

Australian Capital Territory

# Emergencies (Concept of operations for medical assistance in the Australian Capital Territory) Commissioner's Guidelines 2013

**Notifiable Instrument NI2013–138**

made under the

**Emergencies Act 2004, s 11 (Commissioner may make guidelines)**

---

**1. Name of Instrument**

This instrument is the *Emergencies (Concept of operations for medical assistance in the Australian Capital Territory) Commissioner's Guidelines 2013*.

**2. Commencement**

This instrument commences on the day after its notification.

**3. Commissioner's Guidelines**

After consulting with the chief officer (Ambulance) and the chief officer (Fire and Rescue) I make the guidelines entitled "*The Concept of Operations for medical assistance in the Australian Capital Territory*" at Schedule 1, which makes provision for:

- (a) areas of the emergency services to be operated jointly;
- (b) operation of joint areas of the emergency services; and
- (c) planning and conduct of joint operations of the emergency services for medical assistance in the Australian Capital Territory.

Dominic Lane  
ACT Emergency Services Commissioner  
27 March 2013

## Schedule 1

# COMMISSIONER'S GUIDELINES

relating to

## Concept of Operations for Medical Assistance in the Australian Capital Territory

### PREAMBLE

This Concept of Operations (CONOPS) has been developed between the ACT Ambulance Service (ACTAS) and ACT Fire and Rescue (ACTF&R) to provide for the effective and cohesive management of inter-service assistance to incidents within the ACT. This CONOPS:

- i. replaces entirely the previous MOU or similar arrangements that purports to issue guidelines or procedures on the subject matter of the CONOPS. All assistance provided and responsibility assumed under this CONOPS is intended to be consistent with the function and provision of the *Emergencies Act 2004*; and
- ii. is the guiding document for interoperability between the ACTAS and ACTF&R however does not override individual service Standard Operating Procedures/Guidelines, Medical Protocols or Clinical Management Guidelines for a specific treatment, activity or application of capability.

### LEGISLATIVE BASIS

Section 11(1) of the *Emergencies Act, 2004* establishes that “the commissioner may make guidelines for the strategic operation of each of the emergency services” and Section 11(4) further establishes that “the commissioner’s guidelines may make provision in relation to:

- iii. areas of the emergency services to be operated jointly;
- iv. operation of joint areas of the emergency services;
- v. planning and conduct of joint operations of the emergency services; and
- vi. anything else in relation to the strategic organisation and operation of each of the emergency services that the commissioner considers appropriate.

### INTER-SERVICE INCIDENT OBJECTIVES

This CONOPS has been established to encompass the following objectives:

- vii. to provide for the utilisation of ACTF&R resources, when requested by the ACTAS, for the provision of medical assistance to patients suffering life threatening illness or injury, until the arrival of an ACTAS crew; and
- viii. to provide for the attendance of the ACTAS when requested by ACTF&R for the provision of medical assistance for fire fighters while engaged in emergency operations.

## **MEDICAL ASSISTANCE DEFINITIONS**

Medical Assistance is a general term used to describe ACTF&R and the ACTAS assistance to each other in day to day, routine operations. First response to medical related incidents will be by the ACTAS in accordance with their legislated responsibilities. However, in certain circumstances, the ACTAS may request a first response from ACTF&R.

These situations may include but are not limited to the following:

- ix. primary response to provide medical assistance to a patient or patients due to an ACTAS crew not being immediately available;
- x. provision of support to the ACTAS at the scene of a cardiac arrest or with any other critically compromised patient;
- xi. supporting the ACTAS members with the extrication, release or removal to a safe place from any hazard or difficulty environment of any person requiring medical treatment;
- xii. driving an ambulance when the ACTAS staff are unavailable to do so; and

In the event an incident escalates, operational procedures may be covered in other plans including but not limited to: Mass Casualty; Extreme Heat; Urban Search and Rescue (USAR); Hazardous Material Incidents; and Chemical, Biological, Radiological and Nuclear Plan (CBRN).

## **OPERATIONALISING THE CONOPS**

For the purposes of the CONOPS, medical assistance may be provided by either ACTF&R or the ACTAS to assist each other in tactical and operational incident management.

## **ACTF&R ASSISTANCE TO ACTAS**

Where information received by the ACTAS suggests a patient suffering from a life threatening illness or injury, and the ACTAS is unable to respond in a reasonable time, the ACTAS may request ACTF&R to respond in the first instance. The first available ambulance will then support the ACTF&R crew immediately.

A request for response of ACTF&R resources will be coordinated through ComCen. The ACTF&R ComCen Station Officer may request approval/authorisation from the ACTF&R Operations Commander however whilst this should not delay the response

of an ACTF&R resource, any request will be considered against operational demand and deployment of ACTF&R resources at the time of the request;

The following principles will be followed for responses:

- xiii. ACTAS ComCen staff will provide all relevant information available to them on the CAD to ACTF&R ComCen staff for dissemination to responding ACTF&R crews;
- xiv. ACTF&R ComCen staff will notify the ACTF&R Operations Commander;
- xv. ACTF&R personnel will notify the ACTAS immediately they encounter any medical related incident during the course of their regular duties;
- xvi. any requests received directly by ACTF&R operational crews and/or ComCen to attend medical/patient related incidents will be directed to the ACTAS whereby any response by ACTF&R will be within the terms of this CONOPS;
- xvii. patient information that may have the potential to be a health or safety hazard/issue to responding ACTF&R personnel will be relayed to ACTF&R responders via the ACTAS;
- xviii. ACTF&R Officer in Charge may cancel the Fire and Rescue response where no patient contact is made. ACTF&R will immediately provide the information to the ACTAS that the ACTF&R appliance is returning to station or other activities;
- xix. once ACTF&R personnel have made contact with a patient, at least one member of ACTF&R will monitor the patient until the arrival of, and hand-over to, the ACTAS staff. Where practicable, patients will not be left unattended once contact has been established;
- xx. ACTF&R members will complete the approved Patient Care Record (PCR). The Chief Officers of the ACTAS and ACTF&R will agree to the most appropriate process for the provision of PCR's completed by ACTF&R members to the ACTAS;
- xxi. all PCR's will be managed by the ACTAS in accordance with *Health Records (Privacy and Access) Act 1997* and the *Territory Records Act 2002*. Personal and/or medical information collected as a result of an attendance must be consistent with the provisions within the Acts; and
- xxii. The ACTAS is responsible for the review and storage of all PCR's completed by ACTF&R.

## **ACTAS ASSISTANCE TO ACTF&R**

The ACTAS will provide the first available appropriate resource for operational stand-by and other related services at the request of the ACTF&R. Such support may include but is not restricted to:

- xxiii. stand-by at structural fires that ACTF&R is attending;
- xxiv. incidents where ACTF&R is required to use chemical protective clothing;
- xxv. medical assessment of ACTF&R staff undertaking specialist incident management both prior to, during and post incident management; and
- xxvi. any other event where in the opinion of ACTF&R, an the ACTAS resource is required to support ACTF&R due to activities being undertaken at the scene.

The ACTAS Comcen will advise the ACTAS Duty Operations Officer where such requests are made. ACTF&R will release ACTAS crews at the first and earliest opportunity. Where such requests relate to a training activity, prior notice which allows adequate time for selection of staff and management of resourcing implications must be provided.

## **PRINCIPLES UNDERPINNING THE CONCEPT OF OPERATIONS**

The following principles underpin the “*Concept of Operations for medical assistance*”:

- xxvii. Competency;
- xxviii. Clinical Quality Management Process and provision of timely feedback; and
- xxix. Continuous improvement.

## **COMPETENCY**

ACTF&R staff maintain competency in advanced first aid which includes automatic defibrillation and the use of oxygen equipment. ACTF&R personnel providing medical assistance and support under this CONOPS will hold a current Advanced First Aid qualification or equivalent.

ACTF&R members will not be routinely requested to drive the ACTAS vehicles except in circumstances where:

- xxx. the patient to be transported is suffering from a life-threatening and time critical injury or condition; and
- xxxi. there is no other member of the ACTAS available to drive the ACTAS vehicle who is not involved in the direct care and treatment of that patient. (Note: In some circumstances the care and treatment of a patient during transport to

hospital may involve more than one ACTAS member). This arrangement excludes both the ACTAS Duty Operations Officer and ACTF&R Duty Commander.

Requests for assistance to drive an ambulance will be approved by the ACTF&R OIC. ACTF&R members will not be required to drive ACTAS vehicles if they have not undergone the familiarisation program. The ACTAS will provide vehicle familiarisation to ACTF&R members as agreed between the Services.

## **CLINICAL QUALITY SAFETY RISK MANAGEMENT PROCESS AND TIMELY FEEDBACK**

PCR's and Automatic External Defibrillator data provided by ACTF&R will be reviewed by the ACTAS Quality Safety Risk Management (QSRM) Unit as an integral component of the ACTAS Clinical Quality Management process. Appropriate feedback will be addressed through the ACTF&R Superintendent Operations if any issues are identified. Information provided to ACTF&R will be consistent with the obligations imposed upon the ACTAS in complying with the *Health Records (Privacy and Access) Act 1997*.

Periodic reviews of inter-agency assistance provided for in this CONOPS will be conducted by the ACTAS and ACTF&R to investigate opportunities for improvements to standing arrangements. Service representatives to periodic reviews will be nominated by the Chief Officers of the ACTAS and ACTF&R.

## **CONTINUOUS IMPROVEMENT**

Following a periodic review, a joint report will be provided to the Chief Officers of the ACTAS and ACTF&R for their deliberation of any proposed improvements. A report should be produced annually to detail the range and number of medical assistance tasks undertaken. This will enable both Services to contribute to the process of continuous improvement in the training and delivery of inter-service assistance to incidents.

## **CONOPS SUMMARY**

The Concept of Operations defines the emergency first response medical assistance arrangements and abilities to act in a unified and co-ordinated way to respond to related operational incidents within the ACT. The CONOPS applies to routine, day to day operational emergency incidents. A more complex or protracted emergency is likely to trigger a higher level plan and set of operating procedures. This document provides the basis by which the Chief Officers of the ACTAS and ACTF&R are able to ensure the operational procedures, standards and training requirements of the Services are developed in a consistent and integrated manner. A common understanding of response arrangements, incident management, training and competency provide for integrated and cohesive operational responses.

This CONOPS does not address specialised training requirements for ACTAS staff to be provided by ACTF&R for the ACTAS to maintain appropriate capability to work in support of ACTF&R at incidents including structural collapse, hazardous materials incidents, chemical, biological and radiological incidents and rescue incidents where ACTF&R is the lead agency.

Operating procedures and training requirements for the ACTAS staff are addressed in, and remain subject to separate plans in accordance with emergency planning arrangements.