

**First aid sub plan to the
State health emergency response plan**

Health Displan Victoria
2006

Issued by Director, Emergency Management Branch
Department of Human Services, Melbourne, Victoria, Australia

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First aid sub plan to the State health emergency response plan (Health Displan Victoria) – 2006

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1. Authority

Medical and health functional sub committee of the State emergency response planning committee

Emergency Management Branch

Department of Human Services

Level 11, 50 Lonsdale Street

Melbourne Victoria 3000

The First Aid Plan is a sub plan to the State health emergency response plan (SHERP).

2. Introduction

2.1 Aim of Plan

The aim of the First Aid Plan is to confirm the roles and responsibilities of relevant first aid agencies. It includes activation procedures and contact lists, and identifies resources to support a medical response to a major emergency.

2.2 Scope of Plan

The First Aid Plan addresses the appropriate provision of first aid support services in the event of a major emergency – as set out in the State Health Emergency Response Plan (SHERP). This may include, but is not limited to:

- mass casualty incidents
- complex trauma emergencies
- chemical, biological or radiological incidents
- food and water contamination
- human illness epidemic
- natural disasters
- essential services disruption.

The arrangements outlined are in addition to ongoing services supplied by the participating agencies.

2.3 Role of first aid

The role of first aid agencies is to provide trained first aid teams at incident sites, casualty clearing posts, and welfare/evacuation centres – or as otherwise directed by the Health Commander. Services and resources provided may include:

- trained first aid officers able to assist with site triage, initial treatment and resuscitation of casualties and ongoing care
- trained advanced level first aid officers, capable of providing such care as defibrillation and oxygen resuscitation
- portable first aid supplies and other patient care equipment that is easily transported in vehicle, trailer and kit form, for establishing first aid posts
- comprehensive radio communications networks, capable of stand-alone operation.

2.4 Participating agencies

- St John Ambulance Australia (Victorian Division)
- Australian Red Cross (Victoria)
- Metropolitan Ambulance Service
- Rural Ambulance Victoria
- Life Saving Victoria
- Chevra Hatzolah Melbourne Inc.

3. Roles and responsibilities

3.1 Agencies

3.1.1 Ambulance services

- **Health Commander** – The ambulance service will usually be the first health agency responder on the scene and in partnership with the Health Commander (when there is no FEMO onsite), will decide where casualties should be taken and provide immediate treatment, transport and coordinate communications between different parts of the health response.

The Health Commander will oversee and, where appropriate, direct the operational health response to a major incident within Victoria. This person will have the authority and experience to make decisions on delivering the health incident management objectives.

On scene within Victoria, a senior ambulance paramedic initially performs the Health Commander role. This may change according to the precise nature of the incident. The State Health Incident Commander (SHIC) has the authority to reassign this role to another person or organisation, if required. The Health Commander will generally be expected to act independently of the SHIC.

- **Ambulance Commander** – Responsible for all ambulance activities at an incident.

3.1.2 First aid agencies

- **Role of first aid agency** – Supports the Health Commander during a major incident, by providing personnel, equipment and emergency management expertise.
- **First aid agency team leader/commander** – As part of the Health Incident Management Team, responsible for the activities of the first aid agency at the incident site.

4. Concept of operations

4.1 Activation

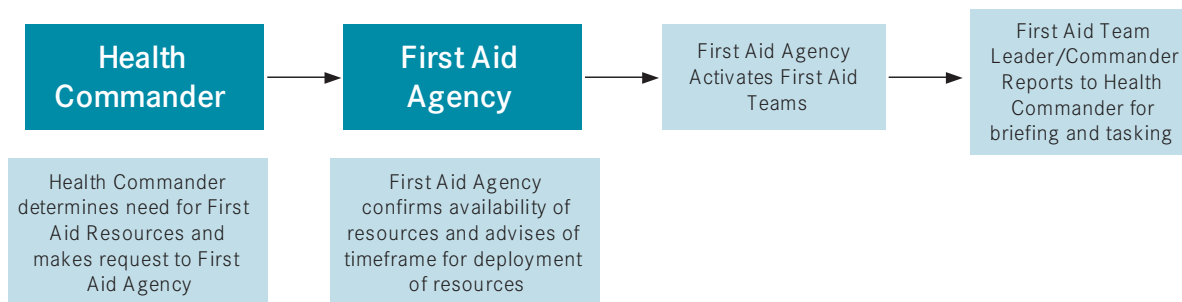
4.1.1 Local activations

- All first aid agencies have local arrangements in place. Any small-scale response will remain as per those local arrangements.
- When activated locally, the first aid agency shall notify the relevant ambulance service:
 - For incidents within the Metropolitan Ambulance Service area of response, the first aid agency shall contact the Duty Team Manager.
 - For incidents within the Rural Ambulance Service area of response, the first aid agency shall contact 000 and ask for a message to be passed on to the appropriate area duty manager.

4.1.2 Regional/state activations

- If an incident progresses to regional/state level, the relevant ambulance service will coordinate first aid responses. The Health Commander will determine what resources are required from the relevant first aid organisation, based on the capabilities of each agency, and make requests through appropriate activation contacts. See main SHERP contact list. The Health Commander will provide the agency with all relevant information and instructions for deployment.
- This information shall be provided in the ETHANE format:
 - exact location
 - type of incident
 - hazards
 - access and egress
 - number of patients
 - emergency services at scene/required

Figure 1: Flow chart for activation

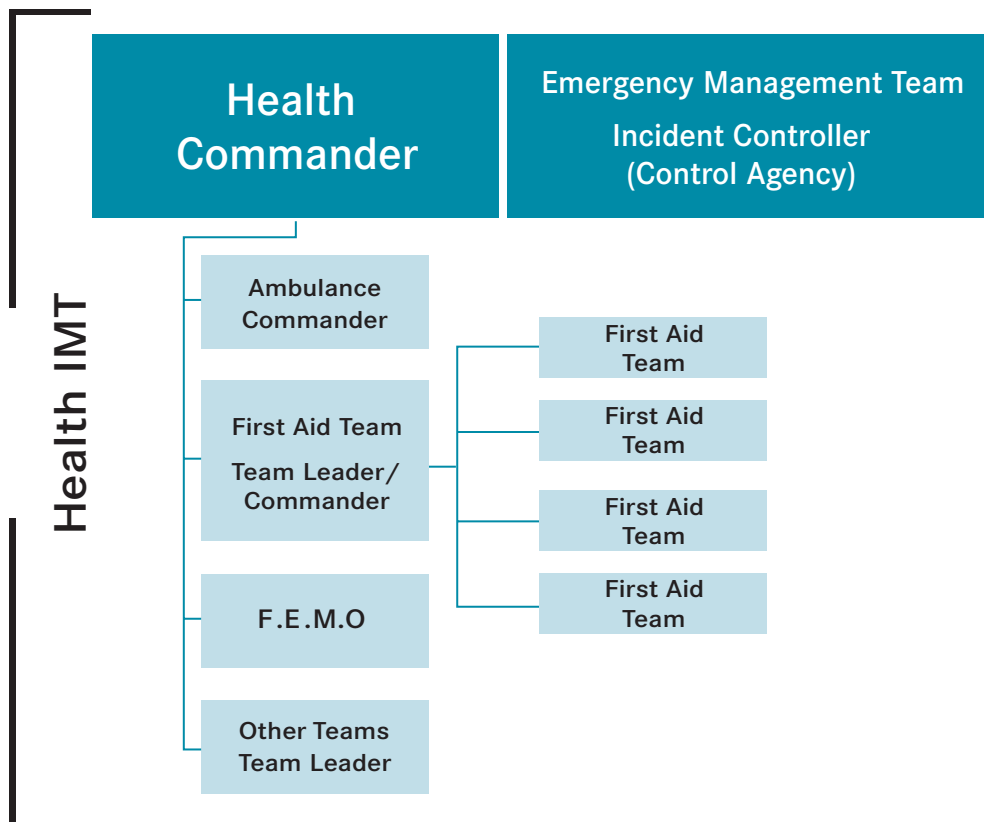


4.2 Response

4.2.1 Management structure

- All health management at an incident shall be based on the Incident Control System (ICS).
- As per the State Health Emergency Response Plan, the First Aid Team Leader/Commander will report to the Health Commander and form part of the Health Incident Management Team.
- The Health Commander is responsible for tasking the task First Aid Team Leader/Commander.
- First Aid Team Leaders/Commanders are to organise first aid teams, based on ICS principles.
- When multiple first aid agencies are deployed to an incident, the Health Commander shall appoint a First Aid Commander to oversee first aid agencies at the incident.
- Each agency is responsible for ensuring that personnel are equipped with appropriate personal protective equipment and that all team leaders/commanders are wearing tabards.
- Each first aid agency involved in an incident will participate in post incident debriefs and provide Incident Reports through normal agency processes.

Figure 2: Health Incident Management Team Structural Chart



5. Administration and training

5.1 Review

This sub plan shall be reviewed in accordance with the review procedures set out in the State Health Emergency Response Plan.

5.2 Training

All agency responders shall be fully trained, accredited and authorised to perform first aid on behalf of that agency.

5.3 Exercises

It is expected that each agency shall conduct training exercises regularly, according to each agency's emergency response plan.

5.4 Agency capabilities/resources

Refer to capacity statement held by Metropolitan Ambulance Service – Emergency Management Department.

5.5 Agency activation contacts

See main SHERP contact list.

5.6 First Aid Representation on the Health and Medical Functional Sub Committee

An advisory group representing First Aid Organisations and the Metropolitan Ambulance Service will provide governance for this Sub Plan, develop necessary policy and provide industry representation on the Functional Sub Committee. The First Aid Advisory Group shall meet at least once a year, with one first aid organisation Chairing the group and another organisation providing representation on the Functional Sub Committee. The Chair and committee representative should be provided by the two principle statewide first aid providers and rotate these representative positions on an annual basis.