Ambulance Victoria’s two new helicopters are set to arrive in Australia before the end of this year, with both operational by mid-2009.

The new helicopters will be based at Essendon and Warrnambool, taking AV’s statewide helicopter fleet to five.

The first of the Canadian-built Bell 412-EPs is due to arrive on 26 November, with the second due on 30 December.

The new helicopters follow a $45.7 million funding boost by the State Government, which will allow AV to provide a more comprehensive medical response, particularly in regional Victoria.

AV’s Chief Executive Officer Greg Sassella said the new helicopters would save lives. ‘These new helicopters add to our existing fleet in Melbourne, Bendigo and the LaTrobe Valley and will significantly improve the emergency and specialist services we can offer Victorians.’

Both the helicopters arrive ‘green’, which means they literally have a green undercoat paint on them. They will be painted with AV livery and fitted out in Brisbane for emergency medical work.

The fit-out includes plumbed-in oxygen and suction lines, mounts for monitoring and other medical equipment, specialist radio equipment, a paramedic work station and a stretcher-loading system.

AV officers will ensure the fit-outs are complete before the choppers fly to Melbourne for training and familiarisation, said Air Ambulance Victoria Business Manager Simon Ronalds.

‘It’s important the pilots and MICA flight paramedics become familiar with the aircraft, so there will be a month of familiarisation and training at Essendon before each helicopter becomes operational,’ Mr Ronalds said.

The Essendon-based helicopter will be primarily a medical retrieval helicopter, known as HEMS 5.

Continued page 2

MASSIVE JUMP IN RECRUITS
A record number of paramedics to join AV  P3

CLINICAL TRIAL SAVES LIVES
Outstanding results for heart attack patients  P5

BRIDGING THE GAP
Aboriginal Project Officer reflects on his first year  P6
ARV celebrates first year of operation

ARV’s main roles

- Telephone advice: ARV’s critical care coordinators can advise on the clinical care of critically ill patients 24 hours a day and can provide advice irrespective of whether a retrieval is required. In addition, ARV manages the Statewide Trauma Advice and Referral line.
- Retrieval of patients: ARV evaluates the practicality and clinical benefit of transferring a critically ill patient from the source hospital. If a transfer is necessary, ARV organises transport and the appropriate clinical staff to accompany the patient and arranges a suitable critical care bed at the receiving hospital.
- Bed coordination: ARV liaises closely with public and private hospital intensive care units to facilitate access to critical care beds when required. ARV monitors the availability of critical care beds in the state and seeks to optimise the use of critical care resources.

Critical care coordinators provide clinical advice by telephone about critically ill patients, and liaise with major Victorian hospitals on the availability of critical care beds. Retrieval specialists are experienced on-call doctors who accompany a patient from the source hospital to the destination hospital. These doctors are mostly emergency specialists, although intensive care physicians and anaesthetists also perform the role. ARV has a 24-hour phone line staffed by ARV personnel. Telephone calls are recorded for quality and audit purposes.

On the Horizon

(Helicopter Emergency Medical Service 5), and will be an integral part of the services provided by AV’s Adult Retrieval Victoria. HEMS 5 is expected to be operational before mid-2009, and will transport critically ill patients from mostly regional and rural hospitals to critical care beds at metropolitan hospitals. The helicopter will also carry a neonatal cot for critically ill newborn babies who are transported as part of the Newborn Emergency Transport Service based at the Royal Women’s Hospital. The Warrnambool-based helicopter (HEMS 4) will provide primary emergency response for the state’s south-west, provide transport for critically ill patients and have the capacity to be involved in search and rescue operations. It will be based at Warrnambool Airport and will become operational once a secure hangar and support facilities have been constructed, which is expected to be in mid-2009. The Bell 412-EPIs are the same model as the helicopters based at Bendigo and in the LaTrobe Valley. AV has begun recruiting additional MICA flight paramedics for the new helicopters, who will be required to have higher-level clinical skills, as well as pass tests that include fitness, agoraphobia (a fear of unfamiliar environments) and swimming.

Critical care coordinators provide clinical advice by telephone about critically ill patients, and liaise with major Victorian hospitals on the availability of critical care beds. Retrieval specialists are experienced on-call doctors who accompany a patient from the source hospital to the destination hospital. These doctors are mostly emergency specialists, although intensive care physicians and anaesthetists also perform the role. ARV has a 24-hour phone line staffed by ARV personnel. Telephone calls are recorded for quality and audit purposes.

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Ambulance Victoria is set to recruit a record 358 paramedics in the 2008-2009 financial year, the equivalent of more than 17 per cent of AV’s existing workforce.

Most of the recruits will be university graduates, who will spend 12 months on the road before becoming fully qualified. The remainder will be recruited from interstate and overseas.

‘These new recruits will give us additional flexibility to address areas where there is a shortage of paramedics, particularly in some rural communities on the roads before becoming fully qualified. The remainder will be recruited from interstate and overseas. ’

Professor Tony Walker, the Executive General Manager of Quality and Education Services.

‘While the intake is significant and will put pressure on our education staff, we are confident it will be an important and timely success.’

Associate Professor Walker, a MICA qualified paramedic, heads up a new AV division that oversees the education of graduate recruits, education and training of all paramedics and volunteers, monitors clinical and professional standards in the field and develops clinical research.

He sees a significant future in blended and online learning, especially in rural areas.

In December, six Ambulance Community Officers (ACOs) in rural areas will begin a supported program to become paramedics. ACOs are community members who are trained to provide ambulance services in more remote rural communities and also support paramedics in some rural communities.

‘This program gives them the opportunity to train within their community using ACO learning. The ACOs will be employed by AV as student paramedics while they complete their paramedic degree part time at Flinders University. ‘They will do it in such a way that it is flexible and they receive vocational support along the way.’

Associate Professor Walker said if the program proved a success, it could create an opportunity for other community volunteers such as Community First Responders to step up and become paramedics.

The merger has also opened up opportunities for paramedics and their families to move between the city and rural Victoria. ‘Previously, a paramedic who wanted to move from the city to the bush, or vice versa, had to resign then apply for a new job.’

‘People don’t have to resign to move and this gives people the chance to explore different lifestyles and give to different communities. The merger will give the organisation – and the paramedics – additional flexibility, which is beneficial for family life, career longevity and career opportunity.’

The upgrades are one of several initiatives that will flow from the merger of the Metropolitan Ambulance Service, RAV and the Alexandra District Ambulance Service, which was announced in April by the State Government.

The merger came into effect at midnight on 30 June 2008, with the creation of AV and the formation of a new Board, which held its first meeting at the end of July.

Mr Sassella said it had been an enormously busy time, first preparing for the integration, then actually bringing the different services together.

The first three months involved significant governance and structure aspects, from establishing bank accounts to adapting finance systems. It also involved creating board policies and committees, and a functioning executive management team.

Mr Sassella said the interim executive team had a strong operational bias, with five of the nine (including himself) having worked as paramedics. ‘And all of us have worked extensively in the rural sector.’

He said this was an important element in making the merger a success. ‘What is critical here is to ensure the merger identifies the positives out of each organisation and that we bring these aspects together, so AV is more than just a sum of its parts. It is also a signal that the focus of AV will be directed toward improved patient treatment and associated medical outcomes.’

Mr Sassella said the Board had provided strong support in the transition phase. On 2 October, Board Chair Marika McMahon and Health Minister Daniel Andrews signed off AV’s Statement of Priorities, which stipulate performance measures and financial targets. ‘The formalising of this agreement confirms our focus on the patient and sets a base for future strategy development for AV,’ Mr Sassella said.

Longer-term planning has now begun and, by June 2009, AV will have confirmed its permanent structure and have begun development of a strategic plan to carry it though the next three to four years.

‘The three services all had strategies of their own. We will integrate key aspects of these strategies, but we must also ensure it is based on what is best for the patient and patient outcomes. This is the principle upon which we have built the integration, and it will be the guiding principle for all future activities,’ Mr Sassella said.

Graduate paramedics practice their skills during a training exercise.
Lock Richardson, who qualified for MICA in April 2006, started working as a paramedic after his wife Anna convinced him that it would be a good idea. 'I was at a place where I didn’t know what I wanted to do and I was sick of nursing so she asked me what it was that I wanted - and she suggested I apply to be a paramedic, which I did. 'I went on to MICA because I wanted the personal achievement and I wanted to be able to do more for patients. It’s hard work but it’s rewarding at the same time,’ said Lock, who works at MICA 11 in Clayton.

‘There is greater responsibility and there is a greater need to think critically on your toes, and assess the risks that you take with the decisions that you make, but it comes with more rewards.’

‘The service recognises the sustained contributions by its paramedics and these events enable family and friends to be actively involved in the recognition of their achievements.’

Both evenings were a great success with paramedics and guests enjoying the night. Formal proceedings were brief, with graduates presented with certificates by AV Chief Executive Officer Greg Sassella and the Minister for Health Daniel Andrews (on 14 October) and Health Services Commissioner Beth Wilson (on 24 September).

The formal proceedings were followed by a cocktail reception. Complimentary photography services were also provided until the event’s conclusion.

Other VIP guests included Victoria Police Chief Commissioner Christine Nixon, Country Fire Authority CEO Neil Bibby, Emergency Services Telecommunications Authority CEO Neil Foster, Department of Justice Procurement Office Susan Greenwood, AV Chair of the Board of Directors Marika McMahon, and other AV board members.

Steve Hill is a MICA paramedic at Bairnsdale, in Gippsland. His partner Wendy Parris, has been working as a paramedic at Lakes Entrance for four months. At the same time that Steve was training to become a MICA paramedic, Wendy was studying to become a paramedic - making it a tough year.

Steve is thankful that throughout the year, they got parental help. ‘We were both very busy, both studying at the same time,’ he said.

‘We got a lot of help from grandparents taking care of the kids and cooking meals and it went well. Wendy loves her job and I love being a MICA paramedic, so it’s good for both of us.’

Steve and Wendy made the trip from Bairnsdale for the graduation ceremony. ‘Tonight was a good opportunity to catch up with some of the other people in my intake, said Steve.

‘We spent a lot of time doing the training together and got to know each other really well so it was a good chance to catch up with everyone again and have a good night out’. Wendy was happy to see Steve walk on stage. ‘It’s wonderful that Steve made it to MICA. It was a hard year, juggling work, study and family life with our two young daughters, but the end result is excellent.’
A clinical trial aimed at improving intervention times for patients with a heart attack has produced outstanding results.

The trial, in conjunction with Monash Medical Centre, involved MICA paramedics attaching a 12-lead electrocardiogram (ECG) - which reads the electrical activity in the heart - to patients with a suspected heart attack.

A heart attack can be caused by a narrowing of the artery in the heart, or the blockage of the artery supplying blood to the heart muscle. This is a time-critical condition. The longer a heart attack continues, the more damage can be done to the heart muscle.

Hospital treatment for this condition is to unblock the artery, allowing blood to flow freely again, often by inserting a stent in a process known as coronary angioplasty.

Before the trial, practice was that paramedics took patients to Monash Medical Centre's emergency department, where a heart attack was confirmed before the patient was taken to the catheter laboratory to remove the clot and insert a stent.

During the trial, paramedics used a 12-lead ECG to send an ‘image’ of the heart’s activity from the field directly to medical specialists at the hospital, where the images were quickly examined to facilitate early activation of the cardiology team.

On arrival at the hospital, patients could then be taken straight to the catheter laboratory for the blockage to be cleared and a stent inserted.

Before the trial began, it took an average of 106 minutes from arriving at the hospital to having a stent inserted. Under the trial of 101 patients, this time was cut to an average of 57 minutes.

Research shows that for every 30 minutes the wait is reduced, there is 7.5 per cent less chance of dying or having a serious cardiac event in the next 12 months.

The potential savings to the health system - fewer patients needing admission to hospital, long periods of recovery and potentially a lifetime on medication - are substantial.

The early trial results have attracted significant attention and a full analysis will be conducted in the coming year, with AV in discussions with other hospitals about expanding the program.

The first patient enrolled for the trial, Leslie Curtis, with MICA paramedics Matthew Shepherd (left) and Brendan Webster.

A new type of Continuous Positive Airway Pressure (CPAP) machine has made non-invasive ventilation therapy safer for paramedics while delivering improved results for patients.

CPAP is a simple form of non-invasive ventilation therapy, which has become standard procedure in emergency departments, but until now has been uncommon in pre-hospital treatment.

The therapy, which reduces the effort of breathing by increasing airway pressure throughout the respiratory cycle, is particularly effective in the treatment of acute pulmonary oedema (fluid on the lungs).

In the past, pre-hospital respiratory support has come via the Oxysaver device, which presented an occupational health and safety risk for paramedics needing to work unrestrained in a moving vehicle.

The procedure often required a paramedic to lean over the patient to ensure the mask was applied firmly to the patient’s face. This practice resulted in several workplace injuries.

The Whisperflow CPAP device was rolled out to all MICA units after an Ambulance Victoria study found it delivered effective pre-hospital therapy and removed the need for a paramedic to ride unrestrained.

The device was also tested at two MICA units for oxygen consumption, durability and portability on more than 20 patients with suspected acute pulmonary oedema.

The clinical and survey data overwhelmingly confirmed the Whisperflow unit’s ability to provide therapy at least as effective as that delivered by the Oxysaver, with all patients showing improvement in all vital signs along with a decrease in anxiety.

However, the standout advantage was in the elimination of the health and safety risk to paramedics by removing the need for them to be unrestrained while treating a patient during transport.

The new device is safer for paramedics and better for patients.
Perspective

Zane Alford has heard a similar story many times - an elderly Aboriginal person with chest pains walking three or four suburbs to their local Aboriginal health service, with no thought of calling an ambulance. ‘There’s a lot of stories like that in the Aboriginal community,’ says Zane. ‘They didn’t realise it could be a heart attack, or didn’t want to call for an ambulance – they just wanted to go to their Aboriginal health service to get help.’

The story is the same in rural areas. ‘People will call their health co-ops and ask for a lift to hospital. Almost every health worker I’ve spoken to in co-ops has had someone ask them.’ It’s been almost a year since Zane was appointed as the state’s first ambulance Aboriginal Project Officer, and he has been busy getting into the state’s 30,000-strong Aboriginal community and spreading key messages about the ambulance service. ‘A lot of people in the community think you only call for an ambulance if you’ve had a car accident, or a major incident like that. They don’t know that the vast majority of our call-outs are to simple things like people falling over who can’t get up. ‘Our aim is to tell the community that if they get into a bad situation, they need to at least consider us. Even if an ambulance doesn’t get sent they’ll be able to tell you how to look after yourself.’

Some people, particularly the elders, worry about the cost. ‘It’s a matter of getting the message out that if you are on a healthcare card then it’s free. People are often surprised when we tell them that.’ The project officer role was set up to improve communication with the state’s Aboriginal community. Experience demonstrates that despite having generally worse health outcomes than the general population, few Aboriginal people call an ambulance, even during a medical emergency. Anecdotal evidence suggested this was due to a lack of understanding about the ambulance service, which could be remedied with improved engagement. Zane has four key messages for the Aboriginal community:

• If you think you are in a medical emergency, call triple zero
• Even if a call taker doesn’t send an ambulance they can give you a bit of advice
• If you have a health care card the ambulance is free - and if you haven’t perhaps you should consider membership
• If you call an ambulance, that does not mean police will necessarily arrive.

Initial focus has been both on rural and city communities, as well as through Aboriginal health providers in the statewide Victorian Aboriginal Health Service (VAHS).

‘A large part is building the relationship with the community. This hasn’t been done before by ambulance and, because we hadn’t been out there trying to engage with the community they hadn’t been trying to engage with us.’

Zane said the reaction to his approaches has been tremendous. ‘We’ve been to quite a few events over the past year where we’ve had positive engagement with the community. It means people can go up and talk to paramedics about their experience, which is of great benefit.’ And the interaction works both ways, says Zane. ‘With paramedics, my main aim is to improve awareness of Aboriginal culture and people, and different issues in the community, and not just health but other issues.’ He offers a piece of simple advice.
Perspective

to paramedics called to a job in an Aboriginal community: ‘If you can go in with an open mind and be prepared to ask genuine questions, you’ll be better off. Don’t go in there with any assumptions.’

Says Zane: ‘A lot of the stuff you see in the newspapers is quite negative and paints not a great picture of Aboriginal society, but generally speaking that’s quite a small element.

‘A lot of Aboriginal people don’t drink, own their own houses, and have normal dreams for their own family. But that isn’t really portrayed in the newspapers and the media.’

Zane says one of his main concerns was that the only time many paramedics came into contact with Aboriginal people was when something had gone wrong and people were stressed.

‘I’m trying to create opportunities for paramedics to get to know and learn about Aboriginal people and culture in a positive environment. And those opportunities are also about two-way learning.’

Events such as Reconciliation Week, NAIDOC Week and Crocfest have provided opportunities for paramedics and the community to mix, and learn from each other. Zane’s Aboriginal heritage is as a Wongai man, from Western Australia, and his grandfather was born there. Zane grew up in Bendigo, where his grandfather had settled after a career in the Australian Army.

Zane studied international relations at Deakin University in Geelong. In his final year he won a scholarship from the Department of Human Services.

‘That really helped me out. It meant I didn’t have to find a job – I was in the army reserve and I didn’t have to go away so many times – and I could spend more time on my studies.’

At the end of the year he spent several weeks on placement with DHS, then applied for the State Government graduate program. ‘The idea is that you get an opportunity to do different things and have different experiences, with rotations in different departments.’

Zane spent a three-month period on indigenous issues in the Department of Justice, with the rest of his time in the Department of Housing.

‘Because of my family I’m passionate about Aboriginal issues, and I ended up doing a lot about Aboriginal housing.’

Towards the end of his placement, a friend told Zane about the ambulance job. ‘I was immediately interested. The idea of getting out and about and working with the community and paramedics really appealed to me.’

One of the next steps is to introduce CPR programs to Aboriginal communities. ‘But there’s no point learning CPR if you don’t call for an ambulance, so our main goal is to make people comfortable using the ambulance.’

His role is making a difference and word is spreading. ‘The community is only about 30,000 people in Victoria, and people in one community know people in another community. They call it the “Koori grapevine” and things travel along it pretty quickly and pretty accurately, so it’s important we do this properly.’

Koori facts

In 2001, the estimated resident Aboriginal and Torres Strait Islander population in Victoria was 27,928. This represented 0.6 per cent of the total Victorian population and 6.1 per cent of the Australian Aboriginal population.

In 2001, 57 per cent of Aboriginal Victorians were under the age of 25 years, compared with 34.1 per cent of the total population.

In 2004, the rate of stillbirths and deaths before 28 days per 1000 births to Aboriginal mothers (25.1) was double the rate for non-Aboriginal mothers (12.5).

Life expectancy is estimated at 60 years for men and 65 years for women, about 18 years less than Victorian non-Aboriginal life expectancy.

Aboriginal people have generally poorer health than non-Aboriginal people and are more likely to be hospitalised. Aboriginal people often develop chronic diseases at an earlier age than non-Aboriginal people.

Source: Department of Human Services
When Wedderburn’s Community Emergency Response Team (CERT) was set up three years ago, the volunteers were told to expect a couple of call-outs a week. The first call came within two hours, and it has not eased since.

‘We have been to 600 call-outs in three years,’ said Rob Hodges, the leader of a team that covers an area that extends as far as 30 kilometres from town, and includes a section of the busy Calder Highway.

‘The town now recognises us as their safety blanket because most times we get to a job before the ambulance,’ he said. ‘If we didn’t have this facility here, the outcomes for some patients would have been quite different.’

‘The idea for the team came four years ago, when a group in the community saw a CERT established in nearby Boort.

“We no longer had a hospital, we had a part-time doctor and the nearest ambulance was about 25 minutes away at Charlton or Inglewood,” Rob said.

Locals were told a CERT could be established if the community response was adequate – so a town meeting was called.

‘The response was so good they ran out of chairs in the Senior Citizens’ Hall. In the end about 19 people wanted to be in the field team and another nine wanted to be involved, but not in the field, and they became our Committee of Management.’

Rob said the team was a slice of the community. ‘Ages range from 30s to mid-60s, with different backgrounds, such as a young mother, priest, electrician and grandfather. Most times our paths wouldn’t cross, but even after a short time together the team built a strong camaraderie.

Rob’s team trains two nights every month, plus the occasional Sunday, to keep their skills up to date. ‘The Committee of Management also raises funds to send our volunteers to conferences, to learn new things. We want to make ourselves as good as we possibly can.’

Volunteers provide a ‘safety blanket’

Ambulance Victoria held another of its ongoing and successful series of regional conferences to support Community Emergency Response Teams (CERT) last month. Held at Norval in the Grampians, the conference program was packed with practical workshops and keynote presentations.

CERT members, Ambulance Community Officers, paramedics and ambulance staff came from across Victoria and from South Australia to enhance skills, run workshops, share the latest thinking and build working partnerships.

AV Chief Executive Officer Greg Sassella, a passionate supporter of rural community resilience when it comes to emergency health care, spoke about the importance of CERT teams and flagged ongoing support for the future.

AV’s Executive General Manager Quality and Education Services Associate Professor Tony Walker gave an overview of the latest thinking regarding paediatric patients, a topic of profound significance for rural communities where much of the work on infants and children is for serious accidents and trauma.

Grampians regional conference
Located between the large regional centres of Geelong and Ballarat, Meredith may be a small town but its new Community Emergency Response Team (CERT) members are putting in a big effort. The Meredith CERT was officially launched on 6 August, but has been operational since December 2007 and notched up attendances at close to 30 emergency cases. In the past, due to distance, Meredith community members had waited up to 25 minutes for an ambulance to come from Sebastopol or Geelong. The new CERT can arrive in just a fraction of this time to provide initial medical care and reassurance, giving peace of mind to community members - a fact reiterated by locals at the recent launch. Team Leader Andrea Rooney said the 10-member CERT was making a difference that was already being felt in Meredith. ‘I think one of the most positive things is once we get there, families, the patients and everybody around them tend to relax, and a lot of it is reassuring people everything will be okay,’ said Andrea.

Andrea also thanked the community for their generous support of the CERT, with local residents donating the team’s vehicle, petrol and servicing expenses.

The Meredith CERT was formed as part of a modified pilot program to determine how small rural communities can best operate a first responder program and will be evaluated after 12 months. The State Government contributed $25,000 to establish the team.

### Community First Responder volunteers form part of the Community Emergency Response Teams (CERT) strategically located throughout rural Victoria. When 000 is dialed for an emergency ambulance, Operations Centres simultaneously dispatch a CERT along with a paramedic crew, providing a more efficient and effective response in remote communities. CERT volunteers do not transport patients, but provide ‘first responder’ first aid and comfort to the sick and injured.

### Community Emergency Response Teams

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### CERT locations and towns involved

**CERT**

- Berringa
- Brodie
- Blackwood
- Boort
- Buchan
- Calheron
- Dunmunkle
- Granville
- Halls Gap
- Hawkesdale
- Jeparit
- Leigh Catchment
- Rockwood
- Dereel
- Enfield

### Review praises volunteer program

An independent review of AV’s regional Community Emergency Response Team (CERT) program has widely praised the volunteer-based service. The evaluation, undertaken in 2006 by the Office of the Emergency Services Commissioner, was recently made available. The report recommends the CERT program be expanded according to identified needs, funding and capacity to provide the necessary operational support and training. The report found that CERTs create positive impacts on the well-being, cohesiveness and social capital of their communities, as well as reducing emergency response times. Community members who volunteered to be part of a CERT reported increased personal and community development, resilience and confidence, the report said.
Dave Dandy—no regrets

Dave Dandy’s decision to become a paramedic was made as he lay in Geelong Hospital with appendicitis, aged 13. ‘There was a young man in his first year ambulance cadetship doing some time in the hospital and I was talking to him. His job sounded interesting and I set out to find out more about the ambulance service.’

When he turned 15, Dave was offered casual work on Saturdays. ‘I did that until 14 January 1974, when I started a three-year cadetship. Our training was run in parallel with the nursing course, and we started with six weeks of anatomy and physiology.’

Seven months of his cadetship was spent working in hospital. ‘We got a chance to see all parts of the hospital and had to be signed off for participating in three post-mortems.’

At the ambulance station, some of the duties and facilities were unusual by today’s standards. Sleeping arrangements at branches was simple – you used the stretcher from the ambulance. ‘You knew your partner would wake you up when there was a call because he needed the stretcher.’

‘Every afternoon one of you would have to get on a pushbike and do the banking. If a call came in, the other person would respond, often by themselves, a type of “single responder”. You did your own gardening and got down in the car wash pit every month to clean the ambulance.’

Some of the work involved horrific scenes. ‘The road toll was terrible. Cars had bench seats and no seat belts. They were often big accidents. A dozen cars might be involved in a single accident with maybe 30 patients. You might make several runs from a large accident. The most I ever had was 11 people in the ambulance at once.’

In 1980 Dave moved to Orbost. ‘I was young and married and it offered a good lifestyle. The wages were poor but you had subsidised accommodation, $17 per week for a nice home. It was a community of 3,000 people with just two ambulance officers. People would come to your door 24 hours a day but you were part of the community. I loved it.’

Dave often went to accidents alone, treating and transporting the sickest patients first, returning for the less injured and then returning to collect the bodies of those who had died. Sometimes he would then need to transfer a patient to Sale Hospital two hours away.

There were no helicopters, and the only air transport used a landing strip at Marlo, where ‘you had to first drive up and down the grass strip with lights and sirens going to scare away the kangaroos’. Many of the accidents were in remote country and Dave carried a chainsaw to cut fallen branches and trees that often blocked minor roads. It could take up to four hours to reach places like Jindabyne and then it could take 12-14 hours to complete a job. The roster consisted of 10 days on and four days off and you were on call all day. ‘We took all our own calls. When you went out your wife took the calls and operated the radio. It was a family involvement. There were often no meal breaks.’

There were some unusual cases. ‘About eight o’clock one night the police officer phoned. A lion had escaped from the visiting circus. He wanted me there in case the lion “scratched somebody”. It was more humorous than dangerous – the lion was quite old.’

There were maritime jobs including divers with ‘the bends’ and various boating accidents. One cold July morning Dave went to investigate reports of a boat that had sunk. A Sydney ferry, the Karingal, was being brought to Melbourne to become a floating restaurant. It got as far as Corringle Beach where it sank in fog. Dave found 11 very cold people in life vests strung out along the foreshore. He ran a shuttle service to take them all to Orbost Hospital.

Dave Dandy is particularly delighted he has lived to see the creation of a single statewide service, Ambulance Victoria, which creates
opportunities both for communities and paramedics. But he stresses the importance of the needs of country people and addressing country fears, acknowledging that the rural appointments to the Board are one positive sign that rural communities will be winners as a result of the change.

He says the merger also creates opportunities to take successful community education programs across the state, tailoring them to individual communities, such as his home town of Trentham, which would benefit from first aid and CPR programs.

‘You can’t afford to put an ambulance on every corner, but there is a lot of value in empowering communities by encouraging the learning of CPR and making sure children know how to phone 000.’

Promoting AV at community events such as agricultural shows creates goodwill and the opportunity to promote CPR. ‘The guy in the pub wants to know that the ambulance service is there and is not broken. He wants to find good in the ambulance service. Every visible community engagement helps him do that.’

For paramedics, it will be easier to transfer between metropolitan and rural communities at different stages of their lives – similar to the journey Dave has taken, which has left him a passionate champion for rural communities.

Part of Dave Dandy’s legacy as a paramedic includes actions that created a secure future for Community Emergency Response Teams (CERT).

In 2001, Dave was an advocate for the commencement of CERT where he lived in Blackwood, a campaign that led to substantial funding for CERT for the rest of the state.

‘People were always coming to my door for help because ambulances often had to come from Daylesford or Ballarat. In addition, everybody was aware of a cardiac arrest case in the local hotel one New Year’s Eve when it took two-and-a-half hours for an ambulance to arrive.’

Dave says although a small number of CERTs existed in rural areas, they were not actively supported and had to provide their own vehicles and supplies.

‘I worked with the local community to develop plans for a local CERT, and contacted my local MLA, Don Nardella, who came to visit and listen to our case.’

Dave and the MP visited the CERT at Laver’s Hill, which was struggling to survive. ‘While there, our car was hit by another vehicle driven by two American tourists on the wrong side of the road. We had no injuries, but the American tourists needed to go to hospital.

‘The CERT team were quickly on scene and did their job but we then had to wait 45 minutes for an ambulance from Colac.’

As a result of that incident and his first-hand experience of the value of CERT, Don Nardella gave continued, unfailing support. This led to the State Government committing to setting up 21 CERT teams throughout the state, with recurrent funding and provision of vehicles. ‘The structures and constitution I had written for the Blackwood CERT were adopted elsewhere.’

Since he learned of his cancer, Dave and his wife Barbara, have received great support and guidance from the AV peer support service and the AV chaplaincy service. The peer support service has been of great support and the chaplaincy service is fabulous. The Reverend Ron Manley is just the best of all. He contacts us every other week and visits regularly.

‘He asks about our beliefs and how he can help us and strengthen our beliefs. He doesn’t impose his own views. In all our conversations religion was hardly mentioned. When we asked for a prayer he used the appropriate words for us.’

Dave, not a great believer in formal religion, believes the chaplaincy service is useful to all paramedics, regardless of their beliefs, to help them cope with difficult times and to celebrate the good times. And Dave gratefully remembers many great times shared with hundreds of colleagues in urban and rural locations. No matter what his regrets of their lives – similar to the journey Dave has taken, which has left him a passionate champion for rural communities.

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Ambulance Victoria has won a Victorian Safer Communities Award for its role in training and equipping nurses in remote areas to deal with medical emergencies and trauma.

Under the arrangement, formalised a few months ago, Remote Area Nurses (RANs) at Victoria’s 14 Bush Nursing Centres can be called on to be first responders or co-responders in a 000 emergency.

The RANs’ scope of practice is comparable to that of an Advanced Life Support Paramedic, with special legislation enabling the nurses to administer a range of medications in an emergency without a doctor’s order.

With training by AV in emergency work - which involves annual accreditation - the nurses are able to respond to a range of emergencies, and use their high-level skills to perform emergency interventions in the field, such as administering intravenous analgesics and fluids both in adults and children.

‘Providing a timely emergency response in remote areas is complex and challenging, and this initiative will help save lives in country areas,’ said AV’s Manager of Collaborative Emergency Health Programs Jenny Geer. ‘We have trained 47 nurses in emergency work, and they will always be backed up by an ambulance at every call-out.’

Department of Human Services funding initiated the program four years ago, providing money for training and equipment, including items such as overalls, wet-weather gear, reflective vests and radios, which are especially important in remote areas with poor mobile telephone coverage.

‘These nurses are very skilled and effective practitioners, and have learned to operate independently, as they are often the only medical professional available in the communities,’ Ms Geer said. The RAN emergency role has been incorporated into the State and Regional Health Emergency Response Plans, allowing for an effective, coordinated health and medical response in the event of a pre-hospital mass casualty incident.

The nurses operate from Bush Nursing Centres, which are small, non-bed-based incorporated primary health services that provide essential primary health and nursing services to isolated small and remote communities.

Each nurse has access to a car stocked with medical equipment, which allows them to effectively respond to emergencies.

‘This award is pleasing because it recognises the importance of using local resources in communities to provide sustainable emergency care, which would otherwise be unavailable. The result is we have significantly strengthened the emergency medical care available to residents of these communities.’

Ms Geer said the RANs’ work was proving valuable both for AV and the patients.

In one recent case, a RAN was first to arrive at a car accident with five patients. One patient had a broken pelvis, another had serious chest injuries and needed evacuation by helicopter.

The RAN provided intravenous analgesic and IV fluid to the patient with the broken pelvis and was on-site for 20 minutes before the first ambulance arrived. (A complication in the case was that all five patients spoke only Russian, so an interpreter was required via the nurse’s mobile phone).

In another case, in a remote part of Eastern Victoria, a RAN responded to an emergency case of suspected anaphylaxis, a life-threatening condition. On arrival, the patient was found to have a minor illness that did not require emergency treatment.

‘This allowed us to cancel a helicopter, which had been activated, as well as a MICA road unit, which was more than an hour’s drive away. The value here was this allowed these valuable services to be available for other emergency cases.’

Minister for Police and Emergency Services Bob Cameron congratulates AV’s Jenny Geer on the award.

A case study
An elderly man’s car ran off the road near Lake Bolac, in the state’s west, and hit a tree. It was two hours before the wreck was spotted by a passer-by, who called 000. Remote Area Nurse Jenny Holdsworth responded and was first on scene, arriving 10 minutes before Ambulance Community Officers. The patient was treated on-scene before he was flown by helicopter to The Alfred. The patient made a full recovery - and is driving again.

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