



**The Council of Ambulance Authorities Inc.
Submission**

Ambulance Deployment with AusAID

December 2009

Members of the CAA:

St John New Zealand
Australian Capital Territory Ambulance Service
Ambulance Service of New South Wales
St John Ambulance Australia NT Ambulance Service Inc
Queensland Ambulance Service
South Australia SA Ambulance Service
Tasmanian Ambulance Service
Ambulance Victoria
St John Ambulance Australia WA Ambulance Service Inc

Associate Members:

Ambulance New Zealand
St John Ambulance Service Papua New Guinea

Submission to AusAID - deployment with the CAA

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1. Background

The Council of Ambulance Authorities (CAA) is the peak body representing the principal statutory ambulance service providers in Australia, New Zealand and Papua New Guinea.

The Australian Government has committed itself to provide humanitarian aid through the Australian Agency for International Development (AusAID). When a major incident requires a health response from Australia, AusAID seeks assistance from Government and non Government organisations in order to provide a disaster response. In previous responses medical teams have been made up of state medical resources, military medical teams or private contractors, not all of whom can deploy at short notice and few have experience in managing health care issues whilst living and working in an austere environment.

When Australia becomes aware of a disaster AusAID immediately begins assessing the situation by gathering information to ensure that help is provided rapidly to those who need it. AusAID propose to deploy 'rapid response teams' who are able to provide rapid assessments of need and immediate health care, whilst remaining self sufficient until more appropriate assistance arrives.

2. The Submission

AusAID in partnership with the CAA will deploy rapid response teams - Australian Paramedic Support Teams (APST) - who are able to provide rapid assessments of need and immediate health care, whilst remaining self sufficient until more appropriate assistance arrives.

3. Governance Framework - APST

Major incidents and disasters that occur off the Australian shore within the Asia Pacific Region often require a response for assistance by the Australian Government.

The rapid response teams would be under guidance of an AusAID Emergencies Officer. Senior team members may be required to work with the AusAID Emergencies Officer / Canberra based AusAID representatives, designated private providers and with the relevant ministry of health representatives of the affected country.

The CAA will provide an Australian Paramedic Support Team (APST) available 365 days per year comprising a combination of paramedics, ambulance logistics and emergency response manager/s that would be available for deployment within 24 to 48 hours to attend an overseas emergency in the Asia Pacific region

The APST was founded to be a support unit to AusAID and will endeavour to provide medical advice and support in the three phases of a deployment: pre-deployment, deployment and post deployment. Concurrently, there may also be a requirement by various jurisdictional Ambulance Services to provide resources and coordinate larger multi-agency medical teams in support of a major incident.

An APST Coordination Group will be responsible for ensuring that the Australian Paramedic Support Teams are appropriately selected and ready for deployment. The Coordination Group will consist of the EMF representative from the four participating Australian ambulance jurisdictions; SA Ambulance Service (SAAS), Ambulance Service of New South Wales (ASNSW); Ambulance Victoria (AV) and Queensland Ambulance Service (QAS) with the direct link between AusAID and the Coordination Group being the EMF representative from ASNSW unless otherwise advised.

This document outlines the governance framework that the APST will follow in support of its aims and briefly discusses those areas where further detailed documentation and standard operating procedures are required.

For the purposes of this document and all other APST documents, the term APST relates to the core paramedic team of the rapid response team and does not include those others who may be deployed to offer a clinical support function to the deployed contingent.

Where appropriate, this document refers to other procedures and protocols where more detailed information is provided.

The paper covers:

- EMF Coordination Group responsibility
- APST Accountability
- Authority of the APST
- Responsibilities of the APST
- APST membership and professional responsibilities
- APST education and development
- APST funding
- Standing operational procedures
- Medical practice
- Risk assessments
- Critical incidents
- Medical records
- Communication

3.1 CAA EMF Coordination Group

The Coordination Group is responsible for;

3.1.1 Pre-deployment

- Provision of advice to deploying team members,
 - public health advice (including advice on environmental issues).
 - Vaccination/prophylaxis advice
 - provision of any other medical advice for team protection.
- The procurement and provision of medical equipment.
- The procurement and provision of all medications and medical equipment
- Development and maintenance of clinically relevant standard operating procedures.
- The provision of a health briefing at the time of deployment

3.1.2 During deployment and in transit

- Carrying out pre-deployment screening of all deploying team members..
- The provision of a team of at least four personnel.
- The provision of simultaneous primary care services to the deployed team at two sites.
- The provision of a simultaneous advanced life support capability to the deployed team at two sites.
- The provision of a casualty evacuation function for the deployed team

3.1.3 Post deployment

- The support of individual's and team with debriefing.
- Attendance at inquiries or inquests if required.

3.2 APST Accountability

During a deployment the APST is accountable through its Paramedic Team Leader to the AusAID rapid response team manager.

The accountability and reporting lines of the APST Team Leader are identified in the Team Leader position description.

The accountability and reporting lines of the APST members are identified in the APST Team Member position description.

3.3 Authority of APST

It is acknowledged by all participants of the rapid response team that for the purposes of the provision of medical advice and support that the APST has overall primacy on clinical and medical matters relating to the deployed rapid response team.

3.4 Responsibilities of APST

The APST is responsible for:

3.4.1 Pre-deployment

- The provision of medical equipment.
- The provision of all medications and medical equipment.
- Maintenance of their own competencies in liaison with AusAID rapid response teams.
- In conjunction with AusAID support of the education and training function of teams allied to rapid response teams where possible.
- Development and maintenance of clinically relevant standard operating procedures.

3.4.2 During deployment and in transit

- The provision of a casualty evacuation function for the deployed team
- The provision of support for the repatriation of mortal remains of deployed team.
- The supervision of the clinical support providers deployed with the team.
- Contributing to the overall team command and control functions as required.
- The provision of medical support and care to victims and the support of local medical services where possible.
- The maintenance of relevant medical records and logs

3.4.3 Post deployment

- Contribution to debriefing process.
- Contribution to ongoing planning and preparation in light of lessons learned.
- The support of individual's and team with debriefing if required.
- Attendance at inquiries or inquests if required.
- Ensuring timely restoration of all equipment and medical supplies for further deployment.

3.5 APST membership and professional responsibilities

The APST is a multi-jurisdictional group. It consists of ambulance paramedics from four Australian jurisdictions namely; New South Wales, Queensland, Victoria and South Australia. Each jurisdiction will train a minimum of ten personnel to meet the deployment requirements.

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The APST consists of five personnel including one Team Leader and four Team Members, with significant experience in pre-hospital care, who are continuously available for deployment.

It should be noted that availability is NOT guaranteed as all members have significant commitments to their respective services, however all members have secured support from their employers so that they will be made available in all but the most exceptional circumstances.

All participating paramedics will be Australian passport holders and will have a passport with a minimum of six (6) months validity and two (2) blank pages on the passport.

All members agree to maintain a high standard of clinical skills in line with their respective jurisdictional requirements, which will predominantly be at the level of intensive care paramedic. Paramedics must carry proof of clinical currency. The Team Leader will be an experienced paramedic with operational management skills.

All APST members agree to maintain a suitable level of physical fitness, maintain up to date vaccination status and to be subjected to the agreed pre-deployment screening process.

All members agree to advise the APST leader of any circumstance (e.g., ill health, non maintenance of clinical skills or physical fitness etc) that may affect their ability to deploy.

3.6 APST education and development

All APST members agree to undertake role specific training to maintain and develop their competence in international deployment activities.

Any potential new members of the team will be subjected to a rigorous assessment process to ensure that they are able to carry out their roles in extreme circumstances.

3.7 APST funding

The APST members jurisdictional services will be compensated \$1000 per staff member per day during the period of training and deployment.

All reasonable expenses that are incurred by team members through the provision of their support to AusAID either before, during or after a deployment will be reimbursed in full upon receipt of an invoice.

AusAID will undertake to compensate all members or jurisdictions for all personal equipment or clothing that is used or damaged during training or a deployment.

AusAID will undertake to pay for all medical equipment and medications required to support the team. This includes paying for any medicine stocks that may become 'out of date' whilst in store.

AusAID will pay for all relevant training courses, and their associated travel costs, for APST members subject to the submission and approval of a business case. These courses will include appropriate training, determined by AusAID in consultation with the CAA.

3.8 Standing operational procedures

The APST undertakes to develop and maintain the following standard operating procedures (SOP) and competency guides. These SOPs should be regarded as integral parts of this governance framework: This will be managed by ASNSW with the EMF working group and an AusAID representative.

SOP's to be developed and will include, but not be limited to:

- Essentials of Humanitarian Practice
- International Training in Humanitarian Action
- Personal Security and Communications
- Tropical Medicine
- Environmental Health
- Cross Cultural Sensitivity
- Stress Management in the developing country setting

3.9 Clinical practice

The APST will undertake all of its clinical practices in line with current Australian best practice and evidence base. All treatments and procedures that are undertaken will be within that individual's personal scope of practice as defined by their individual ambulance service. This means that the APST does not give a commitment to attempt to undertake medical procedures beyond their competence.

Controlled drugs

All controlled drugs (CD) will be stored and their use recorded in line with Australian best practice. It will be the responsibility of all APST members to ensure that standard CD procedures are followed.

A secure storage facility will be provided by the APST. The APST Team Leader will be ultimately responsible for the safe keeping of all CDs.

3.10 Risk assessments

The APST will contribute to the overall team's risk assessment processes. It will specifically contribute to assessments regarding:

- Campsite selection
- Public & Environmental Health risks
- Deployed team health and welfare
- Rest periods
- Casualty care
- Casualty evacuation and repatriation

3.11 Critical incidents

In the event of a critical incident or 'near miss' occurring then the APST Team Leader will be tasked to investigate the incident in liaison with the deployed Aus AID Team Leader.

All APST members are required to contribute to such investigations.

The APST undertakes to contribute to the remedying of any shortfalls identified wherever practicable.

3.12 Medical records

The APST will maintain personal medical records for all team members for whom they provide medical support or treatment. The standard of said records will be that of Australian best practice.

The APST will be responsible for the safe custody of the pre-deployment medical screening records. These records will be returned to the team members or destroyed by the APST leader upon return to Australia.

The APST will maintain a daily logbook of all decisions and activities.

3.13 Communication

3.13.1 Pre-deployment

Notification of a deployment will occur through an established single point of contact of one of the four participating jurisdictions.

Following this all routine communications with the APST should in the first instance be addressed to the APST Team Leader.

The APST members undertake to ensure that their personal contact details are always up to date and the CAA EMF Coordination Group is informed of changes.

3.13.2 During a deployment

The APST will require two forms of communication, supplied by the deployed teams command team, to maintain contact with the command and control function of the rapid response team. This will be allocated to the APST Team leader. The other to maintain communications with their respective ambulance jurisdictions.

3.14 Terms of Reference (TOR)

The CAA has developed generic Team Member and Team Leader selection criteria and positions descriptions appendix A and B. These will ensure that both the participating ambulance services and paramedics who are available for deployment will have an understanding of the types of duties and experience that may be required.

The CAA has developed an internal communications mechanism that will ensure that adequate lines of communication are maintained with paramedics and their organisations prior to deployment and with relevant stakeholders during deployment. A team activation process is included – appendix C.

Each jurisdiction has an internal arrangement for the release of paramedics to be deployed for overseas events. These will be implemented once an agreement for deployment has been signed with AusAID.

Minimum standards of appropriate clinical training for deployment is standard practice for paramedics to work in all jurisdictions. Paramedics will be appropriately trained as they require a certificate of clinical practice authorised by the employing Ambulance Service to undertake their day to day role. In most cases the deployed paramedic will have the highest level of clinical qualification - Intensive Care Paramedic (ICP). Each ambulance jurisdiction will ensure that there is one ICP in each team. The deployed paramedic must have current Australian passport (with six months pre expiry)

Additional training requirements required for potential deployed paramedics should include but not be restricted to Essentials of Humanitarian Practice, International Training in Humanitarian Action, Personal Security and communications, tropical medicine, environmental health, cross cultural sensitivity, and stress management in the developing country setting. It is expected that there would be a maximum of five days training with all related costs met by AusAID. To ensure attendance and assist in local jurisdiction rostering the training sessions would be divided into two groups of twenty. There would be a requirement for recertification of non clinical skills if there had been limited or no deployment within a two year period.

Agreed health / fitness level and vaccination requirements must be met by each potential deployee. Once the health and vaccination requirements are finalised the four ambulance jurisdictions will ensure these requirements are current at all times for their respective potential deployee's.

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- The deployees will use the INSARAG Medical Working Group vaccination policy – appendix D
- The agreed fitness standard is detailed in appendix E

Clinical skills maintenance is the responsibility of the individual ambulance jurisdiction. All paramedics require an authorisation from their individual service to practice as a paramedic. Individual ambulance jurisdictions will have an ongoing process to retain the number of appropriate paramedics to ensure the deployment roster is covered. Ambulance services will advise AusAID if they believe additional non clinical training is required.

The CAA have used the UNDAC guidelines to cost an appropriate list of equipment required by deployees including but not restricted to uniforms, protective clothing, camping equipment, food and water supply and medical equipment and supplies. See appendix F

A program for exercises to test potential deployees readiness and capability will include a test activation notification once per month and a telephone conference at the end of each three month change over period. A table top exercise should be included at the end of the 5 day non clinical training session. The potential of inter service exercise after 12 months will be considered depending on the significance of the deployments

3.15 Equipment and supplies (appendix F)

AusAID would cover the capital funding of the required equipment and usage will be costed back to AusAID. Supplies will be used from ambulance service cache with usage costed back to AusAID. Responsibility for the kit and checking of equipment is within the ambulance jurisdictions.

3.16 Personal issue kit

It is expected that an AusAID uniform will be provided to team members by AusAID as will other essential personal issued equipment for personal sustainability such as tents and mosquito nets.

3.17 Pay for Paramedics

Ambulance services will receive \$1000 pr day each deployee who is away from the workplace for deployment or training

3.18 Team Liaison Officer

The team liaison officer will be the most appropriate manager/clinician to run the team (as per team leader job description

3.19 AusAID Liaison

The CAA EMF ASNSW representative will be the CAA Emergency Management liaison with AusAID and will report back to the CAA EMF Coordination Group and the EMF Chair on any relevant issues and provide any advice to the Board.

Contact for Further Information:

Lyn Pearson
Executive Director
The Council of Ambulance Authorities
PO BOX 1116
FLINDERS PARK SA 5025
Tel: (08) 82431934
Fax: (08) 82430259
Email: LPearson@caa.net.au

Appendix A

AUSTRALIAN PARAMEDIC SUPPORT TEAM TEAM LEADER

Position Description

The Australian Paramedic Support Teams (APST) Team Leader has overall responsibility for the management and supervision of the medical function of the APST during incident operations. The APST Team Leader reports directly to the AusAID Rapid Response team manager.

Description of Duties

- Overall responsibility for the general health considerations and medical care of the rapid response team personnel.
- Developing and implementing the medical component of the rapid response team Action Plan.
- Directly supervising the APST Paramedics.
- Adhering to all safety procedures.
- Coordinating, managing, and supervising of all medical activities within the APST scope of operations.
- Determining the medical organisational and logistics needs.
- Receiving briefings and situation reports and ensuring that all medical personnel are kept informed of status changes.
- Providing situation reports and maintaining records and reports.
- Directing medical care delivery to rapid response team personnel.

Position Requirements

- Currently certified senior intensive care paramedic (or equivalent) with operational management skills, who have undertaken specific training relevant to the requirements of the APST.
- Appropriate level of physical fitness with respect to duties within the team.
- Ability to work effectively within a multi discipline team in austere environments.
- High level of effective oral and written communication skills.
- High level of self-motivation, resourcefulness and adaptability.
- Proven leadership qualities.
- General knowledge and understanding of disaster operations and management.
- Must possess knowledge of national and international emergency management arrangements.
- Must have completed the APST training
- Current Australian Passport with a minimum six (6) months validity and two blank pages.

Refer to appendix C “Operational Checklist” and appendix D “Deployment and On Site Operations.”

Appendix B

AUSTRALIAN PARAMEDIC SUPPORT TEAM TEAM MEMBER

Position Description

The APST Paramedic is responsible for performing specific duties within the APST function of the AusAID Rapid Response Team operation.

The APST Paramedic reports directly to the Team Leader for any relevant medical issues with an overall reporting line through the chain of command to the AusAID Rapid Response Team manager.

Description of Duties

- Primarily responsible for the general health considerations and medical care of the AusAID Rapid Response Team personnel.
- Responsible for medical care of victims located and recovered during the assessment operation.
- Implementation of the medical component of the AusAID Rapid Response Team Action Plans specified by the team Manager.
- Adhering to all occupational health and safety procedures.
- The accountability, maintenance and minor repairs for all issued equipment.
- An awareness of the APST Team Leader description of duties, and responsibilities.
- Performing other tasks and duties as assigned during the operation.

Position Requirements

- Competent experienced senior intensive care paramedic (or equivalent) with State Government Ambulance authority.
- Currently certified and regularly practicing at intensive care paramedic level (or equivalent) with proof of clinical currency.
- Appropriate level of physical fitness with respect to duties within taskforce.
- Ability to work effectively within a multi discipline team in demanding environments.
- High level of effective oral and written communication skills.
- High level of self-motivation, resourcefulness and adaptability.
- Proven leadership qualities.
- General knowledge and understanding of disaster operations.
- Must have completed the APST training
- Current Australian Passport with a minimum six (6) months validity and two blank pages.

Appendix C

OPERATIONAL CHECKLIST

Activation

The APST Paramedic is responsible for the following duties:

Pre-deployment

- Maintenance of their own competencies in liaison with AusAID rapid response teams.
- Development and maintenance of clinically relevant standard operating procedures with proof of clinical currency.
- Maintenance of mandatory vaccinations as per appendix D
- Maintenance of health and physical fitness level as per appendix E
- Current Australian Passport with a minimum six (6) months validity and two blank pages.
- The checking of medical equipment.
- The maintenance of all medications and medical equipment.

During deployment and in transit

- The provision of a casualty evacuation function for the deployed team
- The provision of support for the repatriation of mortal remains of deployed team.
- The supervision of the clinical support providers deployed with the team.
- Contributing to the overall team command and control functions as required.
- The provision of medical support and care to victims and the support of local medical services where possible.
- The maintenance of relevant medical records and logs

Post deployment

- Contribution to team debriefing process.
- Contribution to ongoing planning and preparation in light of lessons learned.
- The support of individual's and team with debriefing if required.
- Attendance at inquiries or inquests if required.
- Ensuring timely restoration of all equipment and medical supplies for further deployment.

Appendix D

DEPLOYMENT AND ON-SITE OPERATIONS

In Transit

- Evaluate and monitor AusAID Rapid Response Team personnel for fatigue, dehydration, health, stress and safety issues.
- Review latest incident information.
- Review relevant AusAID Rapid Response Team notes, position description, operational and safety procedures.
- Receive a briefing from the APST Team Leader regarding incident site environment.
- Rest as best as possible prior to arrival.

Arrival at Destination or Staging Point

- Assist with unloading, movement and security of equipment cache and personal gear.
- Assemble for general task mission briefing from APST Team Leader and AusAID Rapid Response Team Manager.

Operations

- Assist with unloading sorting and set up of the equipment cache, medical supplies and support facilities.
- Receive initial briefing from APST Team Leader and AusAID Rapid Response Team Manager which should include:
 - Incident situation report.
 - Team objectives.
 - Tactical assignments.
 - Team Layout and requirements (Base of operations).
 - Briefing on communications plan:
 - Radio Frequencies
 - Designations – call signs
 - Review of emergency signalling/evacuation procedures.
- Liaise with the incident site local medical providers and establish:
 - Team member medivac procedure.
 - Resource availability.
 - Resupply needs.
 - Indigenous health concerns.
 - Local victim transfer of care.
- Assist in treatment, extrication and transfer of injured victims.
- Monitor team personnel for signs of fatigue, dehydration, stress or other health problems and manage as appropriate.
- Treat team personnel for the above listed problems.
- Initiate appropriate medical documentation for treatment of team members or victims.
- Ensure all appropriate and proper occupational health and safety practices and procedures are followed.
- Maintain own physical readiness through proper nutrition, water and rest and stress control techniques.

- Advise APST Team Leader and/or AusAID Rapid Response Team Manager of any medical issues including critical incident stress in team members or yourself.
- Advise APST Team Leader and AusAID Rapid Response Team Manager of any tactical accomplishments, conflicts, supplies deficiencies, equipment malfunctions, or other unresolved issues.
- Participate in the team daily briefings.

Stand Down

➤ **Stand-Down between Shifts**

- Personal management, hygiene, rest and relaxation.
- Monitor team personnel for development of critical incident stress.
- Other duties as advised by the APST Team Leader and AusAID Rapid Response Team Manager.

➤ **Reassignment or Demobilisation**

- Attend reassignment/demobilisation brief.
- Notify APST Team Leader of any assigned tools or equipment.
- Return all assigned items or equipment to cache through Logistics specialist and notify of any losses or maintenance requirements.
- Ensure controlled drugs are accounted for and secured. Notify APST Team Leader of their status and any discrepancies.
- Monitor team personnel for development of critical incident stress.
- Assist APST Team Leader with referral of identified team members to their specific state authority organisational employee assistance program or counselling service for assessment, monitoring and management of critical incident stress.
- Prepare personal gear and belongings for movement.
- Assist with packing, movement and loading of the team equipment cache.
- Assist APST Team Leader with the preparation of incident medical report.
- Attend team Incident mission critique debriefing.
- Attend Critical Incident Stress debriefing.

Appendix E

Team Activation Notification

Activation notification

Following confirmation that the submission has been accepted a detailed roster will be established for the call out of teams.

The Roster will link with the current international USAR quarterly roster changes.

- Queensland Ambulance Service will be rostered with Ambulance Victoria from April to June and from October to December
- NSWAS and SA Ambulance Service (SAAS) will be rostered from January to March and from July to September

Contact Details

Lead Jurisdiction

- Ambulance Service of New South Wales (ASNSW) primary contact - 24 hour 365 days per year contact number - 02 92307634
 - ASNSW will then contact paging group for AusAID

Member Emergency Management Contact Numbers

- ASNSW 02 93207634 request state operations
- QAS 1300 555555 pager 81481 (Special Operations)
- AV 03 98815512 (request CIM)
- SAAS 08 82240462 (request State Duty Manager)

Teleconference

Activation/notification = trigger for a teleconference between four participating jurisdictions 07 3215 0791 auto connect

- QAS conference number 07 32150791 will be used.
- Each participating jurisdiction will ensure they have a duty roster to take to CAA EMF Coordination role for their jurisdiction

Appendix F

CURRENT MANDATORY VACCINATION SCHEDULE FOR INTERNATIONAL DEPLOYMENT TO ASIA-PACIFIC REGION

VACCINATION PROPHYLACTIC SCREENING	MANDATORY REQUIREMENT FOR SOME AUSTRALIAN AGENCIES	COMMENTS
<i>Tetanus</i>	YES	single booster vaccination
<i>Diphtheria</i>	YES	single booster vaccination
<i>Pertusis</i>	YES	single booster vaccination
<i>Measles</i>	YES	2 doses MMR 1-2 months apart or serological evidence of immunity.
<i>Mumps</i>	YES	
<i>Rubella</i>	YES	
<i>Chicken Pox</i>	YES	2 doses v2v vaccine 1-2 months apart or serological evidence of immunity
<i>Hepatitis B</i>	YES	Vaccine course of 3 doses over 6 months + blood test to confirm immunity
<i>Tuberculosis</i>	YES	Screening every 5 years & 6 weeks post deployment
	NON MANDATORY HIGHLY RECOMMENDED	
<i>Influenza</i>	YES	annual vaccination
<i>Hepatitis A</i>	YES	Vaccine course of 2 doses, each 6 months apart
<i>Polio</i>	YES	booster vaccination every 10 years
<i>Typhoid</i>	YES	Booster vaccinations each 3 years
<i>Japanese Encephalitis.</i>	YES	Vaccine course of 3 doses over 1 month & booster vaccinations each 3 years
<i>Meningococcal disease</i>	YES	Single dose Meningococcal Polysaccharide vaccine and booster vaccinations every 3 years
	NON MANDATORY NOT RECOMMENDED	
<i>Cholera</i>	NO	Oral vaccine + booster doses each 6 months.
<i>Malaria</i>	NO	Prophylactic medication per Senior Medical Advisors' recommendations
<i>Rabies</i>	NO	Vaccine course of 3 doses over 28 days and booster dose every 2 years

Appendix G

Fitness Policy

The following fitness standards agreed by the CAA EMF AusAID Coordination Group

- Based on Qld Regional Special Response Teams
- BMI – < 10kg overweight
- Sit-ups – 45 in 90 sec
- Press-ups – 40 in 60 sec
- Agility run – 10 metres 5 marker course in 14 sec
- Aerobic fitness shuttle run – 20 metres in 5 minutes x 40 laps
- Functional mobility – sit legs outstretched and stand up in 30 sec (av 10)
- Underwater swim – 10 m fully clothed including boots
- 100 m swim in uniform under 8 minutes minus boots
- 10 minutes of treading water
- Pack march – 25 kg pack, 1 km in 12 minutes
- Run 1 km in 5 minutes

Appendix H

PERSONAL RESPONSE KIT

It is understood that logistical support is the responsibility of the AusAID Rapid Response Team Manager; it is recommended that each APST member establish a Personal Response Kit to ensure independence. The Personal Response Kit should be purchased to suit the needs of the individual; the following is a guide to assist the formation of the kits.

<p>PRIMARY RESPONSE KIT Back Pack 1 x Hike Boots 1 x Thongs 5 x Pairs Socks 5 x Pair Under Wear 4 x T-Shirts 2 x Shirts Travel 3 x Trousers Hi Vis Vest Base Ball Cap Wet Weather Clothing Thermals Beanie</p>	<p>SUPPORT KIT Towel Folding Wash Tub Laundry Detergent Dry Hand Wash Steri Pen Water Filter Bottle Head Lamp Hand Torch 5m Hooch Cord Leatherman Folding Knife</p>	<p>PERSONAL MEDICAL KIT First Aid Kit (packed sterile) 4 x Oral Hydrate Salts 1 x Tube Lamisil or Cream Roxithromycin Malarone Panadol Soframycin Avomine Stemzine Azthroycin Gastro Stop Noroxin Cold and Flu Tablets if Season Personal medication</p>
<p>MESS KIT 48 Hrs of Rat ions Trangia Stove Fuel Bottle (empty) Cup, Plate, Bowl, Cutlery</p>	<p>CAMPING KIT Tent Sleeping Bag Thermal mat Pillow</p>	<p>TEAM LEADER KIT Kit Bag Laptop / Charger Adapter A4 Note Book Map (specific) Carry Tube 2 x White Board Markers 2 x Permanent Markers 1 x Roll A1 Paper (Post It) 3 x Sm Post It Notes 3 x Lengths Blue Tack 2 x Medium Post It Notes 10 Cable Ties 2 x Rolls Tape Spare Batteries (8 x AA – 4 AAA) Binoculars GPS / Compass Camera</p>

Appendix I

APST Operational Checklist

ACTIVATION

➤ Pre-deployment

- Prepare SMEAC brief for all APST personnel
- Directly liaise with Rapid Response Team Manager
- Ensure notification of APST personal details to relevant Ambulance Authority management.
- Ensure notification of APST personal details to jurisdictional contact for personnel data-base.
- Supervise Health checks on team personnel and establish health documentation
- Maintain clinical and specialist qualifications with proof of clinical currency.
- Set up personal gear bag per personal equipment checklist.
- Maintain health and physical fitness.
- Current Australian passport with a minimum six (6) months prior to expiry date.
- Observe current inoculation requirements.
- Receive activation order from Team Leader or representative. This notification may be through AusAID or State Ambulance authority.
- Ensure accountability and security of the controlled drugs.

DEPLOYMENT AND ON-SITE OPERATIONS

➤ In Transit

- Evaluate and monitor Team personnel for fatigue, dehydration, health, stress and safety issues.
- Review latest incident information.
- Review relevant team notes, position description, operational and safety procedures.
- Receive a briefing from Rapid Response Team Manager regarding incident site environment.

➤ Arrival at Destination or Staging Point

- Assemble for general task mission briefing from Team Manager etc.

➤ Operations

- Coordinate APST activities during the operation
- Receive initial briefing from Team Manager which should include:
 - Incident situation report.
 - Team objectives.
 - Tactical assignments.
 - Team Layout and requirements (Base of operations).
 - Briefing on communications plan:
 - Radio Frequencies
 - designations – call signs
 - Review of emergency signalling/evacuation procedures.
- Liaise with the incident site local medical providers and establish:
 - Team member medivac procedure.
 - Resource availability.
 - Resupply needs.

- Indigenous health concerns.
- Local victim transfer of care.
- Monitor Team personnel for signs of fatigue, dehydration, stress or other health problems and manage as appropriate.
- Collate appropriate medical documentation for treatment of team members or victims.
- Ensure all appropriate and proper occupational health and safety practices and procedures are followed.
- Maintain own physical readiness through proper nutrition, water and rest and stress control techniques.
- Advise Team Manager of any medical issues including critical incident stress in team members or yourself.
- Advise Team Manager of any tactical accomplishments, conflicts, supplies deficiencies, equipment malfunctions, or other unresolved issues.
- Brief the next shift on all ongoing operations when your shift is being relieved.
- Conduct in the Team daily briefings.

STAND DOWN

➤ **Stand-Down between Shifts**

- Personal management, hygiene, rest and relaxation.
- Monitor Team personnel for development of critical incident stress.

➤ **Reassignment or Demobilisation**

- Conduct reassignment/demobilisation brief.
- Ensure controlled drugs are accounted for and secured. Notify Team Leader of their status and any discrepancies.
- Monitor Team personnel for development of critical incident stress.
- Refer identified APST members to their specific state authority organisational employee assistance program or counselling service for assessment, monitoring and management of critical incident stress.
- Prepare incident medical report.
- Attend Team Incident mission critique debriefing.
- Attend Critical Incident Stress debriefing.