## Medical Evacuations PHC Remote Guideline

### Target Audience
All Clinical Employees

### Jurisdiction
Primary Health Care Remote CAHS; Primary Health Care Remote TEHS

### Jurisdiction Exclusions
N/A

### Document Owner
Kerrie Simpson
Atlas Development Officer Primary Health Care Remote CAHS

### Approval Authority
Chair
Primary Health Care Remote Executive

### Author
PHC Safety and Quality Team

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

### Purpose
To provide Primary Health Care remote staff with a guideline on the management of medical evacuations from remote health centres.

### Guideline

1. **General Information**

   There are occasions when clients may need evacuation to a regional hospital for ongoing management and specialist health services. Urgent evacuations are generally provided by an NT contracted service provider such as CareFlight or the Royal Flying Doctor Service (RFDS). For a few health centres located near a regional centre, an emergency evacuation may also be provided by the health centre ambulance. Also see [Emergency Transport of Clients](#).

   The Duty RMP is responsible for determining, and with Logistics Personnel, for arranging the transport of clients who require evacuation to a regional hospital. Guidelines for contacting the Duty RMP are provided in [Duty RMP Telephone Consultations](#) and comprehensive transport information is provided in [Emergency Transport of Clients](#) and [Emergency Vehicles](#).

   This document describes the logistical detail that health centre staff need to be aware of and attend to, when evacuating clients to a regional hospital. Clinical management must be in accordance with [Scheduled Substance Treatment Protocols](#) (SSTPs) and the directions of the authorising Medical Practitioner, so is not dealt with here.

   Related Atlas items include:

   - [Emergency Transport of Clients](#), which describes the considerations and requirements that apply in the event of needing to provide emergency transport of clients
   - [Emergency Vehicles](#), which provides information regarding legal requirements to allow a vehicle to be designated as an ‘emergency vehicle’, and the responsibilities imposed on drivers of these vehicles when used in emergency situations.
2. Definitions

Medical Evacuation: a process of moving clients who are injured or ill from a health centre or remote location to a regional hospital.

Retrieval: a process of transferring critically ill clients using a team which travels to the client location from a regional centre or destination hospital, returning with the client to a regional hospital.

Logistics Personnel:
- Aerial Medical Services (AMS) Coordinator: personnel employed by CA Remote Health (8am–4.21pm) to provide logistical support for retrieval of clients from remote locations in CA during working hours.
- RFDS Operation Control Centre (OCC): coordinates assets for retrieval of clients from remote locations in CA and provides afterhours logistical support.
- CareFlight Logistics and Coordination Unit: coordinates assets for retrieval of clients (24hours x 7days/week) from remote locations in the TE.

Scheduled Substance Treatment Protocol (SSTP): is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the Northern Territory Medicines, Poisons and Therapeutic Goods Act.

Emergency Department (ED) Consultant: a Fellow of the Australian College of Emergency Medicine working within an Emergency Department. In Central Australia (CA) when a Retrieval Medical Officer is tasked to assist with retrieval, the ASH ED Consultant assumes overall clinical charge of the client from the time of tasking until the client arrives in the Emergency Department.

CareFlight Medical Retrieval Consultant (MRC): a specialist Medical Practitioner employed by CareFlight to triage, prioritise and supervise the management of 'high acuity' clients. In the Top End (TE), the CareFlight MRC is the clinician in charge of all 'high acuity' clients from the time of tasking until handover to the receiving hospital.

3. Responsibilities

3.1 Health Centre Clinical Staff

- Manage the primary clinical care of the client in accordance with approved clinical protocols and in consultation with a Medical Practitioner
- Maintain a contemporaneous record in the client’s Electronic Health Record (EHR) / hard copy form where this has been required (eg Trauma Form, Medical Evacuation Form), documenting ongoing clinical care / management
- Be aware of medical evacuation procedures
- Ensure the client and/or family agrees to and prepares for the evacuation
- For eligible clients, coordinate escort arrangements. See Patient Travel – Escorts
- Provide airstrip and weather condition reports as appropriate
- Adhere to airstrip safety measures detailed in the Information Sheet - Procedure for Transfer of Clients to Retrieval Aircraft
- Request support from other health centre staff as required
- Ensure the Duty RMP, Logistics Personnel, retrieval team and/or flight crew are able to communicate with health centre staff as appropriate
- Ensure relevant documentation is provided to the retrieval team and receiving hospital
- Provide support for the client and retrieval team as appropriate until they have left the community
3.2 Primary Health Care Manager (PHCM)
As for Health Centre Clinical Staff, plus:
- Ensure all staff are aware of medical evacuation procedures
- Ensure staff adhere to Emergency Vehicle guidelines
- Ensure the health centre has adequate lines of communication to maintain contact with the Duty RMP and other relevant personnel. See Health Centre Phones & Faxes.
- Discuss local medical evacuation requirements with the community / relevant personnel
- Be aware of community arrangements for maintaining the airstrip and providing condition reports

3.3 Station / Shire / Community
- Ensure the airstrip is maintained

Each health centre should have completed a Community Airstrip Information Form providing local information.

3.4 Duty Rural Medical Practitioner (RMP)
- Maintain contemporaneous records in the client’s Electronic Health Record (EHR) documenting case management
- Undertake the retrieval tasking function and in the absence of Logistics Personnel logistical support for the evacuation
- Direct on-going management for the client until such time as the client is transferred into the care of another Medical Practitioner

3.5 Logistics Personnel - AMS Coordinator (CA) / CareFlight Logistics and Coordination Unit (TE) / RFDS Operation Control Centre (CA)
- Provide logistical support for the retrieval in consultation with the Duty RMP
- Provide on-going liaison with health centres as required in relation to retrievals
- Provide on-going liaison with the flight crew and/or retrieval team as required

3.6 Retrieval Team
- Provide emergency care for the client at the airstrip or health centre as appropriate
- Provide on-going management of the client following handover from health centre clinician

4. Procedure
The Duty RMP, in conjunction with Logistics Personnel, is responsible for arranging the transport of clients who require urgent evacuation to a regional hospital. Health centre staff are responsible for facilitating logistical arrangements in the community.

4.1 Community Orientation
Health centre staff should be orientated to remote Primary Health Care Branch and local procedures for evacuating a client. Branch information includes information within this document and related documents, such as:
- Duty RMP Telephone Consultations
- Emergency Vehicles
- Medical Evacuation Form
- Trauma Form

Any local procedures should be detailed and clearly available for staff to access.
4.2 Planning the Evacuation

4.2.1 Preparing the Client

Prior to initiating an evacuation it is important to ensure that the client and in some instances the family agree with the evacuation. The plan to evacuate a client is made in consultation with the Duty RMP, and the attending clinician must discuss this plan with the client and family and obtain their agreement.

Once the client has agreed to the evacuation, they should be advised to prepare for the evacuation and collect any personal effects such as clothes, toiletries or money that may be required while they are in hospital. In some instances other family members may perform this task for the client. Personal effects should be packed in a soft bag and the contents checked to ensure dangerous goods have not been packed for travelling in aircraft. Staff should always ensure they are aware of the location of the client if they leave the health centre to collect personal items.

To promote the comfort of the client and flight crew during the flight, health centre staff should attend to client hygiene issues, such as toileting prior to the flight, care of incontinence issues, or change of clothing for the client when the client’s condition allows.

There are instances when a client may require, and is eligible for, an escort to accompany them. When being evacuated by air, the name and weight of the escort will be required. For specific information on escorts see Patient Travel – Escorts. In circumstances when an 'unofficial' escort requests travels on retrieval aircraft, this is at the discretion of the pilot and flight nurse.

To enable the flight crew to estimate fuel consumption and therefore flight limitations the client's and/or escort's weight and weight of any luggage (maximum of 10kg in soft bag) must be provided to the Duty RMP during the consultation.

4.2.2 Clinical Care

The Duty RMP (in conjunction with a Community-based Medical Practitioner when involved) remains responsible for the clinical management of the client until the client is transferred to the regional hospital or until such time as the client is transferred to the care of another Medical Practitioner during the retrieval. The Duty RMP must confirm with the health centre the name of the Medical Practitioner providing ongoing clinical management.

Staff should be aware that after initial treatment and while waiting for evacuation a client’s condition may appear to have improved from when the decision to evacuate them was made. Staff should not be concerned they are evacuating clients unnecessarily. The decision to evacuate is based on clinical assessment at the time of the decision and appropriate clinical management should contribute to stabilising and/or improving the condition of the client.

4.2.3 Communication

When a decision is made to evacuate a client, it is important that the Duty RMP / CareFlight MRC / Alice Springs Hospital (ASH) ED Consultant / Logistics Personnel / retrieval team and/or flight crew can contact health centre staff. Communication with the flight crew may include information on the condition of the airstrip and local weather. For medical staff this may be in relation to ongoing management of the client with the frequency of communication determined by the condition of the client and care provided.

During a Code 1 Medical Evacuation, there is to be frequent two-way communication between the Duty RMP / CareFlight MRC / ASH ED Consultant / Retrieval Medical Officer / other Hospital Medical Practitioner and health centre staff. This communication must occur at a minimum at least once every 45 minutes and in these situations basic observations must at a minimum be taken at least every 30 minutes unless otherwise ordered by the Duty RMP / Medical Practitioner providing ongoing clinical management.

Health centre staff will be provided with an Expected Time of Arrival (ETA) by relevant personnel including Logistics Personnel, Duty RMP or flight nurse subject to the time of day for the evacuation.
Communication will be maintained via the health centre telephone while the client is in the health centre or health centre vehicle satellite phone or radio during the transfer and waiting period at the airstrip.

4.3 Arrival of the Retrieval Team

Depending on the clinical condition of the client and care required during the retrieval the flight nurse may be accompanied by a Retrieval Medical Officer or other relevant specialist, for example paediatrician or obstetrician.

Health centre staff should be aware that the Medical Practitioner may decide to assess and stabilise critical clients at the health centre before the client is transported to the airstrip. This should be confirmed before staff travel to the airstrip and arrangements should be made to transport the Retrieval Team to the health centre. The vehicle transporting the Retrieval Team to the health centre should have sufficient seat belts for each person travelling in the vehicle and equipment must be secured. See Safety Restraints in Vehicles. RFDS also provide Guidelines which outline the expectations of RFDS when utilising non-RFDS vehicles. Remote Health staff in CA should be aware of and utilise these guidelines for transporting RFDS personnel.

For the comfort of those on board the aircraft health centre staff should time their arrival to be at the airstrip 5 minutes before the ETA as the aircraft may become very hot and unpleasant when stationary for a period of time. Similarly ongoing clinical care is provided more easily in a health centre and the client potentially more comfortable than waiting for an extended period in a health centre ambulance for the aircraft to arrive.

4.4 Evacuation by Air

Each health centre should have information specific for that community. The Community Airstrip Information Form provides a template for health centre staff to assist in recording and maintaining relevant airstrip information. Information should include clearly articulated agreed community responsibilities, for example lighting the airstrip for night evacuations. The PHCM or delegate should complete and update this form in consultation with relevant personnel as required, and place it in a prominent position for staff to access.

4.4.1 Checking the Airstrip

The decision to make a day or night evacuation is not taken lightly and it is important for staff to know safe and proper procedures. In preparing for an evacuation, health centre staff should ensure the airstrip is checked according to the identified community procedure for this. This generally involves:

- driving a vehicle the length of the runway checking the condition of the airstrip surface
- the presence of animals or debris on the airstrip
- preparing and/or lighting the airstrip lights for night evacuations.

See the local Community Airstrip Information form for how this service is provided in the community.

In circumstances where health centre staff may need to provide this service, see CRANAplus Clinical Procedures Manual for Remote and Rural Practice for details. The RFDS Airstrip Protocol provides specific detail for CA.

4.4.2 Airstrip Safety

When a client is being evacuated by air it is important for health centre staff and members of the community to adhere to airstrip safety measures. The issues to consider and safety measures required are detailed in the Information Sheet - Procedure for Transfer of Clients to Retrieval Aircraft. This

---

1 For Code 1 Retrievals, health centre staff should assume the Retrieval team will attend the client in the health centre unless otherwise stated.

2 Subject to local airstrip procedures, health centre staff may need to arrive earlier to undertake an airstrip check.
information should be placed on the wall of the emergency room so that health centre staff can become familiar with it.

Once the aircraft is loaded, health centre staff must remain at the airstrip with communication (satellite telephone or radio) operational until the aircraft has taken off safely, in case of problems with the aircraft or client.

When checking the airstrip and during aircraft landing or takeoff, if health centre staff identify potential concerns for the safety of the aircraft or ground personnel, they should assess the situation, and subject to the nature of the threat ask for relevant local assistance and/or contact the flight crew alerting them to the potential threat. If the flight crew cannot be contacted and need to be made aware that the aircraft should not land, staff should park the health vehicle in the middle of the airstrip with lights on and flashing to show the pilot that the airstrip should not be used.

4.5 Evacuation by Road

Some communities do not have access to a night airstrip. When a night evacuation is required health centre staff may transport clients in the health centre ambulance to a neighbouring community with a night airstrip. Health centre staff need to be aware of airstrip procedures for the neighbouring community and specific information for night evacuations should be included on the Community Airstrip Information Form.

There are also occasions where staff may be requested to transport the client either to a half-way meet with St John Ambulance or directly to the regional hospital. This may only occur when clinically acceptable and the health centre is in reasonable proximity to the regional hospital, such as Ntaria, Titjikala and some communities along the Stuart Highway.

For evacuations by road, staff must adhere to the guidelines provided in Emergency Vehicles, Ambulance Clinical Equipment and Staff Travel – Safety Considerations.

4.6 Documentation

4.6.1 Electronic Health Record (EHR)

Health centre clinical staff and the Duty RMP must maintain contemporaneous records in the client's EHR whenever possible, documenting a client's medical case and ongoing clinical management, including:

- the details and time of each contact between the Duty RMP / Retrieval Medical Officer / other Medical Practitioner and the Remote Area Nurse / Aboriginal and Torres Strait Islander Health Practitioner
- a record of all treatment ordered / received by the client
- a record of the reason for a variation from the recommended treatment in the CARPA STM where variation is necessary. This must be documented by the Duty RMP / other Medical Practitioner providing ongoing clinical management as well as health centre clinical staff in their respective notes.
- full documentation in client's EHR that client decisions to refuse treatment / evacuation were made against medical advice

4.6.2 Medical Evacuation Form

A standardised Medical Evacuation Form is endorsed for use by all DoH remote Primary Health Care Centres. This form is available via the PCIS / EACS health record and health centre staff are required to use this form to provide relevant client information for the retrieval team and receiving hospital. To improve accountability, there is dedicated space at the end of the form to record the handover of care from the health centre clinician to a retrieval clinician such as the Flight Nurse or Medical Practitioner.

Following receipt of signatures recording clinical handover to the retrieval team, or when the situation demands the use of a hard copy form, the completed form must be scanned and imported into the client record to ensure that there is a permanent, accessible record of the original information. See Electronic
Health Records – Overview and Electronic Health Records – Managing Outages for the details of scanning requirements.

The Medical Evacuation Form also provides a pre-evacuation checklist prompting issues to be considered prior to arranging evacuation. The checklist includes information related to:

- client consent to the evacuation
- escort requirements
- hydration and medication management
- additional documentation which may be required to be sent with the client.

It is mandatory to attach the client’s Medication script, PCIS / EACS Summary or Medical Summary Form and immunisation record to the Medical Evacuation Form to be given to the retrieval team / receiving hospital. Other relevant documents may be important to attach, such as antenatal record, ECG recording or pathology results.

4.6.2 Remote Health Trauma Form

For some emergency clinical scenarios the use of a Trauma Form is warranted. This form may be used for events both within and away from the health centre. This documentation may be used in place of the Medical Evacuation Form. Health centre staff should ensure related documentation as detailed above is attached to the Trauma Form.

Although the Trauma Form is available as a template in PCIS / EACS (in development), the nature of trauma scenarios may warrant the use of a hard copy trauma forms in the first instance. When this occurs, the completed form must be scanned and imported into the client record. See Electronic Health Records – Overview and Electronic Health Records – Managing Outages for the details of scanning requirements.

4.7 Evacuation of Clients who may become Violent or non-cooperative (also see CARPA STM)

Issues to consider when clients are or may be violent or uncooperative:

- risk assessment to determine if the client can remain in the community and receive treatment at the health centre
- risk assessment to determine if the client can be transported safely without restraint
- assessment to determine if the Mental Health and Related Services Act ought to be used; if so completion of Form 09 Entry to Mental Health Services (scroll down to forms), Part A by the appropriately authorised clinician (either Medical Practitioner, Authorised Psychiatric Practitioner (APP) or Designated Mental Health Practitioner (DMHP)) is required. Refer to the Remote Clinicians Guide to the Mental Health and Related Services Act for legislative and procedural guidelines for staff working in regional and remote locations of the NT.
- if consent is not possible only proceed with the medical evacuation if the client is at risk of serious harm or death. See Mental Health and Related Services Act.
- if a family is refusing to have an unwell child transferred to a regional hospital, consider the need to liaise with NT Territory Families

Sedation and restraint may be necessary in order to transport a client who may become violent. This may be for a variety of reasons including head injury, substance abuse or mental illness. Health centre staff should explain the need for sedation and restraint to the client and family. When indicated, sedation should be administered in the health centre prior to the evacuation. Clients who continue to behave uncooperatively should remain in the health centre until their condition becomes stable and are they are able to travel.

In some circumstances such as when weapons are involved and assistance is required to physically restrain a client to allow staff to administer sedation for safe transfer, the police may be asked to assist health centre staff manage the client and situation.
4.7.1 Transport by Air

A violent or uncooperative client should never be taken to the airstrip until they are in a stable condition. It is preferable that medical evacuations for these clients should occur during daylight hours.

In addition to sedation, the client will require a minimum of two IV lines in situ. Following transfer to the aircraft stretcher, the client will be restrained with a restraining blanket / client restraints provided by the flight crew before loading the stretcher onto the aircraft.

Where the client cannot be adequately sedated or restrained, the pilot will not accept the client onto the aircraft.

If an unrestrained client becomes uncooperative, violent or places others at risk while on the aircraft, then they may be restrained on orders from the pilot provided under Civil Aviation Regulations (Volume 3 (parts 7-20): 309 - Powers of Pilot in Command pp 212).

4.7.2 Transport by Road

In addition to the use of sedation, an escort(s) physically capable of restraining the client if necessary must be available to travel with the client as an escort(s). This may include persons in positions of authority, e.g., male family members, or in some circumstances the police.

There may be occasions where it is appropriate that the police are asked to provide the transport and escort for a client to the nearest hospital. When this is necessary, the Duty RMP should contact the police requesting this assistance.

### Implementation, Review & Evaluation Responsibilities

<table>
<thead>
<tr>
<th>Method</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td>Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas</td>
</tr>
<tr>
<td><strong>Review</strong></td>
<td>Document is to be reviewed within 3 years, or as changes in practice occur</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Evaluation will be ongoing and informal, based on feedback.</td>
</tr>
</tbody>
</table>

### Key Associated Documents

#### Forms

- Community Airstrip Information Form
- Medical Evacuation Form, available via EHR
- Remote Health Trauma Form, available via EHR
- Form 09 - Entry to Mental Health Services (scroll down to forms)

#### Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents

- Ambulance Clinical Equipment
- Duty RMP Telephone Consultations
- Emergency Transport of Clients
- Emergency Vehicles
- Patient Travel – Escorts
- Safety Restraints in Vehicles
Staff Travel - Safety Considerations

Information Sheets:
- Procedure for Transfer of Clients to Retrieval Aircraft
- RFDS - Aircraft Protocols
- RFDS - Safe Transport Guidelines

Remote Primary Health Care Manuals
- Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual
- CRANAplus Clinical Procedures Manual for Remote and Rural Practice

CareFlight website
Royal Flying Doctor Service website
Primary Care Information System (intranet)
Mental Health and Related Services Act
Mental Health and Related Services Act Resources (intranet)
- Remote Clinicians Guide to the Mental Health and Related Services Act
- Approved Procedures to the Mental Health and Related Services Act
  (scroll down to Approved Procedures)

Civil Aviation Act
Civil Aviation Safety Regulations (CASR) Part 92 – Consignment and Carriage of Dangerous Goods by Air

References
As above

### Evidence Table

<table>
<thead>
<tr>
<th>Reference</th>
<th>Method</th>
<th>Evidence level (I-V)</th>
<th>Summary of recommendation from this reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>