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A fully referenced version of this document can be accessed via SJANT Intranet.

INTRODUCTION

Authority to Practice
Role of the paramedic
Basic principles of management
Infection control
Staff support
Clinical scope of practice levels
The SJANT aims to provide high standards of emergency treatment, patient care and transportation for sick and injured people. The CPM reflects contemporary standards of clinical practice in the pre-hospital environment. It includes assessment and treatment information based on expert evidence.

The CPM is divided into three parts:
- clinical practice guidelines (CPGs)
- clinical practice procedures (CPPs)
- drug therapy protocols (DTPs)
The CPGs cover a range of clinical conditions and situations commonly encountered by paramedics in the pre-hospital environment. In the case of a clinical condition, each CPG provides:

- information regarding a typical clinical presentation
- the diagnostic pattern associated with the relevant condition
- guidelines for clinical management.

The CPPs cover specific clinical procedures that may be performed as part of the clinical management of a patient. The use of specific items of equipment carried by SJANT ambulances is also addressed through relevant CPPs.
The **DTPs** provide directions for the use of pharmacological agents that have been authorised for use by SJANT paramedics when performing duties for SJANT. A DTP exists for each pharmacological agent and provides parameters for its use in the pre-hospital environment.

To further assist SJANT paramedics, a 7 in **Tablet PC** has been issued to each paramedic. The Tablet PC includes a PDF version of the each part of the CPM along with other reference material and videos that may be helpful in the field. The information contained on the Tablet PC will be up-dated from time. Paramedics are individually responsible for ensuring their Tablet PC are kept up-to-date.
AUTHORITY TO PRACTICE

The SJANT Senior Medical Advisor or Medical Director may authorise an officer or officers of a particular class or category, to perform paramedic duties at a level that is required to fulfil a service provision agreement between SJANT and the Northern Territory Government. SJANT Photographic Authority to Practice Cards shall be visible and worn at all times by officers whilst on duty.

The Authority to Practice provides that an authorised officer, when providing ambulance services for SJANT, may take any reasonable measure to:

- request any person to take all reasonable measures to assist the authorised officer
- administer such basic life support and advanced life support procedures as are consistent with the training, scope and qualifications of the authorised officer
- at all times an authorised officer will adhere to the guidelines as specified within the CPM

What constitutes ‘reasonable’ in any situation is that which a careful paramedic of a similar class or category would do in similar circumstances.

The content of the CPGs, DTP’s and CPPs, coupled with the education and training provided to SJANT paramedics, will serve as a helpful guide as to what actions would be appropriate and reasonable in each circumstance.

Authorised Officers are encouraged to consult with senior officers, clinicians and SJANT Senior Medical Advisor if the circumstances warrant.

Authorised Officers are only to perform procedures for which they have received specific training, scope and authorisation by SJANT Senior Medical Advisor or Medical Director.

ROLE OF THE PARAMEDIC

The role of the paramedic lies within their St John Ambulance Australia (NT) Inc. position description. Paramedics have three primary tasks:

- the assessment and prioritisation of the patient’s immediate and definitive needs
- delivery of the appropriate immediate care, while concurrently
- organising the provision of definitive care in the most time efficient manner.

The Paramedic must consider all resources available within the SJANT continuum when treating a patient, including SJANT resources, community resources and other emergency services including aeromedical resources, ancillary medical facilities and receiving hospitals.

Obtaining the most appropriate care in the most efficient time-frame may encompass the following options:

- paramedic to administer care on-scene if trained and authorised
- rendezvous with an Intensive Care Paramedic (ICP) or appropriately trained officer on-scene.
- rendezvous with an appropriate Doctor or ICP enroute
- utilise aeromedical services
- clinical consult with the SJANT Medical Director or Delegate
- transport patient to the most appropriate definitive care specific to their needs.

The paramedic must make these decisions in conjunction with SJANT Policy and Procedures, clinical training, experience and available advice.
BASIC PRINCIPLES OF PRE-HOSPITAL MANAGEMENT

Basic Principles of Pre-Hospital Management are goals of care that apply to all cases:

- Review all communication centre dispatch information.
- Consider all environmental factors and approach a scene only when it is safe to do so, stand off when instructed to do so.
- Identify potential and actual hazards and take the necessary precautions.
- Ensure the safety of yourself, other officers and emergency services personnel, your patients and the public.
- Ensure the scene is as safe as is practicable.
- Request assistance as required.

The basic principles of management applies to all patients, Paramedics must:

- identify and manage life threatening conditions
- locate all patients first. If the number of patients is greater than resources, seek additional resources.
- assess the patient’s condition appropriately
- prioritise and manage the most life threatening conditions first
- provide sit-rep to communications as soon as possible
- provide adequate oxygenation and ventilation
- optimise tissue perfusion
- identify and manage other conditions
- provide appropriate pain relief
- posture the patient according to the presenting condition
- ensure the maintenance of normal body temperature
- provide psychological support at all times

TRANSPORT

- Transport as necessary.
- The "On scene time" must be kept to a minimum. Acutely ill or injured patients should always be mobilised to definitive hospital care as soon as practical.
- The implementation of Clinical Practice Guidelines should not interfere with expeditious transport to hospital. Clinical Practice Guidelines can be carried out en route to ensure minimum delay at scene.
- In urgent transport situations with the exception of non-traumatic cardiac arrest, if the "Arrival time" of back up officers with advanced clinical skills exceeds the "Load and transport time" to the nearest suitable hospital, the patient should be transported urgently. The hospital should be alerted with IMIST-AMBO so that a medical or trauma team can be assembled in the Emergency Department as necessary.
- Teamwork and Communication is essential to expedite transport. The Paramedic must at all times maintain harmonious working relationships with other SJANT personnel, police, fire brigade, rescue workers, nurses, doctors and members of the public so that the patient receives optimum care from the time of arrival at the scene to the handover at hospital.
MULTI-CASUALTY MANAGEMENT

Where the number of patients overwhelms the existing resources refer to the SJANT Multi-casualty Management Plan and casualty triage sieve.

INFECTION CONTROL

This guideline describes SJANT infection control procedures for prevention of infectious disease transmission in the ambulance environment. The full policy is on the SJANT Intranet. Effective infection control is based on good hygiene centred on practices that arise from identifying hazards and implementing risk management procedures. Strategies for infection control are based on current understanding of the aetiology of infections involved and the most effective ways to control them. Paramedics must adhere to SJANT Policies P14, P18 and all other associated Policies and Documents.

OFFICER SUPPORT

Paramedic work sometimes exposes Officers to circumstances they find very difficult to cope with.

Sudden Infant Death Syndrome (SIDS) is one such circumstance and the following is provided to assist in the management of SIDS outside the clinical scope:

- Attempt resuscitation if appropriate.
- Treat the baby as a baby, rather than a body.
- Use the baby’s name if you can.
- Do not hurry the baby away from the house.
- Separation from the baby should occur when the parents are ready.
- Carry the baby to a place of comfort in the home and allow parents to remain with their baby if they wish.
- Other children need not be removed or separated.
- Explain that it could be SIDS but this will be confirmed after ‘an autopsy’ is completed. Explain that our laws require an autopsy to be carried out to ascertain the cause, if possible, of any sudden, unexpected death, whatever the age of the person.
Reassure parents that an autopsy is a detailed operation carried out with gentleness and care by a pathologist. Tell the parents that the police will call and that this is normal. Tell the parents a formal inquest is not necessary if death is due to SIDS and that parents are not required to identify the baby at the Coronal Services Centre.

Reassure the parents that, if it is SIDS, there is nothing known that they or anyone else could have done to prevent the death.

Explain if the baby had blood, vomit, facial or body discolouration that these can occur after or during the dying process and are probably not the cause of the death of their child.

Allow parents to express their shock and disbelief. Respect cultural mourning customs.

Ask the parents if they would like you to telephone anyone for them or help them to do so in order that they can have support, e.g. relatives, doctor, workplace, SIDS.

If needed, call 0448 849 234 for SIDS 24 hour crisis service. SIDS counsellors are also available for ambulance staff.

Other traumatic events are managed by paramedics as per relevant guidelines and procedures. However outside the clinical requirements of these cases there may be difficulty in the management of personal emotions, thoughts and coping mechanisms.

All SJANT staff should familiarise themselves with Peer Support and the free Employee Assistance Programs (EAP). The EAP is an external program funded by SJANT to provide professional and confidential counselling for all employees and their immediate family members, available on 1800 193 123 throughout the Northern Territory.
## SJANT Clinical Scope of Practice Levels

### Student Paramedic I, II
- Airway management
- Adult, child, infant CPR
- Application of aseptic dressing
- Application of patient care process
- Assess vital signs
- Burns management
- BVM ventilation
- Cardiac monitoring
- Glucometry
- Intramuscular injections
- Intranasal drug administration
- Intravenous access (supervised)
- Intravenous drug administration (supervised)
- Laryngeal mask airway insertion (supervised)
- Laryngoscopy with Magill forceps
- Locate and use of basic ambulance equipment
- Nasopharyngeal airway
- Nebulised medications
- Normal cephalic delivery
- Oropharyngeal airway
- Patient assessment
- Semi automatic defibrillation
- Toxicology management
- Trauma
- Upper airway suctioning
- Use of cervical collar
- Use of ETCO2 / SPO2
- Use of Kendrick extrication device
- Use of pelvic binder
- Use of spinal movement restriction techniques
- Use of traction splints and vacuum / air splints

### Paramedic
- 12-Lead ECG acquisition (auto interpretation)
- Capnography/Capnometry
- Intraosseous access (cardiac arrest - EZ-I0)
- Intravenous access
- Intravenous drug administration
- Laryngoscopy with Magill forceps
- Laryngeal mask airway insertion
- Manual defibrillation
- Oral disintegrating tablet administration
- PEEP
- CPAP
- Combat application tourniquet

### Intensive Care Paramedic
- 12-Lead interpretations
- Bougie endotracheal intubation
- Cricothyrotomy
- Coronary reperfusion
- External jugular venous cannulation
- Gastric decompression
- Intraosseous access
- Intravenous infusions
- Intubation facilitated by sedation
- Obstetric emergencies
- Sedation and procedural sedation
- Synchronised cardioversion
- Thoracic decompression
- Transcutaneous cardiac pacing
- Valsalva manoeuvres
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<tr>
<th>Pharmacology</th>
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<tbody>
<tr>
<td>*Adrenaline</td>
<td>Amiodarone (cardiac arrest)</td>
<td>Amiodarone</td>
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<td>*Aspirin</td>
<td>Ipratropium bromide</td>
<td>Atropine</td>
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<td>Ceftriaxone</td>
<td>Metoclopramide</td>
<td>Calcium gluconate 10%</td>
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<td>Fentanyl</td>
<td>Morphine</td>
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<td>*Gastrolyte</td>
<td>Ondansetron</td>
<td>Enoxaparin</td>
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<td>Glucagon</td>
<td>Sodium chloride 0.9%</td>
<td>Frusemide</td>
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<td>Glucose 5%</td>
<td>Sodium bicarbonate 8.4%</td>
<td>Hydrocortisone</td>
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<td>Glucose 10%</td>
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<td>*Glucose gel</td>
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<td>Lignocaine 2%</td>
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<td>Glyceryl Trinitrate</td>
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<td>Magnesium sulphate</td>
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<td>Sodium chloride 0.9% (supervised)</td>
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<td>Water for injection (supervised)</td>
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*Includes
- Non Emergency Patient Transport Officers
- Volunteer Advanced Responder

^ Includes
- Supervised Graduate Intern Paramedic
- Supervised Student Paramedic III

^ Includes
- Supervised Intensive Care Intern Paramedic