the same time, a senior MICA paramedic began operating as a Rural Clinician, providing guidance around hospital transfers, clinical advice, decisions on whether specific cases are emergency or non-emergency, upgrading and downgrading responses and liaising with hospitals when critically ill patients are en route.

'This Clinician role has been used effectively in the metropolitan region for about 15 years and provides support to paramedics in the field, giving a clinical oversight to decisions made on a regular basis,' Greg said. 'This has been a welcome addition to the rural regions.'

On 30 June, Wangaratta (Hume Region) became the first centre to close, with its emergency calls transferred to BALSECC and the non-emergency work to AV's Ballarat NECC.

In late August, the Morwell (Gippsland Region) centre closed after emergency calls were transferred to BALSECC and non-emergency calls moved to AV's Ballarat NECC.

On 20 November, non-emergency calls to Bendigo (Loddon Mallee Region) are scheduled to transfer to AV's Ballarat NECC. On 31 January 2011, emergency calls to Bendigo



The Wangaratta OpCen after the last call was switched to ESTA. From left, Christine Sewell, Gary Bartram, Matt Chadban, Bill O'Brien, Libby Owen, Paul Bellman, Garrie Carmen, Ian Hunt and Craig Fechner (giving the thumbs up).

are scheduled to be transferred to BALSECC and the Bendigo OpCen will retain a skeleton staffing level for a short period, then close.

By mid-2011, Geelong is set to close and emergency calls transferred to BALSECC, meaning every 000 ambulance emergency call in Victoria will be answered by

an ESTA operator.

AV's Ballarat NECC, which will handle all rural non-emergency calls from 20 November, will continue to operate using AV staff until the second half of 2011, when the non-emergency workload and cases will be transferred to BALSECC.

'This has been a complex exercise and I want to thank those who have helped make it work, especially the hard work and effort of AV call-taking and dispatch staff who have shown professionalism and dedication for many years, working through what have sometimes been difficult conditions,' said Greg.

AV welcomes Auditor-General's report

Ambulance Victoria has welcomed the release of a report by the state's Auditor-General, saying it provided a fair and accurate assessment of the state's ambulance services.

The report, *Access to Ambulance Services*, was tabled in State Parliament on 6 October.

'We acknowledge there has been an increase in emergency response times in recent years and we recognise we need to improve some aspects of our service along with partnering with hospitals to address emergency department delays,' said Chief Executive Officer Greg Sassella.

'We also appreciate the fact that the Auditor-General recognises that AV

is a competent organisation which has achieved a great deal in the past two years. The acknowledgement of AV's good performance record on a range of quality indicators, including cardiac arrest outcomes was especially pleasing.

'The report also identified that AV actually compares well with other Australian ambulance services in respect of response times, and indeed slightly outperforms the NSW ambulance service, which is the nearest comparable service.'

Greg said AV supported the recommendations made in the Auditor-General's report.

'The Auditor-General has recognised that there are a number of issues that need to be dealt with,

they've been in existence for some time and that they are both external and internal to the ambulance service, so there are no quick-fix solutions,' he said.

'Areas that need to be addressed include staff rostering levels and the time taken to hand over care of patients at hospital, and it will take some time to address these significant challenges.

'Victorians should have full confidence in AV because of the expertise within the service including that of the paramedics who provide the best medical care of any service in Australia. Their daily life-saving work is simply outstanding.

'This report recognises that AV is

working hard and using its available resources efficiently and that the service's information and reports are accurate. We will continue to maintain those standards and improve on them into the future.'

Greg said the amalgamation of the state's ambulance services into one organisation in July 2008 had led to significant historical rural region reforms and improved planning capability for ambulance services across Victoria.

'The results of these planning processes include the current program to recruit more paramedics and increase paramedic services in regional and metropolitan areas, to provide a higher level of care to the community.'

Perspective

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Published by
Editorial and Publishing Services
Tel 03 9525 8603

Designed and typeset by
The Modern Art Production Group
Tel 03 9525 2005

Printed by
Erwins Printing
Tel 03 9793 4844

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ISSN 1832-2611

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CPR changes save lives: study

More bystanders are coming to the aid of people in cardiac arrest, thanks to a change in cardio pulmonary resuscitation (CPR) instructions given by 000 operators.

The changes, adopted in August 2007, have also resulted in a big jump in the number of people surviving to hospital and leaving hospital alive, an award-winning study by Ambulance Victoria and Monash University has found.

Under the changes, bystanders are given simpler CPR instructions, with no need for mouth-to-mouth breaths until 400 chest compressions have been given. After that, the CPR ratio is two breaths for every 100 compressions.

AV Research Fellow Janet Bray said the study was the first to measure the effect of the resuscitation changes, which were first recommended internationally in 2005.

'Using data from the Victorian Cardiac Arrest Registry (VACAR) we looked at one year prior to the change and compared it with two years after the change, studying 3,200 cases in the metropolitan region,' Janet said.

'Overall bystander CPR interventions increased from 45 per cent to 52 per cent of cases following the change, which is a significant increase,' she said.

But the biggest improvement was seen in patients with a shockable rhythm, in whom bystander CPR interventions increased from 54 per cent to 67 per cent of cases and survival to hospital discharge rose from 21 per cent to 28 per cent.

Janet said although the improved survival rate could be due to other factors, such as changes in hospital treatment, an immediate increase was seen in bystander CPR rates and in the survival figures in the three months after the change was introduced, suggesting the new CPR regime was a key factor.

Before the change, bystanders were instructed to give five breaths, check the patient's pulse, then give 15 compressions for every two breaths. Studies showed that some people were reluctant to give CPR because of an aversion to giving mouth-to-mouth.

CPR is regarded as essential to ensure blood flows to key organs following a cardiac arrest. Once paramedics arrive, patients can be given additional treatment, such as defibrillation and medication.

The study was presented at the International Emergency Medicine Conference in Singapore in June and was selected as best pre-hospital care paper, sponsored by the Falck Foundation. It was written by Janet Bray, Conor Deasy, Jamie Walsh, Andrew Bacon, Alex Currell and Karen Smith.



AV Research Fellow Janet Bray with the Falck Foundation trophy, awarded for the paper on CPR changes presented at the International Emergency Medicine Conference in Singapore.

Public respond to stroke campaigns, study finds

A campaign that encourages people to call 000 when they have symptoms of a stroke has resulted in an increase in calls for ambulances and potentially more stroke victims being treated with clot-busting drugs.

Research led by Ambulance Victoria showed that calls to 000 have increased each year since the first campaign launched by the National Stroke Foundation in September 2004.

Between 2004 and 2009, the proportion of people calling 000 in Melbourne citing stroke symptoms rose from about 2 per cent of all 000 calls to 3 per cent (measured using the dispatch code 'Card 28').

AV Research Fellow Janet Bray said the study was one way of assessing whether members of the public remembered aspects of the stroke campaign and acted on them. 'This is also the first time anyone has looked at whether this sort of campaign has an impact on ambulance services.'

She said there had been a big spike in 000 calls in the months

following Stroke Week each September, especially once the FAST (face, arms, speech and time) campaign began in 2006. While not all cases were likely to be strokes, the spike each September had implications for the service.

'This also highlights how the ambulance service and emergency call centres need to be prepared for campaigns, including those from the Heart Foundation, that encourage use of an ambulance.'

Janet said about 80 per cent of stroke victims were ineligible for treatment with clot-busting drugs because they did not present at hospital in time, because the treatment can only be safely given in the immediate hours after

onset of symptoms.

The study findings were presented at the Australasian Stroke Conference in Melbourne in September, and won a New Investigator award. The study

was produced by AV, Monash University, Eastern Health and the National Stroke Foundation of Australia, and written by Janet Bray, Michael Bailey, Ian Mosely, Bill Barger and Chris Bladin.



Those closely involved in the program include, from left, Bairnsdale Regional Health Service Integrated Care Coordinator Amanda Blandford, Acting East Gippsland Clinical Support Officer Hamish Sutherland, Bairnsdale Paramedic Ross Salathiel and East Gippsland Group Manager Debbie Ray.

Falls prevention program

Paramedics in East Gippsland have embraced a pilot program that refers patients at risk of repeated falls to a local health service for follow-up support.

'This program is undeniably a good thing for elderly residents in East Gippsland,' said Group Manager Debbie Ray. 'It is being increasingly used and we have had some great individual successes, where paramedic involvement has greatly cut the risk of a patient falling in future.'

The program was initiated in 2008 when local paramedics became frustrated at being unable to prevent repeat falls in local elderly people (see accompanying story).

Over the following year, referral procedures were tested and refined. Funding from the Department of Health last year allowed the development of patient information and brochures, and a training DVD and training tools for staff.

'An important step for the program was working with Bairnsdale Regional Health Service (BRHS), where Integrated Care Coordinator Amanda Blandford became a key link between paramedics raising an issue and effective action being taken,' said Debbie.

Under the present system, paramedics who identify a patient at risk of a fall notify BRHS, which initiates contact with the patient, makes an assessment and

How the program began

An active, healthy woman in her 80s was the trigger for East Gippsland paramedics to set up a local falls referral program.

It began when the woman tripped and fell on two small steps at her back door, while going to the clothesline. She activated her personal alarm and paramedics were called.

The paramedics assessed her as uninjured and helped the woman up. They urged the woman and her daughter (who had arrived to help) to see their GP or local health service to initiate a falls risk assessment. Both women said they would.

Three weeks later, the same paramedics were dispatched to

find the woman had fallen in identical circumstances. She had booked an appointment to see her GP for an assessment, but was told there was a five-week wait.

This time, however, the woman had fractured her hip and required orthopaedic surgery. She was unable to return home and was moved into a retirement village, a shell of her former self and dependant on walking aids and wheelchairs for mobility.

The attending paramedics realised a quick and easy referral system could have prevented the fall, so set about establishing a local system to get quicker, more effective intervention.



organises appropriate services (such as district nursing, occupational therapy and meals on wheels).

Referrals can be made for

patients who are not transported as well as those taken to hospital. Patients must agree to the referral before it goes ahead.

'Falls most commonly occur in the home, and paramedics are usually the first on scene at the time of the fall,' said Debbie. 'Often the patient does not need further treatment, and in the past this was the end of a paramedic's involvement. This program, however, allows paramedics to take a step further and get assistance to prevent a further fall, with possibly more serious consequences.'

'Falls are a large proportion of a paramedic's caseload, and paramedics can make a huge difference if they can act to prevent someone falling again,' Debbie said.

'Data shows that falls are the leading cause of injury-related deaths, hospital admissions and emergency department presentations in older people, with one in three people over 65 experiencing at least one fall each year.'

In the 13 months to 31 March 2010, East Gippsland paramedics were called to 453 falls cases where patients were 60 or older, with 323 transported for treatment.

'The number of referrals steadily increased during this trial period, helped by paramedics getting regular feedback on the patient's outcomes,' said Debbie.

'This has now evolved to become a credible and established program, and may provide a model for a similar program in other parts of the state.'



Membership cracks the million mark

A Victorian family now has ambulance cover for life after taking out the millionth membership of Ambulance Victoria.

Former dairy farmer Darren Keath, 45, was recently presented with a 'gold' membership card entitling his family to free ambulance treatment and transport for the rest of his life.

The father of four from Lockington, near Echuca, said his family let their membership lapse 18 months ago, thinking they were covered by private health insurance.

But Mr Keath's wife, Pauline, urged him to sign up again because she believed \$150 for family membership was a small price to pay for guaranteed ambulance cover.

By taking out family membership, Mr Keath's good fortune has been extended to his wife, Pauline,

daughters Ashlee, Shannen and Breanna, and son Dylan (pictured right).

Ambulance Victoria will also award lifetime membership to 12 other existing members drawn at random - including the first winner, Annabelle Young (below left) from Mornington.

Victoria's first ambulance membership scheme started in 1935. Last year, there were almost three times as many Ambulance Victoria memberships as there are members of Victoria's AFL clubs.

Ambulance Victoria CEO Greg Sassella said only ambulance members could be certain they were protected from the high cost of ambulance treatment and transport.

'Being an ambulance member gives you financial security and helps you prepare for dealing with

an emergency situation should it arise,' Greg said. 'All Victorians should ensure they have ambulance membership because the chance that you or your loved ones will need our help one day is far fewer than a million to one.'

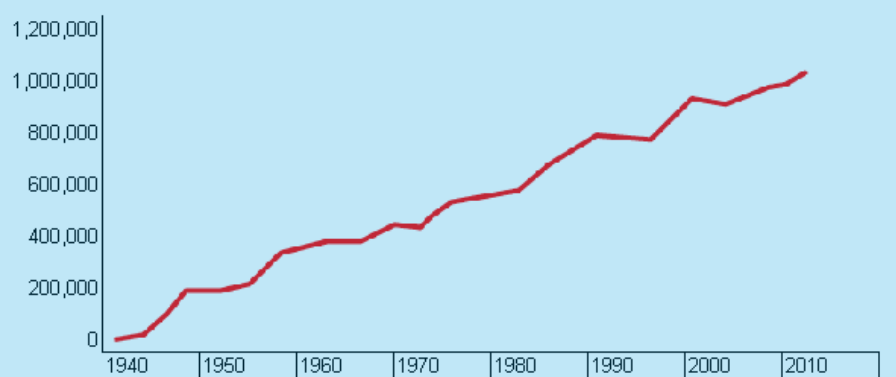
Ambulance Victoria membership costs \$75 a year for singles and \$150 a year for families. More than 2.2 million Victorians are covered by ambulance memberships.



The membership story

1935	Membership Scheme established
1950	Single membership fee: 16 shillings
1953	Peninsula Ambulance Service created
1956	250,000th membership
1959	Air Ambulance services begin
1962	Single membership fee: 20 shillings
1971	Single membership fee: \$6
1975	Single membership fee: \$10
1976	500,000th membership
1989	750,000th membership
1993	Single membership fee: \$40
2010:	1,000,000th membership Single membership fee: \$75 Family membership fee: \$150

Booming membership



Ambulances fitted with new triage tags

Ambulance Victoria's operational vehicles are being fitted with new triage packs for use in mass casualty incidents, with the rollout due for completion before the end of next month.

The triage tags are being introduced Australia-wide following a review by the Council of Ambulance Authorities in a bid to eliminate confusion about tags and

ensure patients receive appropriate, timely treatment.

'The Smart Triage Pack assists paramedics and managers to efficiently manage on-scene triage at a multi-casualty event,' said Emergency Management Development Officer Marianne Brereton.

Each pack holds key triage equipment, including 20 smart triage tags, smart tape for rapid, safe triage

of injured children and light sticks for identifying casualties at night.

'The tag itself is a folded design, making it quick, simple and easy to use. Patient details and treatment regimes are recorded onto the tag, which is resistant to water, chemicals and body fluids, and is also designed to survive the decontamination process.'





The busies



Ambulance Victoria's helicopters have experienced their busiest ever year, flying 1,595 patients in the year to 30 June.

The busiest of AV's five helicopters was the Essendon-based HEMS 1, which flew to 580 incidents and transported 393 patients.

'In many trauma cases, speed is critical,' said HEMS 1 team Manager Mick Adam. 'If the patient has serious bleeding after a major trauma, they can die within an hour or two, so they need to get to theatre as soon as possible. The quicker you get the patient to hospital, the better their chance of survival.'

Mick said about 75 per cent of HEMS 1's emergency work was road trauma, with other typical emergency cases including off-road motorcycle accidents (which can include winching out the victim), people falling from horses, farm

accidents and drownings.

HEMS 1 is typically used within a range of up to 150 kilometres of Essendon. If a case is further away than that, a helicopter from the LaTrobe Valley (HEMS 2), Bendigo (HEMS 3) or Warrnambool (HEMS 4) can be dispatched, or one of AV's four planes.

HEMS 2 flew 359 patients during the year, HEMS 3 flew 315 patients and HEMS 4, in its first year of operation, flew to 177 incidents and transported 135 patients.

A second helicopter at Essendon, HEMS 5, completed its first full year of operation (it entered service on 16 March 2009). The helicopter is designed for the retrieval of critically ill adults and has specialist equipment for the retrieval of newborn babies. HEMS 5 can also respond to emergency calls. During the year, HEMS 5 flew to 467 incidents and transported 393 patients.



st year ever



Road trauma: Most of the work of Essendon-based HEMS 1 is to road trauma. Here, MICA Flight Paramedic Warren McDonald treats a trapped car accident victim with serious injuries, before the patient is flown to The Alfred for emergency treatment.



Strike up the band

Ambulance Victoria has officially formed a Pipe and Drum Band, which performed publicly for the first time earlier this month.

Band President Graham Mummery said the idea of the band gradually evolved over two years. 'Then when I sent an email seeking expressions of interest, 17 people came to the first meeting from right across Victoria'.

The band has been actively fundraising to raise enough money to make kilts and provide equipment.

AV has provided \$6,000 to buy fabric for the band uniforms, the authority to use the name Ambulance Victoria, and access to the service logo. Band members supply their own instruments and practice in their own time. 'The main thing we need is drums and more fabric, so we are after some sort of sponsorship.'

Graham said the aim was to have a 'mini band' – six pipers and six drummers (one bass, two tenor and three snare drums) – capable of performing at public events and in band competitions by the end of

the year. (A 'full band' is as many as you can fit in – most bands have about 20 pipers. Big competition bands can have 24 or 30 pipers.)

'When we registered the band with Corporate Affairs last year, we became only the third official ambulance pipe band in the world, after Edinburgh and Dublin,' Graham said.

The band commissioned a tartan, which was designed by a woman in Canberra to reflect the AV badge. The tartan has since been registered.

'There are strict rules about proper tartan, particularly about the patterns,' said Graham, the Team Manager at Springvale.

'All the colours have to mean something. In our case, the blue is for our work uniform; red is from the Maltese Cross; the white is the base of our ambulance badge which says we work 24 hours; the yellow is the wheel meaning we are mobile; and the black means we are neutral and treat everyone the same.'

Graham said soon after the tartan was registered, the band was approached by a new ambulance pipe band in Ontario, Canada,

which wanted permission to use the AV tartan. Talks are continuing.

The band's first engagement was at a dinner for the Clan McLean and the Victorian Scottish Union on 13 November.

'There are 20 potential gigs a year where the band can play a public relations role, take ambulance merchandise and promote Ambulance Victoria and ambulance membership,' said Graham.

'These events range from AV events and highland gatherings to Moomba and Anzac Day, where we are hoping to lead the field ambulance regiments next year, which would be a great honour.'

Band members will also be available, if requested, at AV funerals. 'We have already provided band members for a funeral, which we consider a great honour.'

Graham, whose grandmother was Scottish, has played drums as part of a pipe band since he was a boy growing up in Wangaratta. 'My mother came home when I was eight and said, "Do you want to play the drums?" What eight-year-old doesn't want to play the drums? I loved band practice and I fell in love with the bagpipes.'

Weapons of war

Most Wednesday evenings, several paramedics (and a few civilian members) gather for three hours of band practice at South Melbourne – all wearing ear plugs.

'Bagpipes are the loudest unamplified instrument in the world with a sound in excess of 100 decibels,' said AV Pipe band President Graham Mummery.

'Coupled with the high-pitched snare drum, which can rupture eardrums in a confined space, we all wear earplugs when we practice inside.'

Their fearsome reputation is no joke – bagpipes were originally classed as a weapon of war, he said. 'They were banned in Scotland in the 1700s because they were seen as a weapon used to scare the opposition.'

'The band's next step – hopefully by the end of next year – will be to enter competitions,' he said. 'Competition gives you an edge and makes you want to get better.'

'You are judged on your marching, dress, how you present yourself – but most importantly how you play – pitch, clarity and how you play together. Ultimately, we want to participate in the Edinburgh Tattoo in Scotland.'

For more information contact Graham at the Springvale branch or via email pipes.president@ambulance.vic.gov.au





Peer support has 'marked' cars



Peer Support now has two 'marked' vehicles (pictured with Paramedic Andrew Sexton), a decision made to break down any barriers and remove any stigma associated with paramedics seeking assistance.

'In 1986, when we established Peer Support

and the Victorian Ambulance Counselling Unit, we were very concerned about maintaining confidentiality and went out of our way to keep the work that we did a secret,' said Peer Support Coordinator David Cooper.

'We still believe that confidentiality is

very important but it is the content of the conversation that is confidential between the Peer and staff member or the VACU Counsellor and client, not the fact that Peer Support and VACU Counsellors exist and speak with AV staff.'

Health and safety support expands

Ambulance Victoria has strengthened its Health, Safety and Wellbeing Department. The changes follow a review of services after the merger of Metropolitan Ambulance Service and Rural Ambulance Victoria in July 2008.

'The new structure represents a significant evolution of the functions that existed in the two organisations,' said the department's manager Kristina Williams.

'These changes show the commitment AV has to ensuring the safe and healthy working environment for all staff, so that we in turn can provide the highest level of service to the community.'

Ten new staff have been added, taking the department's total to 30, after the review established there were insufficient resources to deliver consistent support to paramedics across the state.

'We reviewed all the functions provided across the state and examined the resources available, and looked for gaps in our current service delivery,' Kristina said. 'As a result of the changes, we now believe we have an optimum level of support and consistency for paramedics and staff across the organisation, supported through a model of centralised coordination.'

Kristina said there were three teams under the restructure: occupational health and safety; health promotion; and injury and claims management.

She said the OHS team has a dedicated adviser in each rural region. 'Safety issues often get raised through the OHS adviser,

especially in relation to actively being involved in the physical and psychological health and safety of their staff. These responsibilities extend to identifying hazards and their associated risks, undertaking investigations and risk assessments focused on determining if there is a need for change, actively seeking

injuries.

'Manual handling is our highest injury risk for paramedics, and we continue to progress the implementation of our *Back to Basics* manual handling program which has received such good feedback to date. This would not have been possible without the exceptional contribution from so many people.'

The health promotion team also encompasses AV's Peer Support services, which has a pool of dedicated peers who volunteer their time to support their colleagues. AV's Peer Support Coordinators in turn work closely with the Victorian Ambulance Counselling Unit and the Emergency Services Chaplain.

The largest injection of resources has been into the injury and claims management team, where there has been an increase in the number of rehabilitation advisers, who support the coordination of return-to-work planning with injured staff.

'The rehabilitation advisers work extremely closely with the injured employee, their direct manager, AV's WorkSafe agent and other key stakeholders, such as treating doctors, to assist the individual with meeting their return-to-work goals. In short, they are the glue that brings everyone together in supporting the injured employee with their return to work.'

Operational staff survey

AV would like to remind all paramedics, ACOs, CERTs, and PTOs to complete the Paramedic Psychosocial Health Survey that is now available on-line and in hard copy.

The survey will measure the psychological and sociological health of various groups of AV staff and volunteers, including sleeping difficulties, job satisfaction, trauma, stress and anxiety.

A video explaining the survey is available at the following link:

who will provide support and recommendations to management, employees and the health and safety representatives elected by employees,' she said.

Part of their role is to educate managers on their responsibilities,

feedback from staff and modelling safety and healthy behaviours.

Health promotion was also a key element of the expanded department, with an increased health and fitness emphasis across the state and an ongoing campaign to reduce back



Sharing lessons from major events

AV's experiences during last year's heatwave and bushfires, plus earlier lessons at the 2006 Commonwealth Games, have provided rich experience in reacting to and preparing for major events.

As a result, the Manager of AV's Emergency Management, Paul Holman, was recently invited to be a keynote speaker at a two-day seminar held by the London Ambulance Service.

'The talk went well and it was very successful seminar,' said Paul. 'They approach major events in a different way, and were keen to see if our methods are applicable. They were particularly interested in our emergency management approach and the web-based system we use.'

Paul said the attendees were also interested in how AV handled two heatwaves in early 2009. 'Climate change is affecting Europe and they were keen to see how we managed a sustained period of higher-than-usual heat.'

After the seminar, Paul spent time examining the Service's Hazardous Access Response Team, a dedicated group that responds to incidents involving chemical, biological or radiological agents. The team also responds to normal work.

'It is a good concept and there are quite a few things to learn about the way they prepare and respond to incidents,' Paul said. 'We will look further at how they work and whether we can apply some of their techniques and approaches here.'

Paul's visit included a tour of the main site for the 2012 Olympic Games and a day with the bicycle response team at Heathrow Airport. 'We shared our methodology and information from the Commonwealth Games, and went through the lessons learned, particularly in working effectively and efficiently with other stakeholders and emergency response organisations,' he said.

Terrorists att



Emergency services react during an anti-terrorist exercise in Melbourne's underground rail loop.

The first reports have come in: a terrorist backpack bomb has exploded on a train in Melbourne's underground rail loop.

The train has stopped between stations. There are an unknown number of casualties.

Welcome to a training exercise involving Melbourne's emergency authorities that aims to test their preparedness and response to an attack on major infrastructure.

The recent exercise also tested a mobile platform developed by the Department of Transport that can quickly be assembled, then take emergency workers into the Loop and be used to carry patients to safety. The platform, known as the Rail Network Emergency Response Vehicle, is assembled and operated by members of the Metropolitan Fire Brigade.

'The Loop presents unique challenges because it is not a road



ack the City Loop



and there are only limited access points, which makes it difficult for paramedics to access,' said Jon Byrne, from Ambulance Victoria's Emergency Management Unit.

'This new platform had been tested in the rail yards, but this was its first use in a training exercise. We wanted to ensure it could take us there and back, plus bring out patients and we were pleased with the results.'

Jon said experience overseas showed that terrorist targets had changed, hence the City Loop exercise. 'Ten years ago we would have prepared for attacks on a major public event, but the level of security and preparedness has made it less attractive to terrorists.'

'Recent events overseas show it is easier to put a backpack on and walk on to a train or into a restaurant. And that is hard to prepare against.'

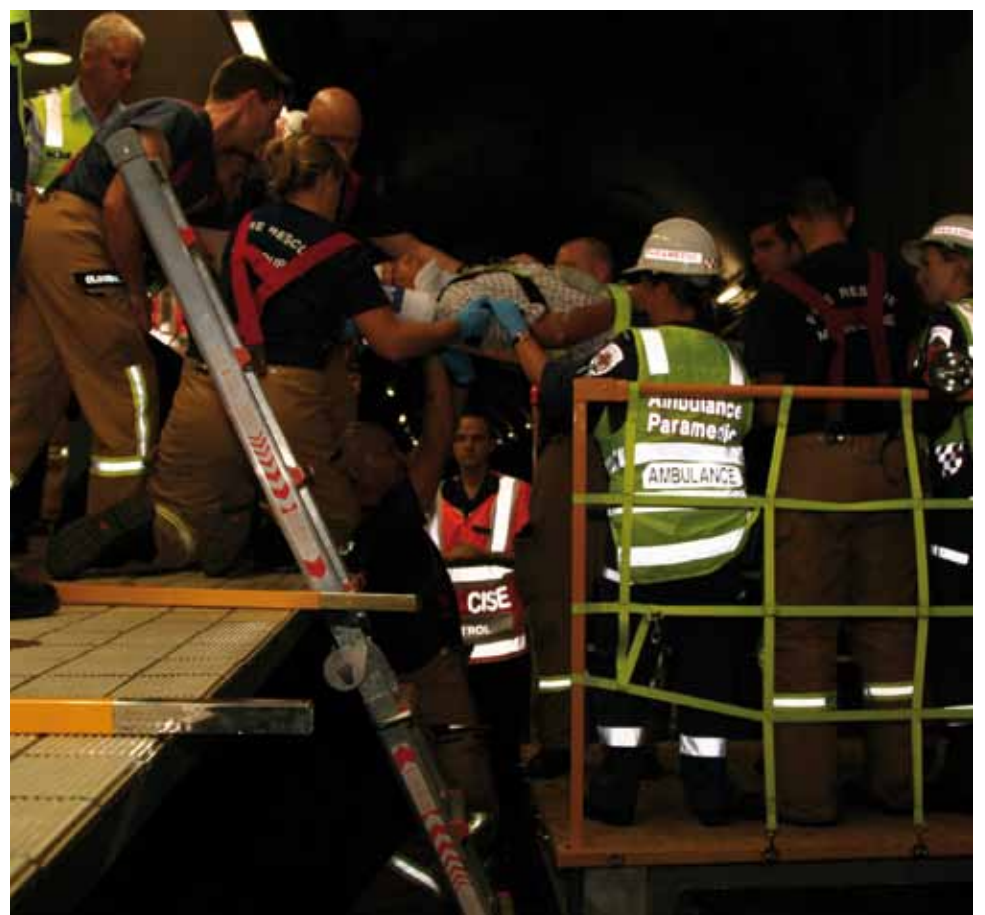
The Emergency Management Unit is the centre for AV's planning and

preparation for - and response to - major incidents. A central focus of AV's emergency planning is business continuity.

When a major incident occurs, the aim is to isolate that incident from day-to-day business. Under this model, the incident is managed in isolation - with its own management structure, resources and communications - while the ongoing dispatch of emergency ambulances continues uninterrupted from AV's control rooms.

Regular mass casualty exercises and involvement in statewide, national and international anti-terrorism exercises form part of the regular preparation.

'Disasters are disasters,' said Jon. 'We know we are not going to do it perfectly but our aim is to respond appropriately, and make it run as efficiently as possible while providing our normal business response.'





Health Minister Daniel Andrews (front, third from left) stands next to AV Chief Executive Officer Greg Sassella outside Parliament House with paramedics and 2010 Community Heroes.

And we can be heroes...

Ambulance Victoria has celebrated the 2010 Community Hero Awards, honouring 11 people who performed extraordinary acts during medical emergencies.

The award recipients each received a medal and plaque commemorating their selfless acts in an award ceremony at Queen's Hall, Parliament House last month.

The recipients were nominated by paramedics and chosen from more than 100 nominations. It is the 11th time the annual awards have been presented.

The nine emergencies recognised this year included:

- A seven year-old boy who used his Nintendo DS as a light to help his family after a car accident
- A husband who performed CPR on his wife after she suffered a cardiac arrest in their home in front of their two young children
- A 10-year-old girl who called 000 after her mother collapsed unconscious following a severe asthma attack
- Two bystanders who stopped at the scene of a horrific motorbike accident keeping the man alive until paramedics arrived.

'These awards honour everyday citizens who come to the aid of others during medical emergencies and encourage other people to take similar actions,' said AV Chief Executive Officer Greg Sassella.

'It is important to highlight how the vital help from a bystander in the minutes before an ambulance arrives can help save a life.'

Regardless of whether it is for a friend, family member or a stranger, their actions are clearly heroic.

'The community will always be the first link in the chain of survival with the ambulance service providing professional expert care with paramedics.'

Four of the incidents involved a patient in cardiac arrest. In each case, CPR was performed and the patient survived. Five of the nine incidents took place outside the metropolitan area, with recipients coming from places including Corio, Gisborne, Long Gully and Kilmore.



Christopher Mischowicz, 7, used the light on his Nintendo DS to help free his badly hurt mother after their car hit a kangaroo and overturned at night near Heathcote. He then reassured her, despite his own arm injuries, until paramedics arrived.

Madison Loos, 10, called 000 after her mother, Robyn, collapsed unconscious during an asthma attack. The mother and daughter are pictured with Paramedic David Murray.



Shan Deery, 31, left, collapsed in cardiac arrest at her Hadfield home. Her husband Chris gave CPR, following a 000 call-taker's instructions, until paramedics arrived. Chris was nominated by paramedics Matthew DiToro and Amanda Mills.