

Submission
No 178

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Name: Mr Nicholas Nolan

Date received: 14/07/2008

Honourable Member.

Please find following some brief notes/concerns that I have which are pertinent regarding the case for the Ambulance Service to maintain its Rescue capability.

>

> Following the recent report into the Ambulance Service of NSW. (ASNSW).

> I would like to bring to your attention the following:

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> 1) Yes "Rescue" is not a core function of the ASNSW. The only service

> this is true for is the VRA.

> NSWFB, primarily responsible for fire incidents. NSW Police for law and

> order. Ambulance for medical and injuries incidents. With all three

> services having a "rescue" component.

>

> 2) Timely rescues. The Ambulance Service due to updated equipment,

> expertise and training has reduced the entrapment time of patients.

> This entrapment time being of an average of 45 minutes.

> Incident statistics, (which may not be reported accurately).

>

> 3) Ambulance in the past has historically misrepresented itself by poor

> statistic reporting.

> ASNSW still under reports "Rescue" incidents due to the nature of call

> taking. I.E.

> Often Ambulance rescue will be activated as a non urgent response to a

> "Gain entry" incident. This being where a call has been received stating

> a patient (elderly) has fallen, is uninjured however is unable to get

> back up. Ambulance rescue will often complete the job effectively as a

> non urgent response which does not generate a "rescue incident number"

> (SOO). NSWFB respond to these incidents as urgent duty thus gaining a

> "rescue incident number".

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> 4) Often Ambulance rescue officers are utilised to assist other

> ambulance crews for assist loads, scene lighting, and access/egress of

> patients from difficult situations. Rescue officers are also utilised

> for "Mega" lift patient transfers. These incidents don't come under the

> auspice of rescue; however they have the potential of preventing

> ambulance crews sustaining work place injuries.

> Therefore adjustments need to be made regarding these incidents and

> statistics gained.

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> 5) Initially Ambulance rescue officers are required to undergo a five

> week training course which then is followed up with:

> A week long competency based assessment with a theoretical paper every

> two years.

> Monthly station based training with a requirement to attend 50% plus 1

> training day within a year.

> 24 hrs covering a particular topic.

> Bi monthly vertical, SRT cliff training. Ambulance responsible for 90%

> of Sydney's vertical rescues.

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> 6) Ambulance rescue officers are most efficient and effective in

> recreational rescues. I.E Bush incidents.

> Ambulance rescue is often utilised with Ambulance Special Casualty

> Access Teams, (SCAT) in bush environments, utilised for helicopter

> operations and have expertise in off road (4WD) incidents.

> The NSWFB Rescue units and staff are not 4WD capable.

> Ambulance rescue officers are trained in Bush fire awareness and can be

> deployed with the Rural Fire Service in remote fire incident teams.

> (RAFT).

> Which then we are able to place expertly trained officers in hostile

- > situations that are able to initiate clinical treatment to patients as
- > rapidly as possible, whilst not having to wait for the scene to be
- > stabilised or waiting for the patient to be brought out to them which
- > would delay treatment.
- > Other agencies don't have this capability.
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- > Ambulance Rescue Officers provide the patient with immediate clinical
- > care whilst performing the rescue, thus giving the patient optimum care
- > in a cost effective/efficient manner.
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- > Thankyou for reading these view points.
- > Nicholas Nolan.