CLINICAL PRACTICE STANDARD — Aeromedical Operations
AO.CLI.16 – Pre-Hospital Scene Safety

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Contents	**Clinical Practice Standard**	AO.CLI.16 – Pre-Hospital Scene Safety
	Appendices	The key to a Filed Risk Assessment is 'People, Equipment, Environment (PEE)
Associated Policy Directive/s and/or Operating Procedures/s	N/A	
Directorate	Aeromedical Operations	
Author Branch		
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Summary	This procedure provides guidelines for safe working in a range of pre-hospital environments.	
Applies to	NSW Ambulance aeromedical clinical crew.	
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Related Legislation	Nil	
Related Documents	Nil	

CLINICAL PRACTICE STANDARD — Aeromedical Operations
AO.CLI.16 – Pre-Hospital Scene Safety

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. Purpose

This procedure provides guidelines for safe working in a range of pre-hospital environments.

3. Procedure

3.1 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.

3.2 General Safety Considerations

All tasking must be via the Aeromedical Control Centre (ACC)/Rapid Trauma Launch Coordinator (RTLC).

If the crew is informed of an incident by another means they should immediately inform ACC/RLTC of the details, and await formal tasking unless life is immediately at risk.

Liaise with any other services on scene before approaching the casualty.

Conduct a Field Risk Assessment (see Appendices).

Communication is a vital component of scene safety. If the scene is remote from the team's vehicle, a portable GRN should be worn. Staff should be familiar with the operation of the duress button.

3.3 Field Risk Assessments

Field Risk Assessments (FRA) are a valuable tool and should be routinely performed prior to approaching all pre-hospital scenes. A FRA should be a prompt to ensure that you have the appropriately trained personnel and PPE for the environment and hazards identified.
For example:

- Reflective vests and helmets for road crash missions

- Vertical access equipment and personnel for working at height.

3.4 Specific Safety Considerations

3.4.1 Road Traffic Accidents:

- PPE must be worn including: helmets, eye protection, reflective vests and gloves.
- 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.

3.4.2 Railway Incidents:

- Liaise with railway staff and fire brigade on arrival.
- 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.

3.4.3 Shootings and Stabbings:

- 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 NSW Ambulance guidelines).[2]

3.4.4 Industrial Incidents:

- Liaise with on scene safety officer regarding hazards.
- PPE with helmets, eye protection, and gloves should be worn where the casualty is thought to be entrapped.
- 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.
- If an electrical injury is suspected consider the presence of conducting media (eg. water) and take appropriate action.
- Asbestos:
  - Structures built prior to the mid 1980s may contain asbestos fibres, which can constitute a serious respiratory hazard to crews if disturbed, for example by fire or physical damage. Liaison with Fire and Rescue HAZMAT is crucial to minimise risk of exposure for our teams. An asbestos/level 2 PPE kit containing an impervious oversuit is carried in the vehicles for use in cases where asbestos exposure is a possibility. Contaminated uniforms should be thoroughly wetted with water, then bagged and isolated for disposal or commercial cleaning by an accredited laundry. Boots should be sprayed clean on site. On no account should asbestos contaminated flight suits be laundered in a domestic washing machine, as this may potentially lead to further exposure.

3.4.5 Safety at Height:

- Working at height refers to any work activity undertaken at any elevated position.
- The risk of serious injury is significantly increased when working at height greater than two metres.
  - Field Risk Assessment (PEE) to be conducted prior to access of patient. The PEE 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 and/or by a SCAT paramedic.
  - Stay at least two body lengths (3.66 metres) 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.

- 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., mobile phone, SAT phone, GRN radio).
  - GPS mark the staging point and pass this location to aircraft and operations centre and/or forward command point.

4. References

Code of Practice: How to Manage and Control Asbestos in the Workplace. Safework Australia 2016.
Protocol P6: Incident in the Control of Another Agency

Appendices

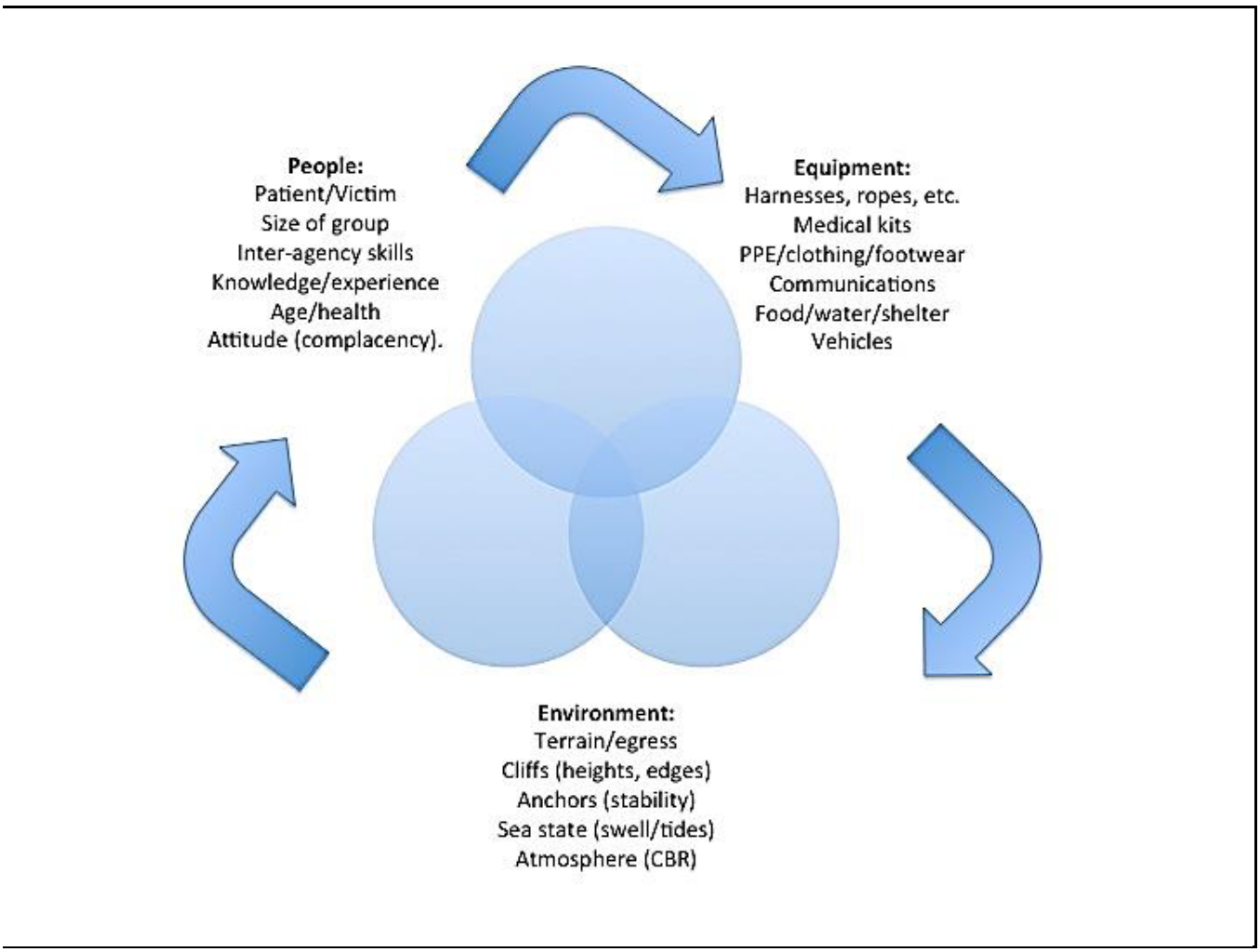
1. The key to a Field Risk Assessment is ‘People, Equipment, Environment’ (PEE)

REVISION HISTORY

Version (Document #)	Amendment notes
Version 3.1	No changes on review
Version 3.0 WI2020-082 Issued 29 July 2020	Transition to new format and naming convention Approved by A/Executive Director, Aeromedical Operations
Version 2.0 Issued 21 September 2017	Reformatted diagram and transition to new format. No content change. Approved by Executive Director, Health Emergency & Aeromedical Services.
Version 1.0 Issued May 2013	Approved by Executive Director, Health Emergency & Aeromedical Services.

APPENDIX 1

1. The key to a Field Risk Assessment is 'People, Equipment, Environment' (PEE)



Source: SCAT Field Operations Guide (Vui Tu)