What is a Paramedic?
Why are you here?
Anthea Cayetano
Paramedic – E shift
What do you already know?

• Work or have worked for an ambulance service?
• Know someone who works or has worked for an ambulance service?
• Had dealings with an ambulance service? Patient, known someone who has been a patient?
• Watched programs on TV

Where have you got your information about paramedics from?
What do you think you will be doing?

- Shift work
- Driving
- Risk assessments
- Scene management
- Working in a team – partners, other crews, emergency services, hospital / medical staff
- Patient assessment
- Clinical treatment and interventions
- Patient education and social work - often patient’s first contact with the health care system
- Responding to non-emergency cases

A highly trained health care professional providing ‘help’
What attributes must you have?

• Calm
• Caring
• Professionalism
• Problem-solver
• Continued learning
• Reliability
• Fitness

• Good communicator
• Role-model
• Team-player
• Trustworthy
Where do paramedics fit?

- In Australia paramedics are government employees (emergency and non-emergency) or privately employed (non-emergency only)
- State government’s responsibility to provide their own emergency response – 000 calls (SA Ambulance Service (SAAS), Ambulance Service New South Wales (ASNSW), Queensland Ambulance Service (QAS), Ambulance Victoria (AV), St John Ambulance Western Australia and NT, Ambulance Tasmania (AT))
- Professional recognition – currently not registered
Roles within SAAS?

• Emergency Operations Centre (EOC)
• Patient transfer service (PTS)
• Emergency support service (ESS)
• Paramedic
• Intensive care paramedic (ICP)
• Extended care paramedic (ECP)
• Special operations team (SOT)
• Area clinical team leader (ACTL)
• State duty manager (SDM)
Different clinical levels of SAAS

- Volunteers (Ambulance Officer (AO))
- Patient transport (AO)
- Emergency Support (AO)
- Emergency Paramedic (PARA)
- Intensive Care Paramedic (ICP)
- Extended Care Paramedic (ICP + ECP)
- Rescue Paramedic (ICP + SOT)
- Retrieval Team (MedSTAR and MedSTAR Kids)
- Operational Managers (ICP +)
Different paramedic roles

- Normal ambulance
- SPRINT car
- Bicycle (BRU)
- Motorbike (MRU)
- Special operations - events
- Education – educational services
- Management – Paramedic Intern Team Leader (TL), Regional TL
So far we have...

- Defined what a paramedic is
- Discussed what paramedics do
- Defined where paramedics fit in the health care system
- Provided an outline of roles and clinical levels within SAAS and how paramedics fit in this

Now to discuss the rest of the services provided and introduce you to placements for this year...
Patrick Cayetano
Bariatric Response Officer (BRO)
Patient Transport Service staff ensure the safe transport of patients from hospital to home, home to hospital, nursing home to nursing home – wherever they need to go to receive medical treatment or return afterwards.
Types of PTS cases

- Home to hospital and vice versa
- Clinic appointments / OPD
- X-ray / MRI / CT scan appointments
- Inter-hospital transfers – rehab / preference
- Nursing home transfers – appointments/admissions/discharges
- Retrieval team transfers
- Regional transfers
- Radiotherapy treatment appointments
- Mental health transfers
- Assist treatment / extrication
- Priority 1’s
Patient Transfer Service

Crewing
- Crews consist of two Cert IV internally trained Ambulance Officers operating under their Cert IV protocols
- Thirds

Layout of Ambulance and Equipment
- PTS ambulance differs from ESS and Emergency ambulance
- Kits
- Equipment
- AED
- Drugs
PTS Ambulance Stations

Gepps Cross
Edwardstown
Fulham
PTS Shift Configurations

• Mostly work during the week
• mostly 8.5hr shifts, some 4hr shifts
• Staggered shift times – 0700, 0730, 0800, 0830, 0900, 0930, 1000, 1100, 1530, 1630hrs
• Crib breaks are 30 mins – (Crib Anywhere) = Take your food with you, no guarantee you will return to station
Emergency Support Service (ESS)

- ESS cases mainly Priority 5 Possible treatment required
- Ambulance Layout and Equipment identical to emergency vehicles
- Philips Heart Monitor, Kits and equipment and drugs (except schedule 8 drugs/Pain relief is Penthrane)
- Crewing – 2x Cert IV internally trained AO’s working under their SAAS AO Protocols
ESS Ambulance Stations

Gepps Cross
Fulham
Edwardstown
Port Adelaide
McLaren Vale
ESS Shift Configurations

- ESS shifts are aligned to the emergency lateral roster with A, B, C and D shifts
- ESS works on a 4 on 4 off roster
- 12 hour shifts and two half hour meal breaks – Crib anywhere
- Shifts comprise of: DDDD, DDAA or DDNN
- Shift times can start around the 0630-0700hrs
- It’s a 24 hour roster to ensure ESS coverage throughout the day or night, week or weekend
Regional Medical Transfer Service (RMTS)

• RMTS operates the same way that ESS does in the regional areas of SA. It acts as a general duties ambulance but instead of 2 x AO qualified cert IVs; crews consist of 1 x AO qualified and 1 x Paramedic for that added clinical versatility required in the regional areas.

• Locations are Wallaroo, Mt Barker and Victor Harbor
Mental Health Escorts

- MoU August 2007 – SA Health, SAAS, SAPOL & RFDS
- SAPOL ceased inter-facility transfers
- How to transport patients who are at risk to self and others with best interest of patients
- SAAS MH Escort Team created
Mental Health Escorts

- Responsible for the safe inter-facility transportation of detained Mental health patients by road or air
- Radio sign (Papa Sierra) PS76/196 & PS159
- Conducts risk assessment / Clinical assessment
- Suggesting if additional sedation is required
- Securing pts to stretcher (restraints or netting)
- MH escort remains with pt throughout transport with full crew and provides Handover to receiving facility
- Flights with RFDS
- Building rapport with patients – must have good verbal and non-verbal communication skills
Bariatric Response Team (BR)

• Bariatrics is the branch of medicine that deals with the causes, prevention and treatment of obesity
• Most commonly used method of defining levels of obesity is the Body Mass Index (BMI) – which is defined as your body mass in kilograms divided by the square of your height in metres
• If you have a BMI of 30 or over you are considered obese
• BMI of 40 and above is considered morbidly obese
Limitations to using the BMI to estimate body fat:

- BMI overestimates body fat in people with more lean body mass (eg athletes)
- BMI underestimates body fat on those with less lean body mass (eg elderly)
What does the bariatric team do?

- Specialise in the transportation of bariatric patients
- Specialised lifting equipment such as hovermatt and hoverjack
- Carry equipment to assist access/egress of patients
- CAMEL lifter
- Falls response
- General ESS work
- Conduct emergency and non-emergency work (P1-P8)
Bariatric Vehicle
Bariatric Vehicle
How can I get the most out of my placements?

• Focus on the fundamentals!!!
• Develop your skills in a non-urgent environment – take your time, practise makes perfect
• Learn to obtain a thorough history and Past Medical History
• Improve on verbal and non-verbal communication (Talk to your patients, hold their hands, listen to them, give them empathy
• Consolidate observations taking, pulse rate, respiratory rates, blood pressures, GCS
• Learn different areas of Adelaide, hospital locations / nursing homes
• Consolidate on manual handling skills
• Learn medical terminology and acronyms
• Write detailed and accurate Patient Report Forms (case cards) – it is a legal record of your time with the patient so it does need to be detailed
• Engage and be part of the crew
• Radio procedures

As you can see, there are a lot of things to consider when being on the road so use this time wisely and absorb the different aspects of what being in an ambulance and working on an ambulance means don’t get overwhelmed but use your time wisely....
BREAK
Andrew Noble
Extended Care Paramedic (ECP)
Mission

Management of patients in collaboration with other health care professionals to safely prevent avoidable ED presentations and inpatient admissions.
Pilot program

- Joint venture between SA Ambulance Southern Adelaide Health, Southern Division of General Practice
- Restricted to the southern suburbs
- December 1<sup>st</sup> 2008 – July 31<sup>st</sup> 2009
- 12 team members
Pilot team members

- Senior Intensive Care Paramedics
- Additional 5 weeks training
- Placements with NPs, GPs, ACFs
- 12 team members
- All 1123 cases were reviewed by a multidisciplinary consultative committee and found to be safe
- 50% ED avoidance
Expansion

2008 – 12 pilot participants
2010 – 13 students
2011 – 8 students
2012 – 5 students
2013 – 10 students
2014 – 8 students

TOTAL 40 + 2 team leaders
Recognition

Health Workforce Australia
Pt Lincoln 3 students
Limestone Coast 3 students
ACT 4 students
Tasmania 2 students
2 Roles

Senior Paramedic Clinician

- Based in the Emergency Operations Centre
- Clinical advice
- Paramedic consults
- Upgrade/downgrade
- Identify ECP work
- Liaison
Clinical Pathways

General Medical

- Mild allergies
- Mild dyspnoea
- Medication errors
- IDC / SPC replacement
Clinical Pathways

Infection
- Upper respiratory + ENT
- Lower respiratory
- Cellulitis
- Fungal infection
- UTI
- Sepsis*
Clinical Pathways

Gastrointestinal

- Nausea/Vomiting
- Dehydration
- Gastroenteritis
- PEG tube replacement
- Rectal prolapse
Clinical Pathways

Head and CNS

- Headache / Migraine
- Peripheral vertigo
- Epistaxis
Clinical Pathways

Pain

- Acute musculoskeletal
- Chronic musculoskeletal
- Toothache
- Dislocations*
- Ring removal
Clinical Pathways

Wound care

- Skin tears
- Small lacerations
- Chronic wounds
- Bites
- Burns
Clinical Pathways

Palliative care

- Symptom management / deterioration
- Scene management / support
- Pumps
Medications

- Antibiotics
- Bronchodilators
- Analgesics
- NSAID
- Steroids
- Antiemetics
- Antidiarrheal
- Antihistamine
- ADT
- Others – Miconazole, Emla, Ural, Gastrolyte etc
Equipment

- i-STAT point of care blood testing
  - Venous gasses, electrolytes, kidney function, INR, Troponin
- Blood/sputum/urine/faecal specimen collection
- Wound swabs
- Blood cultures
- PEGs
- IDC/SPCs
- Sutures/staples/glue
- Dressings
Stats

Average ED avoid rate 70%
ED avoid rate from RCFs 80%
Priority 1 & 2 ED avoidances 20%
Cases attended per year >8000
Questions?