Joint Standard Operating Procedure

EMV EMERGENCY MANAGEMENT VICTORIA

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JOINT SOP	
Title	Health Monitoring - Emergency Service Personnel
Purpose	To ensure that health monitoring of emergency service personnel is made available at all major emergencies.
Scope	This Standard Operating Procedure applies to all emergency service personnel responding to a major emergency.
Applicable Agencies	This procedure applies to the following agency personnel: • AV • CFA • DELWP (FFM Vic) • MFB • VICSES Health monitoring services may be offered to personnel from other agencies that may be in attendance at a major emergency.
Content	The procedural contents of this SOP are: • Step 1: Provision of health monitoring • Step 2: Request for health monitoring • Step 3: Health monitoring operations • Step 4: Health monitoring outcomes • Step 5: Refusal of health monitoring • Step 6: Health monitoring management • Step 7: Private providers Appendixes to this SOP are: • Appendix 1: Approved Private Providers • Appendix 2: Clinical Guidelines and Trend reporting to the Incident Controller
Responsibilities	**Control Agency** It is the Control Agency's responsibility to engage with and implement health monitoring services. **Incident Controller** Incident Controllers have overall responsibility of the health and wellbeing of staff while operating at an incident.

	Health Commander Under State arrangements, AV is responsible for health command and pre-hospital health operations. This includes liaising with control agencies e.g. via the Incident Controller (IC) and Safety Officer, and the provision of arrangements and advice to ensure the safety of responders, health care workers and the public for identified and emergent risks from an incident. The Health Commander (HC) has a role in advising the IC on the wellbeing of personnel working at major emergencies. **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. **All personnel** All individuals have a responsibility for their own safety and to report through their "chain of command" to the IC if they feel that they are unfit for duty, or if they have specific health risks in attending the incident. Personnel with specific pre-existing health risks may be suitable for other roles at the incident.
Definitions	**Health monitoring** Health monitoring helps mitigate health risks to responders and identify those who may be at risk of adverse health outcomes as a result of their response to an emergency incident. It includes taking vital signs, and the assessment of presenting symptoms and relevant medical history to determine if a person's health is impacted by their involvement in incident response.

PROCEDURE

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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. Health monitoring should be implemented at major emergencies where there are health impacts or health consequences that may affect responding personnel.

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 (e.g. internal units or contracted agencies – Appendix 1) that have the capacity to provide appropriately qualified health practitioners and deliver the skill set required to assess against the suggested clinical parameters (Appendix 2).

3.3. A HC should be present or engaged in either the ICC or RCC. 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 where available request the attendance of a HC.

3.4. The HC will undertake the following:

3.4.1. Collaborate with the Control Agency to ensure health monitoring is in place either through AV or other agency arrangements.

3.4.2. Assemble and lead the Health Incident Management Team (HIMT) in accordance with SHERP.

3.4.3. Participate in the EMT.

3.4.4. Liaise with the Control Agency to ensure the health of responders and public for identified and emerging health risks.

3.5. If contact with AV is required to establish health monitoring, and AV has not been dispatched via ESTA to the original incident, or are not engaged in the IEMT or REMT, contact can be made with one of the RHCs, as follows:

- Metropolitan Melbourne – 03 9090 5588
- Hume – 03 03 9090 5589
- Loddon Mallee – 03 9090 5591
- Grampians - 03 9090 5580
- Barwon South West - 03 9090 5580
- Gippsland – 03 9090 5590

3.6 Initial monitoring of emergency service personal may be provided by AV or private providers.

4 Health monitoring Standards/Operations

4.1 When implementing health monitoring, Appendix 2 sets out the recommended clinical guidelines that closely aligns to the AV Operational Work Instruction that paramedics are required to 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 Clinical assessment as part of health monitoring should consider the following:

- Respiratory distress
- Hypoxia
- Exposure to carbon monoxide or particulate matter (PM2.5) in smoke
- Cardiac arrhythmia
- Hypo/hyperthermia
- Dehydration
- 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 All personnel involved in the incident are required to be offered health monitoring.

4.5 Where the Standard for Managing Exposure to Significant Carbon Monoxide Emissions dictates all personal will be required to have health monitoring.

4.6 Health monitoring can (if appropriate) occur :

4.6.1 at the commencement of each shift;
4.6.2 at each shift break;
4.6.3 before the resumption of duty; and
4.6.4 at the completion of each shift

4.7 Agencies undertaking health monitoring should complete, store, and manage a record of patient assessment in accordance with their individual agency requirements.

4.8 Private providers should regularly report to the IC and the HC on trends of health monitoring, as per Appendix 2.

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, basic care (e.g. rehydration) and then re-assessment. If health concerns are still present after this, health monitoring staff will either recommend (a) transport to hospital or (b) 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:

- to undergo 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 should 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 Private providers can be engaged to undertake health monitoring and the Control Agency should ensure they have appropriate capability.

7.2 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 is also required to participate as part of the HIMT.

7.3 The Medical Services Unit Leader and/or Incident Safety Officer will work collaboratively with the HC.

8 OH&S

8.1 Should any emergency service personnel present to the rehabilitation/health monitoring area and advise (or be advised) of an OH&S incident or hazard, they will also be directed to follow their relevant agency's OH&S reporting processes.

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SAFETY

Protection and preservation of life is paramount. This includes:

- Safety of emergency response personnel
- Safety of community members including vulnerable community members 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	• State Smoke Framework • Standard for Managing Significant Carbon Monoxide Emissions (EMV, version 2.0 July 2015) • SOP J3.04 – Incident Safety Management Functions
Environment	Nil

REVIEW	
Date Issue	29 January 2019
Date Effective	28 February 2019
Date to be Reviewed	1 July 2019
Date to Cease	

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AUTHORITY		
The Emergency Management Commissioner has issued this SOP under section 50 of the Emergency Management Act 2013.		
Approved	**Signature**	**Date**
Andrew Crisp Emergency Management Commissioner		
Justin Dunlop Director Emergency Management, AV		

Appendix 1

Approved Private Providers

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Private providers can be engaged to provide health monitoring services to agencies at an incident. All providers must be a registered provider and have an accreditation of Doctor, Registered Nurse, or Paramedic i.e. a registered health professional.

A private provider may utilise trained first aid staff to obtain vital signs and assess patients; however they must work under the direction of a registered health professional.

Private providers are required to report to the IC and HC (where deployed) at agreed regular intervals on patient trends and welfare.

Private providers who are engaged to undertake health monitoring must have the relevant skills and equipment to measure and interpret the vital signs and clinical parameters as outlined in Appendix 2.

It is the individual agency's responsibility to arrange contractual arrangements with private providers should they wish to do so.

As stated in section 3, AV can provide health monitoring services via engagement with the AV RHC or SHC.

Appendix 2

Clinical Guidelines and trend reporting to the Incident Controller

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 greater than 5% refer below**
BGL if diabetic	**4-11 mmol/l**

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.

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Reporting of health assessments (De-identified data reports)

De-identified information should be shared with the HC at regular intervals, at a minimum on a daily basis or more frequently as required and should contain (at a minimum) the following data items:

- Total number of personnel presenting for health monitoring, at pre-entry if available and at exit (broken down by Agency)
- Number of staff recommended for further treatment or alternative duties after initial 20 minute rest period
- Number of staff with CO monitoring levels outside of acceptable range
- Number of staff refusing health monitoring services

Where deemed relevant, the HC should escalate any information to the IC.