

JOINT SOP	
Title	Health Monitoring - Emergency Personnel
Version	version 5.0
Purpose	To ensure that health monitoring of emergency personnel is made available at all major emergencies.
Scope	<p>This Joint Standard Operating Procedure (JSOP) applies to all emergency personnel responding to a major emergency,</p> <p>The JSOP applies to major emergencies requiring health monitoring. The principles of this JSOP may be applied at non major emergencies at the discretion of the Incident Controller.</p>
Applicable Agencies	<p>This procedure applies to the following agency personnel:</p> <ul style="list-style-type: none"> • AV • CFA • DEECA (FFMVic) • EMV • FRV • VICSES <p>Health monitoring services may be offered to personnel from other organisations that attend a major emergency.</p>
Content	<p>The procedural contents of this JSOP are:</p> <ul style="list-style-type: none"> • Privacy • Provision of health monitoring • Request for health monitoring • Health monitoring standards and operations • Health monitoring outcomes • Refusal of health monitoring • Private Providers • Reporting of health monitoring • Schedule 1: Clinical Guidelines • Schedule 2: Health Monitoring Report
Responsibilities	<p>Control Agency It is the Control Agency's (CA) responsibility to engage with and implement health monitoring services.</p> <p>Emergency Personnel All individuals have a responsibility for their own safety and are to report through their "chain of command" to the IC if they feel that</p>

	<p>they are unfit for duty, or if they have specific health risks in attending the incident.</p> <p>Health Commander Under State arrangements, Ambulance Victoria (AV) is responsible for oversight of health command and pre-hospital health operations.</p> <p>The HC provides advice to ensure the safety of emergency personnel, health care workers and the public for identified risks at a major emergency and the likely impacts on planning.</p> <p>The Health Commander (HC) will provide the IC with the completed Health Monitoring Report (Schedule 2) at major emergencies.</p> <p>Health Provider All health monitoring providers are responsible for providing a completed Health Monitoring Report (Schedule 2) to the HC at least once daily or at a frequency requested by the HC or IC</p> <p>Incident Controller Incident Controllers (IC) have overall responsibility of the health and wellbeing of staff while operating at an incident.</p> <p>They ensure health monitoring is considered in Incident Action Plans and Incident Shift Plans</p> <p>Incident Safety Officer The Incident Safety Officer assists the IC in monitoring the health, safety and welfare of personnel and works collaboratively with the HC.</p> <p>Medical Services Unit Leader Where a medical services unit leader has been appointed, they will support the IC in the provision of health monitoring services.</p> <p>Private Provider An organisation/company contracted to another organisation to provide first aid and health monitoring services</p>
<p>Definitions</p>	<p>Common Emergency Management terms and definitions can be found in EM-COP under Library > Definitions.</p> <p>Within this document, the following definitions apply:</p> <p>Health monitoring Health monitoring helps mitigate health risks to emergency personnel and can identify those who may be at risk of adverse health outcomes as a result of their response to an emergency incident.</p> <p>Health monitoring requires taking vital signs with a concurrent assessment of presenting symptoms, while considering any relevant medical history. A decision can then be made if an individual's health may be impacted by their involvement in the incident response.</p>

PROCEDURE

1. Privacy

- 1.1. AV and other providers of health monitoring services are bound by the *Privacy Data and Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*. These Acts set out standards in relation to collection, use, disclosure, storage, access, transmission and disposal of personal and health information.

2. Provision of health monitoring

- 2.1. ICs are to ensure that health monitoring services are made available to personnel at major emergencies.
- 2.2. All personnel attending and working at major emergencies are strongly encouraged to undertake health monitoring to support their health and welfare. Health monitoring is not mandatory, except in circumstances outlined in section 2.2.1.
 - 2.2.1. Where the Standard for Managing Exposure to Significant Carbon Monoxide Emissions dictates all personnel will be required to participate in health monitoring.
- 2.3. HCs, as part of the Emergency Management Team (EMT) provide advice to the IC regarding health impacts and trends. This supports the safety and wellbeing of responding personnel.
- 2.4. The Medical Services Unit Leader (and Incident Safety Officer; where appointed) will work collaboratively with the HC to review results of health monitoring.

3. Request for health monitoring

- 3.1. ICs are responsible for the establishment of health monitoring services.
- 3.2. Health monitoring can be provided by AV, or via alternate providers such as agency units or contracted providers that have the capacity to provide appropriately qualified health practitioners to deliver the skill set required to assess against the suggested clinical parameters (Schedule 1).
- 3.3. A HC is required to be present or engaged in either the Incident Control Centre (ICC) or Regional Control Centre (RCC).
- 3.4. Where AV are not already present or dispatched to a major emergency, the IC is required to contact AV to discuss the health monitoring requirements and the attendance of a HC.
- 3.5. The HC will undertake the following:
 - 3.5.1. Collaborate with the Control Agency to ensure health monitoring is in place either through AV or other agency arrangements.
 - 3.5.2. Assemble and lead the Health Incident Management Team (HIMT) in accordance with the SEMP Health Emergencies Sub-Plan (HESP).
 - 3.5.3. Participate in the EMT.
 - 3.5.4. Liaise with the IC or their delegate to highlight and emerging or identified health risks

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3.6. If contact with AV is required to establish health monitoring, contact can be made with one of the Regional HCs, as follows:

- 3.6.1. Metropolitan Melbourne: 03 9090 5588
- 3.6.2. Hume: 03 9090 5589
- 3.6.3. Loddon Mallee: 03 9090 5548
- 3.6.4. Grampians: 03 4313 6568
- 3.6.5. Barwon South West: 03 9090 5580
- 3.6.6. Gippsland: 03 9090 5590

4. Health monitoring standards and operations

4.1. Schedule 1 sets out the minimal level of assessment that is to be undertaken when conducting health monitoring. These clinical parameters align to the AV Operational Work Instruction that paramedics use as the standard for health monitoring. Other health practitioners are strongly encouraged to consider these standards when undertaking their own assessments, alongside:

- 4.1.1. The State Smoke Framework
- 4.1.2. Standards for managing exposure to significant carbon monoxide emissions
- 4.1.3. Community smoke, air quality and health standards

4.2. During a clinical assessment, the observation of vital signs outside of the parameters outlined in Schedule 1 may be indicative of the following illnesses (but not limited to):

- 4.2.1. Respiratory distress
- 4.2.2. Hypoxia
- 4.2.3. Exposure to carbon monoxide or particulate matter (PM2.5) in smoke
- 4.2.4. Cardiac arrhythmia
- 4.2.5. Hypo/hyperthermia
- 4.2.6. Dehydration
- 4.2.7. Hypo/hypertension

4.3. All health practitioners are responsible for ensuring the maintenance of appropriate registration and are expected to work within their accredited scope of practice.

4.4. Health monitoring may occur at the following times (if appropriate):

- 4.4.1. at the commencement of each shift;
- 4.4.2. at each shift break;
- 4.4.3. before the resumption of duty; and
- 4.4.4. at the completion of each shift

4.5. Where mandatory health monitoring is in place, considerations should be given to the likely impacts on shift length.

4.6. Agencies undertaking health monitoring are required to complete, store, and manage records of patient assessment in accordance with their individual agency requirements.

4.7. Private providers are required to report to the Medical Services Unit Leader or Incident Safety Officer on trends of health monitoring at least once daily, or at the frequency requested by the HC.

5. Health monitoring outcomes

- 5.1. Following health monitoring, if there are no health concerns identified, personnel will be returned to duty.
- 5.2. If health concerns are identified, initial management will include a rest period of at least twenty (20) minutes, basic care (e.g. rehydration) and then re-assessment. If health concerns are still present after this, health monitoring staff will either recommend:
 - 5.2.1. transport to hospital,
 - 5.2.2. further assessment by an alternative medical practitioner (e.g. GP).
- 5.3. If further assessment, treatment or transport is recommended, the health monitoring provider, Medical Services Unit Leader or Safety Officer will immediately inform the HC who will co-ordinate the required actions and then inform the IC.

6. Refusal of health monitoring

- 6.1. If personnel refuse:
 - to undergo mandatory health monitoring, or;
 - the recommendation of treatment or;
 - transport or further assessment;

The IC is to be informed and further management of the individual at risk is required to be undertaken as per agency protocols. This may include alternative duties or standing down the individual from duty until they are deemed fit for duty.

7. Private Providers

- 7.1. Individual agencies may have contractual arrangements with private providers of health monitoring.
- 7.2. Private providers can be engaged to undertake health monitoring. The Control Agency is required to ensure they have appropriate capability.
- 7.3. All private providers are required to be a registered provider and have a health professional accreditation, such as that of a Doctor, Registered Nurse or Paramedic.
- 7.4. A private provider may utilise trained first aid staff to obtain vital signs and assess patients; however they are required to work under the direction of a registered health professional.
- 7.5. Private providers who are engaged to undertake health monitoring are required to have the relevant skills and equipment to measure and interpret the vital signs and clinical parameters as outlined in Schedule 1.
- 7.6. Private providers are required to report to the Medical Services Unit Leader or Incident Safety Officer as per incident process. A representative of the private provider organisation may participate as part of the HIMT.
- 7.7. Private providers are expected to be compliant with section 8 "Reporting of health monitoring" and as a minimum are to complete a health monitoring report as outlined in Schedule 2 at the completion of each shift or daily.

8. Reporting of health monitoring

8.1. De-identified information is required to be shared with the HC

- 8.1.1. at a minimum of once a day, or
- 8.1.2. as required and agreed to by the HC or IC

8.2. Reporting of health monitoring is required to follow the template outlined in Schedule 2 and as a minimum contain the following data items:

- 8.2.1. Total number of personnel presenting for health monitoring, broken down by agency,
- 8.2.2. Number of personnel requiring reassessment,
- 8.2.3. Number of personnel recommended for further treatment, alternative duties or transport to hospital after reassessment,
- 8.2.4. Any additional pertinent information of health monitoring trends

8.3. The Medical Services Unit Leader and/or Incident Safety Officer will work collaboratively with the HC, discuss the above collected data and assess for any issues or alarming trends for urgent escalation to the IC.

SAFETY

Protection and preservation of life and relief of suffering is paramount. This includes: -

- Safety of emergency response personnel; and
- Safety of community members including those most at risk in emergencies both residents and visitors/tourists.

In the application of this JSOP there the following safety considerations apply:

- Any personnel that present to the rehabilitation/health monitoring area and advise (or be advised) of an OH&S incident or hazard are to be directed to follow their relevant agency's OH&S reporting processes.

REFERENCE

Related Documents

[Emergency Management Act 2013](#)

[Victorian State Emergency Management Plan](#)

[Privacy Data and Protection Act 2014 \(Vic\)](#)

[Health Records Act 2001 \(Vic\)](#)

[State Smoke Framework](#)

[Standard for Managing Significant Carbon Monoxide Emissions - Responder Health \(October 2019\)](#)

[JSOP 03.04 – Incident Safety Management Functions](#)

[SEMP Health Emergencies Sub-Plan](#)

REVIEW

Date Issue	11 July 2024
Date Effective	22 August 2024
Date to be Reviewed	August 2027
Date to Cease	N/A

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AUTHORITY

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The Emergency Management Commissioner has issued this JSOP under section 50 of the *Emergency Management Act 2013*.

Approved	Signature	Date
Rick Nugent Emergency Management Commissioner	Signed copy kept on file at the SCC	11 July 2024
Justin Dunlop Director Emergency Management, AV	Signed copy kept on file at the SCC	11 July 2024
Endorsed	Signature	Date
Jason Heffernan Chief Officer, CFA	Signed copy kept on file at the SCC	11 July 2024
Chris Hardman Chief Fire Officer DEECA (FFMVic)	Signed copy kept on file at the SCC	11 July 2024
Gavin Freeman Commissioner, FRV	Signed copy kept on file at the SCC	11 July 2024
Tim Wiebusch Chief Officer Operations VICSES	Signed copy kept on file at the SCC	11 July 2024

Schedule 1

Clinical Guidelines

Tympanic Temp	35.5 – 38.5C
HR	50-120 BPM
RR	10-25 per minute
SBP	100-180 mmHg
GCS	15
Spo2	>92%
CO (if required or available)	<5% (If > 5% refer below)
BGL (if diabetic)	4-11 mmol/l



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Continued CO monitoring (if available)

** Note : The following information is taken from the EMV Standard for Managing Exposure to Significant Carbon Monoxide Emissions July 2015 **

Initial reading is equal to or greater than 5%

Person is wrist tagged and is unable to resume duty until the following is completed:

- Wait in monitoring area for 20 minutes and rest
- Rewash hands
- Must be retested

Repeat reading is equal to or greater than 5% but less than 8%

- All personnel who have a second reading equal to or over 5% and less than 8% COHb will be wrist tagged.
- If they have no symptoms they should be released from duty for at least 24 hours.
- Any person reporting any symptoms such as headache, dizziness, weakness, nausea, vomiting, chest pain and confusion should be referred to a registered health professional for assessment.
- At any time during monitoring of COHb during a shift if the 5% level is exceeded after retesting, the person will not be allowed to resume duty in areas of atmospheric CO contamination.
- If sent home, personal are to be advised in person that if they develop signs and symptoms then they are to seek medical assistance.

Equal to or greater than 8%

- Immediate referral to a registered health professional for assessment and either sent home or to hospital for further assessment and monitoring.
- Must remain off active duty for at least 48 hours
- Exposure over 8% COHb are to be logged as an OHS issue.
- If sent home, personal are to be advised in person that if they develop signs and symptoms then they are to seek medical assistance.

Schedule 2

Health Monitoring Report

The below is a representation of the data which health providers are required to complete at the end of each shift or daily, via Ambulance Victoria's Online Health Monitoring Report

The online form can be accessed via the relevant health teams of each agency and organisation that undertakes health monitoring of emergency personnel or the Ambulance Emergency Operations Centre of Ambulance Victoria.

When	Who	What	Location	Count of Actions					Comment
Date	Agency Monitoring	Incident Type	Locality	Monitored	Reassessed	Stood Down - Start	Stood Down - During	Transported Off-Site	Comment



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