

QFCI

Date: 13/05/11

Exhibit Number: 363

**QUEENSLAND
EMERGENCY
HELICOPTER
NETWORK TASKING
GUIDELINES**

Effective 2011

Prepared by: Contracts and Aeromedical Services Unit (CASU)
Health Coordination Services Directorate
Division of the Chief Health Officer
Queensland Health

TABLE OF CONTENTS

1	OVERVIEW.....	1
1.1	Application.....	1
1.2	Purpose.....	1
1.3	Endorsement.....	1
1.4	Review of the Guidelines.....	1
1.5	For Assistance Contact.....	1
2	INTERPRETATION.....	2
3	GUIDELINES.....	6
3.1	QCC - QAS.....	6
3.2	Emergency Helicopter Network service providers.....	6
3.3	Tasks.....	7
3.4	Tasking Agencies.....	7
3.5	Aircraft Monitoring and Demand.....	7
3.5.1	Aircraft Monitoring.....	7
3.5.2	Flight Progress Monitoring.....	7
3.5.3	Flight Following.....	8
3.5.4	Notification of Tasking.....	8
3.5.5	Notification of Aircraft Unavailability or Unserviceability of Equipment.....	8
3.5.6	Aircraft Demand.....	9
4	NOTIFICATION AND REPORTING OF INCIDENTS.....	9
4.1	Notification of Aircraft Incidents.....	9
4.2	Reporting of Immediately Reportable Matters.....	9
4.3	QCC and RSQ Incidents.....	9
4.4	Tasking Agency Roles and Responsibilities.....	10
4.4.1	Queensland Health and Queensland Ambulance Service.....	10
4.5	Queensland Police Service.....	12
4.5.1	Search and Rescue (SAR) Operations.....	12
4.5.2	Urgent QPS Responsibilities.....	13
4.5.3	Non Urgent QPS Responsibilities.....	13
4.5.4	QPS - Tasking.....	13
4.5.5	Coordination of Tasking.....	13
4.5.6	Pilot Communication.....	14
4.5.7	Notification of RACC.....	14
4.6	Queensland Fire and Rescue Service.....	14
4.6.1	Urgent QFRS Responsibilities.....	14
4.6.2	Non-urgent QFRS Responsibilities.....	14
4.6.3	QFRS Tasking.....	14
4.6.4	Tasking Approval.....	14
4.6.5	Coordination of Tasking.....	14
4.6.6	Pilot Communication.....	14
4.6.7	Notification of RACC.....	15
4.7	State Disaster Management Group.....	15
4.7.1	Disaster Response and Recovery Operations.....	15
4.8	Australian Maritime Safety Authority.....	16
4.8.1	Civil Search and Rescue Activity (Marine and Aviation).....	16
4.8.2	Marine Incidents.....	16
4.8.3	Aviation Incidents.....	16
4.8.4	Distress Beacon Incidents.....	16
4.8.5	Aeromedical Support.....	17
4.8.6	Civil Search and Rescue Activity – Tasking.....	17
4.8.7	Pilot Communication.....	17
4.8.8	QCC as Contact for AMSA.....	17
4.9	Other Tasking Arrangements.....	18
4.9.1	Ambulance Service of New South Wales.....	18

5	CRITERIA THAT DETERMINE TASKING OF EHN ASSETS	19
5.1	Retrieval Services Queensland	19
5.1.1	QAS Emergency Medical Dispatcher	19
5.1.2	Consideration for Immediate Dispatch	19
5.1.3	Standby/emergent dispatch (<10 minutes from 000 call)	20
5.1.4	Cases less than 50km from Major Trauma Service Hospitals.....	20
5.2	Queensland Health.....	20
5.3	Queensland Police Service (QPS) Urgent and Non Urgent Responsibilities	22
6	RISK MANAGEMENT FOR TASKING CONFLICT	22
6.1	Conflict involving aeromedical tasking	22
6.2	Risk Management For Tasking Conflict Flowchart – where at least one task involves an aeromedical request	24
6.3	Conflict not involving aeromedical tasking	25
7	ASSESSING AND INTEGRATING AVIATION AND CLINICAL RISK	26
8	FLOW CHARTS	27
8.1	Aeromedical System Relationships.....	27
8.2	Aeromedical Interfacility Transfer (Public or Private)	28
8.3	Search and Rescue (SAR) QPS	29
8.4	Urgent and Non-Urgent QPS Responsibilities	30
8.5	Urgent and Non-Urgent QFRS Responsibilities	31
8.6	Civil Search and Rescue Activity (Marine and Aviation)	32
8.7	AMSA MEDEVAC	33

DRAFT NOT ENDORSED

1 OVERVIEW

1.1 Application

These Guidelines apply to all providers of emergency helicopter services operating within the Queensland Emergency Helicopter Network (EHN) and all tasking agencies authorised to use the network's services.

1.2 Purpose

The Guidelines are the principle source document for describing emergency helicopter tasking principles in Queensland and agreed tasking arrangements between tasking agencies and the EHN. However, the Guidelines do not direct matters relating to clinical coordination, ambulance communications and patient care, which are subject to standard operating procedures, directives or practices established by Queensland Health (QH) and or Queensland Ambulance Service (QAS), such as:

- QAS Communications Centre Standing Operating Procedures;
- Queensland Emergency Medical System (QEMS) Coordination Centre Standard Operating Procedures; and
- Retrieval Services Queensland Standard Operating Procedures.

1.3 Endorsement

The Guidelines were originally drafted by Emergency Management Queensland (EMQ), Department of Community Safety (DCS), in consultation with the Tasking Agencies and the service providers in the EHN. Before completion, a Machinery of Government change in 2010 transferred the EHN to Queensland Health who continued the development of the Guidelines.

1.4 Review of the Guidelines

The *Queensland Emergency Helicopter Network Tasking Guidelines* will undergo regular review by QH in consultation with relevant stakeholders:

1.5 For Assistance Contact

Business Unit:	Contact
Contracts and Aeromedical Unit, Queensland Health	Telephone: [REDACTED]
	Facsimile: [REDACTED]
	e-mail: [REDACTED]

2 INTERPRETATION

Aeromedical Operations means support for aeromedical operations including:

- Primary Response;
- Inter-Facility Transport (IFT);
- Transport of medical teams and equipment.

AMSA means Australian Maritime Safety Authority.

Aviation Liaison Officer (ALO) means a person deployed to coordinate the management of aviation resources during an SDCC activation.

Manager Aeromedical Network means a person who assists the Director, Contracts and Aeromedical Services Unit, in developing a sustainable aeromedical patient transport system for the future which is planned and developed to reflect demographic and health service delivery and system changes specifically in relationship to Patient Transport function.

Business Day means between 9am and 5pm on a weekday other than a Saturday, Sunday or gazetted public holiday in Queensland.

CASU means the Contracts and Aeromedical Unit, Health Coordination Services Directorate, Division of the Chief Health Officer, Queensland Health.

Clinical Coordination means the process whereby appropriately skilled and experienced nursing and Medical Coordinators are involved in the direct supervision of the aeromedical transport or retrieval of patients. It ensures high level clinical advice is available prior to and during transport, that the patient is directed in a timely manner to the most appropriate receiving facility and optimises the safe and efficient use of expensive transport and retrieval services.

It involves the following responsibilities:

- Clinical consultancy/governance:
 - Provision of specialist level clinical advice/support to a referring clinician in preparation for transport/retrieval; and
 - Clinical supervision of retrieval and/or transport service;
- Determination of level of clinical escort – authorisation and tasking of task specific retrieval teams;
- Determination of transport vehicle:
 - In collaboration with QCC Emergency Medical Dispatch, identification and tasking of an appropriate transport resource; and
 - Resource resolution;
- Determination of, and notification to, the receiving hospital's emergency department or health care Facility's critical care bed; and
- Ongoing communication with referring, retrieval and receiving medical/nursing staff.

DCS means Department of Community Safety.

DDC means a District Disaster Coordinator appointed under the *Disaster Management Act 2003* (usually the QPS District Officer).

Disaster Management Operations means support for authorised disaster management operations including:

- evacuations;
- re-supply;

- personnel and equipment transfer;
- reconnaissance and damage assessment; and
- official transport.

ELT means Emergency Locator Transmitter used in aircraft.

Emergency Helicopter Network service provider means an authorised member of Queensland's *Emergency Helicopter Network*.

Emergency Helicopter Network (EHN) means:

- EMQ Helicopter Rescue;
- CareFlight Queensland;
- Sunshine Coast Helicopter Rescue Service (AGL Action Rescue);
- Capricorn Helicopter Rescue Service;
- Central Queensland Helicopter Rescue Service; and
- A commercial emergency helicopter service provider in Torres Strait (Australian Helicopters PTY LTD).

EMQ means Emergency Management Queensland, DCS.

EPIRB means Emergency Position Indicating Radio Beacon used in ships and boats.

FCC means Fire Communications Centre.

Flight Following means the process adopted by QCC to maintain a search and rescue watch on aircraft as they undertake a mission.

Flight Progress Monitoring means the process adopted to enable the QCC to know where resources are at any given time.

Helicopter Dispatch means the process of preparing for and commencing a flight in response to a request from the QCC. Dispatch will normally occur in conjunction with task activation, but it may occur prior to activation when it is assessed that the task may require a helicopter response but the clinical information required to support an immediate decision on task activation is not available. In either case, the pilot must be satisfied that the task can be undertaken safely, prior to dispatch.

ICP means Intensive Care Paramedic.

Immediately Reportable Matter means the matters referred to in section 3 of the *Transport Safety Investigation Act 2003* (Cwlth) and listed in Regulation 2.4 of the *Transport Safety Investigation Regulations 2003* (Cwlth).

Inter-Facility Transport (IFT) is the provision of transport for moving a patient to another facility for the purpose of obtaining further assessment, diagnostic services or medical treatment not available at the referring facility. In some circumstances between a public and private hospital/facility.

MEDEVAC means **MEDical EVACuation**.

Monitoring means monitoring the location and availability of aircraft 24 hours per day. Monitoring is the responsibility of the QCC.

Medical Priority Dispatch System (MPDS) is a system that enables a '000' call taker to determine the priority of the case compared with other cases occurring at the time. This prioritising

also determines whether the case is responded as an emergency (with lights and sirens) or normal vehicle response conditions.

Paramedic means a QAS officer qualified as a Paramedic, Paramedic (Advanced Care) or Paramedic (Intensive Care).

PLB means Personal Locator Beacon for personal use by bushwalkers, four-wheel drivers, other adventurers on land, employees working in remote areas and crew in boats and aircrew.

Primary Response means a response to a patient who has not yet been assessed at a Queensland Health in-patient facility. Primary response could include motor vehicle and boating accidents or other emergencies where life is at risk.

PCC means Police Communications Centre.

QAS means Queensland Ambulance Service.

QCC means the Queensland Emergency Medical System Coordination Centre. The QCC is a collaboration between Queensland Health (Retrieval Services Queensland) and DCS (Queensland Ambulance Service) to provide 24/7 clinical and logistical co-ordination of all aeromedical transfers and retrievals in Queensland. QCC supports QAS regional operations, Queensland Health Services Districts and private hospitals by providing a state-wide patient retrieval and aeromedical transport capability.

QEMS means Queensland Emergency Medical System.

QFRS means Queensland Fire and Rescue Service.

QMTB means the Queensland Medical Transport Board.

QPS means Queensland Police Service.

RACC means Regional Ambulance Communications Centre.

RCC means Rescue Coordination Centre – Australia.

Receiving Facility means a hospital facility where a patient is being transported for definitive care.

Reportable Event (formerly referred to as a “Sentinel Event”) means an event prescribed under the *Health Services Regulation 2002* that happens while a health service is being provided at a health service (source: QH Clinical Incident Management Implementation Standard (CIMIS) 2009 of QH’s Incident Management Policy).

RFDS means Royal Flying Doctor Service.

Routine Reportable Matter means the matters referred to in section 3 of the *Transport Safety Investigation Act 2003* (Cwlth) and listed in Regulation 2.4 of the *Transport Safety Investigation Regulations 2003* (Cwlth).

RSQ means Retrieval Services Queensland, Queensland Health.

RSQ Medical Coordinator means a medical practitioner, delegated by Queensland Health to perform clinical coordination on its behalf.

SAD means State Air Desk at QFRS.

SAOC means State Air Operations Coordinator at QFRS.

SAR means Search and Rescue.

SAR Operations means support for SAR operations at the request of QPS and/or AusSAR.

SDCC means State Disaster Coordination Centre.

SDCG means State Disaster Coordination Group.

SDMG means State Disaster Management Group.

SOLAS means International Convention for the Safety of Life at Sea, 1974.

Stand Down means advice to a helicopter service provider that a task will not proceed.

Task means helicopter support at the request of a Tasking Agency.

Task Activation means QCC notifying an EHN service provider that a flight is authorised. Notification of authorisation must be through the QCC. The final decision to undertake a flight is the responsibility of the pilot in command. The pilot must be satisfied that the flight can be undertaken safely.

Task Notification means advice to relevant persons, e.g. RSQ Medical Coordinator, Medical Crew, Pilot, Police Officer, of a potential task.

Tasking Agencies mean an agency as specified in Section 3.4 of these Guidelines.

TMAS means Tele Medical Advice Service. Also refers to the contractual arrangement between AMSA and RFDS Cairns, for medical advice to Masters of Vessels at sea.

Urgent QPS Responsibilities means QPS responsibility for emergent incidents, accidents or credible threats with a potential to cause death or serious injury or loss or serious damage to property/assets.

Urgent QFRS Responsibilities means support for authorised QFRS operations including:

- Crew and/or equipment transfer to incidents, including underslung loads;
- Fire reconnaissance or observation; and
- Fire water bombing/fire retardant.

3 GUIDELINES

There has been considerable evolution within the EHN since the last Helicopter Tasking Guidelines were approved in 2003. The 2011 Guidelines have been developed to support a greater level of standardisation of tasking processes and to reflect changes that have occurred within the network to align with emerging policy, particularly as it relates to access to the EHN and effective coordination and utilisation of helicopter assets (e.g. use of the QCC as a centralised contact to connect Tasking Agencies to the most appropriate service provider).

3.1 QCC - QAS

QCC, as the state-wide clinical and aeromedical coordination centre, requires accurate and timely information about all aircraft tasking to ensure resources are available, and that operational planning is well-informed, to maintain effective service delivery across Queensland. QCC has evolved to fill a role as a point of information convergence for Tasking Agencies and is well-placed to utilise technology and personnel to effectively and sensitively connect tasking agencies and providers.

The standardised tasking model flowchart:



In this model, QCC does not act as gatekeeper between tasking agencies and providers; QCC does not assess priority of non-aeromedical tasks. Rather, QCC connects tasking agencies and providers using a conference call methodology, thereby facilitating the exchange of information (such as asset availability and aviation and clinical risk levels). In this model, QCC is immediately informed of the request for tasking and is appropriately placed to participate in medical crewing decisions with tasking agencies and providers. Where it is determined there is no role for QCC in the tasking of helicopter assets (e.g. law enforcement operations), QCC exits the tasking process.

3.2 Emergency Helicopter Network service providers

Emergency helicopter services in Queensland are provided through DCS, various community helicopter providers and a contract helicopter service in Torres Strait. They comprise:

- EMQ Helicopter Rescue at Brisbane, Townsville and Cairns;
- CareFlight Queensland at the Gold Coast and Toowoomba;
- Sunshine Coast Helicopter Rescue Service (AGL Action Rescue) at the Sunshine Coast and Bundaberg;
- Capricorn Helicopter Rescue Service at Rockhampton;
- Central Queensland Helicopter Rescue Service (CQ Rescue) at Mackay; and
- Australian Helicopters Pty Ltd (AHPL) at Horn Island in Torres Strait (n.b.: AHPL undertakes all tasks on a user pays basis).

The EHN service providers listed above should be the first choice of tasking agencies to undertake emergency helicopter tasks, except where aircraft have been contracted by QFRS for specific aerial fire fighting support. Should these providers be unavailable, the tasking agencies may seek helicopter services from alternative sources. Tasking agencies will be responsible for all costs associated with going outside the EHN and is a matter for the parties concerned. This is outside the scope of these Guidelines.

Only the EHN service providers, operating from the bases listed above, have been approved by the Minister for Emergency Services under section 43 of the *Ambulance Service Act 1991* to provide ambulance transport in helicopters.

3.3 Tasks

The Emergency Helicopter Network service providers support the following tasking agency functions:

- Aeromedical Operations;
- Search and Rescue (SAR);
- Disaster Management Operations;
- Urgent and Non-urgent QFRS Responsibilities; and
- Urgent and Non-urgent QPS Responsibilities.

EHN service providers must not accept tasks that are related to aeromedical operations, search and rescue operations, fire fighting or law enforcement unless the task is coordinated through QCC by an agency authorised to activate the EHN as specified in Section 3.4, or coordinated in accordance with “Other Tasking Arrangements” in Section 4.9.

Requests from tasking agencies to undertake tasks that are not directly related to providing Aeromedical Operations, SAR, Disaster Management Operations, Urgent QFRS Responsibilities or Urgent QPS Responsibilities may involve cost recovery. Possible “user pays” tasks are a matter for the parties concerned and should be negotiated between the parties prior to the task being undertaken. **The contract service in Torres Strait undertakes all tasks on a user pays basis.**

At all times the final decision to undertake a flight is the responsibility of the Pilot in command. The Pilot must be satisfied that the flight can be undertaken safely.

3.4 Tasking Agencies

The following agencies are authorised to activate Queensland’s Emergency Helicopter Network through QCC:

- Queensland Health;
- Queensland Ambulance Service;
- Queensland Police Service (QPS) through Police Communication Centres (PCC);
- Queensland Fire and Rescue Services (QFRS) through QFRS State Air Desk (SAD);
- District Disaster Coordination Centre (for EHN resources in that Centre’s Disaster District only);
- State Disaster Coordination Centre in response to requests from District Disaster Coordination Centres; and
- Australian Maritime Safety Authority (AMSA), through Australian Search and Rescue (AusSAR).

Note: The NSW health system may make requests for aerial support for their operations (Refer to Section 4.9). All requests for interstate aeromedical tasking must be coordinated through the QCC.

3.5 Aircraft Monitoring and Demand

3.5.1 Aircraft Monitoring

QCC has responsibility for monitoring the availability and status of aircraft in the EHN. QCC undertakes Flight Progress Monitoring and Flight Following.

3.5.2 Flight Progress Monitoring

Flight Progress Monitoring enables the QCC to know where the resources are at any given time. QCC may use any appropriate means to effect Progress Monitoring including telephone or radio communications or flight tracking technology.

Flight Progress Monitoring by the QCC is necessary to ensure that all operational and logistical requirements are facilitated, such as the notification of estimated time of arrival to hospital helipads and security support. This is different from flight following for aircraft safety and search and rescue watch purposes.

3.5.3 Flight Following

Flight Following is the process adopted to maintain a search and rescue watch on aircraft as they undertake a mission. This process includes acknowledging information relayed by the Pilot, such as the time of departure, the number of people on board, fuel capacity and flight endurance. Flight following also encompasses monitoring the times at which the aircraft will make further contact to advise that the aircraft is still in flight at set time intervals or has arrived safely at the destination. QCC may approve the use of alternative flight following procedures, such as procedures using flight tracking technology (e.g. 'Skyconnect'). Should QCC, while flight following the aircraft, not receive notification from the aircraft at the designated time, QCC will initiate emergency aircraft procedures to:

- Attempt to contact the aircraft for an update; and
- If not successful, initiate a search and rescue response.

3.5.4 Notification of Tasking

For monitoring purposes, tasking agencies must notify the QCC in the first instance that they require tasking of a helicopter provider. This notification must include the contact details of the requesting agency. QCC immediately conference calls the appropriate provider for tasking agency to complete tasking.

3.5.5 Notification of Aircraft Unavailability or Unserviceability of Equipment

All EHN service providers must forward written notice of unavailability of aircraft or unserviceability of aircraft equipment/fittings (e.g. Forward Looking Infra Red, Nite sun) to QCC and CASU as soon as possible. The notification must include the estimated return date/time of service/equipment availability.

3.5.6 Aircraft Demand

In the event of competing demands for helicopter support, the tasking agencies are required to consult and determine which task will have priority. While aeromedical tasks will generally receive high priority, Urgent QPS Responsibilities, Urgent QFRS Responsibilities, Emergency Management Operations or SAR Operations may divert helicopters from aeromedical tasks. Overt rescue operations will initially receive highest priority, although conferencing between relevant tasking agencies, QCC and providers may effect prioritisation. Key to resolving any tasking conflict is communication between affected tasking agencies.

Section 6 discusses resolution of tasking conflict in greater detail.

The QCC will maintain a record log and undertake a periodic review procedure for external agency tasking requests, including requests that do not result in an aircraft being activated. A copy of the reviews and outcomes will be provided to CASU.

4 NOTIFICATION AND REPORTING OF INCIDENTS

4.1 Notification of Aircraft Incidents

If an EHN service provider is involved in an incident that compromises or has the potential to compromise the safety of a flight and would be classified as a Routine Reportable Matter or an Immediately Reportable Matter the EHN service provider must notify the QCC Manager, the QH Manager Aeromedical Network as soon as possible in accordance with agreed procedures.

If a service provider is engaged on an aeromedical mission when an incident occurs that prevents the aircraft from completing the mission, the service provider must notify QCC and the duty RSQ Medical Coordinator immediately so that an alternative plan to retrieve the patient/s can be coordinated. The QCC will notify RACCs and QAS.

4.2 Reporting of Immediately Reportable Matters

If an EHN service provider is involved in an incident that would be classified as an Immediately Reportable Matter under the *Transport Safety Investigation Act 2003*, the service provider must, in addition to notifying the QCC and the Manager Aeromedical Network, provide a written report of the incident to the Director, Contracts and Aeromedical Unit, Queensland Health within 20 Business Days of the incident.

The written report will:

- provide an overview of the event;
- advise of the cause and resolution;
- advise of lessons learned; and
- advise of possible implications for relevant Government policy or Standing Operating Procedures (e.g. these Tasking Guidelines), if known.

If deemed appropriate by the Department, the Director, CASU, will provide a copy of the written report to the Director-General, QH. Also if deemed appropriate by the Department, a copy of the report will be provided to auditors appointed by QH for independent systems auditing of the EHN.

4.3 QCC and RSQ Incidents

QCC and RSQ utilise Reportable Event and Clinical Incident Management System that is consistent with the Queensland Health Clinical Incident Management Implementation Standard 2009.

4.4 Tasking Agency Roles and Responsibilities

The Tasking Agencies have a range of responsibilities as described below.

4.4.1 Queensland Health and Queensland Ambulance Service

4.4.1.1 Types of Aeromedical Operations

There are two types of aeromedical operations:

- Primary Response; and
- Inter-Facility Transports

4.4.1.2 Primary Response

QAS has principal responsibility for primary response, including rapid mobilisation/dispatch, supported by Queensland Health RSQ Medical Coordinators in the QCC, who provide high level clinical advice and support, and immediate access into major hospital facilities.

4.4.1.3 Inter-Facility Transports

Queensland Health has principal responsibility for Inter-Facility Transports and is supported in this task by QCC which provides operational coordination, aircraft tasking and monitoring.

4.4.1.4 Basis for Request for Aerial Support

The decision to request aerial support is based on clinical need, access to the patient, distance/time to the patient and the preferred receiving hospital (see Section 5 *Criteria that Determine Tasking of EHN Assets*).

4.4.1.5 Authorisation of Aeromedical Operations

All aeromedical operations must be authorised by a RSQ Medical Coordinator at QCC.

In relation to Primary Responses, the requirement for RSQ Medical Coordinator approval for Primary Response helicopter tasks is not intended to delay a Helicopter Dispatch request to the provider especially where such a request is limited to making preparations for the task (for example flight planning and aircraft preparation). Upon receipt of a call from a RACC, the QCC will attempt to access the RSQ Medical Coordinator immediately with the aim of obtaining the RSQ Medical Coordinator's decision on Task Activation at that time. Should there be a delay in accessing the RSQ Medical Coordinator, Helicopter Dispatch procedures must not be delayed (including commencement of flight in appropriate circumstances) while the Task Activation process continues. The QCC however, must advise the Duty Pilot that the task has not received authorisation of Task Activation from the RSQ Medical Coordinator in this situation. As it takes between five (5) and fifteen (15) minutes for the helicopter to become airborne, the RSQ Medical Coordinator will be available to authorise Task Activation for a Primary Response task before the helicopter takes off in virtually all instances where the initial assessment is delayed. If, after acceptance by the provider of a Helicopter Dispatch request, the Medical Coordinator decides not to authorise Task Activation for any reason the task will be cancelled and the aircraft will be directed to return to base and/or stand down.

The Manager Aeromedical Network will audit all Helicopter Dispatch requests that are declined or not authorised by a RSQ Medical Coordinator and refer the information to RSQ Quality.

The results of the audit will be de-identified and provided to CASU, QH upon request.

4.4.1.6 Role of QCC Coordinating Aeromedical Tasking

Retrieval Services Queensland provides the clinical expertise and the Queensland Ambulance Service provides the logistics skill within QCC. QCC monitors the tasking of helicopters within the network to manage risk associated with multiple tasking agencies utilisation of assets. QCC supports QAS regional operations and Queensland Health District Health Services by providing a state-wide patient retrieval and aeromedical transport capability through:

- provision of consultant level clinical advice between referring, retrieval and receiving health facilities for patients;
- tasking of appropriate retrieval teams for patients;
- clinical and operational coordination of aeromedical transport services in support of the QAS road ambulance system;
- provision of clinical coordination and support for aeromedical Primary Response services;
- provision of aeromedical transport tasking and coordination in support of the existing Neonatal Intensive Care Unit and Paediatric Intensive Care Unit emergency medical transport systems; and
- clinical supervision of the retrieval/transport services for patients.

4.4.1.7 Role of RACC

RACCs are established in Cairns, Townsville, Rockhampton, Maroochydore, Brisbane, Southport and Toowoomba. These centres coordinate the allocation of ambulance resources in response to requests for ambulance services. With respect to tasking helicopters for aeromedical operations, RACCs:

- initiate task notification to QCC for primary aeromedical responses in accordance with QAS standard operating procedures;
- participate with the QCC EMD and the EHN service provider regarding Task Activation, once authority of QCC RSQ Medical Coordinator has been obtained; and
- maintain cohesive communications with QCC and apply QAS standard operating, procedures for the duration of the task.

4.4.1.8 Aeromedical Tasking

Refer to flow charts (Section 8): "Aeromedical System Relationships Diagram" at 8.1; and "Aeromedical Inter Facility Transport (Public or Private)" at 8.2.

There are four phases of an aeromedical task:

- potential task;
- task notification;
- task approval; and
- task activation.

4.4.1.9 Potential Task

A request for Primary Response via 'Triple Zero' (000), or, through identification of need using MPDS and/or Emergency Medical Dispatcher assessment, a helicopter response with appropriate medical crew is considered warranted by a RACC; or an Inter-Facility Transport request received at QCC.

4.4.1.10 Task Notification

Aeromedical Response:



- Primary Response: Request for a primary helicopter response by an RACC is made to QCC.
- IFT: A referring health practitioner phones QCC for clinical coordination.

4.4.1.11 Task Approval

In response to a request to a provider through QCC, the Duty Pilot advises whether the nominated task is technically feasible and can be completed safely including with reference to the aviation risk statement (see Section 7). The RSQ Medical Coordinator assesses the appropriateness of the task (from a clinical perspective) and decides whether to authorise Task Activation.

4.4.1.12 Task Activation

The QCC notifies all relevant persons that the task is activated on authorisation of the RSQ Medical Coordinator and confirmation from the Duty Pilot that the task is to proceed. If task activation is delayed because the RSQ Medical Coordinator is unable to make an immediate decision to approve the task, then the QCC may request the Duty Pilot and crew to commence Helicopter Dispatch procedures in accordance with Section 4.4.1.5.

If the RSQ Medical Coordinator or Duty Pilot decides aeromedical response is not possible or appropriate, the QCC will stand down response staff from the task and seek alternative response arrangements.

4.5 Queensland Police Service

For information and current QPS policy, QPS officers should refer to *QPS Operational Procedures Manual*.

4.5.1 Search and Rescue (SAR) Operations

SAR operations are an urgent QPS responsibility where AMSA have not assumed responsibility for a particular operation. QPS has responsibility for the overall coordination of the following SAR operations in respect of the following target types:

- pleasure craft and fishing vessels at sea;
- unregistered aircraft;
- persons missing in a land or coastal environment;
- land vehicles;
- persons and vessels on inland waters; and
- all non-military vessels in port.

The QPS will also provide and coordinate land SAR units in support of AMSA in respect to the following target types:

- aircraft on the international civil, national civil (VH) and Recreational Aviation Australia (RAA) registers;
- manned space vehicles;
- vessels other than those for which the police and defence force are responsible; and
- unidentified distress beacon alerts.

The various SAR functions and responsibilities within Australia are outlined in the *National Search and Rescue Manual*.

Depending on locally available resources, overall responsibility for the coordination of any SAR operation may transfer, by mutual agreement, between QPS and AMSA.

4.5.2 Urgent QPS Responsibilities

QPS will task helicopters for assistance with a range of urgent QPS responsibilities (as defined under the Interpretation section of these guidelines). Such tasks may include (although not be limited to) sieges, abduction, and restoration of urgently needed communication equipment when ground access to the site of the equipment is not practical.

4.5.3 Non Urgent QPS Responsibilities

Tasks for non-urgent responsibilities will be charged on a full cost recovery basis. Non Urgent QPS tasks include (although are not limited to) the following:

- prison transfers;
- crime scene photography;
- public relations;
- proactive policing activities; and
- deployment of squads post incidents.

Cost recovery should be agreed between QPS and the EHN service provider prior to the commencement of the task.

4.5.4 QPS - Tasking

Refer to flow charts: “Search and Rescue (SAR) – QPS” at 8.3 and “Urgent and Non Urgent QPS Responsibilities” at 8.4.

4.5.5 Coordination of Tasking

Tasking of helicopters for QPS responsibilities is coordinated through the PCC in the relevant region. The PCC will contact the QCC then be connected directly to the appropriate EHN service provider. If a medical crew is required, the relevant Police Officer will liaise with the RSQ Medical Coordinator at QCC. Where no medical crewing is required, QCC will disengage from the conference call; PCC completes activation.

4.5.6 Pilot Communication

The Police Officer requesting the task will provide the Pilot with a full task briefing. The Pilot will advise QCC when en route and of aircraft destination unless such information may jeopardise the integrity of a police operation. In such circumstances, the pilot should provide general information relating to area of operation and estimated duration of tasking. The pilot should also advise the QCC of the return of the helicopter when the task is completed.

4.5.7 Notification of RACC

The QCC will advise the RACC that the helicopter has been tasked for a QPS operation. If possible, the QCC will also advise the RACC of the name and contact telephone number of the Police Officer responsible for the task.

4.6 Queensland Fire and Rescue Service

Queensland Fire and Rescue Service (QFRS) tasking includes Rural Operations.

4.6.1 Urgent QFRS Responsibilities

QFRS State Air Desk is responsible for dispatching aerial support to assist with fire spotting and suppression and the transportation of QFRS specialised equipment and personnel. Tasks can include water bombing, reconnaissance, observation and the transport of fire crews and equipment.

4.6.2 Non-urgent QFRS Responsibilities

If QFRS tasks a helicopter for non-urgent tasks, such as training or non-urgent transport, the EHN service provider may choose to seek cost recovery. Cost recovery should be agreed between QFRS and the EHN service provider prior to the commencement of the task.

4.6.3 QFRS Tasking

Refer to flow charts: "Urgent and Non urgent QFRS Responsibilities" at 8.5.

4.6.4 Tasking Approval

Tasking of helicopters by QFRS must be in accordance with QFRS Incident Directive 1.3 Aircraft Operations, Activation.

4.6.5 Coordination of Tasking

Tasking of helicopters for QFRS responsibilities is coordinated through the QFRS SAD. The State Air Operations Coordinator (SAOC) will contact the QCC then be connected directly to the appropriate EHN service provider. If a medical crew is required, the relevant SAOC will liaise with the RSQ Medical Coordinator at QCC. Where no medical crewing is required, QCC will disengage from the conference call; QFRS completes activation.

4.6.6 Pilot Communication

The SAOC requesting the task provides the Pilot with a full task briefing. The Pilot will advise QCC when en route and of aircraft destination. The pilot should also advise the QCC of the return of the helicopter when the task is completed.

4.6.7 Notification of RACC

The QCC will advise the RACC that the helicopter has been tasked for a QFRS operation. If possible, the QCC will also advise the RACC of the name and contact telephone number of the SAOC responsible for the task. For monitoring purposes, the pilot must advise QCC when en route and of the return of the helicopter when the task is completed.

4.7 State Disaster Management Group

4.7.1 Disaster Response and Recovery Operations

4.7.1.1 Role of SDMG and SDCC

The SDMG is responsible for managing a whole-of-government integrated approach to disaster management. The SDMG operates through the SDCC. The SDCC is activated, as required, to manage the impact of disasters such as cyclones and flooding. This coordination centre, together with the SDMG, assists local governments in supporting their communities to plan, prepare, respond to and recover from disasters. The SDCC Duty Officer is responsible for providing a detailed pilot briefing through an Aviation Liaison Officer.

4.7.1.2 Role of DDC

When an area requires aerial support for disaster operations, the DDC or approved delegate is authorised to approve the tasking of local resources, including helicopters. Requests for assistance that cannot be provided from local resources must be directed to the SDCC in Brisbane. For example, if a DDC requires a helicopter to be deployed from outside of their disaster district to a disaster affected area within their disaster district, a request for aerial support must be made to the SDCC in the first instance. SDCC are to advise QCC that the asset is not available for other tasks.

4.7.1.3 Role of Local Government

Local government is responsible for forwarding tasking requests to the DDC. If the tasks are approved by the DDC, local government will then provide detailed pilot briefing(s) for the task.

4.7.1.4 Emergency Helicopter Network

Disaster response and recovery tasking is managed through the SDCC and also at district level through the DDC. The SDCC and the DDC are authorised to task light/medium aerial resources for emergency management operations, including helicopters from the Queensland Emergency Helicopter Network.

To enable both SDCC and QCC to be kept informed of any movement of aircraft and maintain effective coordination within the rest of the Network, requests for helicopters from the Queensland Emergency Helicopter Network should be through QCC in the first instance.

The final decision to undertake a flight is the responsibility of the Pilot in command. The Pilot must be satisfied that the flight can be undertaken safely.

4.7.1.5 State Disaster Relief Arrangements (SDRA) and Natural Disaster Relief and Recovery Arrangements (NDRRA)

If the Minister responsible for Emergency Services activates SDRA or NDRRA for a particular area, the tasks undertaken by the helicopter (including costs of relocation) authorised by the SDCC are undertaken on a cost recovery basis through the appropriate fund by the EHN service provider.

The following tasks authorised by SDCC are eligible for reimbursement if SDRA/NDRRA has been activated:

- the cost of relocating an aircraft to an area and return to base;
- food drops/resupply of essential supplies to isolated individuals and communities;
- transportation of personnel, equipment and materials for public safety and disaster management operations, including medical needs;
- the activation, coordination and administration of SDRA/NDRA relief measures including damage assessments; and
- tasks for the protection/safety of life, health and public/community property.

4.7.1.6 Notification of RACC

The QCC will advise the RACC that the helicopter has been tasked for disaster management operations. If possible, the QCC will also advise the RACC of the name and contact telephone number of the Aviation Liaison Officer responsible for the task. For monitoring purposes, the pilot must advise QCC when en route and of the return of the helicopter when the task is completed.

4.8 Australian Maritime Safety Authority

4.8.1 Civil Search and Rescue Activity (Marine and Aviation)

Australian Maritime Safety Authority (AMSA) is immediately responsible for marine aviation and distress beacon activation incidents (defined below). AMSA coordinates the incident, including the tasking of fixed wing aircraft and helicopters to assist in the searches over land and water. AMSA may request that local Police coordinate activities on its behalf e.g. surface search coordination, coordination of land search and rescue units for land or coastal search. Once location is established and a Police On-scene Coordinator arrives, AMSA may then seek to transfer overall coordination to QPS or relevant police service (if interstate).

4.8.2 Marine Incidents

A marine incident is:

- an incident that involves the search for and rescue of persons from any SOLAS vessel (e.g. merchant vessel); or
- an incident involving the search for and rescue of persons at sea, which is outside Police capability to respond.

4.8.3 Aviation Incidents

An aviation incident is:

- an incident that involves the search for and rescue of occupants of overdue civil aircraft;
- an incident that involves the search for and rescue of occupants of overdue military aircraft on request from a military authority; or
- An incident that involves the search for and rescue of occupants of overdue unregistered civil aircraft, by mutual agreement with the QPS or relevant police service (if interstate).

4.8.4 Distress Beacon Incidents

A distress beacon incident involves activation and detection of an EPIRB, (eg Vessels), PLB (eg Bushwalkers or vehicles) or ELT (eg Aircraft).

As the Satellite System Mission Control Centre for Australia, RCC Australia will normally receive distress beacon alerts first. RCC Australia will advise other relevant SAR Authorities of an alert as soon as practicable because they may:

- already be coordinating a response;
- have additional information;
- be the responsible authority in accordance with the National SAR Manual, or
- be in a position to assist in a SAR response.

In accordance with the principles of SAR coordination, RCC Australia will initiate a SAR response and retain coordination responsibilities until intelligence has established the location of the distress beacon, the nature of distress, and agreement has been reached on the best placed SAR Authority to assume overall coordination in association with the National SAR Plan.

Note: RCC Australia is the internationally recognised SAR point of contact within Australia, with reference to any other distress alerting devices, (eg SPOT tracking device).

4.8.5 Aeromedical Support

For all aeromedical tasks, the RSQ Medical Coordinator assumes clinical governance and must be consulted should there be a requirement for a medical escort (ie medical practitioner, paramedic or nurse) to determine whether this request is clinically appropriate. Liaison with QCC can be through either the AMSA Coordinators or AMSA's TMAS.

4.8.6 Civil Search and Rescue Activity – Tasking

Refer to flow charts: “Civil Search and Rescue Activity (Marine and Aviation)” at 8.6 and “AMSA MEDEVAC” at 8.7.

4.8.7 Pilot Communication

The Officer requesting the task provides the Pilot with a full task briefing. The Pilot will advise QCC when en route and of aircraft destination. The pilot should also advise the QCC of the return of the helicopter when the task is completed.

In the event that the pilot has been tasked directly by AMSA contrary to these Guidelines, the Pilot must notify QCC promptly.

4.8.8 QCC as Contact for AMSA

AMSA calls QCC; QCC conference calls appropriate EHN service provider to allow activation to commence. The QCC will ensure that AMSA and the EHN service provider are connected promptly. If no medical capability is required and the EHN service provider has a primary aircraft on another task, QCC should still contact the EHN service provider in the event that a backup aircraft with AMSA task capability and crew are available to undertake the task, as appropriate. If no medical capability is required QCC will disengage from the tasking process.

If a medical capability is required on the task, then where possible a paramedic is included in SAR task crewing and RSQ Medical Coordinator approval is thus required.

The requirement for RSQ Medical Coordinator approval for SAR tasks that require medical capability is not intended to delay preparation for the task, flight planning or Helicopter Dispatch. Upon receipt of a call, QCC will access the RSQ Medical Coordinator immediately, and the RSQ Medical Coordinator will provide a decision at that time. Should there be a delay in access to the RSQ Medical Coordinator, or if there is insufficient information for the RSQ Medical Coordinator to make an immediate decision, the QCC may request Duty Pilot and crew to prepare for activation

without RSQ Medical Coordinator approval. The QCC must advise the Duty Pilot that the task has not received RSQ Medical Coordinator approval. If, after preparations for dispatch of the helicopter have commenced, the RSQ Medical Coordinator provides a negative decision (clinically not approved) under any circumstances, then QCC and AMSA must immediately negotiate a decision on whether the task will continue or be cancelled and the aircraft be directed to stand down or return to base. The decision must be relayed to the Duty Pilot as a matter of urgency.

4.9 Other Tasking Arrangements

4.9.1 Ambulance Service of New South Wales

4.9.1.1 Aeromedical Operations

EMQ Helicopter Rescue, CareFlight (Qld) and AGL Action Rescue are authorised under Section 23 of the *Ambulance Services Act (NSW) 1990* to conduct ambulance services in NSW.

Aeromedical tasks into NSW may be undertaken on a cost recovery basis. The State is not financially responsible for any interstate tasking. In relation to process, the task must be first approved by the Ambulance Service of NSW via the Medical Retrieval Unit (MRU) at St George Hospital, Sydney, NSW. The NSW hospital requiring the service is responsible for obtaining the requisite approval from the MRU.

Subject to approval, aeromedical tasks are then coordinated through the QCC.

5 CRITERIA THAT DETERMINE TASKING OF EHN ASSETS

This section describes criteria relevant to individual tasking agencies that may result in tasking of EHN. These Guidelines do not direct matters relating to internal operations within tasking agencies; this information is provided for information only.

5.1 Retrieval Services Queensland

Fundamentally, RSQ provides the clinical expertise to determine which patients are appropriate to transport based on:

- Time and distance indicators when the closest appropriate facility is too distant for safe and timely transport by ground ambulance;
- The patient is time-critical and/or requires a higher specialised level of care and specialised equipment than available on the ground ambulance;
- The patient is located in an area that is inaccessible to regular ground transport due to road obstacles and conditions, traffic congestion, or construction.

5.1.1 QAS Emergency Medical Dispatcher

More specifically, the presence of the following criteria indicates tasking of helicopters by QAS Emergency Medical Dispatchers for referral to QCC may result in better patient outcomes (source: *QAS Communications Centre SOP 005 v1.3.0*):

- Patient is in an area that is inaccessible to QAS road vehicles;
- Nature of the case is such that the closest receiving hospital facility needs to be bypassed;
- The patient will likely need further transfer to another hospital if taken to the nearest receiving hospital facility;
- Deployment of a helicopter to the scene will be quicker than QAS road response and more advantageous to the patient's clinical need;
- A helicopter will deliver the patient to the most appropriate hospital quicker than QAS road response;
- The patient's condition is of such a serious clinical nature that intervention from a Medical Officer and ICP on scene would be most beneficial to the patient.

5.1.2 Consideration for Immediate Dispatch

Using the criteria below, staff at the RACC will assess the case for consideration of despatching for helicopter to the pre-hospital scene.

The patient is greater than 50km from the following hospitals:

- *South East Queensland*
 - Princess Alexandra Hospital
 - Royal Brisbane and Women's Hospital
 - Royal Children's Hospital
 - Mater Children's Hospital
 - Gold Coast Hospital
 - Nambour Hospital
 - Toowoomba Hospital
- *Regional Trauma Services*
 - Hervey Bay Hospital
 - Bundaberg Hospital
 - Rockhampton Hospital
 - Mackay Hospital

- Townsville hospital
- Cairns Hospital

NOTE: Major trauma patients should be transported to the above hospitals in the first instance where possible – any deviation should only be undertaken after direct consultation with QCC RSQ Medical Coordinator and the attending crew.

- The aeromedical asset is available within 15 minutes of activation;
- The aeromedical asset does not delay road transport to one of the hospitals above;
- Helicopters are not outside of the current scope of practice (eg: metropolitan Brisbane):
 - In these cases consideration for a medical road response will be assessed.
- The following high risk cases have been identified:
 - Motor vehicle accident (MVA) with confirmed entrapment;
 - MVA/MBA involving “head on” contact;
 - MVA with ejection of passenger;
 - MVA with another occupant deceased;
 - Amputation above wrist or ankle.

5.1.3 Standby/emergent dispatch (<10 minutes from 000 call)

Standby/emergent tasking of an aeromedical asset to the scene will be considered if:

- The patient is greater than 50km radius from the hospitals listed for immediate dispatch;
- The following cases have been identified as suitable for standby/emergent tasking:
 - MVA
 - MBA
 - Burns
 - Immersion;
 - Industrial or farm accidents;
 - Explosion;
 - Penetrating trauma;
 - Critical medical illness in an isolated area.

5.1.4 Cases less than 50km from Major Trauma Service Hospitals

Cases in urban areas within the drainage areas of the major or regional trauma services may be considered for despatch of an advanced clinical team by road.

If a case occurs outside 50km from a Major Trauma Service and a rapid rotary wing response cannot be mounted, the use of a road based advanced clinical resource should be considered.

5.2 Queensland Health

Where aeromedical transport is considered as an option, QCC must be consulted. The RSQ Medical Coordinator makes a clinical judgement based on the Patient Severity and Patient Priority.

The RSQ Medical Coordinator, in consultation with the QAS EMD will determine which aeromedical asset is clinically and operationally appropriate based on aviation asset availability and the transport mode matrix.

Patient Severity	
Severity	Description
Critical	<ul style="list-style-type: none"> • Must be attended by an appropriately trained Retrieval Clinician that has the required skills to initiate and sustain treatment for the critical patient. • May require full critical care intervention including multiple infusions, mechanical ventilation, etc. • May require cardiovascular and/or respiratory support or other intervention requiring ongoing management in an Intensive Care Unit.
High Dependency	<ul style="list-style-type: none"> • Would generally require an appropriately trained Retrieval Clinician with the necessary skills to initiate and sustain treatment for the high dependency patient. • Will require continuous invasive or non-invasive monitoring. • Requires advanced intervention, or has significant potential to require critical care (i.e. cardiovascular and/or respiratory support). • Significant potential for deterioration resulting in requirement for cardiovascular and/or respiratory support or other intervention that may require ongoing management in an Intensive Care or High Dependency Unit.
Low Dependency	<ul style="list-style-type: none"> • Clinically stable, with a low potential for deterioration. • Any clinical interventions anticipated fall within the scope of practice of the attending Flight Nurse or other clinician involved in the transfer. • Continuous non-invasive monitoring may be required.
No Dependency	<ul style="list-style-type: none"> • Clinically stable, requiring no clinical intervention. • Potential to consider for commercial transport.

Patient Priority			
Category	Transport mode	Hour of the day	Medical Officers ready for departure (time from tasking issued by RSQ)
Category One	Fixed Wing Aircraft and Road Transport	0800 – 2000	within 30 minutes
		2000 – 0800	within 45 minutes
	Rotary wing aircraft	0800 – 2000	within 15 minutes
		2000 – 0800	within 30 minutes
Category Two	All	Any time	within 1-3 hours
Category Three	All	Any time	within 3-6 hours
Category Four	All	Any time	within 6-24 hours
Category Five	All	Any time	after 24 hours

The matrix below is used by Queensland Health as a guide to determine the preferred mode of transport for IFTs (source: *Queensland Health Authorised Transports Operational Standards*):

Dependency level	<100kms	100-200kms	200-300kms	>300kms
Critical care	Road or Rotary	Road or Rotary Wing	Rotary Wing Fixed Wing	Fixed Wing
High dependency	Road	Road or Rotary Wing	Rotary Wing Fixed Wing	Fixed Wing
Low dependency	Road	Road	Fixed Wing	Fixed Wing
No dependency	Commercial	Commercial	Commercial	Commercial

5.3 Queensland Police Service (QPS) Urgent and Non Urgent Responsibilities

As per 4.5.2 and 4.5.3.

6 RISK MANAGEMENT FOR TASKING CONFLICT

Fundamental to resolving tasking conflict is the timely communication between the tasking agencies, as well as EHN service providers and QCC.

6.1 Conflict involving aeromedical tasking

In the event of competing demands in relation to tasking of an aircraft involving aeromedical tasking, either prior to or during a task, the relevant officers from the Tasking Agencies shall urgently negotiate the priority of the tasks based on the need to preserve life and ensure community safety and well being. The QCC Emergency Medical Dispatcher (EMD) shall ensure communication between the competing agencies and relevant officers occurs and provide advice on other available aircraft or alternative transport to assist the negotiations. It is at this level that resolution of tasking conflict should occur in order to minimise delay.

Where there remains a tasking conflict between Tasking Agencies despite initial negotiations, this should be escalated to the next hierarchical level of responsibility for further negotiation and resolution.

At this level, conflict resolution rests between the Senior RSQ Second-On-Call Medical Coordinator and the Senior Representative of the respective Tasking Agencies. Consultation is to be held by those affected Tasking Agencies to determine the priority of the task. This may include the Medical Director, QAS and the State Medical Director, RSQ.

Where a conflict still remains despite negotiations, the final level of conflict resolution rests between the State Medical Director, RSQ and/or the Medical Director QAS and an equivalent Senior Representative of the other tasking agency. A resolution to the conflict must be settled at this level.

If the competing demands relate to two or more clinically coordinated aeromedical tasks the RSQ Medical Coordinator shall decide the medical priority.

A risk management approach to managing tasking conflict is demonstrated in the following items that should be discussed between relevant officers from the tasking agencies:

- What is the nature of the incident/patient (respecting that some QPS tasks must remain classified information and patient confidentiality must be respected by QCC)?
- Is life at risk?

- How many lives may potentially be at risk?
- How likely it is that a given task will eliminate risk to these lives or achieve other high priority Tasking Agency objectives?
- How rapidly is response required?
- What alternatives exist that do not increase risk to lives?

As part of the negotiations, the Pilot shall assess all relevant operational issues including the weather conditions and the time of day and decide if it is safe to undertake the task.

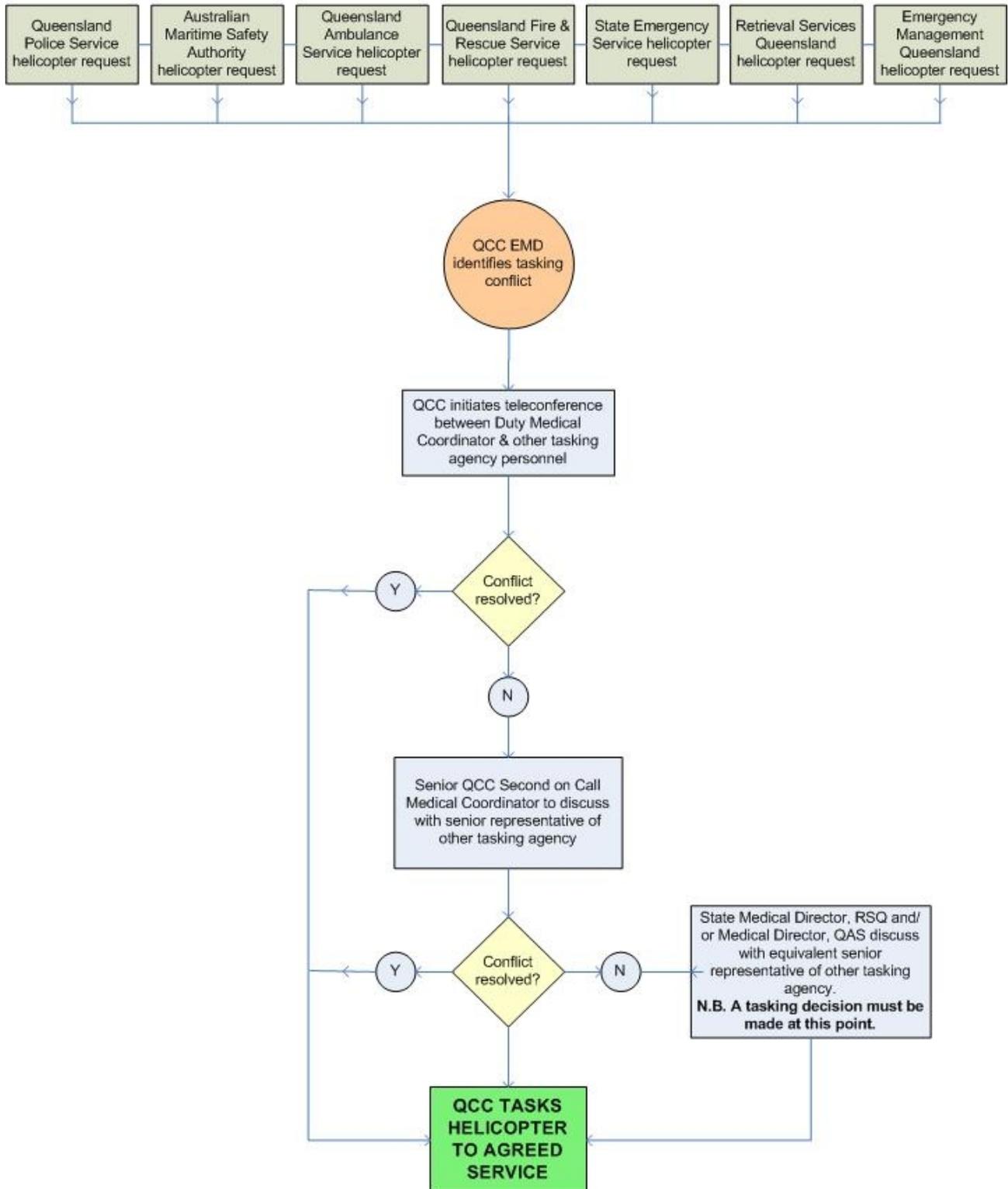
Following is a flowchart demonstrating the risk management for tasking conflict involving aeromedical tasking.

DRAFT NOT ENDORSED

6.2 Risk Management For Tasking Conflict Flowchart – where at least one task involves an aeromedical request

Helicopter tasking conflict resolution process

For tasks involving aeromedical requests



6.3 Conflict not involving aeromedical tasking

In the event of competing demands in relation to tasking of an aircraft not involving aeromedical tasking, either prior to or during a task, the relevant officers from the Tasking Agencies shall urgently negotiate the priority of the tasks based on the need to preserve life and ensure community safety and well being. The QCC shall ensure communication between the competing agencies and relevant officers occurs and provide advice on other available aircraft or alternative transport to assist the negotiations. It is at this level that resolution of tasking conflict should occur in order to minimise delay.

Where there remains a tasking conflict between Tasking Agencies despite initial negotiations, this should be escalated to the next hierarchical level of responsibility for further negotiation and resolution.

Where a conflict still remains despite negotiations, the final level of conflict resolution rests between a member of the Senior Executive from each of the respective tasking agency. Resolution to the conflict must be settled at this level.

7 ASSESSING AND INTEGRATING AVIATION AND CLINICAL RISK

Assessments of clinical and aviation risk should inform tasking decisions early in the tasking process. A standardised risk management process should be used to ensure the accurate and timely communication of aviation safety risks between relevant stakeholders.

Assessment of aviation risk may incorporate (but is not limited to) the following factors:

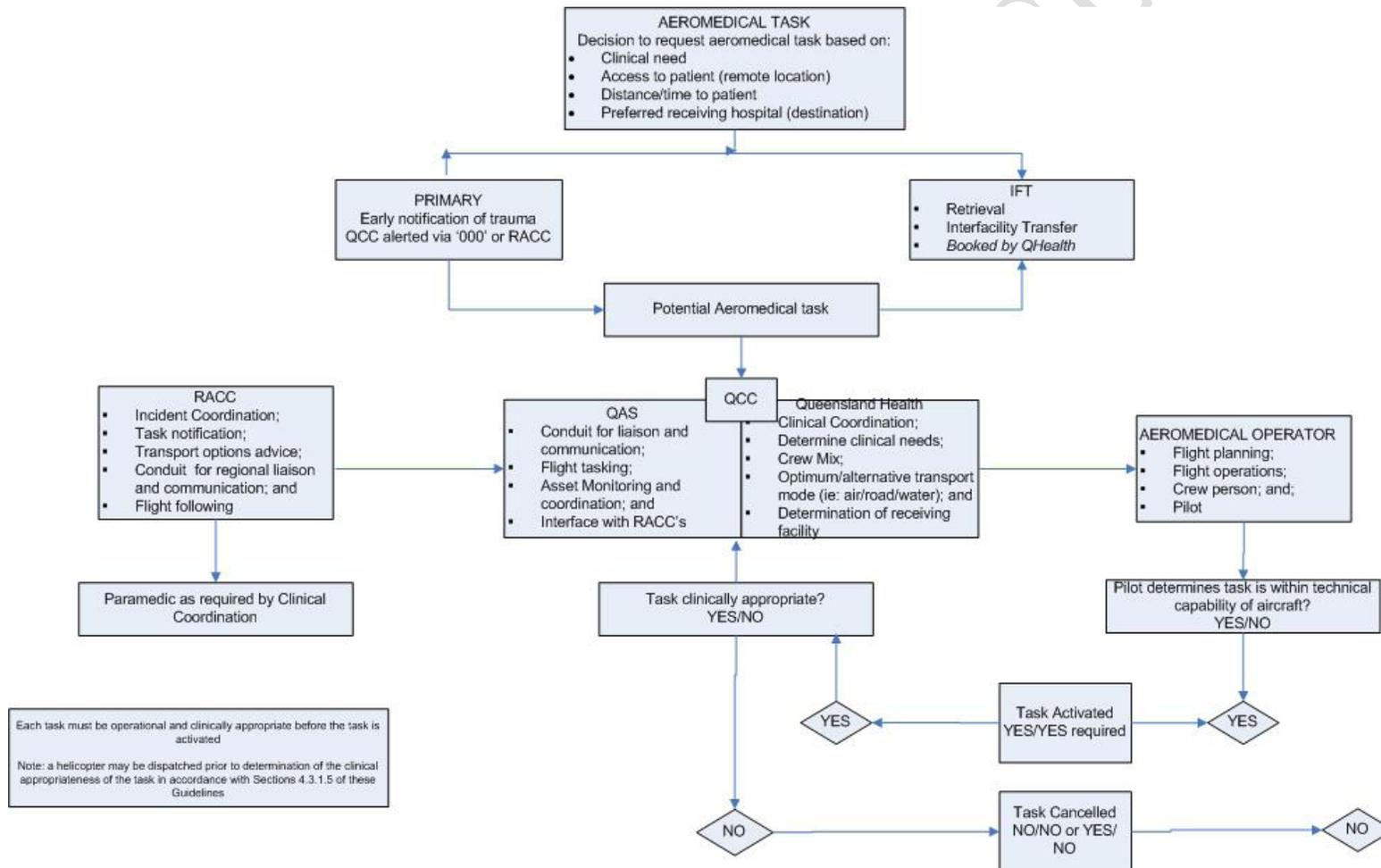
- Human, such as pilot fatigue, flying hours;
- Weather conditions;
- Operations, such as black hole approach, fuel critical leg;
- Facilities, such as poor lighting, air strip condition.

At all times the final decision to undertake a flight is the responsibility of the Pilot in command. The Pilot must be satisfied that the flight can be undertaken safely.

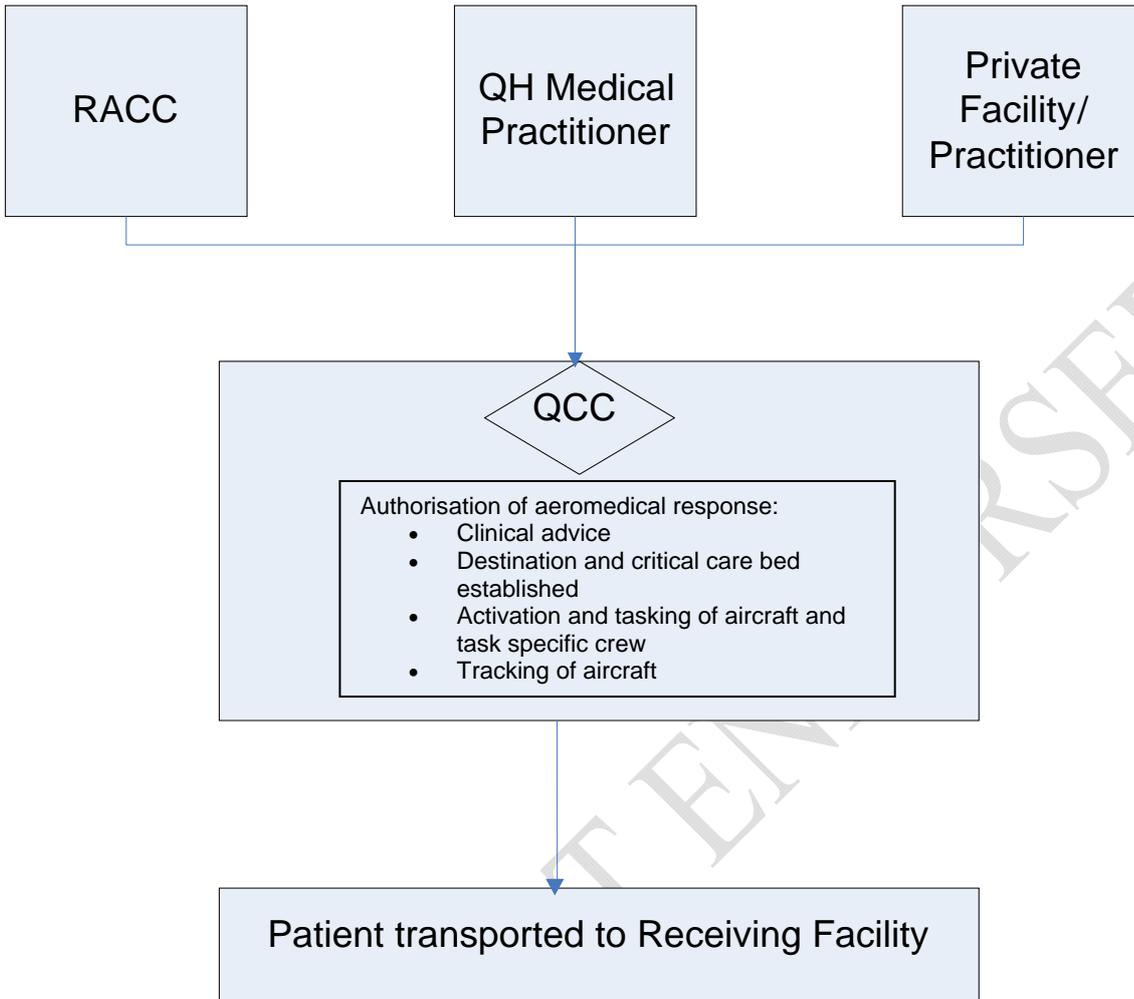
Aeromedical tasking includes an assessment of clinical risk which is recorded on the Clinical Coordination Form at QCC; aviation risk should also be captured on this form.

8 FLOW CHARTS

8.1 Aeromedical System Relationships

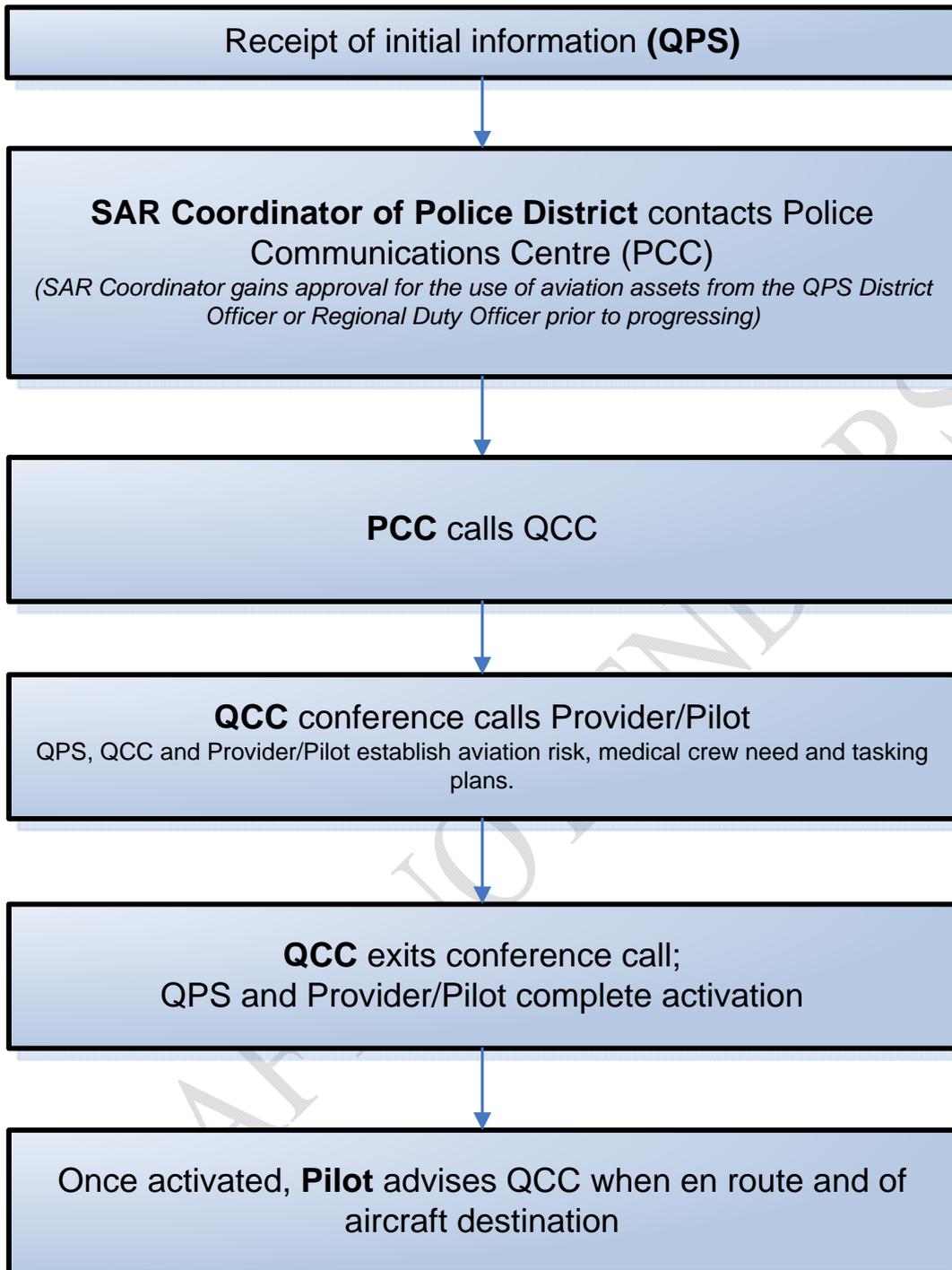


8.2 Aeromedical Interfacility Transfer (Public or Private)

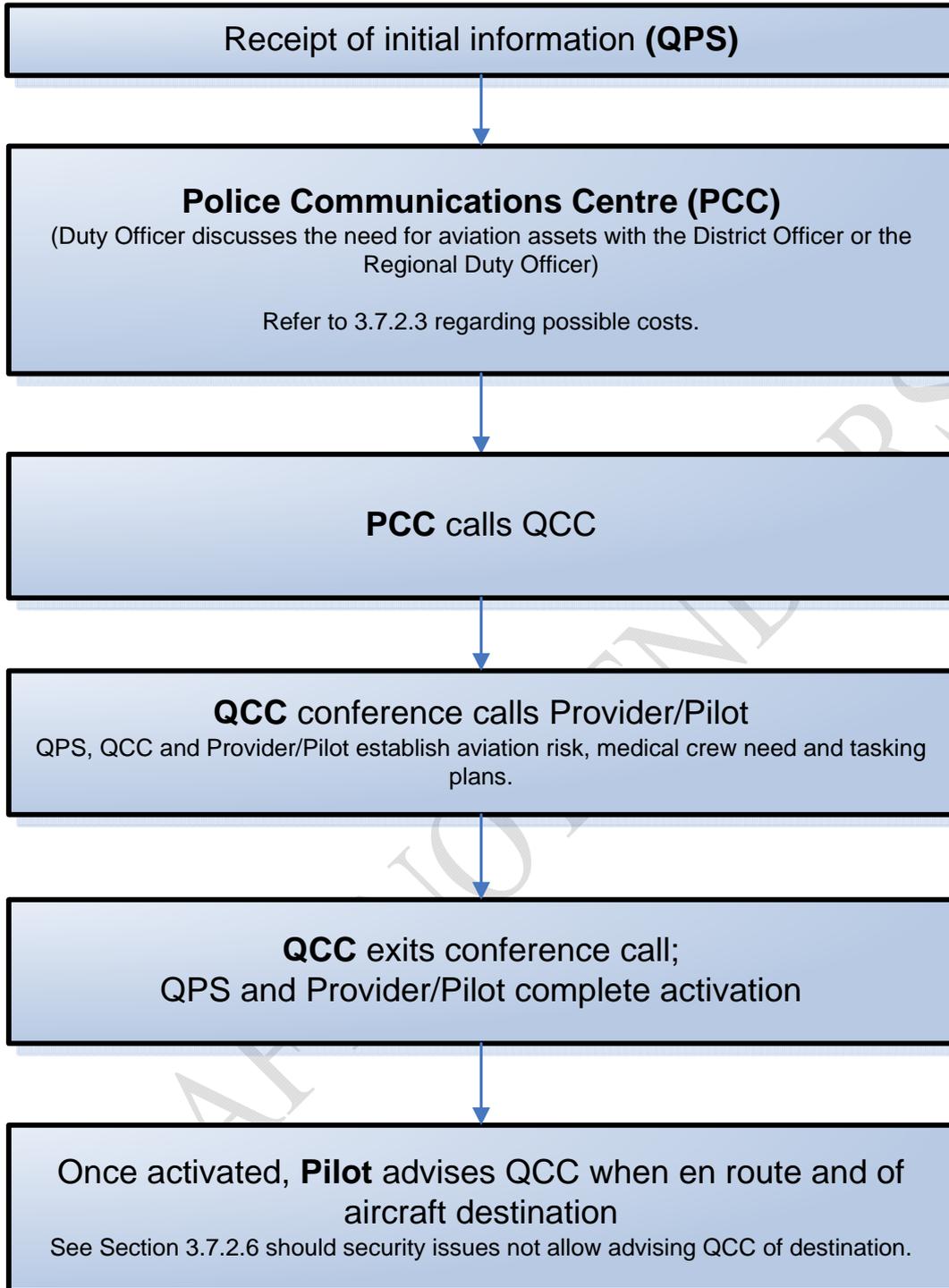


DRAFT NOT FOR RELEASE

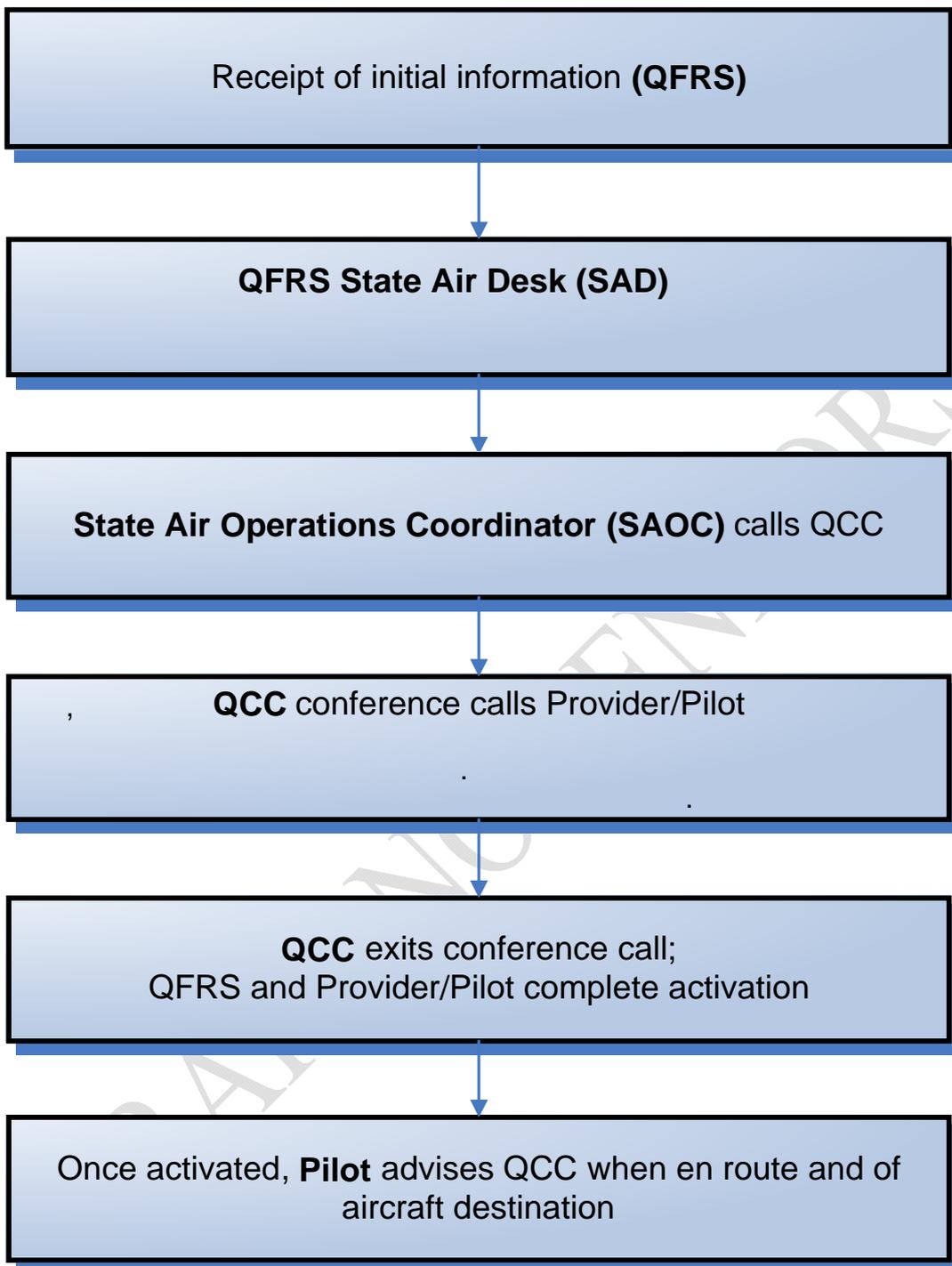
8.3 Search and Rescue (SAR) QPS

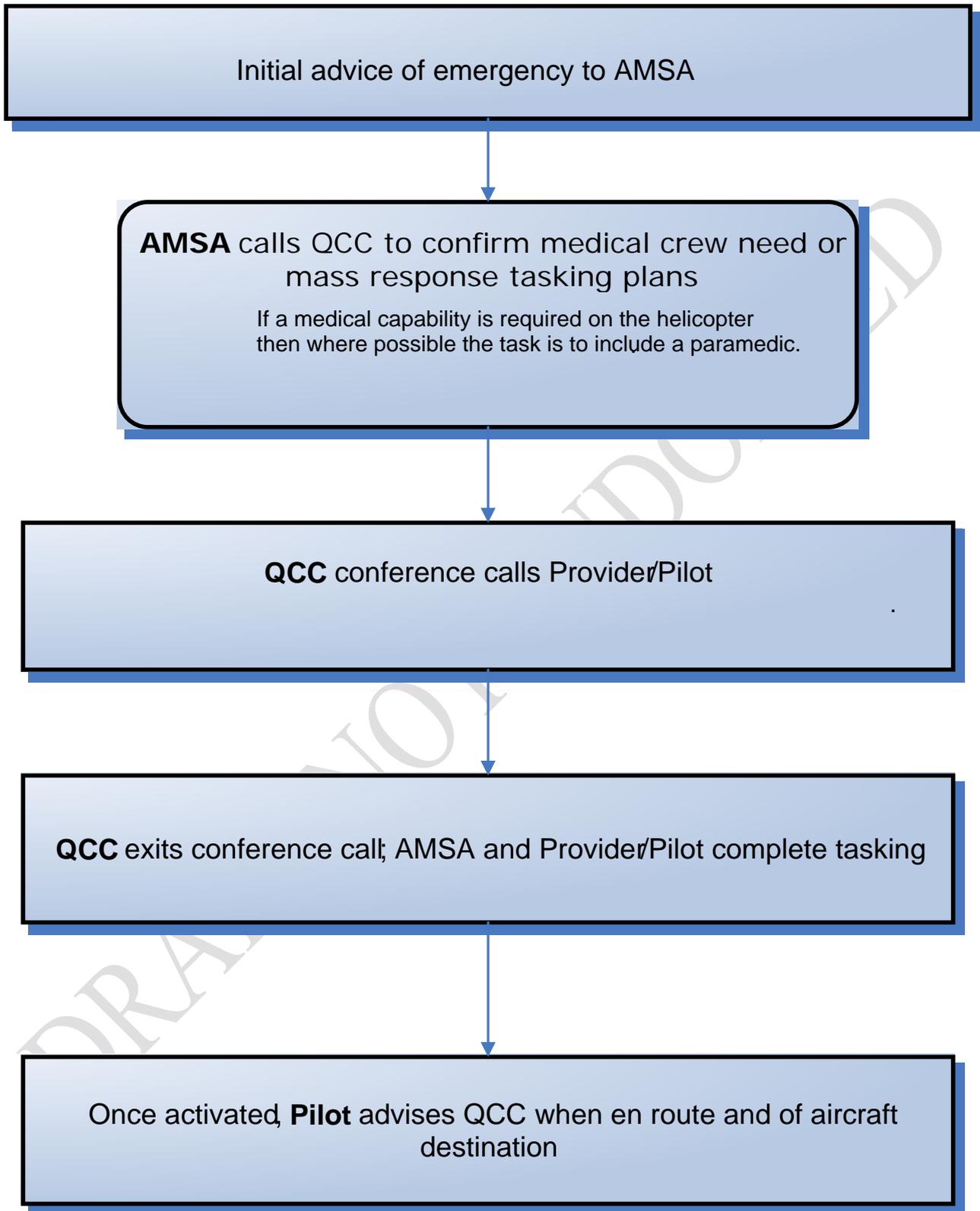


8.4 Urgent and Non-Urgent QPS Responsibilities



8.5 Urgent and Non-Urgent QFRS Responsibilities





8.7 AMSA MEDEVAC

