1. Introduction
Pre-hospital missions are inherently hazardous posing various risks to Aeromedical Teams. Specific environments which may be encountered by medical teams include road traffic collisions, shootings or stabbings, railway incidents, industrial accidents and working at height.

2. Objectives
To provide guidelines for safe working in a range of pre-hospital environments.

3. Responsible Personnel
Medical Manager, Operations Manager, S/Os, Aeromedical paramedics and doctors.

4. Key Principles:
- Personal safety comes before patient care.
- Safety is the responsibility of all staff.
- Never assume that a scene is safe until you have personally assessed it
- The experience and training of Aeromedical Paramedics dictates their role as the team ‘Safety Officer’.
- Due to the specialist or technical nature of some scenes it is essential that you follow the safety directions of the Combat agency controlling that scene.

5. General Safety Considerations:
5.1 All tasking must be via the Aeromedical Operations Centre (AOC) / Rapid Launch Trauma Coordinator (RTLC).
5.2 If the crew is informed of an incident by another means they should immediately inform AOC/RLTC of the details and await formal tasking unless life is immediately at risk.
5.3 Liaise with any other services on scene before approaching the casualty.
5.4 Conduct a Field Risk Assessment (see below)
6. Field Risk Assessments (FRA):
6.1 Field Risk Assessments (FRA) are a valuable tool and should be routinely performed prior to approaching all pre-hospital scenes. A Field Risk Assessment should be a prompt to ensure that you have the appropriately trained personnel and PPE for the environment and hazards identified.
6.2 For Example;
- Reflective vests and helmets for road crash missions
- Vertical access equipment and personnel for working at height

*The Key to a Field Risk Assessment is ‘People, Equipment, Environment’ (P.E.E)*

Source: SCAT Field Operations Guide (Vui Tui)
7. Specific Safety Considerations:

7.1 Road traffic accidents
7.1.1 PPE must be worn including: helmets, eye protection, reflective vests and gloves.
7.1.2 Liaise via the aeromedical paramedic with police and fire service regarding scene safety, in particular:
   • Ensure that traffic has been stopped and roads closed where required.
   • Potential fuel leakage or other fire risks have been identified and dealt with.
   • Ignition turned off for all vehicles involved.
   • All vehicles are stabilised, secured with the handbrake applied
   • Assess for undeployed airbags and the location of seat belt pre-tensioners: remain clear of undeployed devices.
   • Assess for the risk from damaged or downed power lines.

7.2 Railway Incidents
7.1.1 Liaise with railway staff and fire brigade on arrival.
7.1.2 Critical issues include:
   • Electricity to overhead lines on all proximate lines has been turned off and the scene commander confirms it is safe to approach the scene
   • ALL train movements on lines which must be accessed are stopped, including those directly adjacent.

7.3 Shootings and Stabbings
7.3.1 Incidents involving patients injured in shootings or stabbings are often rapidly evolving and fluid scenes with a potential high level of risk to emergency crews.
   • To ensure situational awareness, the crew must ensure that they are on the local operating channel as soon as possible.
   • The medical team should not approach the scene directly and should stand off until a Rendezvous Point (RV) has been established.
   • Once there is confirmation from police that a scene is safe to approach the team should determine specifically: whether the alleged assailant/s are in custody and whether the weapon/s have been secured.
   • The doctor and paramedic should remain together at all times and maintain scene awareness.
   • If any member of the team feels that the scene is not secure the team should return to the RV immediately.
   • In certain situations, consideration should be given to transporting the patient restrained with a police officer accompanying in the rear of the ambulance (following ASNSW guidelines).

7.4 Industrial Incidents
7.4.1 Liaise with on-scene safety officer regarding hazards.
7.4.2 PPE with helmets, eye protection, and gloves should be worn where the casualty is thought to be entrapped.
7.4.3 Ensure all necessary machines are turned off and power supplies are isolated (LOCKED OUT, TAGGED OUT) Aeromedical Paramedics are responsible for
visually confirming this has occurred.

7.4.4 If an electrical injury is suspected consider the presence of conducting media (eg. Water) and take appropriate action.

7.5 Safety at Height

7.5.1 Working at Height refers to any work activity undertaken at any elevated position.

7.5.2 The risk of serious injury is significantly increased when working at height greater than 2 meters.

- Field Risk Assessment (Personnel Equipment Environment) to be conducted prior to access of patient. *The PPE may indicate the need for staging or separating team members.*

- If required to operate at height this will be managed by the on-scene rescue teams &/or by a SCAT Paramedic.

- Stay at least **two body lengths** (12 feet) from any vertical edge (more if edge is under cut/unstable or sloped/slippery),

- If instructed to approach the edge by the SCAT paramedic he/she will place you on a positional restraint safety line attached to the hard point of your harness and an A.R.C.H.E.R safety check must be performed. *(At no time are you to be attached via your Capewell to the safety line)*

- All equipment must be appropriately secured.

7.5.3 If team is to be separated due to the Paramedic accessing the patient;

- Identify hazards.

- Identify safe zone to stage the doctor.

- If staged it is essential that you DO NOT leave the access/insertion point

- Establish and check communication (eg ICOM radio, mobile phone, SAT phone GRN radio).

- GPS mark the staging point and pass this location to aircraft and Operations Centre &/or forward command point.

**Review date**

October 2012