



PARAMEDICS

S U P P O R T





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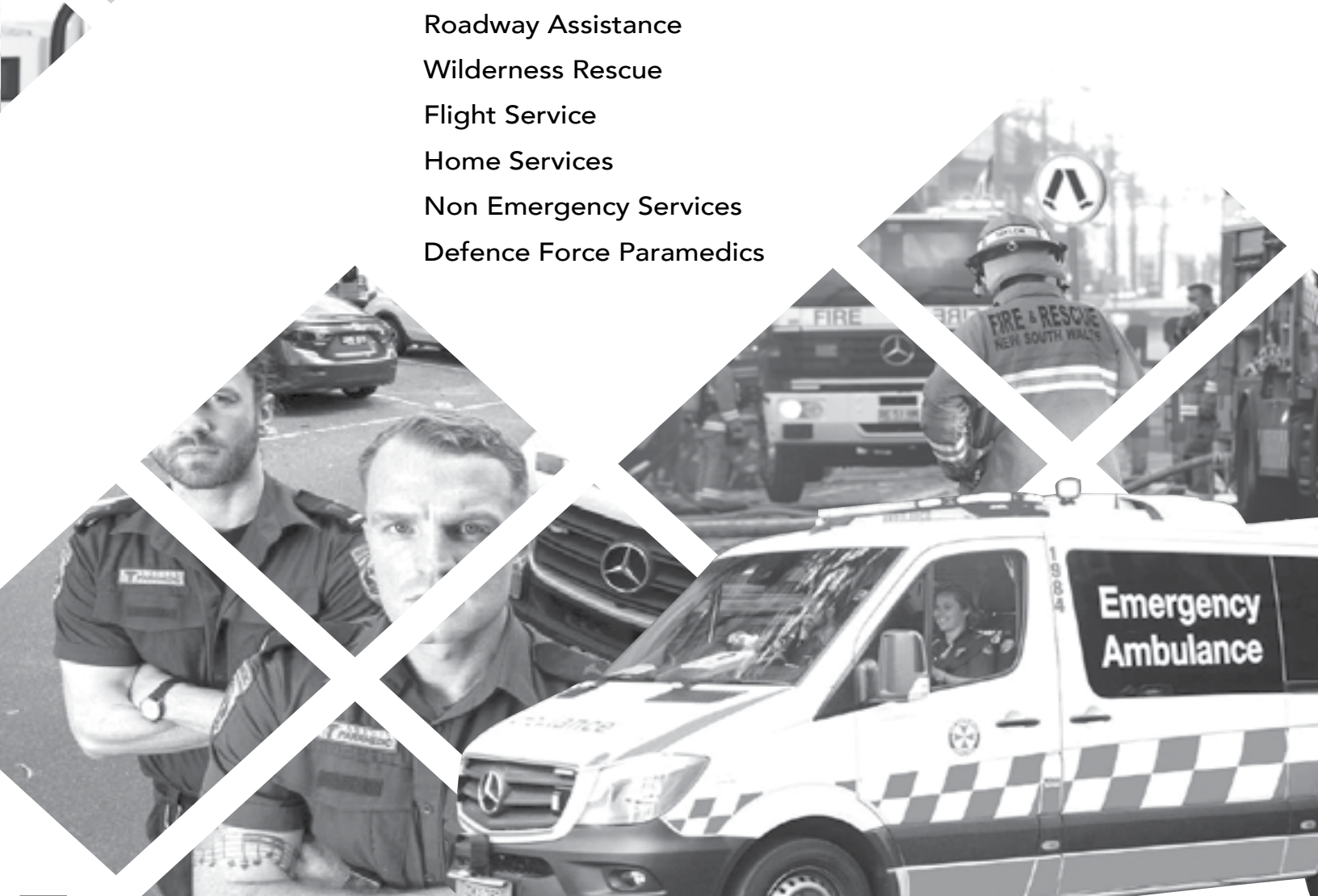
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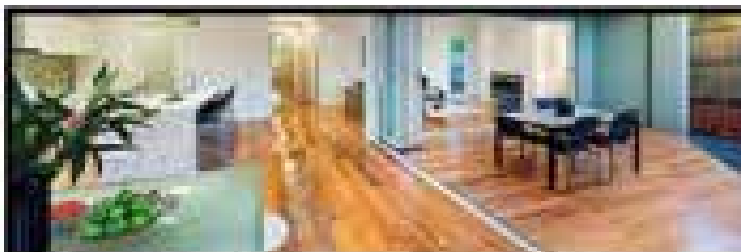
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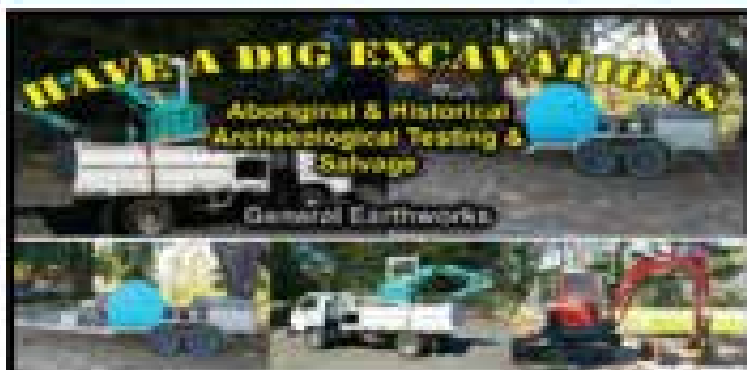
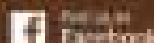
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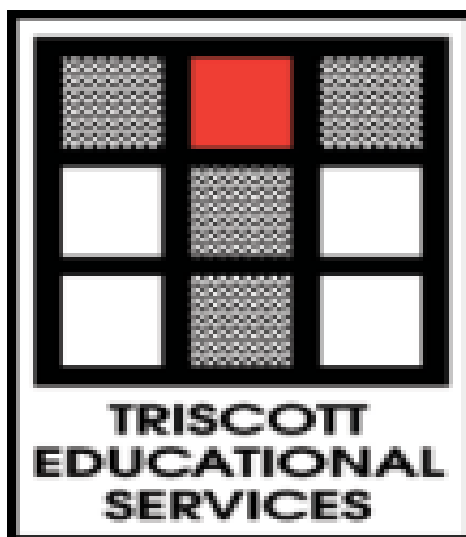


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How it All Began

World Wide

While civilian communities had organised ways to deal with prehospitallisation care and transportation of the sick and dying as far back as the bubonic plague in London between 1598 and 1665, such arrangements were typically ad hoc and temporary. In time, however, these arrangements began to formalise and become permanent. During the American Civil War, Jonathan Letterman devised a system of mobile field hospitals employing the first uses of the principles of triage. After returning home, some veterans began to attempt to apply what had they had seen on the battlefield to their own communities, and commenced the creation of volunteer life-saving squads and ambulance corps.

These early developments in formalised ambulance services were decided at local levels, and this led to services being provided by diverse operators such as the local hospital, police, fire brigade, or even funeral directors who often possessed the only local transport allowing a passenger to lie down. In most cases these ambulances were operated by drivers and attendants with little or no medical training, and it was some time before formal training began to appear in some units.



Prior to World War I motorised ambulances started to be developed, but once they proved their effectiveness on the battlefield during the war the concept spread rapidly to civilian systems. In terms of advanced skills, once again the military led the way. During World War II and the Korean War battlefield medics administered painkilling narcotics by injection in emergency situations, and pharmacists' mates on warships were permitted to do even more without the guidance of a physician. The Korean War also marked the first widespread use of helicopters to evacuate the wounded from forward positions to medical units, leading to the rise of the term "medivac". These innovations would not find their way into the civilian sphere for nearly twenty more years.



In Australia

Prior to the 1970s, most ambulance services in Australia were staffed by paid and volunteer staff called "drivers" or "ambulance drivers", "bearers" or "ambulance bearers".

Qualifications were often no more than possession of a first aid certificate or a home nursing course certificate. Some were trained to administer Trichloroethylene (an anesthetic/pain relief), while bandaging and splinting skills often formed the core of training sessions.



The Victorian Civil Ambulance Service (VCAS) in 1970, introduced the Mobile Intensive Care Ambulance (MICA) program. Victorian Ambulance Services followed up in the mid 1980s with the continuing education program (CEP)7 "Defibrillation" which introduced manual defibrillation to all ambulance officers who were not MICA paramedics.

In the 1970s Queensland commenced formal training blocks at the Ambulance Officer's training College, based on the Victorian Ambulance Officer's Training Centre or AOTC. The AOTC model

was duplicated in most Australian States until the introduction of University education.

Over the next few years, some ambulance officers throughout Australia were trained in varying levels of coronary care, allowing them to treat patients with both manual and semi automatic defibrillators. The use of semi automatic defibrillators and 3 lead ECG cardiac monitoring became standard in New South Wales and Queensland.

By the 1990s Queensland Ambulance Service trained recruits in conjunction with South Brisbane TAFE. After completing a three-year course, graduates were presented with an associate Diploma in Health Science (later a Diploma) and became "Qualified Ambulance Officers". Existing staff completed bridging courses.

From the mid 1990s Charles Sturt University, and Victoria University offered Bachelor Degree conversion courses for qualified ambulance officers and paramedics. In 1999 Victoria University offered the first pre-service Bachelor of Health Science (Paramedic), this was closely followed by Charles Sturt University and Flinders University. Today, University Bachelor degree qualifications in Paramedicine are the only pathway to gaining employment with Australian ambulance services except NSW.



Paramedics at Work

Anyone who has ever seen paramedics at work will confess that there is something extremely admirable about the profession.



Observing the way they work so perfectly as a team is enough to inspire awe and admiration, and it really is no wonder why some people aspire to be a paramedic at one point or another.

The job demands a lot of dedication, study and hard work. Today's new paramedic's must also be registered and have a degree in Paramedic Science.

Levels of Education

First responder

A Certificate II in Emergency Medical Response is used by some organisations. The term is non-specific and unregulated, and is used by private first aid companies, volunteer organisations, workplaces and State ambulance services to describe many levels of advanced first aid training.

Patient transport officers

Patient transport officers must, at a minimum, complete a course of training that will earn them a nationally recognised Certificate III in Non-Emergency Patient Transport. Again, the use of the term is unregulated.

Ambulance transport officer/attendant

Generally speaking, the statutory ambulance services in Australia require training to a Certificate IV level as the entry level for basic life support providers. The one exception to this is the State of Queensland, which still permits entry at the Certificate I level, or at Certificate IV. Though in other states like Victoria a Diploma of Paramedical Science (Ambulance), is required to transport more acute patients. This is possible in either the state run ambulance service (AV), or in some of the private ambulance transport companies.

Paramedic

Paramedics in Australia's statutory ambulance services are all educated to advanced life support Level (ALS). The base qualification for a paramedic is a diploma or bachelor's degree (in health science, paramedic science, emergency health or paramedicine) or a postgraduate diploma (pre-master's – for health professionals converting to paramedicine). Some paramedic degrees are dual, that is with another discipline, for example Bachelor of Paramedicine/Bachelor of Nursing.

In some states, paramedics can still undergo an in-service (post employment) diploma or advanced diploma level of education. This involved on-the-job training using the nationally recognised diploma with several years of supervised practice. Post-employment training is slowly being phased out in most states of Australia, with New South Wales being one of the last to continue to use it in a limited way. Victoria and South Australia have completely ceased all in-service education, with other states gradually reducing post-employment training as the supply of graduate paramedics from universities meets industry demands. Generally and increasingly, the standard for entry into practice requires graduation from a university.

Intensive care, critical care or mobile intensive care ambulance paramedic

Intensive care (IC) paramedics, or mobile intensive care ambulance (MICA) paramedics, have completed post-graduate education that allows them to have a primary role of supporting paramedics by providing in-field stabilisation and mobile intensive care. Graduates have completed

a university-level post-graduate diploma in Intensive Care Paramedical Practice, Emergency Health (MICA Paramedic) or equivalent in addition to their base qualification and graduate (internship) program.[citation needed]

Paramedic Practitioners

The Australasian health landscape is changing, with ever increasing demand, particularly due to increasing chronic co-morbidity, aging populations, increasing range of technological interventions requiring a health workforce that is innovative and flexible. The Paramedic Practitioner role is an opportunity to better utilise the skills and competencies of a long-term member of the health workforce. A Paramedic Practitioner is a Paramedic who has undergone top up education to be able to: order and interpret tests (pathology/imaging); perform physical examinations; prescribe medications (including restricted drugs); refer to specialists and/or allied health; and provide or delegate treatment in any health environment. Education of a Paramedic Practitioner is at Master degree level with the ability to complete further education to graduate with a Doctor of qualification (Consultant Paramedic Practitioner). Training time to become a Paramedic Practitioner, including undergraduate studies, internship, clinical practice and post graduate studies, is around ten years. The key role for Paramedic Practitioners is to provide a medical service with a range of community centred aims:

- Keeping people from declines in health by using preventative health measures
- Keeping people safe in their home and community - Keeping Doctors in their community

- Keeping Emergency Ambulances available
- Keeping Emergency Departments presentations down
- Keeping patients in Primary Care & out of hospital
- Keeping healthcare effective and cost efficient
- Keeping up in a changing world of health care.

Rescue or special operations paramedic

Some ambulance services employ paramedics specially trained in rescue or special operations techniques. Officers can be trained in areas such as road crash rescue, vertical rescue, confined space and trench rescue. They learn navigation skills, four wheel driving, urban search and rescue, and chemical biological and radiological procedures.

Retrieval or flight paramedic

Retrieval or flight paramedics work on fixed wing and helicopter aircraft in many states, performing both emergency and routine transport operations. They are generally considered to be extremely highly trained in emergency medical care, but also aviation medicine, rescue and aviation emergencies. In some states this role is performed by a Flight Nurse or Flight Doctor with specialist qualifications in Intensive Care or Emergency Medicine who is then supported by a Flight Paramedic who is usually credentialed at Critical Care, IC or MICA level.



Do Paramedics Rush to Accidents?

Paramedics will rush to accident scenes and help people yes; but the fact is they do so many other things

The Varied Role of a Paramedic

Most people assume that being a paramedic is all about rushing to accident scenes and scooping people up to bring them to the hospital – it takes much more than that.

Paramedics will rush to accident scenes and help people yes; but the fact is they do so many other things such as:

- Attend to accidents and emergencies that require advanced life support systems.
- Be responsive, decisive and swift-acting at all times.
- Assessing whether and how to move patients.
- Assist with complex hospital transfers when necessary.
- Work with patients who are suffering from mental health challenges.
- Documenting a patient's conditions before they arrive for hospital handover.
- Be able to effectively assess, treat, and manage patients whilst in transit to the hospital.
- Know how to perform various invasive techniques that involve administering pain relief, intravenous cannulation, resuscitation as well as advanced cardiac and airway management.
- Be capable of lifting and placing patients safely on stretchers and load stretchers into waiting ambulances in a timely manner.
- Handle the patient records and manage written reports on the state of the patient's injuries and the treatment they were given.
- Have the ability to triage patients to appropriate medical facilities.
- Perform daily checks on emergency vehicles to make sure the ambulance is in fine working order and all the medical supplies are well stocked, up to date and stowed away safely in the correct places.



Paramedic or Medic – What's the Difference?

People who want to become paramedics should know that the requirements are especially rigorous and not just anyone can get a job as a paramedic.

Considering that paramedics are first responders, there is a lengthy screening and study process to prepare for the role.

The first thing you can do is get essential experience in out-of-hospital emergency health care as a Basic Life Support Medic.

However, to become an Ambulance Paramedic/Officer, a Bachelor degree in Paramedic Science is required. Paramedics are also required to be registered and to also maintain their professional skills every year.

In the meantime, you can study/ work in the private sector and still earn a good living as an Emergency Services Officer in the mines and resource sector, or even a Patient Transport Officer.

Anyone who suddenly becomes ill or is injured must receive medical treatment immediately. Emergency medical technicians (EMT) and paramedics are trained to administer on-site emergency care. They assess the patient's injuries or illness, provide emergency treatment, and

transport the patient to a medical facility for further treatment.

There were approximately 262,100 EMTs and paramedics working in the U.S. in 2018. Roughly half were employed by ambulance services, with another quarter in local government. About 19% work in state and local hospitals.¹

EMT/Paramedic Duties & Responsibilities

The duties of EMTs and paramedics often overlap, but paramedics are trained to deliver more advanced care than EMTs are authorised to administer. Some common duties include:²

- Verify that the assigned ambulance is mechanically sound and properly equipped at the start of a shift.
- Evaluate the nature and acuity of the illness or injury.
- Establish patient care priorities.
- Provide medical care and transportation for patients.
- Foster and maintain professional relationships with other providers, staff, and patients.

It's important for EMTs to be comfortable with multi-tasking. During a call for assistance, EMTs must communicate with dispatchers over a two-way radio, while navigating to incidents using maps and mobile data terminals.

After responding to and handling an incident, they must be able to complete Patient Care Transport reports completely and thoroughly. Additionally, these workers must maintain familiarity with emergency and pre-hospital medical care by constantly keeping up to date with the latest practices.

Do You Know When to Call the Paramedics?

Emergencies Happen
Unexpectedly

Be Prepared!

Your family is gathered around the picnic table on a beautiful summer day, when suddenly you hear screaming and realize that someone has been injured. Or, you are driving down the street, minding your own business, and you are shocked to witness a car accident happening right in front of you. One thing you can always be sure of ... you never expect to witness an emergency on any particular day. However, with a little preparation, you can learn how to react appropriately and, in some cases, you may even be able to save a life.



Knowing what to do in a crisis will make you feel much more comfortable when the unexpected happens. Everyone should know which situations require an ambulance or paramedic and which ones are not serious. Read on to learn a few guidelines to help you decide when you should call the paramedics.

Learn Your Local Emergency Phone Number

Throughout Australia, the correct emergency phone number is 000. However, if you live in a rural community or small town, or in another country, your emergency service number may be different. If so, make sure you have it memorised, loaded into your cell phone, and posted near the telephones in your home. Writing it down is especially important because, in a true emergency, it can be easy to forget.

Having the emergency number 000 written down and posted in convenient locations could save precious moments in an emergency.

You may also want to write down and post other contact numbers in a visible location in your home. For example, you may want to quickly know the number to animal control, your doctor's office, neighbors, or relatives who should be called if something happens to you.

Post these numbers in a highly visible location so that a babysitter, relative or friend can easily find them if they are in your home when an emergency occurs.

Keep a First Aid Guide Handy; It Will be Invaluable in an Emergency!

When Should You Call the Paramedics?

Many people hesitate to call the paramedics and ask for emergency medical services because they aren't sure the situation they are witnessing is significant enough.

Unfortunately, some people have died because the witnesses didn't want to overreact.

Knowing when to call for emergency medical assistance could save the life of someone you love, or even a stranger. Never be embarrassed to place that call! It is far better to be safe than sorry!

Call 000 if you think you or someone else is experiencing a medical emergency.

When to Call the Paramedics:

- If you witness a serious car accident, even if the people are stumbling around and think they are OK. They could be experiencing internal bleeding or a head injury, and not realize it. They may also be in shock or so dazed they are not aware of how seriously they have been injured.



- If you see someone who appears to be suffering extreme pain or physical distress for no obvious reason; for example, if they have severe pain in their stomach or head, you should either take them to the emergency room or call for help.
- If you have reason to believe that a child has taken adult medication, or even too much of their own medication, you should call the paramedics or poison control. Sometimes children mistake medicine, laundry detergent capsules or cleaning supplies for candy or treats. You should also call poison control if you suspect any other situations in which someone may have been accidentally poisoned.
- You should also call for medical assistance if someone is having great difficulty breathing, has severe chest pain, appears to be suffering from heat stroke or frostbite, is unconscious, or is bleeding heavily.

- Call paramedics if someone suddenly develops slurred speech, is having trouble seeing, has an uneven smile and drooping face, or cannot raise their hands above their head. These are symptoms of a stroke, and their best chance of recovering is if they get a quick emergency response. The first hour or two after a stroke is the most important, so don't hesitate to call in these situations. The quicker they get help, the more likely they are to have a full recovery.
- Finally, call the emergency number if someone is attacked by a dog or wild animal, including a snake or venomous insect. You should also call if someone handled a dead bat. Bats which die mysteriously could be carrying rabies. It is vitally important that the victim receive rabies shots as soon as possible. If possible, bring the dead bat, insect or snake with you or show it to the paramedics. However, do not handle it without protective clothing.

When should I call an ambulance?

Here's when to call an ambulance:

- The person's condition appears life-threatening
- The person's condition could worsen and become life-threatening on the way to the hospital
- Moving the person could cause further harm or injury
- The person needs the skills or equipment used by paramedics or emergency medical technicians (EMT)
- Driving would cause significant delay in getting to the hospital

If it's not an emergency, call 13 12 33 to ask for an ambulance.



How to Determine if a Condition is Life-threatening

Deciding whether or not to call an ambulance is a decision you'll have to make based on your best assessment of the situation. Even if you think you can get to the hospital faster in your own vehicle, please remember that the ambulance is equipped to start emergency care as soon as it arrives.

Here are some examples of life-threatening conditions requiring an ambulance.

The person:

- Appears to be having a stroke (think F-A-S-T: Facial droop, Arm weakness, Speech difficulty, Time to call 000)
- Appears to be having a heart attack
- Has lost consciousness, is unresponsive, or is not responding appropriately
- Is having a seizure
- Is having shortness of breath or difficulty breathing
- Is bleeding uncontrollably
- Is having a severe allergic reaction
- Has severe burns
- Has swallowed something poisonous
- Has thoughts of harming themselves or others
- Has taken too much medication on purpose or by accident, including drug misuse or abuse

If you're trying to decide whether or not to call an ambulance, it's better to call and have it come. Typically, an ambulance usually arrives within about 10 minutes.

How to Call an Ambulance

The number to call for an ambulance is 000. When calling for an ambulance, do your best to remain calm and speak clearly. Be prepared to:

- Provide the name of the person having the emergency and what the problem seems to be
- Share the location information and specific address, if possible
- Tell the dispatcher where the person is located, such as in the back yard or in the downstairs bedroom
- Provide the phone number you're calling from
- Stay on the phone with the dispatcher in case the dispatcher needs more information



If you witness or are part of a highway emergency, do your best to make note of highway marker numbers or exit signs. Also determine which lane and in which direction the accident occurred so you can communicate as clearly as possible with the dispatcher.

What to expect when you call an ambulance

The EMTs and paramedics are able to provide certain kinds of care on the scene and while in transport, which can help save a person's life or minimize pain and suffering. The ambulance will go to the nearest appropriate emergency room based on the level of care needed and the availability of anticipated resources, such as specialised stroke, trauma, or pediatric care. Once at the hospital, the ER staff will determine which patients get seen first. Just because you arrive in an ambulance doesn't necessarily mean you get first priority. You will be seen based on level of need.

Cost of an ambulance ride to the hospital

How much you have to pay depends on your health insurance coverage and any deductible you might have. If you have to take an ambulance to the hospital, you will be billed at a later time by the ambulance company. Above all, do not delay calling for an ambulance when you think one is needed.

Call paramedics if someone suddenly develops slurred speech, is having trouble seeing, has an uneven smile and drooping face, or cannot raise their hands above their head.

While you are waiting for the ambulance to arrive:

- If the person is conscious, lay them down on their side with their head slightly raised and supported.
- Do not give them anything to eat or drink.
- Loosen any restrictive clothing that could cause breathing difficulties.
- If weakness is obvious in any limb, support it and avoid pulling on it when moving the person.
- If they are unconscious, check their breathing and pulse and put them on their side. If they do not have a pulse or are not breathing, start CPR straight away.

Recognise STROKE Think F.A.S.T.

F
Has their **FACE** drooped?

A
Can they lift both **ARMS**?

S
Is their **SPEECH** slurred and do they understand you?

T
Call 000, **TIME** is critical

Stroke FOUNDATION

If you see any of these symptoms
Act FAST
call 000

Know the Difference... Medical Emergency or Medical Attention?

Life happens. You sprain your ankle playing soccer with friends. Your partner slices a finger on a kitchen knife. Your child runs a high fever.



In the moment, and sometimes under stressful conditions, it can be hard to make that quick decision whether to head for the emergency room (ER) or to stop in to an urgent care center in your neighborhood.

It's good to know in advance what a true medical emergency is vs. what can be handled at an urgent care location.

When should you go to urgent care?

Needing urgent care is not the same as needing emergency medical attention. Urgent care is an option when you have an immediate need but cannot get in to see your primary care doctor on the same day. Examples of when you might need urgent care include:

- Having a high fever (but no rash)
- Having ear pain
- Having pain when urinating
- Having the flu or flu-like symptoms
- Having an infection

You can also head to an urgent care center when you're having an allergic skin reaction or you've got a shallow cut that needs more than a Band-Aid. Urgent care centers also help with a sprained wrist or ankle, and can even check for fracture (many have on-site X-ray capabilities). If you have a broken limb showing through the skin, however, you must get to the emergency room right away.

You can also use urgent care when you already know the diagnosis, such as you're having recognizable symptoms associated with a familiar condition, like a urinary tract infection.



When should you go to the ER?

Many of us tend to downplay symptoms and may even want to avoid “making a fuss” when in fact we need emergency attention. If you are experiencing any of the following situations, do not wait it out. Waiting could cost you—a lost limb, loss of vision, worsening of your condition, increased risk of infection, damage to your brain and any number of reasons to get yourself to an ER right away.

- Sudden loss of balance or fainting
- Sudden difficulty speaking or comprehending
- Sudden extreme pain, especially in the abdomen
- Sudden change in vision
- Testicular pain



You should also get to the ER when you have:

- Chest pain
- Difficulty breathing
- Head or eye injury
- Severe heart palpitations
- Suspected overdose or poisoning

Other reasons to go to the ER include:

- A deep cut that needs stitches
- A high fever that's accompanied by a rash
- Serious burns
- Traumatic injury from a car accident
- Vaginal bleeding during pregnancy

Seizures, broken limbs that break the skin, vomiting or diarrhea that is persistent (won't stop and lasts for long period of time) are also good reasons to get to an emergency room. ER personnel often say they'd rather people come in and be seen and find out it's not an emergency rather than not come in and find out they should have been in the ER all along.

When should you see a doctor?

Keep in mind that your primary care doctor is the first person to turn to for ongoing care and oversight of your health. That means your usual health screenings, such as mammograms and care for chronic conditions like diabetes, are prescribed and directed by your primary care physician. An urgent care center does not provide blood pressure and cholesterol screenings, immunizations, and prescription refills. Turn to your own doctor for these.

Fire and Emergency

The states' Fire and Emergency Services are the primary providers of fire and emergency services in Australia.

Maintained by a unique mix of Rural Fire Service (RFS) volunteers, State Emergency Service (SES) volunteers, permanent firefighters, auxiliary firefighters and supported by non-operational administrative support staff, responding to:

- Structural, landscape and vehicle fire
- Road crash rescue
- Swift water and water rescue
- Storm and natural disaster
- Building fire safety
- Hazardous condition incidents
- Land, marine, air and urban search and rescue
- Crime scene, missing person and forensic searches
- Animal disease outbreaks
- Communications



The Fire and Emergency Services aim to:

- Protect person, property and the environment through the delivery of emergency services
- Awareness programs
- Response capability and capacity (preparedness)
- Incident response and recovery for a safer community

Rural Fire Service

The Rural Fire Service (RFS) is the volunteer arm operating in rural, semi-rural and urban fringe areas where there is no urban fire service coverage.

The RFS consists of volunteers from rural fire brigades across each state.

RFS volunteers provide services in their local area, including:

- Fighting fires
- Fire prevention and mitigation advice (controlled burns etc.)
- Issuing fire permits
- Community education
- Disaster management response and recovery operations.

Roadway Assistance

As there is a variety of roadway incidents, there are specific vehicles for paramedics to assist as efficiently and safely as possible.

These include:

Ambulance Services

In addition to the primary response vehicles above, the roadway assistance services also operates specialised vehicles that have been designed to meet geographical and operational requirements, including:

Rescue trucks

Ambulance rescue vehicles are equipped with a vast array of equipment including motorised hydraulic tools, air tools, hand held global positioning satellite units, fibre optic search scopes, portable atmospheric testing units, lighting and breathing apparatus.



Rapid response vehicles

AWD vehicles and motorbikes are used in the rapid response fleet. All vehicles have distinctive signage, high visibility warning lights and sirens. AWD vehicles are also equipped with an advanced satellite navigation system.



Over-snow vehicles

Fleets of vehicles in appropriate locations are all-terrain vehicles, oversnow vehicles, snowmobiles, 4WD Quad Bikes and trailer and 4WD Mercedes.

Mega lift trucks

These multi-purpose vehicles are used for a range of incidents including chemical, biological and radiological (CBR) incidents.

Command and communications vehicle

These vehicles serve as a mobile command post for the management of incidents and major planned events. Wirelessly connected to the ambulance wide area network it offers video conferencing, SmartBoard and voice communications. The vehicle also provides remote dispatching capability with the system connected in real time to the central computer aided dispatching system.

Wilderness Rescue

Wilderness Response

Paramedics are trained to assist in medical emergencies in remote bush and alpine areas and can provide patient care over protracted periods in challenging locations.

Wilderness Response Paramedics then assess and manage a patient until extrication can be arranged either by ground or air.

Remote Paramedics are typically stationed in communities that face a growing difficulty in accessing professional health care services and advice. In Australia, you would be looking at regions such as:

- The Pilbara in W.A.
- Remote areas of the Northern Territory and far north Queensland

In this role, the Remote Paramedic will be dealing with trauma and illnesses which can be amplified because of the climatic and localised conditions. Remote paramedics are also at times required to be educators in their geographic areas. This is in addition to providing every day health care needs and education within the community.



Being based in remote locations means they are a long way from advanced medical help, so are required to care for and stabilise patients with major trauma or medical problems for extended periods of time. This first care will almost always last longer than a typical ambulance trip to the hospital.

UNIQUELY AUSTRALIAN MEDICAL EMERGENCIES

Outback Australia is very remote, and sometimes the environment and wildlife can be rather dangerous. Medical emergencies that are uniquely Australian can include snake bites, wild animal attacks, extreme temperature sickness and machinery related injuries.

The emergencies that occur in the Australian outback are very rare in the metropolitan, therefore paramedics will need to refresh themselves or get additional training on these specific treatments.

TRAITS

By definition a Remote Paramedic should be resourceful, adaptable, and comfortable working independently.

Remote paramedics typically practice with very limited resources. As a result of this, they are experts at rapidly assessing, prioritising, and establishing control in their unpredictable environment in order to reduce risks and provide quality patient care. They should also have an advanced understanding of pathophysiology, pharmacology, and disease processes, be adept at using a variety of technologies including computers, laboratory and x-ray equipment.

TREATMENTS

Some of the injuries and illnesses Remote Paramedics deal with can include:

- Shock
- Thoracic trauma
- Head injuries
- Dental emergencies
- Musculoskeletal injuries
- Respiratory and cardiac emergencies
- Mass-casualty incidents
- Anaphylaxis, cold and heat emergencies
- Wildlife emergencies. Eg: Snake bites
- Altitude
- Immersion
- Submersion, and more.

In addition to these injuries and illnesses, they may also have to attend to patients with mental health and chronic disease issues due to the isolation of these communities.



Flight Service

A flight paramedic is a highly trained paramedic that provides care to sick and injured patients in an aeromedical environment on either fixed or rotor wing aircraft.

Typically a flight paramedic will work with a registered nurse, physician, Respiratory Therapist, or another paramedic. Flight paramedics must have an advanced level of medical knowledge along with years of clinical experience in a high acuity environment.



Roles and Responsibilities

- Perform as a member of an aeromedical evacuation team on rotor and/or fixed wing aircraft
- Responsible for planning and preparing for aeromedical evacuation missions
- Provide in-flight critical care to patients
- Care for patients with both medical and traumatic issues
- Advanced understanding of mechanical ventilation, hemodynamic support, vasoactive medications and intensive care skills
- Specialised clinical skills in union with knowledge, theory, education and expertise in hospital and pre-hospital environments are required
- Perform advanced medical procedures without supervision of a doctor such as rapid sequence intubation, ventilator management, finger thoracostomy/chest tube insertion, central line placement, intra-aortic balloon pump management, pericardiocentesis, titration of vasoactive medications, administration of general anesthetics and paralytics for intubation, as well as sedatives and analgesic medications for pain and anxiety.



Home Services

People living in rural and remote Australia experience poorer health outcomes and have poorer access to health services compared to major cities.

Australian paramedics are generally associated by the public with the provision of emergency or unscheduled care to acutely ill or injured persons, predominantly in an out-of-hospital or primary care environment. This may involve complex patient assessments, triage, and clinical interventions, which may include the administration of scheduled medicines.

In addition to employing paramedics, jurisdictional ambulance services engage over 6,000 volunteer ambulance officers, who are certified to provide first aid and other first responder services, and can also assist in the transport of patients. These personnel predominantly operate in rural and remote areas under ambulance service clinical governance systems.



Ambulance services also oversee more than 3,000 community first responders in a small number of metropolitan areas. Remotely-located registered paramedics are commonly described as community paramedics and recruit, train and supervise/mentor volunteers. This model of care is often referred to as community paramedicine.



Ambulance service volunteer personnel do not have the qualifications and experience to be registered paramedics and they generally work under the supervision of registered paramedics.

Non Emergency Services

Patient Transport

Specialist patient transport and private ambulance services provide bespoke transfer solutions to the community and the private sector.

Operating 24/7 they deliver on demand ambulance services to meet the community's individual needs. Covering a range of patient mobility, they use purpose built road ambulances with qualified and credentialed EMT's and Paramedics.



All of the ambulances are equipped to the highest standard for patient transfer services with automatic electronic defibrillators (AEDs), oxygen facilities, pain relief, medical equipment and are all fitted with state of the art ambulance stretchers. The crews are always prompt and dressed in the designated Paramedical Services uniform.

To provide complete peace of mind, all of the services are run from a central control room, complete with real-time status updates directly from each vehicle.

The aim is to deliver a friendly, caring and comfortable experience that takes you where you need to be in a timely and efficient manner for:

- Stretcher bound patients
- Wheelchair patients and
- Ambulatory patients

The specialist patient transport will assist you and take you to your:

- Doctor's appointments
- Hospital appointments and transport
- Physiotherapy appointments and
- Care homes

Workplace Drug & Alcohol Testing

Employee drug testing has become increasingly popular across Australia due to the recognition that the use of alcohol and other recreational drugs are recognised as a hazard in the workplace. Many organisations have introduced Drug testing as a useful tool in the pre-employment assessment process.

The main goals of the Paramedic drug and alcohol testing include:

- To improve workplace safety
- To improve productivity
- To decrease product/service defects
- To help employees overcome or modify their patterns of use of such substances

Onsite Emergency Medical Response

When procuring medical services, selecting an accredited, reputable and dependable supplier is essential.

Whether your company needs a single qualified paramedic to provide medical support for your mining or oil and gas operation, or you need to fully staff a health centre or clinic, the right medical staffing solution can be provided with the following disciplines:

- Medical Rescue
- Primary Healthcare
- Emergency Medical Care
- Occupational Health

An Onsite Emergency Medical service can provide:

- Qualified, professional Medical and Paramedical personnel
- Immediate assistance in the event of an accident
- Medical care onsite to get your staff back to work ASAP
- Organization of the most appropriate transport (air, ground) for injured workers
- Records and clinical review of all injuries treated and any identification of injury patterns
- First Aid Kit and AED checks on site
- Safety walks and simulations
- Medical Emergency Response Training (MERT) for rescue and primary care givers

Event Management Medical Support

Paramedic services can provide medical direction and physician, emergency nurse and paramedical support to major events and sporting fixtures across Australia. This provides onsite medical care to large public events such as football and basketball games, auto racing, concerts, and horse shows.



Not just First Aiders

The sports, recreation and event sectors can often be unpredictable and at times hazardous, which is why having the right medical support can make all the difference. The event staff ensure rapid medical intervention in the event of an injury and can provide a mobile medical centre where needed utilizing one of our fully equipped intensive care ambulances. In addition, a highly qualified medical panel of Emergency Physicians and Anaesthetists support these personnel to ensure maximum support whenever it is required.

Defence Force

Defence force paramedics deliver out-of-hospital care as solo practitioners and also in team environments alongside other health professionals or a merger of specialties.

Paramedics engaged in defence forces provide health care to support and maintain the health and well-being of defence force/allied personnel and civilians in times of conflict, disaster or peacetime.

This may include the delivery of health care within austere environments and on or in a variety of platforms, such as on land (on foot or in-vehicle), aerospace or on ships. They may attend in situations ranging from a controlled environment through to routine and emergency medical management where a paramedical response is required.

A paramedic serving in the Australian Defence Forces operates in accordance with the activities for which they have been given the authority to perform. This is determined by the individual's education and competence, the environment in which they practice and the requirements of the relevant defence service.







PARAMEDICS

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