

Outback Ambulance

VOL 11 No. 1

Dry Season, 1998



***Official Journal of
St John Ambulance Australia
Northern Territory***

FOR WOMEN OF ALL AGES ... HAVE YOU HAD A PAP SMEAR RECENTLY??

NT Cervical Screening Program is a program aimed at encouraging women to have Pap smears every two years. Pap smears can detect the early warning signs that cancer of the cervix may develop.

You need to have a Pap smear if:

- You are a woman
- You have ever had sex
- It is more than 2 years since your last Pap smear

If you are not sure about whether you need to have a Pap smear talk to your local doctor.



To have a Pap smear contact:

- Your local general practitioner
- Aboriginal medical services
- Family Planning NT
- Some community care centres
- Remote community health centres
- Clinic 34



The NT Pap Smear Register is a new service set up by NT Cervical Screening Program for women who wish to be notified if their Pap smear is overdue. Women can join the Register when they have their next Pap smear. Once on the Register, women will receive a letter reminding them to have a Pap smear if they become overdue.

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NT BREAST SCREEN ***Women over 50***



10 GOOD REASONS WHY YOU SHOULD CALL US

- 1 One in 14 Australian women will develop breast cancer during their lifetime.
- 2 Over 2,600 women in Australia died of breast cancer last year.
- 3 This screening program aims to reduce deaths from breast cancer by at least one-third.
- 4 The earlier breast cancer is found, the better the chance **it can be cured**, even without such treatments as chemotherapy or mastectomy (removal of the breast).
- 5 The breast screening program is for all well women over 40, but **especially for women over 50 years**.
- 6 The service is very private and **you will have your screening mammogram taken by a woman**.
- 7 Mammograms (breast X-rays) at the NT Breast Screen Clinic are **FREE**.
- 8 The appointment takes about 20 minutes.
- 9 NT Breast Screen is a multicultural focused organisation. We can provide an interpreter free of charge for your appointment.
- 10 We keep appointments free every day for women from remote/rural areas who are visiting Darwin and Alice Springs.

NT Breast Screen has a full-time screening service in Darwin and a part-time service in Alice Springs. The unit will also be visiting regional centres during the year.

Call us NOW for further information or an appointment on

13 20 50



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St John Ambulance Australia
Northern Territory Inc.
50 Dripstone Road
Casuarina NT 0810

PO Box 40221, Casuarina NT 0811
Telephone: (08) 8922 6200
Facsimile: (08) 8922 6266

Produced by:

St John Ambulance Australia
Northern Territory
50 Dripstone Road
Casuarina NT 0810



Publishing and Advertising Enquiries
Percival Publishing Co Pty Ltd
2nd Floor, 97 Currie Street
Adelaide SA 5000
Telephone: (08) 8231 6225

Centres

Darwin

50 Dripstone Road, Casuarina NT
Telephone: (08) 8922 6200

Katherine

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Telephone: (08) 8972 1100

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cover: Jimmy Barnes Concert. L to R: Tessa Cubillo, Wayne McKenna, Craig Humfrey, Sharon Swan, Stuart Anderson, Jimmy Barnes, Simon Spillett, Karen Joyner

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- services for the aged; and
- services for people with a disability,



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General Manager's Report

Although the floodwaters have receded and Katherine and Douglas/Daly residents are still trying to find normality and sanity after the madness and destruction caused by the floods, our hearts are still with everyone affected by the disaster. So much has been written and said about the tremendous spirit shown by residents and those who went to assist, that all that is left is to say a heartfelt ... Thank You.

This edition of *Outback Ambulance* should hit the streets about the time of the 1998 Investiture/Graduation ceremony – and we will have a full story and pictures for the next edition. But, albeit prematurely, our thanks again go to His Honour the Administrator and Deputy Prior, Dr Neil Conn and Patron Mrs Lesley Conn, for hosting this special event. This year we will also be paying tribute to Katherine relief workers. And, of course, my sincere congratulations to all Investiture and Graduation recipients.

A warm welcome to our new student intake for 1998, particularly the seven new Clinical Studies 1 employees – Ann-Maree Muscat, Tania Bryant, Sue Eastcott, Daniel Mahar, Craig Stevens and Stephen Thompson – who were joined in CS1 by Graham Watson from Mandorah. Best wishes to all who enter the AOTC this year. Of particular note for the AOTC this year, will be the conduct of both a Paramedic Course and also a Paramedic Workshop.

Enterprise bargaining discussions are to the fore at present and I again urge all involved to accept the environment in which these discussions are held and the outcomes both parties seek. It is always an interesting time.

For any employee/member who is keen to access Internet sites and/or have e-mail delivered to St John (no, not personal mail), we have two e-mail addresses – one for Training Branch – sjaant@ozemail.com.au and a general address – sjaant@taunet.net.au.

I would like to extend personal

congratulations to Ross and Leanne Coburn on the safe arrival of Nicholas and to Jenny and Kevin Slater on the birth of their first child – Megan. And congratulations also to Samuel's proud new grandparents Richard and Gael Morris.

Staff would be aware by now of the commencement of a 12 month Business/Strategic planning process, which has commenced with Council going through a structured process to develop mission statements, objectives etc. These will then be referred to an Internal Reference Group, with representation from all categories and locations in which St John has a presence. This is an extremely important development for St John in the NT and during this process, everyone will have a chance for input into the final document.

Katherine and Tennant Creek were host to visiting dignitaries this month. On 6 March, His Excellency Sir William Deane, Governor-General of Australia, together with Lady Deane, His Honour The Administrator, Dr Conn and Mrs Conn visited Katherine, a visit I can assure readers was received with great warmth and pleasure. It left a lasting impression.

In February, Councillor Bern Kilgariff hosted an evening BBQ and presentation of new staff and management in Tennant Creek. It was a pleasure to host local people and to introduce them to Regional Manager Steve Peers, Deputy Craig Garraway and local OIC, paramedic Brad Gough, who has 'returned to the fold'. My thanks to Tennant Creek residents for their support.

Negotiations should, by the time we go to print, have been successfully

concluded (*I sincerely hope so*) to enable Palmerston Operations and Training Branches to operate in much more spacious and appropriate accommodation in Palmerston. Leading Corporate Citizen – Territory Insurance Office – had space available and St John had approached TIO to reach agreement on securing it.

Finally, although I have already touched upon it, I am sure all staff join me in congratulating the successful appointees, following the operational re-structure. The new structure does a number of things, but primarily should open up channels of communication within the operational area.

See you next edition.

Collingwood for the flag! Despite a less than impressive start.

David Baker
General Manager

Belinda Petersen
checking the
4WD



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FOR THOSE
WHO MATTER
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The Rev. John Flynn had a vision of care for aged people in the Northern Territory. Today the same spirit continues in Frontier Services' Nursing Homes in Alice Springs (Old Timers and Flynn Lodge), Tennant Creek (Pulkapulkka Kari), Katherine (Rocky Ridge) and Darwin (Chan Park).

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The homes provide social activities and opportunities for interaction. It's all part of our approach to aged care.

Frontier Services has had an enduring commitment to the people of the outback. It is now the biggest provider of residential aged care in the Territory. Our nursing homes will never replace the family home but for many aged people they are the closest thing to it.

Approval for respite and/or permanent admission to the nursing homes is given by the regional Adult Assessment Team.

Call one of our Directors of Nursing today for further information.

- **Mary Miles – Alice Springs (08) 8952 2844**
- **Marg Hood – Tennant Creek (08) 8962 1222**
- **Caroline Phillips – Katherine (08) 8972 3399**
- **Ruth Hulls – Flynn Lodge (08) 8952 1963**
- **Jo Goodear – Darwin (08) 8932 1005**



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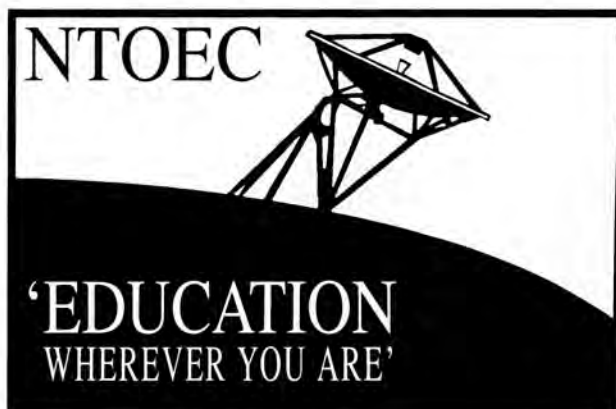
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Business Manager's Report

1998 is well and truly upon us and the completion of another financial year is but a couple of months away.

It has been an interesting year, where St John NT has performed at never before seen levels and at a particularly high standard throughout the Katherine flood disaster. The support from staff and volunteers from outside the Katherine Region for our members and the community of Katherine has been remarkable and all concerned should be congratulated. The Centre in Katherine did go under water but not to the extent of other houses and business premises in town, and thanks to some good insurance cover (TIO) we were able to replace all damaged equipment.

With a growing and aging population we are finding that the physical and financial demands placed on all the arms of St John (NT) is increasing at a greater level than ever anticipated. This, combined with the support required for the Katherine residents, has resulted in St John not being able to resolve our three (3) year contractual agreement with THS. In the interim we have continued

providing the agreed Service with the same level of funding as the previous year. With the finances becoming tighter it is very pleasing to see our Sales Departments producing record months for both February and March. In Darwin Phil Hibble has taken over from the retiring Gordon Bowman and has added a stronger Occupational Health and Safety focus to the position. Noel Talbot has been appointed as a full time sales person for the Southern Region and his presence out and about in the whole Region has been very beneficial to the Organisation.

We have seen a great interest in our provision of Paramedical Services to the mining and offshore exploration sectors to the extent that we now provide contracted personnel to three (3) mine sites and on three (3) vessels. This is a new venture for St John (NT) which, combined with the add-on sales that we provide to these sites, is becoming a bonus for us financially.

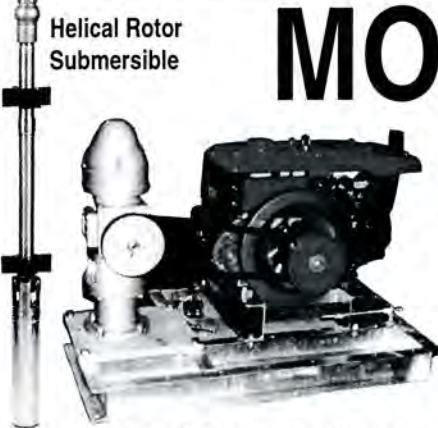
Just recently we have seen the

arrival of six new imported twin berth Ambulance vehicles (four GMC and two Ford F250) which has resulted in the vehicle replacement program moving in a positive direction. We now have some eleven (11) twin berth vehicles on the road less than two (2) years old. This should see a great reduction in fleet maintenance costs.

After seventeen (17) years with St John on a full time basis Leonie Harvey in the Administration area has decided to change her employment to part time so as to pursue other work and social interests. We wish her all the best. Leonie will certainly be required with the audit process coming up and we are endeavoring to have the audit completed early so that there is no rush to have everything ready for the AGM in November.

I would like to take this opportunity to publicly thank all my staff for the great efforts they have put in over the last year.


Ross Coburn
Business Manager



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CO-ORDINATING COMMITTEE INC.

Otitis Media and Conductive Hearing Loss

The NT Aboriginal Hearing Programme is a joint NT Education Department and Territory Health Services Initiative that provides appropriate intervention and support to reduce the long-term effects of Otitis Media.

* Otitis Media is a middle ear infection that can cause a hearing loss.

* The infection often starts early in life, eg in babies.

* The hearing loss affects language and learning at home and in school.

** FOR FURTHER INFORMATION CONTACT YOUR NEAREST ABORIGINAL HEARING PROGRAMME
CO-ORDINATING COMMITTEE MEMBER OR EDUCATION OFFICER:

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Galiwin'ku Wukutjpa Gurruwiwi
Bulla Camp Jack Little
Ampilatwatja Karen Foster
Tennant Creek Cliff Plummer
Alice Springs Patrick AhKit

EDUCATION OFFICERS

Darwin	Craig McDonald	Tel: (08) 8999 8786	Fax: (08) 8999 8785
East Arnhem	Nigel Vernon	Tel: (08) 8987 2955	Fax: (08) 8987 2790
Katherine	Naomi Merry	Tel: (08) 8973 8914	Fax: (08) 8972 2325
Alice Springs	Tim Webb	Tel: (08) 8951 7078	Fax: (08) 8951 7059

Pommie Paramedic

Quite a few people have asked me what life is like within the London Ambulance Service (LAS) so I thought an article giving a brief outline would be a good idea.

After spending 12 years as a Ambulance officer/Paramedic in London, I decided it was time for a change, and after a holiday in Australia, it seemed the perfect place to come for a new challenge. I wrote to various ambulance services throughout Australia but St John NT were the most welcoming. Following another visit to Australia, a few more letters, confirmation of my qualifications, and a long journey through the Australian immigration system, I arrived in October '97 and started work with St John NT on the 8th December. I was posted to Palmerston Ambulance station and crewed and guided through my first few weeks by Carmen Waqanaceva (thanks Carmen). The variety of work here is similar to London but distances are much more vast.

OUTLINE

The London Ambulance Service is one of the largest ambulance services in the world. On average, 1.6 million patients are taken to hospital each year by London Ambulance service crews.

There are 70 ambulance stations providing cover to 7.5 million people living, working or visiting the 620 square miles of Greater London at any time. To ensure the provision of ambulances over such a large area, the service has been divided into four operational divisions and each is managed by a divisional director and divisional management team.

The accident and emergency service responds to around 2000 calls per day while the patient transport service deals with an average of 4000 non urgent patient journeys each day.

To provide this level of service the LAS employs approximately 4000 staff:

- 1500 Qualified ambulance technicians;
- 750 Paramedics;
- 400 control staff;
- 450 patient transport care assistants;



Central Ambulance Control, Waterloo, London

- 600 support staff;
- 500 support staff, including fleet support administration and management.

The fleet consists of over 800 vehicles which includes 400 accident and emergency ambulances, 400 patient transport vehicles, 15 motorcycles and one helicopter.

In 1995, the LAS responded to over 57,000 emergency calls per month and during busy periods can take up to 100 calls per hour. Demand for emergency service ambulances has increased by 16 per cent over the past year and shows no sign of decreasing.

RECRUITMENT AND TRAINING

The LAS trains its operational staff at one of four training centres within London. To qualify for a place on a training course, candidates must be over 21, be physically fit, pass an examination to ensure they are academically capable of completing the course, and be successful at an inter-

view to assess personal suitability for the job. Also candidates need to have held a full clean British driving licence for at least one year.

Students attend a three week foundation course besides being continually assessed throughout their training. Candidates must pass written and practical assessment before continuing with a three week advanced driving course and followed by a nine week intensive ambulance technicians course.

On successful completion of the course, candidates are assigned a station where they undertake accident and emergency duties for a minimum of four weeks under the guidance of a work based training supervisor. If they are judged competent at the end of this period, they can practise unsupervised but are on probation for a year, during which they may only work with another fully qualified ambulance technician, and are assessed twice by their station officer. At the end of their first year, a train-

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ing manager will accompany the trainee for a period of time to formally assess them on resuscitation and defibrillation skills and set a written examination paper. If successful trainees then become fully qualified ambulance technicians.



PARAMEDICS

Paramedics are trained at a specialist training school. The £250,000 purpose built centre provides probably the best facilities in the UK dedicated to paramedic training, with an allocated 240 in-house training places a year. The paramedic training course is extremely demanding. To ensure students are likely to complete a course, a rigid selection procedure is enforced. Candidates must have:

- undertaken accident and emergency duties for a minimum of two years;
- be recommended by their station and operations manager;
- pass written and practical exams on patient assessment and resuscitation before being interviewed for a place.

The course lasts ten weeks with the first six being spent in the classroom. Students study anatomy and physiology, pharmacology, and advanced patient assessment. They must then pass a written and practical assessments before moving on to spend four working weeks in a hospital operating theatre. There they must insert 25 intravenous cannulas and intubate 25 patients to complete the course. As part of their ongoing training programme, students also spend time in a coronary care unit, intensive care and accident and emergency departments.

Once a student has completed the course they are monitored for six months before they are assessed for competence. Once qualified, paramedics are expected to attend an annual refresher course and must re-qualify every three years.

All ambulance training standards are exactly the same UK-wide, so all services are trained to the exact same level. The standard is governed by the National Health Service Training Directorate.

The skills practised and drugs administered are very similar to that of Ambulance Paramedics in the NT.

CONTROL

The accident and emergency service is controlled from a single control centre at LAS headquarters in London Waterloo. Some 2500 calls are received every day, which is equal to almost one million a year.

Emergency calls are answered by a control assistant who types details of the emergency onto a screen. The information is then relayed by computer to an allocator, who is responsible for up to 30 ambulances in one of seven areas in London. They will identify the nearest ambulance to a call. Details of the call are then passed to the ambulance by the radio operator.

A gazetteer which identifies the location of a call with a map reference is used to save time. The introduction of a computer aided despatch system is being phased in at the moment to fully computerise the control room.

Central Ambulance Control (CAC) is staffed by five teams working on a rota basis. Each team, or "watch", is led by a control commander who is responsible for the smooth running of the control room. The commanders are assisted by a call taker controller and two control superintendents who act as a link between the commander and seven sectors.

As well as the sector desks, CAC has a special incident desk. Copies of all emergency tickets are passed to this desk which is staffed by a paramedic and a control assistant. They assess whether an emergency may require more assistance than just an ambulance. The special incident desk controls motorcycle response units, paramedic response units, managers and Helicopter Emergency Medical Service (HEMS).

Once a crew is despatched to a call, the crew have no further contact with CAC unless the crew require further information on a call, or the crew would like the hospital alerted regarding the condition of a seriously ill patient being brought in (i.e. cardiac arrest or severe trauma). Otherwise the crew do not contact CAC until they are

clear and available at the hospital. Also the hospital has no previous knowledge of an expected patient unless it is a life threatening illness/injury. Sometimes the crew may arrive before the hospital has been alerted due to the radio/telephone system being very busy both at the hospital and in CAC. There are 79 hospitals in London, 44 of which possess accident and emergency departments.

CALLS

The 24 hour accident and emergency service responds to anyone who requests emergency aid. The LAS must send an emergency vehicle to all calls and cannot prioritise on medical grounds (yet). If a call is received as a 999, it will be treated as an emergency (code 1) and cannot be downgraded by a control operator, as they are not medically qualified. So it is left to the crew who arrive on scene to assess the patient's condition, and decide if transportation is necessary or if it would be more appropriate for the patient's Doctor to attend.

VEHICLES

The ambulances used are Leyland Daf cabs which have a 3.5 litre V8 petrol engine. They also have a long wheel base chassis with a pneumatic

*Left:
A Paramedic
Motorcycle Unit*

*Left:
An LAS A&E
ambulance
and kit*



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The Yapakurlangu Regional Council

wishes to thank the Tennant Creek St John Ambulance Staff
for their dedicated service to the people of the Barkly.

Tennant Creek, NT 0860

Telephone: (08) 8962 1990



Mark at Forest Hill, a busy suburban station

suspension system to aid patient comfort, and also to lower the rear saloon to reduce step height when loading patients. The saloon is a large fibreglass custom built shell with a high headroom of about 6ft and is very spacious. Although only one cot is carried (self loading), two swivel seats on the nearside convert into another potential bed if necessary. The main cot can be positioned so it lies central in the back of the ambulance permitting access to all sides of a patient on it. All vehicles have a built in central heating system which works independently of the engine, running on petrol fed from the main vehicle fuel tank which holds approximately 100 litres. Vehicles usually last about three years or 100,000 miles before being taken off front line work.

KIT

All paramedics possess their own personal kit/drug issue so they are always equipped whether on or off duty. All vehicles carry a semiautomatic Lateral 710 defibrillator with a manual override; a non invasive automatic blood pressure/pulse oximeter unit; Ferno Spinal board with a head immobilisation cradle, vacuum splints of various sizes; KED; and scoop stretcher; Traction splints. Most immediate response cases are modulated so you choose the case you require for the incident i.e. burns,

obstetrics, breathing, dressing etc.

All crews carry a personal radio which is used as a personal walkie talkie, and can also be used to contact CAC or the police. All electrical equipment on the vehicle is on constant charge by the vehicle's electrical management system, so all electrical items are usually fully charged. When a vehicle is sitting on station, the vehicle is on trickle charge from the wall mains.

UNIFORM

The uniform is a bottle green two piece style outfit. It consists of a shirt and trousers, and epaulets and arm badges are worn denoting rank/clinical level.

A reflective high visibility tabard and jacket is also issued and it is the crew's responsibility to wear them for personal safety, especially when attending road traffic accidents (RTAs). A winter and summer style is issued.

A one-piece style jump suit was the trend a few years back which was very practical and popular with most crews, so the LAS are looking at this style again.

I hope this gives you a brief idea as to the structure in the London Ambulance Service

Mark Marriott,
St John Ambulance NT Darwin



*Left:
An LAS A&E
ambulance
and kit*

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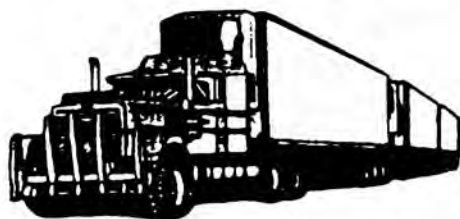
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Tennant Creek

Welcome to the Tennant Creek Track Report, hopefully the first of many reports.

Well Tennant Creek has had a few changes over the last eight months. Kate McLay is our new Administration Officer, when talking to her please make allowances, she is a Kiwi!

Shaun Daniel has been demoted to a Mine Officer at the Granites. Andrew Wheeler has gone to Darwin for greener pastures.

Brad Gough has returned to Tennant Creek after working in Canberra as a paramedic, he is now the Officer in Charge and together with Ambulance Officers' Michelle O'Dea (ALS supervised), Jason Danbury (ALS supervised), Martin Scaife and Gayleen Walker (Volunteer/Casual) make up the Ambulance Officers covering the Barkly Region.

Gayleen Walker will be graduating in May this year with the Certificate in Ambulance Studies completed by external studies. Congratulations Gayleen.

Other students in external studies are Marcel Wolf and Maria De Sousa who have passed the Driving Course and are both, at time of writing, preparing for the final exam in Clinical Studies 1. Good luck.

Tennant Creek combined Division number twelve adults (not including Service Officers) with nine of those twelve enrolled in the Certificate of Ambulance Studies, not bad for a Track Centre.

We have put together a volleyball team in the local competition, the name of the team is 'Dilligaf' and so far we have played three games. The first game we came second with one

injury reported, a shattered knuckle. In the second game we came second again, no injuries reported and in the third game another second with one injury reported. Martin Scaife dived for the ball one too many times and as a result fractured his left foot.

We now have our own zoomed up Paramedic Response Wagon – Car 12 – with a face lift. Car 63 has a new engine and together with Car 53 and 31 make up the Barkly fleet.

Congratulations to all Officers that are now ALS Supervised, Michelle, Jason and Shaun. Not bad for Tennant.

A short Report this time round. When next in Tennant Creek, stop in and have a cuppa, everyone is always welcome in Tennant Creek.

Jason Danbury

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Training Manager's Report

There has been some comment recently in relation to the provision of First Aid credentials for 'life'.

That is to say, a person is awarded a statement on the successful completion of a First Aid course and there is no requirement placed on that person to return and update their skills and knowledge. The principles of First Aid are dynamic, they are constantly changing. It is due to this very fact that I strongly support the need to have expiry dates attached to First Aid credentials. By attaching limitations, individuals who care enough about First Aid to complete a training program will benefit by being introduced to updated information each time they return. It may be more accurate, however, to suggest that the real beneficiaries are the end users of the training, those persons who have the misfortune to sustain an injury or illness requiring some form of immediate care.

While on the subject of the importance of First Aid Training, St John (NT) and the Northern Territory Rural Industry Training Advisory Body (ITAB) recently joined forces to train a group of women representing a number of stations across the Territory in Senior First Aid and Instructional Techniques. The purpose of this

training was to accredit a number of individuals from our rural and remote areas as First Aid Instructors. The aim of the initiative is to afford Territorians living in remote locations the opportunity to participate in First Aid

Training programs where normally such access may be restricted by work commitments or isolation.

A successful course was held over some eight days and we now wait in anticipation of the first programs being delivered by this 'Remote Area Training Network'. It would be remiss of me not to acknowledge the support and involvement of Mr Robert Speirs, the NT Rural ITAB's Executive Officer, in this initiative. Although having to overcome some significant hurdles in the early stages, Robert has seen the program come to fruition after almost twelve months and is to be congratulated for his persistence. It is with a great deal of pride on my part that we have been involved in such an important initiative as it again reaffirms for me the standing St John Public Education programs have in our community. It is hoped that later this year another class will be held in Darwin increasing the available Network of

Instructors. I would also like to congratulate all of the Darwin Instructors who contributed to the success of the program and, most importantly, to the participants themselves for their enthusiasm and willingness to get involved. After all, it is they who will make the project work on the ground.

Another Territory wide initiative in Public Education is our arrangement with the NT Police to update the First Aid skills of their Members. This project is being co-ordinated by Trish Salter from the Police, Fire and Emergency Services College at the Peter McAuley Centre. I am sure all members of St John will welcome this initiative knowing the close working relationships frequently necessary between Members of both services at a variety of cases attended. Courses for Police Members are being conducted throughout the NT in both class room based and CD ROM models.

The Training Team in Darwin has been busily running off complete colour First Aid Course overhead transparency updates. We are certainly fortunate to have the resources and technology available to us within St John (NT) to carry out such a pro-

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ject. I see the introduction of not only the coloured overheads but also the inclusion of far more detailed graphics as being a great supporting resource to the high standard programs delivered by our Instructors. Work on this project has been carried out additional to the normal daily workload of Instructors and I thank everyone for their support of the Training Department during this time.

On the national scene, the current Australian First Aid Volumes 1 and 2 are being combined into a single text with, again, updated graphics and information. Such a task presents many challenges as the nature of First Aid Training is constantly evolving as new information and techniques are included into the programs. It is hoped that the end product will be one of value to all who are involved with First Aid Training, either as participants in a program or as Instructors. The National Modularisation Project, which will identify a set of core elements to be delivered during a course plus give customers the opportunity to select 'elective' topics appropriate to their

needs, is ongoing and will be further developed in line with the revised AFA.

I recently travelled to Alice Springs, Tennant Creek and Katherine to discuss First Aid Training in those Regions and must thank everyone who gave me some of their valuable time during the trip. First Aid courses do not simply happen. Aside from the delivery of the course, they take time to co-ordinate and administer if they are to be done to our own high standards. The support network the Training Department enjoys throughout the Territory is testament to the contributions of many individuals. Rather than single out any one person for thanks, may I simply record my sincere appreciation to all involved, Instructors and 'administrators' alike, for without you the provision of these courses would be that much more difficult.

I cannot conclude without making mention of the continual upward spiral of Ambulance Officer Education and Training programs. There is an article elsewhere in *Outback* from the

Ambulance Education Officer/Quality Coordinator, Martin Kelly, so I will not go into any detail at this point. I would, however, like to make mention of the high standards set recently by a number of officers 'seconded' to the AOTC as co-ordinators for various units of the Advanced Diploma. The more I see of Operational Officers coming into the AOTC as unit co-ordinators the more I am impressed by the wealth of talent and the dedication of these people in ensuring the best possible learning experience is offered to course participants. I believe that it is in no small way due to our ability to use these Officers in our courses that the AOTC enjoys a very positive image among our interstate colleagues. Of course, it would not be possible to use Operational Officers in these roles without the support of Regional Managers and I thank them for their help in anticipation of the ongoing development of this resource.

Brendan Quirke
Training Manager



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Having been through all the stress and worry of selecting, finding and buying a light plane, the time to pick up my purchase had arrived.

I modified my travel plans to allow for a detour to Brisbane and one fine Monday morning found myself at Archerfield perusing my recent expense. The object of my interest was a Cessna 177 RG II Cardinal, VH-REJ (Reggie). It looked a million dollars, but how would it fly, and more importantly how would it handle the long trudge back to sunny Darwin? There had been a question mark over the propeller static RPM so the hardworking LAME adjusted the prop governor and it was off into the wild blue for a check flight. The flight was largely uneventful with my displaying the best flying Reggie would see. The prop was able to exceed redline, so the prop governor was fine tuned and Reggie tied down ready to brave a nasty looking storm.

The Tuesday dawned overcast and not terribly motivating. My friend Rob gave me a lift to Archerfield and we both stared at the weather with a feeling of doubt. The forecast was mediocre but a phone call to Maroochydoore put the kibosh on the day's flying. Who needs a weather forecast when the Tower at Maroochie laughs uncontrollably at the "is it VMC" question? Stopped in at Reg Grundy's flying school for a reviving coffee and a sociable chat.

Wednesday dawned looking not much better. Out to the airport, drank more of Reg's coffee and spoke once again with Maroochie tower. Phrases like "8 Oktas at 800, you should get through below 500" resulted in more coffee and another sedate day in Brisbane. What was that tourist phrase? "Ahh Queensland, beautiful one day, perfect the next". Perhaps there's more than one Queensland?

Thursday dawns. Having finally developed a healthy suspicion of meteorology, I rang the bureau to hear "it won't be VMC past Fraser Island all day". Time to spare, go by air. Yet another sedate day on the ground.



Friday and shock horror, nice weather. Dust off the flight plan, plug in the weather and blast off before the weather changes its mind. Sure enough, the cloud built near Maroochie, however the cloud base was high enough for us to hug the foothills and stay outside of Maroochie airspace. After two and a half hours we arrived in Rockhampton, twice, where'd that bounce come from? Taxied into the GA park trying to act nonchalant. Fuelled and oiled up ready for the next day. Have you ever noticed how

oil changes fall due when you plan on being at 6,500' half way to your next destination? Friday evening barbies must be standard issue to all Aero Clubs and Rockie was no different. After a pleasant evening 'twas off to bed, to sleep perchance to dream.

Saturday dawns CAVOK. Wander out to the airport, finish and lodge the flight plan, preflight Reggie and blast off into the wild blue yonder. The day starts with smooth conditions giving me a chance to try the autopilot. By golly it works and a pleasant hour and a half is spent watching the world go by whilst listening to music on the ADF. Finally the inevitable happens and it's off with the autopilot and time to enjoy being bounced around by thermals.

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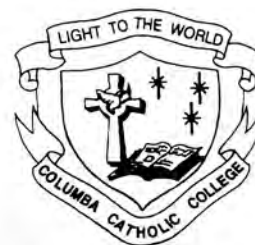
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and we taxi in and refuel. Having refueled the tasteless topic of money arises and I offer the refueler my trusty bankcard, or I would have if it wasn't sitting in the zip-zap machine at Shell Rockie (oops). Waving fond farewell to my last cheque I take stock of my circumstances. Ten bucks cash, an AMEX card (I didn't leave home without it!) and a full tank of gas. Might as well fly on to Isa and review my options in the big smoke. Longreach turns on a display for my departure. Having fired up, I'm about to taxi away from the bowser when a huge willy-willy 'walks' down the far side of the runway heading my way. An ever approaching column of dust with chunky bits does wonders for one's courage, so I buggered off in the direction of away. Having escaped the clutches of the willy-willy I took off for Mt Isa.

Having been bounced around 6,500' I figured I'd try 8,500'. After taking half the day to get there I discovered the turbulence was no better. Oh well, I never really wanted to use the autopilot. If I'd realised the turbulence was going to be like this I would have put my washing in a bucket in the back and it would have been done enroute. At least the music available on the ADF was palatable. Two and half hours later and behold, Mt Isa arrives.

Who said VFR was hard, mind you the old GPS might have helped a tad. On arrival at Isa an Ansett Airbus waited for me to land, fortunately I managed a nice landing for his passengers. Now came the tricky bit, money and fuel. The refueller pulled up and I explained my situation. Not surprisingly he didn't take AMEX. After a few minutes of contemplation a little light bulb went off and I asked if he'd take a telephone credit card payment for fuel (figured I could get a friend at Rocky to pick up my bankcard and ring through the details). He agreed, so I asked if we could save a few phone calls and take the details off the yellow imprint in my wallet, with suitable ID. He agreed and fuel was purchased. I had enough cash for a taxi into town where I stayed at a hotel which took AMEX. Fuel to complete the trip was going to be a problem, as was having enough cash for a taxi back to the airport. So I dug my pitiful face out of the suitcase and went to reception with a view to groveling. Contrary to popular belief there are nice people out there and the hotel forwarded \$170 as an advance on

AMEX, not strictly kosher but *desperandum et mater inventorium*.

After a pleasant night Sunday dawned hot and gusty. The weather via Borroloola looked dubious, although going via Borroloola would mean only one fuel stop, whereas going via Tennant Creek and Tindal would mean two. A discussion with the met man, combined with a \$50 call out and \$1.20 a litre for fuel at Borroloola, resulted in planning via Tennant and Tindal. I kept telling myself that it was better to be safe than sorry, that Borroloola didn't have many options if storms eventuated, and as it turns out this was the case. Read on.

We took off for Tennant Creek expecting turbulence and that's what we got. Lots of moderate turbulence. Two and three quarter hours of adjusting power and altitude in an attempt to stay within a few hundred feet of 6,500. The view outside was, well, boring. Lots and lots of not much. Arrived at Tennant Creek and tried the old bankcard imprint scam

then to 2,500. This enabled me to see the bright patches of light on the ground where thunderstorms weren't. As I got closer to Tindal it became necessary to deviate left and right of track to avoid heavy showers, not to mention the odd bolt of bright light. This resulted in further chats with my now good friends at Flight Service. We discussed landing at Daly Waters, however the storms were still reasonably well spaced so I continued on until Tindal appeared looking like an oasis in a desert of storms. A very relieved pilot and aircraft touched down at Tindal and taxied in, thoughts of kissing the ground crossing my mind.

Having tied Reggie down, ideas of food and accommodation filled my mind. Fortunately a RAAFie came over to meet an incoming flight and he agreed to give me a lift over to the RAAF base. Here I discovered one of the benefits of being in the RAAF Reserve. I showed my ID at the gate, spoke nicely to the duty accommodation clerk and spent the night at the

"If I'd realised the turbulence was going to be like this I would have put my washing in a bucket in the back and it would have been done enroute."

on the refueller. It worked and my precious cash reserve remained largely intact. Then off to Tindal. After an hour or so of even worse turbulence I noticed clouds ahead. Nasty very tall black ones. So I took another look at the still current TAF for Tindal. Sure enough, there it was in black and white, CAVOK and no mention of thunderstorms. Called up flight service who kindly ruined my afternoon. Yes there was a new TAF, yes it mentioned a minor thing about a Tempo for Thunderstorms after 06. Not really important except I was planning Tindal at 0630. Fortunately I had enough fuel to try for Tindal and still be able to divert to VRD with intact reserves. Not content with this news, flight service went on to tell me the Tindal weather radar was unserviceable and there was no one at Tindal who could poke a head out the window for an actual. As the storms were moving west I continued on, keeping an eye out to the west in case a divert became necessary. Cloud forced a descent to 4,500,

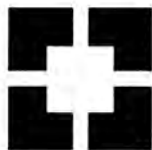
mess, with a lift back to the Reggie the following morning.

Monday was a beautiful morning and we departed for Darwin with smooth flying at last. Back on with the autopilot and a pleasant uneventful hour or so to Darwin. After a few days of OCTA it felt strange to be back in primary control, strange but comforting.

All in all the trip took 15 hours, with 12½ hours being in thermal turbulence. It certainly wasn't what I'd call fun, but yes I'd do it again, preferably in the dry season. I planned on four days, aiming to be back in Darwin four days before I needed to be back at work. As it worked out, weather delays resulted in my arriving the day before I had to be at work. Good thing I had allowed for delays, just surprising it happened in lovely Brisbane. As I write this the paperwork is being shuffled to put Reggie on line at the Aero Club, so all you budding pilots out there with dusty csu and retract endorsements, IT'S FLYING TIME.

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The events that took place from 26th January to the present day brought the township of Katherine and surrounding communities closer together.

DESCRIPTION OF EVENTS

When I turned to my partner after a job the night before and said "It sure has been quiet, maybe it's building up for the big one!" little did I know how close to home I was.

0830HRS - MONDAY 26TH JANUARY 1998

The weather was very wet and had been for the past ten days. After handing over a patient to the A&E staff of the Katherine District Hospital we were advised that the hospital was going to be evacuated. This was confirmed by a government worker, at the High Level Bridge, that Katherine was on a 100-year flood alert. The Katherine River water level was at 17 metres.

SAOP Coon and myself returned to Katherine Ambulance Station and informed our Regional Manager (RM), Craig Garraway who was in Darwin, about the situation. I referred to the Counter Disaster Plan for an Ambulance Service that stated we were to be officially notified by the Katherine Police when the water level at the High Level Bridge reached 14 metres.

0930HRS (APPROXIMATELY)

RM Craig Garraway advised me to

notify additional staff and volunteers of the situation and to prepare themselves for possible evacuation of the Hospital. I established a phone link with Katherine Police Headquarters and advised that we were now operational.

1000HRS

The water level was about 18 metres at this time and everyone who was available was called into the Station. RM Garraway, via phone link, delegated SAO Coon and Bartolovic to do a reconnoitre of the highway between Katherine and RAAF Base Tindal. This was done because the Emergency Hospital was located at Tindal. RM Garraway requested I organise the Ambulance Centre for evacuation. Part of our role was to organise First Aid Posts at all Evacuation Centres.

1100HRS

Paramedic Officer (PO) Fabian arrived at the centre and was advised to establish a direct link with the Police and proceeded to the Communications Centre at Katherine Police Headquarters. This was done to ensure we got an accurate account of the situation.

1200HRS

The water level was around 18 metres and we were well into the evacuation of Katherine District Hospital. We had major assistance from the RAAF who provided a bus with no seats to transport eight stretcher patients limiting the serious

patients to one bus. This was followed by the evacuation of the Obstetrics and Paediatric patients who were transported by a large truck supplied by the RAAF. All patients bar two were evacuated in good time, the last two were in theatre and were transported by ambulance to RAAF Base Tindal.

RAAF Base Tindal Hospital resembled a war zone, however all staff were coping well. After the transported patients were delivered to the Hospital we returned to be positioned at Police Headquarters.

1800HRS

The water level was 19 metres. The temporary A&E Centre was established upstairs at the Police Headquarters which caused difficulty in movement of stretcher patients in and out of the room. During this time the Katherine Township was officially advised of evacuation. Many locals were either optimistic or complacent and did not want to leave their homes. Katherine's High Level Bridge was now closed and the highway between Katherine and RAAF Base Tindal was blocked due to water flowing over the road.

1900HRS

RM Garraway was airlifted to Katherine to take over coordination. SAO Minchin accompanied him to assist.

The night was a bit uneventful from our point of view with only a couple of patients being transferred from Evacuation Centres to A&E.



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There had been some organisation from Darwin with additional stores to be airlifted by a Hercules and ICO Plahn was due that night. In the end our stores were not delivered and ICO Plahn was delayed approximately four hours however he finally arrived late Monday night.

**0200HRS (APPROXIMATELY) –
TUESDAY 27TH JANUARY**

Katherine had been declared a state of emergency with the Katherine River breaking its banks at the Hospital and other local areas. The main street was about one metre under water. By 0600 hrs Katherine was officially declared a state of disaster. Still our role was quiet only a supporting role at the Police Headquarters and First Aid Posts at Evacuation Centres. ICO Plahn gave RM Garraway a well deserved rest. Additional resources were being deployed and would be with us approximately Wednesday. The water was still rising and was reported at 20 metres. I was at HQ when RM Garraway asked me to assist someone at an isolated house. It was reported a teenager had been cut on the foot, had lost a fair amount of blood and was going into shock. I rendezvoused with the Lloyd's Reserve Helicopter who took me out to the property. The teenager's cut was covered and haemorrhage was controlled. I advised we should move the teenager out to Tindal immediately as I did not want to waste any time because the helicopter still had a number of tasks waiting.

Returning to Katherine, from Tindal, we had to divert our flight to rescue two people stranded on their roof. We winched them into the helicopter and proceeded to Katherine.

The Stuart Highway right outside the Police HQ was now a helipad

catering for about four helicopters. The rest of the day was somewhat routine with more evacuations from the Evacuation Centres. During the night Paramedic Hunter arrived from Darwin but was stuck out at Tindal for quite a while.

WEDNESDAY 28TH JANUARY

The water level had reached 21 metres and the town of Katherine was well under water. In some areas elevated houses were under water up to their balconies. The next problem was the evacuation of outside communities such as Beswick with a population of about 500 people. If it weren't for the assistance of the RAAF, Katherine would surely have been in a far worse state. I heard someone saying thanks to an RAAF person and he replied "hey its our town too!"

Around lunch time the Alice Springs Support arrived with two Troop Carriers, one two-berth Land Cruiser, one bus, one workshop ute and their Emergency Support trailer. Officers on hand were Bellman, Sellick, Savill, Scaife and Hollingworth along with Alice Springs Fleet Supervisor Kyron Wright and Sales Representative Noel Talbot. This gave an opportunity for all personnel at the Evacuation Centres to have a break. We all started getting pretty frustrated at having steak sandwiches for breakfast, lunch and dinner and the fact that some members could not see their own homes. It seemed that every service available had converged on Katherine Police HQ. Katherine East, which had not been affected by the floods, was catering for all the population of Katherine. Everything was very crowded.

THURSDAY 29TH JANUARY

Morale was still quite good but frus-

tration was evident over the crowding of Police HQ. The sooner we got out of there the better.

FRIDAY 30TH JANUARY

The swollen Katherine River retreated to within the banks but a large expanse of water continued to cut off the dry ground at Katherine East from the flood affected central business district. Police allowed 4WD access for people to return to their homes to assess the damage. Our Ambulance Centre was under water up to desk height saving damage to computers and other electrical equipment. We had assistance from NTES who cleaned out furniture and mud from the Centre. The Ambulance Bay became our new living quarters. Further assistance from Darwin was due to arrive on Saturday. We spent most of Friday cleaning out the Centre.

SATURDAY 31ST JANUARY

Officers' Blake and Richardson arrived from Darwin with generators and food. Our main problem now was infection control at some of the Evacuation Centres due to no water and power supply. RNs were organised to take over our role at the Centres.

As things started to slow down all we could do was wait for the water and power supply to return and insurance assessors to arrive. There did not seem to be any major hitches during this time and everybody worked well together.

Work is still going on there to this day. The experience was unforgettable and even though the Emergency Medical Service did not play a major role we assisted the NTES and Police personnel.

'Anonymous Contributor'
A personal account

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drastic improvement on the previous method.

Looking to the future and words such as 'paperless office' come to mind, though in reality this would be an impossibility, electronic mail certainly will assist in reducing the amount of paper required to keep all members up to date.

In conjunction with the issuing of computers, the weekend culminated

in an Officer Mess Function held at the Plaza Hotel. Commissioner Baddeley was the guest speaker and invited guests included our Deputy Prior His Honour the Administrator Dr Neil Conn and Patron Mrs Lesley Conn. An enjoyable evening was had by all.

**Sue Franks,
Administration Officer**



L to R Stephen Baddeley (Commissioner), Deputy Prior Dr Neil Conn, Steve Peers (Assist Commissioner) and Rod Hocking (DSM)



L to R Lenaire Brown (Katherine), Colleen Grave (A/Springs Adults), Sandra Schmidt (A/S Cadets), Patron Mrs Lesley Conn, Mrs Gael Morris



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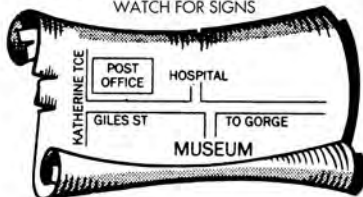


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Commissioner Stephen Baddeley presenting Ben Mooney with his Cadet of the Year Award



Commissioner Stephen Baddeley presenting Rebecca Tunks with her Letter of Commendation



Commissioner Stephen Baddeley presenting Mrs Mandy Langdon with her Honorary Members badge. Mandy is the first to receive this award in the Territory

Officer Training College

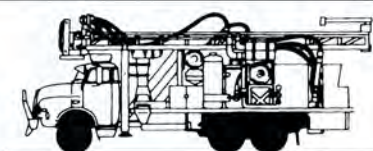
The 1998 year brought with it the final year for delivery of the Certificate of Ambulance Studies (Certificate level 3) and the Associate Diploma of Applied Science (Emergency Care) and the first year of the Advanced Diploma of Health Science (Ambulance Pre-Hospital Care) and the Ambulance Studies Training Program. The Associate Diploma level course was removed from the Australian Qualification Framework, so we were required to re-accredit at Diploma level or above. The Advanced Diploma AQF Level 6 gives the recipient two years advanced standing at Australian Universities as against one year for a Diploma AQF 5.

The Ambulance Studies Program replaces the Certificate Level 3 with a course of similar course content. It has not been awarded an AQF level because it has subjects from AQF 4 (Certificate Level 4) and AQF 5 (Diploma) Levels and thus does not fit in any one level. On successful completion of the program a student will be awarded a certificate which indicate such completion and this will afford the student exemptions and/or recognition of prior learning credit for St John Ambulance Australia (NT) Inc. courses and other such courses provided by other Ambulance Services in Australia. Students will be able to transfer from this program into the Advanced

Diploma in Health Science (Ambulance Pre-Hospital Care).

This year a number of staff have co-ordinated courses at the AOTC, and this has uncovered a lot of hidden talent. I would like to express my thanks and congratulations for a job well done to the following course coordinators, Chris Tyrell, and Ben Minchin; Clinical Studies One, Robert Tremethick and Shane Christopher; Driving and Matthew Davis Rescue and Disaster Management. Also I would like to thank all the staff, other lecturers and patients who assisted in the running of those courses.

Martin Kelly



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The Changing Face of St John Ambulance Australia (NT) Inc.

Those who have been members of St John Australia NT for a long time, may be thinking we have come full circle in the way the organisation is structured. You may be right!

I think what the recent restructure shows, is that we are a part of a dynamic, developing organisation, that is not afraid to change where necessary. Neither are we afraid to explore previously uncharted territory in an effort to continue our growth and development. While the inclusion of both Off Shore and Mining contracts has significantly raised our profile in a new arena, they have also increased the workload on the Regional Managers, making review and restructure necessary.

CHANGES

On March 1st 1998 the Katherine/Barkly Region was abolished, and the Northern Territory was divided into Northern and Southern Regions. The Northern Region now includes Darwin, Katherine and Nhulunbuy, and extends South to about Dunmurra.

The Southern Region now includes Alice Springs, Tennant Creek, and extends North to about Dunmurra.

To assist in the running of the two regions, several new appointments have been made.

Deputy Regional Manager	
Northern Region	Trevor Sellick
Deputy Regional Manager	
Southern Region	Craig Garraway
Officer in Charge	
Katherine	Kevin Blake
Officer in Charge	
Tennant Creek	Brad Gough
Officer in Charge Nhulunbuy	
(continuing)	Mathew Nish

The appointments of the Deputy Regional Managers gives the Regional Managers the time required to manage their regions more efficiently, while the Deputies look after the day to day running of the Ambulance Service. How this works in practice

will no doubt involve minor changes along the way, but at this stage appears to be working very well.

The appointment of Officers in Charge in the smaller centres allows for smoother operations and decreases the need for the Regional Manager to spend large amounts of time in these centres. It is anticipated that regular visits will be made, but the day to day running of the centre will be the responsibility of the OIC.

I believe the recent changes will have a positive effect on the organisation as a whole. They also increase the possibility of career advancement and provide new opportunities for ambulance officers from all areas of the Northern Territory. I am looking forward to the on-going impact that will occur as a result of our most recent restructure.

Trevor Sellick

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KATHERINE Phone: 8972 1218
Cnr First St Mobile: 0418 716 850
& O'Shea Tce. Fax: 8972 2013

NHULUNBUY 8987 3999

ALICE SPRINGS 8953 1029

Rural ITAB



*Back row, L-R: Jan Rowell, Jo Vidler, Mabs Corrinje, Fiona Wright, Robert Speirs, Tanya Griffiths
Front row, L-R: Maureen Coulthard, Karen Brosnan, Sheri Fogarty, Meg Maclean, Royelene Hill*

Robert Speirs from the Rural ITAB discussed with the Training Manager, Brendan Quirke, the need for people in remote areas to have access to basic first aid courses, and the need to keep costs to a minimum.

As a result of these discussions, the Training Department has been involved in a joint venture with Rural ITAB in training a group of women from remote areas in the Northern Territory to teach Accident Action

courses on behalf of St John Ambulance Australia (NT) Inc.

St John Instructors Jan Rowell and Tanya Griffiths conducted a three day Senior First Aid course and a five day Instructional Techniques course to prepare the group for their

accreditation as Accident action Instructors.

Tanya Griffiths
Education and Training Resource Officer

Rescue and Disas



ter Management



A Duty at the Royal Easter Show in Sydney – held at the new Olympic site

Recently I was invited to attend a public duty at the Royal Easter Show in Sydney.

St John Ambulance provided First Aid Services at this event which is the biggest event in the Southern Hemisphere and was held at the new Olympic Site at Homebush Bay.

Local NSW Members had to make sure they got to know the area well as this was a new venue for the show after 25 years and this was achieved by an orientation weekend for members.

This event was the first trial for the Olympic Games and St John Ambulance was scrutinised by the Olympic Movement to see if they could provide the required services over the 16 day period. The consensus was a good overall coverage of the event. It was also a good opportunity to test the new facilities and the response services which were also provided outside the showground areas under the control of the Olympic Coordination Authority including the railway station.

I was able to observe the Command Post in operation which ran extremely well with radio communications located there alongside with the NSW Ambulance Service. First Aid posts were manned by staff allocated from this area and also a Transport Vehicle was available to transfer casualties from their location to the ACMC (Advanced Casualty Management Centre). This vehicle was similar to a motorised golf buggy with a stretcher onboard. I had the pleasure of working with Colin on this vehicle throughout the duty and found it to be a great asset especially when trying to move through crowds to attend or render assistance in case of emergencies, being a smaller vehicle it was better than trying to move an ambulance around the show grounds, with two seats on the back, it was also great to assist the elderly in transporting them to their bus stop when they were too tired to return.

Up to 50 members worked each shift with the show running daily from 0900-2130hrs each day for 16 days with as many as up to 20 thousand people an hour entering the showgrounds. Members were located at five first aid posts throughout the Olympic site with members doing regular foot patrols around their areas.

A doctor and nursing staff were on duty at the Advanced Casualty Management Centre, this centre was set up with beds and treatment areas with

an ambulance located outside. Also other numerous events were being conducted throughout the site i.e. Bull Riding, Fireworks displays, Woodchopping etc and teams were dispatched to these events when needed.

I was unable to get to see much of the actual show in progress as we were extremely busy throughout the night attending to casualties. Many people were treated for minor cuts, blisters etc to major incidents of being trapped under tractors and rides to medical conditions such as heart attacks, diabetes and unconscious casualties. During the 16 days hundreds of casualties were treated by St John Members including six young children who had fallen between the station and the train, luckily their were no major injuries to these children.

I found this to be so different to the kind of public duties that we do in the Northern Territory especially being on such a grand scale, but I am sure St John Ambulance will be able to cope with the Olympic Games when they arrive especially with the professional and well trained adults and cadets from NSW that I had the pleasure of working with during my tour of duty there. I am looking forward with great enthusiasm to attending the Olympic Games in the year 2000 at Homebush Bay and working with these people again.

I would like to finish by giving a big thank you to Philip Chan for inviting me and all the other members who made me feel so welcome and were so helpful whilst I was a guest at Homebush Bay.

Di Munro, Darwin Cadet Division



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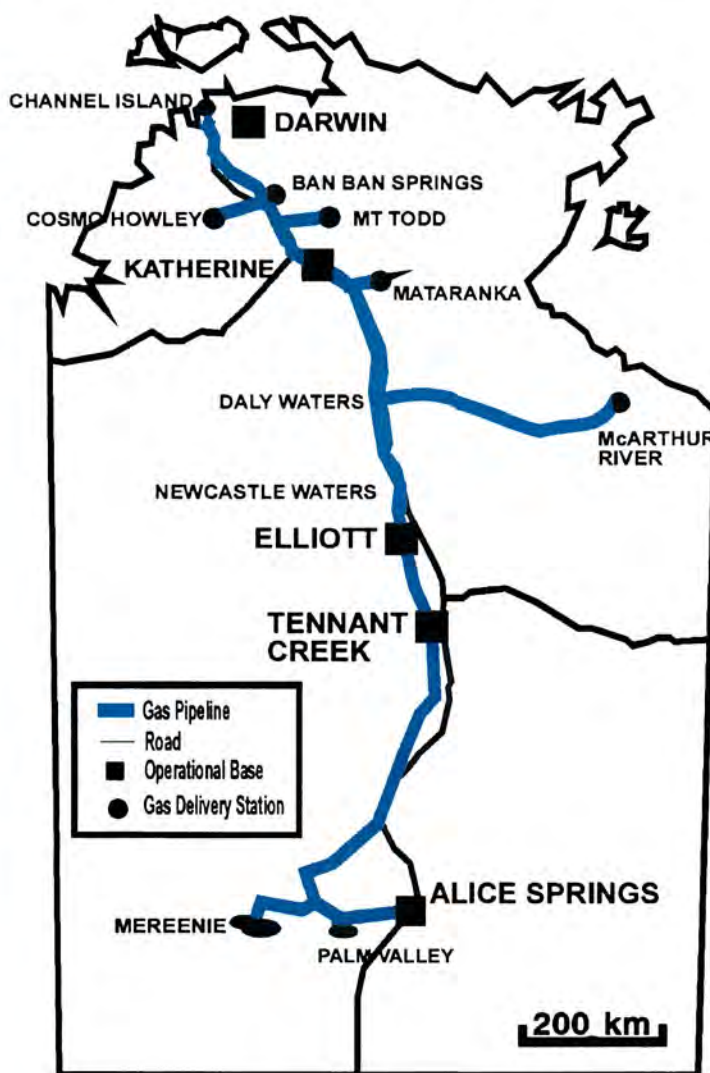
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