



Australasian College of

**Paramedic  
Practitioners**

# NEWSLETTER

June 2021



## Let's meet some of our members.



We are honoured to introduce two dynamic Paramedics that are helping pave the way for Paramedics working in the Primary Health Care field.

Paramedic Jacqui Wilkinson, GMACPP – Community Paramedic

I am a Community Paramedic and Innovation Facilitator for HMS Collective in Victoria. I have a lot of background experience behind me, from growing up on a farm and attending a rural high school, to completing a double Degree in Paramedicine and Public Health promotion; holding a Cert IV in Training and Assessment; currently studying a Master of Occupational Health, Safety and Ergonomics.

I am also working as a clinical instructor in non-emergency patient transport across metropolitan and regional Victoria and running a small business with my partner. Outside of this I enjoy the outdoors, whether that is being at the snow, four-wheel driving, horse riding or taking the dog for a run. I have a passion for preventative health care and management and wanting to ensure every individual has access to appropriate health care, regardless of their geographical location, or socio-economic status.

Being a Community Paramedic (CP) means being able to create change and improve the quality of lives of a range of people in our community. Being one of the first Community Paramedics in Victoria is an exciting position to be in and promotes exponential growth of paramedics within this field of health care. A CP's role changes from every person we see. This may include medication management, wound care, peg tube care, improving the mental health of individuals and so much more. Whilst no two days as a CP are the same, the one common goal we all have is to keep people safe at home, and to avoid unnecessary hospital presentations to emergency departments. CP's are working extremely hard to bridge the gap in the health care system, to which many individuals find themselves in. As a CP I get to see the changes I am making in someone's life and be a part of their preventative care. I also advocate for the greater acceptance of CP's within our healthcare system, and am creating a way forward for the future of CP's to be recognised more professionally.



Paramedic Emily Wolsey GMACPP – Community Paramedic

I am registered Paramedic from Melbourne, Victoria and work as a Community Paramedic with HMS Collective based in the Macedon Ranges area of Victoria. I'm a big animal lover, specifically dogs. I have a Labrador named Zoe and a French Bulldog named Fergie (who is in my photo) who are both my fur babies. When I'm not working as a Community Paramedic, I am working with Ambulance Victoria as an Ambulance Community Officer and currently completing a Graduate Certificate in Mental Health. Working as a Community Paramedic or

CP, I am working in multidisciplinary teams that work closely with people in their own homes, with the aim to try and reduce ambulance call outs and hospital admissions. I've found working as a CP to be extremely rewarding as I am able to follow the personal journeys of the people I am working with and see how the work we are doing is improving the lives of many.

HMS Collective – Community Paramedicine. [www.hmscollective.com.au](http://www.hmscollective.com.au)

**We invite all members to send in their stories so we can publish them.**  
**What is happening around Australian and Paramedic  
Community health**



The month of May was Mental Health, but your mental health does just not end with the 31 May.

Medical staff are the wounded healers and as paramedics we seem to hide our own wounds as we tend to our patients physical and psychosocial wounds.

A recent research found that when compared to our fellow emergency responders, police, fire and rescue and other emergency services the frequency of suicide for paramedics was three and half times higher. Paramedics seem to experience higher levels of occupational stress that have been connected to shift work, long hours, repeated exposure to death, difficult interactions, acts of violence and high levels of responsibility.

Integrated risk factors increase the risk for paramedics developing PTSD, the nature, and the severity of the exposure maybe a contributing factor. Incidents of intentional or interpersonal trauma like child abuse, suicide and sexual assault seem to have a higher risk of causing mental stress than an accident or disaster. However prolonged or repeated trauma compound the mental anguish and develop into more complex syndromes.

Due to the quick paced, urgent demand of the workload and to be available as soon as possible for the next case, Paramedics may find it difficult to digest and process the impact of a case both mentally and physically. Often Paramedics develop coping strategies that can delay the

presentation of a mental illness. These may be compartmentalisation, attempts to gain some sort of realism and control their environment through information searching and emotionally distancing themselves from colleagues and patients. The mental stress can also present as with physical symptoms, headaches, gastrointestinal distress, sleep debt changes in appetite and weight gain. These physical manifestations can be compounded by work related injuries most common being back problems. This in turn can lead to substance abuse or dependence.

Shift work and associated disruption of healthy sleep patterns have been associated with metabolic diseases, a stressed endocrine system, altered levels of pro-inflammatory cytokines release, all having significant effects on hormonal levels and increasing the risk of cardiovascular disease.

While the exact cause of depression isn't known, a number of things can be associated with its development. Generally, depression does not result from a single event, but from a combination of biological, psychological, social and lifestyle factors. So make sure you take the time to look after yourself.

What can you do to help improve your mental health?

Talk about it:

Have people both in and out of the workplace that you can talk to. Also don't just make every conversation about work.

Get Balance:

Make time for things that relax you and make you happy, create time for friend's family and hobbies. Take holidays.

Be active.

Being active and exercising clears your mind releases tension, helps release hormones that promote happiness and allows you to have a healthier life.

Write:

Keep a journal, get those thoughts onto paper and let your mind process what you have experienced. Try make it a daily habit.

Ask for help:

Don't be afraid to seek professional help, if you're feeling a little too out of control. You should be proud if you can recognise this and seek assistance. Never look at it as a flaw.

Where can you get help.

Your GP

Your Employee Assistance Program (EAP)

Lifeline Tel 13 11 14

Beyond Blue Tel 1300 22 4636

Suicide Line Tel 1300 651 251



Reference.

1. <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/depression>
2. <https://eshealth.com.au/kitbag/dealing-trauma-paramedic>
3. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02752-4>

## What the College is doing for you? Amazing breakthrough in Tasmania!

Tasmania has become the first State or Territory to formally legislate and recognise Paramedics and legislate Paramedics as prescribed persons alongside registered nurses, midwives, pharmaceutical chemists etc to administer immunisations.

Link: [Tasmanian Legislation - Paramedic Immunisers](#)

Poisons Amendment Regulations 2021 was signed off by Governor Warner and came into effect on the 24th May 2021.

This means, that a Registered Paramedic who meets the criteria set out in the regulations will be able to administer any immunisation within the State of Tasmania on an ongoing basis.

ACPP would like to congratulate our members who were involved the lobbying of politicians, bureaucrats, and the Minister of Health. Your work has paid off and our profession thanks you.

This is a major leap forward for our profession and we hope the other states and territories will soon follow Tasmania's lead.

## Ask not what your college can do for you, but what you can do for your college.

**Hey readers: We need your minds and your passion.**

Do you have an interest in POD casts?

Researching medical topics and sharing that information?

Are you interested in helping share and promoting the college on social media?

Would like to take a more active role and market the college and liaise with key stake holders in healthcare in you State or Territory.



There is a range of committees within the college where members can help out. If you are interested in becoming a member of a Committee, please contact the following.

### **Communications Committee**

Chair: Pmd Greg Reaburn FACPP, Email: [greg.reaburn@acpp.net.au](mailto:greg.reaburn@acpp.net.au)

### **Membership Committee**

Chair: Pmd Kathryn McCormack GMACPP, Email: [info@acpp.net.au](mailto:info@acpp.net.au)

### **Education Committee**

Chair: Pmd David Krygger GMACPP, Email: [info@acpp.net.au](mailto:info@acpp.net.au)

### **Research Committee**

Chair: Dr Kate Kloot FACPP, Email: [info@acpp.net.au](mailto:info@acpp.net.au)

### **Policy, Technology and Finance Committee**

Chair: Pmd Scott Fyfe FACPP, Email: [scott.fyfe@acpp.net.au](mailto:scott.fyfe@acpp.net.au)

### **Legislative and Law Change Committee**

Chair: Pmd Scott Fyfe FACPP, Email: [scott.fyfe@acpp.net.au](mailto:scott.fyfe@acpp.net.au)

### **Aged Care and Disability Committee**

Chair: Pmd Paul Grant GMACPP, Email: [paul.grant@acpp.net.au](mailto:paul.grant@acpp.net.au)

### **Rural Health Workforce Committee**

Chair: Pmd John Venning GMACPP, Email: [info@acpp.net.au](mailto:info@acpp.net.au)

Contributions to the newsletter welcome: please email [info@acpp.net.au](mailto:info@acpp.net.au)

## **Partnerships with ACPP to help our members.**



**Bank Vic** the bank for police, emergency, and health workers. Insurance, Financial Support and Banking

**BankVic** The College has negotiated and partnered with BankVic to provide comprehensive Insurance and Banking Products to our members. The College is incredibly proud as many of the products were only available to paramedics employed in ambulance services. These products are now open to all paramedics in all practices who are members of our college.

- Income Protection and Accident Insurance – **Worldwide Coverage**. No medicals if ACPP member join by 28 February 2021 or within sixty days of joining ACPP. ([https:// www.bankvic.com.au/insurance/?filter=Income](https://www.bankvic.com.au/insurance/?filter=Income)) to our members no matter where they work (except paramedics covered by the VAU). **Probably Australia's best package.**
- Travel Insurance – Worldwide coverage for the full year. Ideal for fly in and fly out Paramedics and those who work overseas (Great for those who want to take a long holiday (post-COVID-19).
- Banking - Low loan rates, Credit, Financing and General Banking options. Ask about the special offers to Members when refinancing your home loan at lower interest rates.

For further information, visit BankVic.

They offer a different way of banking, where 100% of profits are reinvested to benefit members and the communities they are part of. For the best banking deals, visit [www.bankvic.com.au](http://www.bankvic.com.au) or call 13 63 73. You can also drop in to either of their six branches, including branches at the Royal Children's Hospital, Sunshine Hospital and Monash Medical Centre.



SARRAH is recognised as the peak body representing rural and remote allied health professionals (AHPs) working in the public and private sector.

SARRAH develops and provides services for AHPs to carry out their professional duties confidently and competently in providing a range of Clinical and health education services to people who reside in these settings.



The ACPP is the first paramedic organisation to be granted membership of this prestigious association. ACPP is the 20th member of AHPA. Why is this membership of the AHPA so important in the development of a Paramedic Practitioner Model and supporting Paramedics who already practice primary healthcare? AHPA provides ACPP access to 1) A seat at the table of government policy agenda, with representation on government advisory groups and input to government submissions and consultations. 2) Strategic alliances with other health organisations, with direct access to a wide variety of health industry groups, namely Australian Allied Health Leadership Forum, the National Rural Health Alliance, the National Aged Care Alliance and the Consumers Health Forum of Australia.

## *Partners in CPD*



### **Case study- Asthma: Optimising asthma control in children**

In this case study you'll meet Daniel O'Connor, a 4-year-old with asthma. Over the last month Daniel has been wheezing nearly every day. He has also been waking up once or twice a week at night short of breath.

<https://www.nps.org.au/cpd/activities/asthma-optimising-asthma-control-in-children?profession=Nurses>

### **Anxiety: effective recognition , assessment and management.**

Manage a patient presenting with an episode of acute shortness of breath on a background of chronic heart failure.

<https://www.nps.org.au/cpd/activities/anxiety-effective-recognition-assessment-and-management?profession=GPs>



## **Diversity in Aged Care.**

Aged care user cohort is becoming more diverse with specialised skills required to meet the increasing diversity of service needs. This resource will be an int

<https://crana.org.au/education/courses/eremote/diversity-in-aged-care>

## **Webinar: Waiting for the rain.**

Grief and loss, the differences between grief and depression and grief and trauma. Moving towards recovery.

<https://crana.org.au/workforce-support/mental-health-training/webinars/when-the-rains-dont-come>


The poster for the 38th CRANAplus Conference is a composite image. It features three vertical panels. The left panel shows a red dirt landscape with sparse vegetation and a mountain in the background. The middle panel shows a dirt road winding through a landscape with a white SUV driving away. The right panel shows a modern building complex next to a large blue lake with a bridge. Text is overlaid on the left panel: 'Passion. Purpose. Influence. Impact.' in white, '38th CRANAplus Conference' in white, 'QT Canberra, ACT' in white, and '13-15 October 2021' in white. At the bottom left, the text 'REMOTE DOESN'T MEAN ALONE' is written in a bold, yellow, sans-serif font. At the bottom right, the CRANA plus logo is displayed, and below it is the website address 'http://www.cranconference.com/' in white.

**Passion. Purpose.  
Influence. Impact.**

**38th CRANAplus  
Conference**

**QT Canberra, ACT**  
**13-15 October 2021**

**REMOTE  
DOESN'T MEAN  
ALONE**

**CRANA**  **plus**  
improving remote health

<http://www.cranconference.com/>



**eTG**  
**complete**  
by Therapeutic Guidelines

## What's new in Developmental Disability (2021)

Some of the new information and major changes included in the developmental disability guidelines in eTG complete.

[https://www.tg.org.au/wp-content/uploads/Developmental-Disability4\\_WhatsNew-1.pdf](https://www.tg.org.au/wp-content/uploads/Developmental-Disability4_WhatsNew-1.pdf)

## What's new in Toxicology and Toxinology

Some of the new information and major changes included in the Toxicology and Toxinology guidelines in eTG complete.

[https://www.tg.org.au/wp-content/uploads/Toxicology-and-Toxinology1\\_WhatsNew.pdf](https://www.tg.org.au/wp-content/uploads/Toxicology-and-Toxinology1_WhatsNew.pdf)



**Rural Health Pro**  
POWERED BY RDN

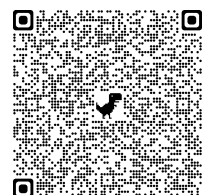
The Rural Doctors Network, an ACPD partner, has asked us to pass onto our members a list of scholarship and grant opportunities. Paramedics can apply for grants or scholarships under the all or allied health categories. These opportunities are Australia wide unless specified differently.

Please select the following links

[https://www.ruralhealthpro.org/s/grants-and-funding?utm\\_source=Rural+Health+Pro+-+A+Weekly+Exchange&utm\\_campaign=d75cc2bb5d-a+weekly+exchange+11.06.21&utm\\_medium=email&utm\\_term=0\\_3add0f5cfc-d75cc2bb5d-598572690&mc\\_cid=d75cc2bb5d&mc\\_eid=799609c180](https://www.ruralhealthpro.org/s/grants-and-funding?utm_source=Rural+Health+Pro+-+A+Weekly+Exchange&utm_campaign=d75cc2bb5d-a+weekly+exchange+11.06.21&utm_medium=email&utm_term=0_3add0f5cfc-d75cc2bb5d-598572690&mc_cid=d75cc2bb5d&mc_eid=799609c180)



You may have to join Rural Health Pro to access.



# Laughter is the best medicine



Don't forget to like us and follow us on Facebook and LinkedIn and share your stories and experiences with us.

Just click on the logo ☺



## Commentary

# Community paramedicine in British Columbia: A virtual response to COVID-19

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## Abstract

The COVID-19 pandemic has forced innovative approaches to patient care delivery. The British Columbia Emergency Health Service has worked collaboratively with health authorities throughout the province since 2015 to improve the delivery of healthcare in rural and remote communities through the community paramedicine program. In response to the COVID-19 pandemic to minimise the risk to providers and patients, as well as conserve personal protective equipment, home visits and community engagement opportunities were suspended. However, the COVID-19 pandemic saw a large increase in the number of patients referred to the service and so alternate approaches to patient care delivery were urgently required. This commentary outlines the integration of home health monitoring technology into the community paramedicine program within British Columbia as well as the integration of virtual, telehealth consultations in response to the COVID-19 pandemic.

### Keywords:

paramedic; community paramedicine; rural health; community paramedic; telehealth; technology

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## Introduction

The COVID-19 pandemic and the associated physical distancing measures to minimise the spread of the infection have forced innovative approaches to patient care delivery. Virtual health was first explored as an approach to healthcare delivery in Canada during the 1970s, with Dr House of Memorial University, Newfoundland providing telephone consultations to remote sites within the province of Newfoundland (1). Although virtual healthcare delivery has since seen a progressive adoption, during the COVID-19 pandemic there has been a rapid expansion across areas of healthcare that had previously seen little uptake of technology for the delivery of services (2). Since the declaration of the pandemic, British Columbia has rapidly expanded its virtual health footprint throughout the province led by the Office of Virtual Health under the Provincial Health Service Authority (PHSA). The British Columbia Emergency Health Service (BCEHS) falls under the jurisdiction of PHSA and was required to rapidly innovate means for delivering the already established community paramedicine program (CPP) across the province, which are outlined in this commentary.

### Community paramedicine in British Columbia

BCEHS is the primary provider of emergency out-of-hospital health services across the province of BC, covering 950,000 square kilometres and a population of 5 million people (3). The growing and ageing population within the province has increased the demand on paramedics, and also on primary and emergency healthcare professionals. In an effort to reduce pressures on the entire healthcare system, specifically in rural and remote communities with challenges to accessing primary care, a CPP was developed in 2015. This program aimed to shift the paradigm of out-of-hospital emergency care from rapid triage, clinical care and transfer to hospital, towards a holistic model of paramedic-led healthcare delivery. The CPP aims to work collaboratively with the broader healthcare system in the prevention of illness and with a focus on health promotion in rural and remote communities. Community paramedicine was introduced to an initial 99 rural and remote communities within BC with limited access to healthcare, as identified by the Ministry of Health in conjunction with regional stakeholders. The program has continued to grow, and in 2019 there were 19,306 scheduled community paramedic visits delivered, of which 45 were delivered on a trial basis via telehealth, as well as 8341 community outreach and community health promotion services.

The majority of community paramedicine services in BC are delivered by Primary Care Paramedics with additional practice endorsements, with an additional five Advanced Care Paramedic community paramedics. Paramedics complete an internal 9-week orientation to practise as a community paramedic, in addition to education delivered in partnership with the Justice Institute of British Columbia related to public and primary health systems, principles of chronic disease management, and the community paramedic's role in health

promotion, prevention, screening and monitoring within the community.

As the CPP has grown it has expanded to meet the individual needs of the communities it serves. Currently, the program provides care and support for seniors living with chronic diseases such as heart disease, diabetes, chronic obstructive pulmonary disease and hypertension, as well as those at risk of falls, at no cost to the patients. These services are focussed around supporting patients in managing their health in a way that allows them to continue to live safely in their home. Community paramedics deliver patient education around chronic conditions; ensure the patient has a comprehensive fall risk and safety assessment; support medication management; ensure the patient is sufficiently connected with their primary care physician or nurse practitioner, assisting the patient in navigating the health system when additional care is required. These services were bolstered in 2017 with the implementation of a remote patient monitoring service, Home Health Monitoring. This technology allowed community paramedics to monitor key vital signs, symptoms and health indicators in patients from rural and remote communities and improve patient and system outcomes by enabling more tailored management of chronic conditions within the home (4).

### A virtual response to COVID-19

In order to minimise the risk to providers and patients and to conserve personal protective equipment, regular face-to-face community paramedic home visits and community engagement opportunities were suspended in March 2020 (5). Paradoxically, this time saw a large increase in requests for community paramedicine services from allied health professionals with an additional 424 patient enrolments bringing the total number of patients enrolled in the CPP to 1341. From these 1341 patients there were approximately 700 weekly assessments performed, and so a clear need for innovation in the delivery of services to meet this demand was identified. Initially, community paramedics shifted to delivering services via telephone consultations with patients. However, this was subsequently expanded to include the use of video conferencing for both patient assessment as well as community education events (6). With the introduction of this technology, community paramedics have been able to increase the frequency of engagement with identified at-risk patients using both Zoom for Healthcare and FaceTime applications to collaborate with the patient and their primary care physician and allied health team members (7). Since the beginning of the COVID-19 telehealth initiative for community paramedicine services on 23 March there have been 3897 consultations successfully completed using telehealth solutions. These changes were supported by both local policy development as well as provincial legislation (6,7) and were solidified by the development of virtual health clinical practice guidelines (8). These guidelines provide community paramedics with a framework for a telehealth consultation as proposed by Greenhalgh et al (8,9), providing a model for remote clinical assessment that highlights clinical presentations

requiring emergency responses (9,10). Additionally, in an effort to curb community transmission of COVID-19, community paramedics now screen patients for potential symptoms of COVID-19 as well as monitor for signs of COVID-19 through the Home Health Monitoring initiative.

However, despite the apparent success of these changes, in practice a number of issues previously described in the literature were encountered by BCEHS community paramedics (9,11,12). This has included limitations in accessing telehealth related to the availability and accessibility of broadband internet access in rural and remote regions in BC. Reduced technological ability and physical ailments, such as poor hearing or eyesight, have also been noted to influence the successful delivery of BCEHS community paramedicine services by telehealth, with paramedics required to use clinical judgement to determine the safest and most appropriate method of communication, assessment and care delivery for each patient (9,12). As the pandemic continues, necessitating the ongoing delivery of BCEHS CPP services by telehealth, research will be conducted by BCEHS community paramedics to better understand the unique needs of patient populations receiving telehealth and how these services can be tailored to meet the needs of these patient populations.

#### **The future of telehealth in community paramedicine**

COVID-19 has fundamentally changed the way community paramedicine services are delivered in BC, possibly even beyond the conclusion of the pandemic. The virtual community paramedic response has supported BCEHS and provincial strategic goals in response to COVID-19, as well as improving paramedic safety and increasing system capacity. It is too early to tell how exactly this may integrate into future care however, the flexibility virtual care brings to service delivery allows for patient assessment from across the province while improving patient connection with the broader healthcare system. This may also be applicable in ensuring appropriate patient re-engagement or safeguarding as paramedic services increase community referral from 9-1-1 emergency calls. Systems utilising telehealth for the delivery of community paramedicine services should consider engaging in research and collaborative communities of practice around the use of telehealth to evaluate the potential future of telehealth in global community paramedicine service delivery.

#### **Competing interests**

The authors declare no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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# **Not all Paramedics Work in Ambulances**