sandpiper

saving lives in rural Australia

Submission to the Senate Select Committee on Australia’s Disaster Resilience

Inquiry into Australia’s preparedness, response and recovery workforce models, as well as alternative models to disaster recovery

Sandpiper Australia
ACN: 636 782 584
www.sandpiperaustralia.org

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Introduction

Sandpiper Australia welcomes the opportunity to provide this submission to the Senate Committee on Australia's Disaster Resilience.

The focus of this submission is to outline the benefits that appropriately skilled, trained and equipped medical clinicians working within a nationally supported network can provide with respect to emergency and disaster responses in Australia. These benefits are specifically in rural and remote areas where even small-scale incidents may overwhelm local emergency capabilities and be classified as a local 'disaster'.

The Rural Doctors Association of Australia (RDAA), the Australian College of Rural & Remote Medicine (ACRRM) and the Australian Medical Association (AMA) have all called for integration of primary care clinicians into State and National disaster preparedness and response. To date, these calls remain unanswered.

Borrowing from models overseas, Sandpiper Australia is a registered charity that was established by rural Australian doctors in 2018 with two main aims:

1. To supply a standardised bag of lifesaving equipment (the 'Sandpiper Bag') to appropriately trained rural clinicians in Australia

and

2. To advocate for the inclusion of these appropriately trained rural clinicians in State and National emergency preparedness

Sandpiper Australia recognises that these clinicians, referred to as Sandpiper Clinicians for the purpose of this document, operate within a complex network of health, emergency and other social services, which are equally critical.

Sandpiper Australia's Board is currently composed of experienced rural clinicians with decades of experience in rural emergency and pre-hospital care. Sandpiper Australia Board Members are all involved in the provision of rural emergency and pre-hospital care. Several have personal experiences of involvement in disaster response, including but not limited to bushfires, floods and mass casualty events. As a charity, Sandpiper Australia works closely with the RDAA and the ACRRM, aiming to develop a national rural emergency responder network underpinned by the use of standardised training and equipment.

Sandpiper Australia strongly recommend that this Senate Select Committee recommends to support an essential national rural emergency responder network. This will not only augment and improve disaster preparation, planning and responses in rural Australia, but ensure rural communities do not continue to suffer disadvantage due to the tyranny of distance and maldistribution of disaster resources.

About Sandpiper Australia

Sandpiper Australia is an independent offshoot of the United Kingdom (UK) based Sandpiper Trust (1), which was established over two decades ago to ensure rural clinicians in Scotland were trained and equipped to respond to local emergencies in their communities with the use of the Sandpiper Bag. Sandpiper Australia's vision is to close the trauma gap in rural Australia through the development and maintenance of a national rural responder network.

The Sandpiper Bag is a standardised bag of life-saving medical equipment designed to allow Sandpiper Clinicians to deliver early and advanced interventions for patients with time-critical needs.

The Sandpiper Bag is well recognised in the international prehospital setting. There are over 1,500 Sandpiper Bag holders distributed across Scotland. The Sandpiper Bag is also used as a mainstay in examinations for the Diploma in Immediate Care under the Royal College of Surgeons (Edinburgh). UK Sandpiper Clinicians are integrated with Scottish Ambulance, Emergency Medical Retrieval Scotland and the British Association of Immediate Care Schemes (BASICS), the overriding umbrella group for prehospital care in the UK.

As with the UK Sandpiper Bags, each Australian Sandpiper bag is comprised of two separate backpacks, which can be combined into one 'master bag' and worn either as a backpack or slung over a shoulder with the use of the shoulder strap. Sandpiper Bags follow the universally utilised 'C-ABC' approach for managing emergencies – Control Major Haemorrhage/C-spine, Airway, Breathing and Circulation. The smaller bag is dedicated to Circulation, the larger bag to Airway and Breathing.

Image 1

Sandpiper Australia Bag (external view)
'Circulation' bag on left, 'Airway/Breathing' bag on right

Each Sandpiper Bag opens out in a clamshell format to reveal multiple small pouches which are clearly labelled and colour coded based on contents to reduce human factor distractions in pressured situations. Pouches are specifically designed to contain essential pre-hospital emergency equipment that can have a significant impact on health outcomes and are not carried in a routine first-aid kit. Sandpiper Australia provides Sandpiper Clinicians with a fully itemised list of recommended items, which can be modified slightly depending on practitioner skill and experience. Sandpiper Bags can also hold appropriately sized oxygen cylinder.

Image 2 (above)
Sandpiper Australia Bags (internal views)
'Circulation' bag above (green)
'Airway/Breathing' bag below (red and yellow respectively)

Image 3 (right)
Sandpiper Australia Bag with modular pouches displayed alongside bags

Training in pre-hospital care is a pre-requisite before receiving a Sandpiper Bag. Fortunately, most rural doctors, especially Rural Generalists, have either training in pre-hospital care or skills pertaining to emergency medicine that can be rapidly translated to the pre-hospital environment. Training in pre-hospital care can allow rural clinicians to deliver effective senior clinical level interventions in the pre-hospital environment. Currently available training includes the ACRRM's Pre-Hospital and Emergency Care (PHEC) course, or alternative routes of equivalent standard training.

Clinicians can apply directly to Sandpiper Australia for a Sandpiper Bag to positively benefit their rural community. Sandpiper Australia encourages clinicians to develop links within their communities, either with other charities or first-responder organisations to aid with ongoing costs of Sandpiper Bag equipment maintenance and replacement. Occasionally, fully funded bags may be available to clinicians through an application process. This has previously occurred through generous funding from the Rural Doctors Foundation.

Background - the involvement of rural clinicians in disaster response in Australia

Disasters, natural or other have a devastating impact on all Australian communities, especially those in rural and remote locations which may lack the formal 'classic' health infrastructure observed in metropolitan and regional areas. In the past decade alone, Australia has experienced both natural disasters and health disasters, from extensive bushfires, droughts and floods to the COVID-19 pandemic. Sandpiper Australia has observed that each disaster has reinforced the maldistribution of health resources across our vast country, and the importance of utilising the experience, expertise and skill of rural and remote medical practitioners in disaster response. Whether this be pre-hospital medical events or natural disasters, rural and remote doctors are perfectly positioned to provide aid in a formal manner to their communities.

Typically, rural doctors who are rural generalists provide primary care services to their community, along with provision of emergency care through their local rural hospital. Many will have advanced skills in anaesthesia and resuscitation, and as such are well-placed to assist in a disaster, both at initial response phase (with provision of early and advanced clinical care) and in subsequent phases (links to local community, awareness of local resources etc.). As outlined in a joint position statement on *The Role of the Rural GP in Disaster Response and Pre-Hospital Care*' from the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDAA) in 2016, rural doctors are often the frontline of the emergency response in rural and remote areas (10). The recommendation was made that

> *"A nationwide Rural Emergency Responder Network should be developed to identify and document the location of rural doctors with advanced emergency response and retrieval skills to provide an additional level of community resilience in the face of pre- hospital incidents such as multi-trauma and State/National disasters. These doctors should be appropriately equipped and supported"* (9)

The role of rural clinicians in disaster response is supported by the Australian Medical Association (7) who note

> *"It is critical to include local doctors during a disaster response as they are best positioned and skilled to advise on local resources and community needs, particularly in rural and regional areas"* (8)

Whilst Australia has excellent ambulance and retrieval services, the tyranny of distance means that there is often a significant delay in the ability to deliver care to patients with time-critical injuries or needing advanced clinical care. For rural communities, local ambulance services can be limited in terms of resources (often a single ambulance available) or capability (crews may be volunteer or paramedic level only); similarly, distance from large population centre's means that specialist retrieval teams generally take time to arrive.

It is not uncommon for assistance to be requested by State emergency services from rural medical practitioners. In 2012, a survey of Australian Rural Generalist Anaesthetists (primary care doctors with specialist training in anaesthetics) indicated that almost 60% of respondents had been called to attend a pre-hospital incident in the previous 12 months (11). Importantly, many of these responses were *ad hoc* and occurred at times when ambulance resources were limited or the ability of specialist retrieval teams to arrive was too late for patients with time critical needs.

This informal nature of disaster response is driven during times of need, in the face of existing barriers. In much of Australia, the protocols and policies utilised by metropolitan based emergency and retrieval agencies are designed for metropolitan locations with commonly highly sub-specialised clinicians and exclude the role of rural clinicians. The exclusion of the expertise of rural clinicians can lead to significant inequity in ability to access timely care for rural patients or result in impromptu responses as described above. It also fails to acknowledge the pivotal role rural clinicians have within their community, as a source of expertise to consult on local resources and needs during a disaster.

This lack of inclusion of local, experienced rural clinicians was outlined in the Victorian Coroners' Report following the Kerang Level Crossing Collision, where it was observed that various system inadequacies, such as the utilisation of local resources, likely had a negative impact on disaster response and patient survival (12). Many additional barriers to the involvement of rural doctors in emergency and disaster response exist, which have been outlined in RDAA's submission to this committee (13).

To date, South Australia remains the only Australian State to have a framework that formalises the role of appropriately trained rural clinicians in pre-hospital emergencies or disaster responses. The SA Rural Emergency Responder Network was established over 15 years ago in response to Coroner recommendations regarding trauma care in rural South Australia. The network comprises rural doctors who have undergone training in pre-hospital care and are equipped with a standardised bag via SA Ambulance. These doctors have recently transitioned to use of the Sandpiper Bag and it is hoped that other States will adopt similar formal rural emergency responder networks.

Having a network of trained and equipped clinicians embedded in rural South Australian communities offers two main advantages:

(a) To ensure rural patients with time critical needs can receive appropriate care in locations where either ambulance responders have treatment ceilings (volunteers/paramedic crew) or when specialist retrieval teams will take time to arrive (such as occurs in most of rural & remote Australia)

(b) To allow a ready-made network to flex up in times of larger incidents, such as bushfire, flood, cyclone, earthquake etc. The rural clinician will have expertise, not just in emergency care during the immediate phase of a disaster, but also in local resource capability and infrastructure to assist in disaster preparedness, response and recovery phases.

Response to select terms of reference

(a) *current preparedness, response and recovery workforce models, including:*

- *i. the role of the Australian Defence Force in responding to domestic natural disasters,*
- *ii. the impact of more frequent and more intense natural disasters, due to climate change, on the ongoing capacity and capability of the Australian Defence Force,*
- *iii. the impact on the Australian Defence Force in responding to domestic natural disasters, and*

Sandpiper Australia would like to express gratitude to the support that the Australian Defence Force (ADF) and other medical assistance and responses teams have provided to rural and remote communities when the need has arisen.

Sandpiper Australia understands that there are various factors that determine whether the involvement of ADF is necessary. It is essential that any protocols utilised ensure that health practitioners are not made redundant in their own communities through the addition of ADF personnel.

Rural doctors have valuable insight into their community and facilities, and by ensuring a baseline of emergency and disaster response capabilities in rural areas, the likelihood of requiring immediate ADF involvement would be reduced, in addition to the burden on ADF. It is essential that coordination occurs between ADF and local doctors and agencies, to ensure services are working in tandem.

A national rural emergency responder network across Australia would ensure that there are local experts in each rural community to consult for disaster planning, preparedness and response. We suggest that the ADF identify a local Sandpiper Clinician as an appropriate focus for disaster response, as they can not only respond in the immediate phase of a disaster, but also advise ADF and any other emergency response teams on local resources and requirements.

Sandpiper Australia proposes that having an established network of rural responders across each State and Territory provides a ready-made disaster response network and is inherently more robust, immediate and able to respond to local needs than relying on an ADF response alone. Additionally, ADF responses may take time to mobilise and not be able to integrate seamlessly with local service capabilities.

iv. the role of Australian civil and volunteer groups, not-for-profit organisations and state-based services in preparing for, responding to and recovering from natural disasters, and the impact of more frequent and more intense natural disasters on their ongoing capacity and capability;

There is a role for a national rural responder network of Sandpiper Clinicians regarding preparation, response and recovery from disasters, natural or otherwise.

Expanding the presence and distribution of Sandpiper Bags amongst rural clinicians would not only help to establish a rural responder network, but also ensure there were no barriers to the ability of clinicians able to deliver care during the immediate phase of a disaster. Expertise would be already embedded in the community and easily incorporated into State emergency response systems, rather than sit outside these frameworks.

(b) consideration of alternative models, including:

- *i. repurposing or adapting existing Australian civil and volunteer groups, not-for-profit organisations and state-based services, and*
- *ii. overseas models and best practice;*

Sandpiper Australia strongly believes that appropriately trained and equipped rural and remote clinicians are optimally placed to provide emergency and disaster response services in their communities. Many countries have well-developed and highly respected networks to assist in delivery of emergency care to augment emergency and disaster responses, notably UK BASICS (3), Sandpiper Trust (Scotland) and New Zealand PRIME (Primary Response in Medical Emergencies) (4). These systems include rural clinicians in their disaster preparedness and response with notable examples of utility, including the 2005 London bombings (5) and the 2011 Christchurch earthquake (6). It is concerning that Australia, with our vast distances and the limited resources in rural communities, does not have similar models of care to these countries at a State or National level.

As mentioned earlier in this submission, South Australia is the only state or territory in Australia that utilises the expertise of rural doctors in pre-hospital care and disaster management. This network of specially trained rural doctors, known as the Rural Emergency Responders Network (RERN), attend emergencies in partnership with the South Australian Ambulance Service (SAAS) and the MedStar retrieval service (14). RERN commenced in 2008 and was under the aegis of the SA Health until 2022, when this was taken over by SAAS. Over this 15 year period, membership has grown to include approximately 50 South Australian rural doctors (15).

An expansion of the RERN model to all Australian states and territories is a realistic approach to optimising the approach to disasters in rural and remote Australia.

Sandpiper Australia, working with organisations included the RDAA, the ACRRM and the RDF, is well-placed to ensure rural doctors undergo training and are provided with standardised equipment to deliver prehospital care to their communities. These Sandpiper Clinicians can form the basis of a national rural responder network in each State, willing and able to value add to pre-hospital care and disaster situations in their local communities and beyond.

(c) consideration of the practical, legislative, and administrative arrangements that would be required to support improving Australia s resilience and response to natural disasters

Although beyond the remit of Sandpiper Australia, many rural doctor groups recognise that health service credentialing may be a barrier to allow rapid deployment of clinicians from one location to another. A National credentialing body/centralised service to support eCredentialling is recommended to facilitate movement of health workers from one State to another.

Conclusion

Critical illness does not respect geography and neither do disasters. Many disasters in Australia may disproportionally affect rural communities, who already face significant disadvantage in terms of access to healthcare and other resources.

The need for a national rural emergency responder network has been widely called for by many peak rural health organisations but remains to be implemented. Sandpiper Australia recommends that a coordinated national approach needs to be adopted in order to best benefit the communities which may be affected by disasters and emergencies.

Sandpiper Australia believes that increased support to aid with the training of clinicians, funding for equipment and distribution of Sandpiper Clinicians will provide a strong benefit to rural and remote communities. This will also provide balance to the geographical narcissism which is commonly observed when reflecting of the maldistribution of health services in metropolitan and regional communities, when compared to rural and remote communities.

Sandpiper Australia proposes that the Senate Inquiry consider the establishment of a national rural responder network, modelled along the lines of the South Australian Rural Emergency Responder Network and the recommendations of AMA, RDAA and ACRRM.

The Sandpiper Bag is currently utilised by many rural clinicians who have undergone appropriate training yet formal integration into State emergency systems has not occurred outside of South Australia.

Widespread roll out of a formal national rural responder network utilising appropriately trained and equipped rural clinicians would provide a ready-made asset for responding to emergencies in rural communities. Such a network would allow flexing up to assist in larger State or National disaster response, with the Sandpiper clinician recognised as an asset to draw upon for local expertise in both disaster preparations and response

Summary of Recommendations

Sandpiper Australia supports a national, coordinated and cooperative effort to enhance Australia's capacity to respond to and recover from emergencies and disasters. Sandpiper Australia recommends utilising pre-existing services and models to value add, as opposed to reinventing the wheel or putting untested or untried services in place that are unlikely to provide ongoing benefit to communities.

Sandpiper Australia strongly recommends the expansion of the South Australian RERN to a national rural emergency responder network utilising Sandpiper Bags and support from Sandpiper Australia. This will allow appropriately skilled and trained clinicians in rural and remote Australia to provide ongoing benefit to their communities for both local incidents and ability to act as a ready-made system for support prior to arrival of other agencies such as ADF, AusMAT etc.

Sandpiper Australia supports submissions made by RDAA and acknowledge the ongoing support of RDAA, ACRRM and RDF to Sandpiper Australia

Specific recommendations include:

- Provide support to train and equip rural clinicians who can value add to the emergency and disaster response health needs of their communities,

- Utilise the expertise of Sandpiper Australia and Sandpiper Clinicians with respect to integrating local rural generalists, general practitioners and other appropriately trained rural and remote clinicians in disaster and emergency planning and responses

- Support the expansion of the South Australia Rural Emergency Responder Network (SA RERN) response network to a formal national responder network utilising the Sandpiper Australia model of care

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Authors

Dr C. Arundell
MBBS (Hons), FACRRM (DRGA)
Sandpiper Australia Board Member
claire@sandpiperaustralia.org

A/Prof T. Leeuwenburg
FRACGP, FACRRM, JCCA (Anaes)
Sandpiper Australia Chair
tim@sandpiperaustralia.org