



Sandpiper Australia is a registered charity with the express purpose of ensuring Rural Clinicians have access to a standardised bag and equipment to 'value add' on scene during an out-of-hospital emergency in rural Australian communities.

Sandpiper Australia's vision is to close the trauma gap in rural Australia through development and maintenance of a National Rural Responder Network of Sandpiper Clinician's equipped with Sandpiper Bags. These prehospital bags will be stocked with appropriate emergency responder equipment, enabling rural clinicians to respond to incidents in their community when appropriate.

Sandpiper Australia requires Sandpiper Clinicians to agree to certain conditions, including holding responsibility for re-stocking of their Sandpiper Bag, ensuring appropriate use and operation within their existing scope-of-practice. The Sandpiper Bag Agreement sets out the broad terms of Sandpiper Bag clinician governance for individuals and organisations. Sandpiper Australia maintains a register of Sandpiper Clinicians. A signed Sandpiper Agreement and evidence of payment for a Sandpiper Bag is required before postage will occur.

For Individuals:

Sandpiper Australia requires that Sandpiper Bag recipients' details are logged on our database, including:

- Name, contact details, qualifications and AHPRA registration number of Sandpiper Clinician
- Date of receipt of Sandpiper Bag
- Confirmation of primary location of practice of Sandpiper Clinician
- Written evidence of formal or informal training +/- experience in pre-hospital care

Individuals are also required to provide a signed Sandpiper Agreement.

For Organisations:

Sandpiper Australia recognises that organisations may wish to take ownership of clinical governance for Sandpiper Bag use, under existing protocols (eg PHNs, NACCHOs, ambulance or retrieval services etc). On this basis, we ask that organisations undertake to maintain a record of their own Sandpiper Bag holders, and ensure they are appropriate credentialed and that bags are maintained appropriately including re-stocking from existing systems. We encourage sharing of bag location not only with Sandpiper Australia, but with local ambulance and other agencies. Receipt of a bag is underpinned by the governance procedures outlined in this document.

Organisations are also required to provide a signed Sandpiper Agreement.

The principles for the supply of a Sandpiper Bag are as follows:

1. Clinicians have an individual professional responsibility to ensure they are fit to practice in accordance with established AHPRA standards.
2. Clinicians must have current registration with the appropriate designated body (i.e. AHPRA).
3. Clinicians must be able to demonstrate appropriate training in prehospital care, such as existing courses (eg PHTLS, RFDS STAR, CART, PHEC), previous retrieval service induction or other demonstrated experience relevant to prehospital care.
4. Clinicians must be able to demonstrate current credentialing and continuous professional development (CPD) relevant to their role and employment - typically credentialing is under State or Local Health Network control, with CPD lodged with their relevant College
5. Clinicians should operate within their own scope of practice and irrespective of background must only carry out clinical care that sits within their personal skill and competency level. This includes the administration of medicines and performance of practical procedures.
6. Priority for distribution of Sandpiper Bags is given to:
 - 6.1 Rural communities with a need for prehospital care provision by local doctor.

Sandpiper Bag Agreement

- 6.2 Clinicians with demonstrated prior experience in provision of prehospital care in rural communities
- 6.3 Medical practitioners in rural areas who are prepared to provide prehospital care under their existing scope of practice
7. Currently, the following healthcare professionals may become Sandpiper Bag recipient (Sandpiper clinicians):
 - 7.1 General Practitioners (GPs) with demonstrated interest and ongoing commitment to provision of prehospital care in rural communities
 - 7.2 Rural Generalists (RGs) with demonstrated interest and ongoing commitment to provision of prehospital care in rural communities
 - 7.3 Non-RG/non-GP specialists from a relevant acute care speciality (emergency medicine, anaesthetics, intensive care medicine etc)
 - 7.4 Sandpiper Australia recognises that, in certain areas of Australia, Remote Area Nurses (RANs) are already employed to provide primary care and may be called upon to attend prehospital incidents by their employer (Primary Health Network, Remote Area Clinic, National Aboriginal Community Controlled Health Organisation NACCHO etc). Sandpiper is open to working with such organisations to develop models of care which allow such clinicians to receive a Sandpiper Bag, subject to potential treatment ceilings and scope-of-practice.
8. On receipt of a Sandpiper Bag, clinicians are required to confirm:
 - 8.1 Whether operating under own clinical autonomy (eg private practice GPs, locums, sports event doctors etc) or whether providing services under the aegis of another agency (such as ambulance service, hospital, remote clinic or other employer)
 - 8.2 A commitment to ensuring that Sandpiper Bag contents are checked mostly according to the Sandpiper Bag checklist, with replacement of expired or used stock.
 - 8.3 Willingness to establish suitable frameworks for re-stocking. For individuals in private practice (typically small town GPs or locum doctor) this may be at own cost. Clinicians operating under an arrangement with clinic, hospital, ambulance service or other employer (eg locum agency, primary care entity, retrieval service etc) must be able to ensure that equipment is re-stocked by that organisation.
 - 8.4 That the bag is reserved for use by the clinician or - on rare occasions - their delegate, subject to appropriate training in prehospital care.
 - 8.5 that the clinician will maintain appropriate clinical records for the provision of prehospital care, in keeping with professional standards under AHPRA and, where relevant, employers such as rural hospitals, NACCHOS or other agencies.
 - 8.6 That the Sandpiper Bag is returned if the clinician changes location (eg resigns, retires, relocates)
9. Sandpiper Australia will ensure that:
 - 9.1 Sandpiper Bag recipients are registered on a database, confirming date of bag receipt, current AHPRA registration, appropriate clinical privileges/credentialing, CPD and location where Sandpiper Bag is held
 - 9.2 Sandpiper Bag recipients are provided with a copy of the current 'Sandpiper Clinical Guidelines & Standard Operating Procedures'
 - 9.3 Sandpiper Clinicians are provided with a copy of Sandpiper Bag contents checklist, Sandpiper Bag layout and contact details of a Sandpiper Board mentor as a first port-ofcall for support.
 - 9.4 Sandpiper Clinicians will be updated of important changes to recommended kit contents and relevant clinical protocols.
10. Together Sandpiper Australia and Sandpiper Clinicians, along with representative bodies, will work to promote the provision of prehospital care to rural communities and develop suitable systems of care where service gaps exist. Sandpiper Bag recipients are asked to act as ambassadors for the role of rural clinicians in providing prehospital care to their communities. To further this aim we encourage clinicians to:
 - 10.1 Commit to working with local agencies (typically ambulance service, road crash rescue, SES, Local Health Networks, Primary Health Networks etc) to promote the provision of prehospital care by appropriately trained personnel

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10.2 Forge relationships with local politicians, media, training organisations, professional bodies and other representatives to further this cause

11. Sandpiper Australia recognises that there will be marked jurisdictional and geographical differences regarding how rural clinicians are utilised and integrated into State or local prehospital systems. The general principles remain to ensure that responses are not 'ad hoc' and are underpinned by appropriate training, with use of standardised equipment by clinicians operating within their scope-of-practice as autonomous health professionals.

AGREEMENT FOR INDIVIDUALS

The undersigned acknowledges receipt of a Sandpiper Bag and agrees to the following information being recorded by Sandpiper Australia and to comply with the principles outlined above

Title: _____ First Name: _____ Surname: _____

Mobile: _____ Email: _____

Postal address: _____

Qualifications: _____ AHPRA number: MED _____

Predominant location of practice (Town and State): _____

Previous experience and training (formal or informal) in pre-hospital care:

In line with the goals of Sandpiper Australia and Position Statements from the AMA, ACRRM & RDAA, I agree to ensure the safe provision of pre-hospital care in rural communities, by working with local emergency services and develop local systems of care as appropriate. I agree to maintain currency in provision of emergency care and operate according to the Guidelines and SOPs as recommended by Sandpiper Australia and other agencies (including local ambulance and retrieval services). I will ensure my Sandpiper Bag is checked and restocked according to the provided Sandpiper Bag checklist, and that the Sandpiper Bag is returned if no longer in use.

Signed:

Date:

[Office use only]

AHPRA confirmed

Credentialing confirmed

CPD confirmed

Training confirmed

AGREEMENT FOR ORGANISATIONS

The undersigned takes responsibility for governance of Sandpiper Bag use, including allocation to employed clinicians, training, re-stocking etc. A register of details will be maintained and shared with Sandpiper Australia. An individualised agreement between Sandpiper Australia and the organisation can be negotiated as needed (eg assessment of suitability, training, recommendations on deployment and guidelines for use of Sandpiper Bags etc), in line with the principles outlined above.

Name

Organisation

Position within organisation:

Phone:

Email:

Signed:

Date: