

Submission
No 204

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

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Partially Confidential

A family within a running car, in a garage with the doors and windows sealed.
A child fallen into a deep abandoned well.
A builder, suffering an acute heart attack on the 2nd floor of a construction site.
Three teenagers trapped in the wreckage of a car.
A window washer stuck in her harness six storeys above street level.
Two mountain bikers injured on a remote bush track.
A contractor electrocuted in the attic space of a home.
A little boy with his fingers caught in the plug hole of the bathtub.
A great grandmother, whose wedding ring is cutting off circulation due to arthritis.
The Thredbo disaster.
The Waterfall train derailment.

All have two things in common; all require a rescue response and all have a least one patient. The vast majority of rescue responses involved people who are in imminent danger and find themselves in high risk situations which have or could lead to serious and significant injury or illness.

How can rescue not be part of the core business held by the Ambulance Service of NSW (ASNSW)? Its charter revolves around responding to and managing people's illness and injury. Other agencies have various procedures and skills to extricate these patients, however no organisation has the level of clinical awareness nor the ability to intervene medically on the rescued party's behalf at all stages of the rescue process.

Imagine it is your child that has fallen down the abandoned well. They are injured. Wells, by their nature, are confined with limited space available. Granted another rescue agency can access and retrieve them back to the surface, but by what means would they address any injury and / or pain? Of the five agencies providing rescue services across the state only one has a medical capability that extends past senior first aid qualifications; only one has the ability to provide pain relief.

The ASNSW rescue service has just this ability; to affect a rescue and to care for our patient's clinical condition simultaneously. Rescue techniques and procedures, combined with effective and efficient extrication impact directly upon patient outcomes. Without a clinical understanding, the correlation between both can never be fully appreciated. ASNSW Rescue Officers have this understanding, and as a result are able to remain patient focused throughout a rescue operation. After all, it is about the patient.

There are rare situations in which Ambulance Rescue Officers cannot directly access a patient in the hot zone of operation; e.g. a fire ground. Nonetheless, Rescue Officers are trained to operate in close proximity to these environments. This allows for triage of patients and medical intervention to be performed sooner, greatly improving overall patient outcomes. It is unfair to expect non-clinically educated emergency personnel to set the priorities of who is rescued and their best management relying only on senior first aid training. Such decisions can make a real difference to patient survival and recovery in the long term.

The core business of the ASNSW is patient care. The vast majority of rescue responses involve patients that require this very thing ... care.

ASNSW provides a vast array of medical support services beyond the daily operations or emergency and non-emergency response. The Special Operations Unit is an essential component of these services provided to the community and to our other NSW emergency services. Special Operations teams are deployable as a taskforce in its entirety, or as a component of the same; providing a state wide, and sometimes nationwide health resource.

Currently, the Special Operations Unit comprises of 251 staff, which may be called upon to undertake such operational duties. Should the Service (ASNSW) divest itself of its Rescue staff and capabilities, 194 of this number will no longer be available. That is a depletion of over 77% of

staff. 57 Ambulance Officers, state wide, will remain capable of fulfilling these roles (many of whom reside in and staff centres other than Sydney). As a result, a large incident, or event (e.g. APEC, WYD) would require the commitment of great proportion of the 57, leaving the available numbers of staff to service the wider community's needs sorely lacking.

Should the rescue function of the ASNSW be sacrificed, the professional capabilities of the Special Operations unit will be reduced dramatically. The Service's ability to respond to the following would be severely hampered:

- CBR (Chemical, Biological, Radioactive) incidents
- Confined Space operations
- USAR (Urban Search & Rescue) response and triage
- RAFT (Remote Area Fire Team) medical support
- Swift water incidents
- Bush response (especially when helicopter operations are grounded due to weather)
- Bushfire medical support
- HAZMAT medical support and triage
- Police Tactical medical support
- Police PORS (Public Order & Riot Squad) medical support
- Provision of medical support for Motorcades (APEC, WYD)
- Major incident response and resources

The Ambulance Service of NSW provides services far beyond that of any other ambulance service within Australia, as well as most worldwide. This is due, in no small part, to the rescue capability currently held by this very Service.

I strongly urge you to fully consider the impact upon the community as a whole, and the ability of other emergency agencies to provide their own core business, should the Ambulance Service of NSW divest itself of its rescue capability, training, equipment and staff.

What is one of the best equipped, trained and operationally successful rescue services in Australia and worldwide, will be lost; with the community of NSW significantly disadvantaged as a result.

Yours Sincerely,