1 Remote context

Cultural safety tips

Cross-cultural work in remote and rural Australia is often in areas with poor health status. To provide effective health care, practitioners need to develop effective cross-cultural skills. A practitioner can have excellent clinical skills, but they also need to recognise and manage their biases and the power they have in this environment. If they don't, the result can be a demeaning and disempowering experience for patients, which contributes to further ill health.

When providing health services, it is important to think about the concept of cultural safety. **Cultural safety is where 'there is no assault on a person's identity and dignity'**. There are subtle variations within every culture such as between the city and the bush, as well as major differences for people from other cultural origins, including Indigenous peoples.

- **Remember**
  - Always show respect and consideration. Ask local expert about appropriate forms of respect for your community
  - Medical procedures are invasive, frightening, often painful
  - Always maintain dignity, privacy, confidentiality for patients
  - Public rather than private settings may be more suitable for some people, some occasions. Make sure person is able to choose
  - In many cultures it is not the patient who gives the history or makes decisions — this is the role of others, usually relatives
  - Be aware of local time. Use reference points such as the school bell, sports carnival, local show etc
- **Think about language barriers**
  - English can be a second or third language
    - Use interpreter services if available
    - Using family members to interpret can be sensitive. Be cautious, let person guide you
  - Don't assume that conversations conducted in English have the same meaning for practitioner and patient
  - Hearing problems, common in all age groups, can make the situation more difficult. Don't shout. Always speak clearly and warmly
- **Think about cultural beliefs**
  - Traditional beliefs about health and illness remain intact, entrenched and valid in many Indigenous communities
  - Practitioners should consider how cultural beliefs influence their patient's help-seeking decisions and healing practices
  - Practitioners are responsible for working within (and around) belief systems, in a way that doesn't undermine them
  - Are there special cultural considerations, eg eye contact and/or gender issues. Are you the right person for this consultation

- Be aware of your non-verbal gestures, eg pointing. May have very different meanings for patients and practitioners
- Culture can influence the way people react to stressful situations, eg wailing or silence after traumatic events or death

- **Think about how you question patients**
  - Direct questions can be considered rude. You may need to get permission to ask many questions. Only ask one question at a time
  - People may bring along a relative or friend. Let person decide if they want them to stay during consult. They can be helpful and important
  - Avoid double negatives, eg 'You don't do nothing like that, do you'
  - Be wary of ready agreement by person. Can be a sign of misunderstanding, or simple courtesy
  - Silence is often OK, give people plenty of time to answer. But remember that silence can also mean misunderstanding, or that practitioner is on culturally unsafe ground
  - Getting a person's history is often difficult. Don't give up. You will get better as you gain experience with the context
  - Make detailed notes of what person says about themselves, so you have an accurate record for the future
- **At end of consult, check that**
  - What you've heard is correct
  - You have cleared up any uncertain points
  - Person has understood what you have said to them
  - Person can repeat any instructions you have given them

Remember:

- People generally want to do what is best for themselves and their families
- Conflicting priorities and past experiences can impact on decisions
- Important to support person's decisions, even when they challenge your clinical advice
- In the long term, relationships and trust between practitioners, patients and families enable quality health care

Travelling in remote areas

This procedure is a guide only. New staff must do accredited 4-wheel drive/ boat skills course **as soon as possible**.

Attention

- Travelling in remote areas can be dangerous
  - Treat it seriously and follow procedures, even on short trips
  - If you don't — you endanger yourself, your patients, people who go to look for you
  - Weather, road/sea and vehicle/boat conditions, driver tiredness and inexperience make remote travel more dangerous than urban travel

2 essential safety precautions for travelling in remote areas.

1. **Carry enough drinking water** for you and your passengers, as well as fuel, spare tyre and tools
2. **Give person expecting your estimated time of arrival** (ETA)
   - Don't change your travel plans after giving ETA
   - Don't change your route without telling person expecting you

   Not turning up when expected may be the only sign you are in trouble and need rescuing, and they will need to know where to look.

What you need to know

About the vehicle

- Where spare set of vehicle keys kept
- Health service policies regarding use of vehicle
- How to
  - Do full service check before leaving
  - Fill both tanks with fuel, change over tanks, prime fuel pump
  - Check spare tyre, change a tyre, use jack/tools
  - Change tyre pressure for hard/soft surfaces
  - Use winches/snatch ropes
  - Use 4-wheel-drive gears, engage hubs
  - Set up UHF/HF radio antenna, use radio or satellite phone
  - Troubleshoot marine engines

Basic safe driving principles still apply

- **Do not** eat/drink, use radio/phone, change music when driving
- Keep both hands on wheel at 10 and 2 positions. Don't wrap thumbs around steering wheel, if you hit something and wheel spins suddenly, it can break your thumbs

- Keep your eyes on the road when talking
- Wear seat belts, use baby/child restraints
- Don't drive when tired, upset or hungry. Wait until next day if necessary

Dirt roads are always dangerous

- Maximum legal speed for 4-wheel-drive ambulances on dirt/gravel is 80kph
- Adjust speed to allow for slippery conditions in the wet or for poor road surfaces, eg bulldust, corrugations
- Never drive outside your personal level of skill (comfort zone). Drive at 60kph all the way if you want to. Don't let passengers pressure you
  - Colleagues also have the right to tell you if they don't feel safe with your driving skills
- Try not to drive at night or into setting sun. If it can't be avoided — take someone with you to help watch out for livestock and native animals

Motoring deaths in the bush are most commonly single vehicle roll-overs caused by driving too fast, driver fatigue, not wearing seat belts.

What you need

Properly equipped vehicle

- Seat belts, child/infant restraints
- 2 engine batteries
- Bull bar, cargo barrier
- Oxygen cylinder carry racks — for emergency vehicles
- 2 spare tyres (at least), that can be reached whatever your height
- Tyre-changing tools, hydraulic jack, shovel, adjustable spanner
- Spotlights, as well as main headlights
- UHF/HF radio or satellite phone
- 20L of water (minimum) per person stored in 5-litre containers. Carry in plastic crate/s held by straps
- Basic first aid kit
- Snow chains, snow and ice tools for windows etc, if needed
- 4 x hazard-warning road signs or flashing lights that can sit on top of vehicles, to warn other vehicles in case of accidents
- Large torch
- **Desirable**
  - Roof rack
  - Jump leads
  - Snatch cables or winch chain/rope
  - CD player/radio to help keep you awake

Properly equipped boat

- Working engine/motor
- Bungs in right places
- Radio/communications
- Compass, other navigational aids
- Safety equipment
  - Lifejackets, V-sheet
  - Flares, water dye, Emergency Positioning Infra Red Beacon (EPIRB)
  - Tarpaulin — to use as a makeshift sail or temporary cover
  - Oars, anchor, ropes
  - Torch, mirror
  - First aid kit

What you do before travelling

Vehicle check

- Fuel. If 2 tanks, fill both. Use Alpine grade diesel in cold climates
- Fan belt tight
- Radiator and battery water, hydraulic fluid levels
- Clean windscreen and lights
- Tyres and spares — inflated, minimum 3mm tread, wheel nuts tight (but able to be undone)
- Wheel-changing gear, tools, safety equipment for your area
- First aid kit, torch
- Make sure all of these are working — UHF/HF radio or phone, lights, brakes, wipers, dash instruments, trip meter and horn

Boat check

- Bungs in place
- Fuel — full tanks plus half as much again as spare
- Correct load
- Radio/phone, compass and/or navigational aids all working
- Safety equipment on board

Personal check

- Enough water and food for driver and passengers. When travelling in remote, dry, hot areas take extra drinking water. Will be needed if you have to wait for help or change a tyre
- Sun protection — cream, hat, sun glasses etc
- Personal breakdown kit, eg small torch, matches, sunscreen, snack food, fishing tackle, multi-purpose penknife, insect repellent, book etc

Weather and conditions check

- Check weather and road/sea conditions with local people, police and/or road/maritime services
- Allow for road/sea/weather conditions when making your ETA

Make a travel plan

The trip

- Work out which route to take, who can come with you
- Tell person/service at your destination time you expect to depart (ETD), time you expect to arrive (ETA). Remember to allow an extra 1½–2 hours for tyre changes/problems
- Plan a halfway stop to take a break and call person/service with UHF/HF radio or satellite phone to let them know everything is OK

As you are leaving

- Set trip meter, so that if there are any incidents on the road, you can tell emergency services your exact distance from point of departure
- Make sure **you, your passengers, patients on stretchers** are all wearing seat belts/restraining belts etc

At end of trip

- Tell person/service that you have arrived. Searches have been conducted for people who are safe at home watching TV and forgot to report in

Accidents and breakdowns

- Use UHF/HF radio or satellite phone to arrange emergency recovery vehicle
- If accident and UHF/HF radio or phone broken — need to wait until ETA passed and people come looking for you
- If passing vehicle — use their radio/phone or send message with them but stay with your vehicle

ALWAYS follow these basic rules

- **Stay with vehicle**. **Do not** try to walk for help
- Find nearby shade, conserve water
- If you think aircraft might be searching for you — clear some ground and mark SOS in big letters. Use clothes, rocks, colourful equipment etc
- If aircraft flies overhead — run/walk quickly across ground waving your arms to attract attention
- If you have **absolutely no choice** but to leave vehicle — leave note telling rescuers direction you headed, day and time you left, how you will mark trail, eg 'Will leave red-coloured cloth in branches of mulga'

Consultation by telephone, satellite phone or radio

Attention

- Make sure you know how clinic/vehicle radio or satellite phone works in case there are problems with normal phones. Keep instruction manuals handy for new staff
- **In every consultation, including emergencies**
  - Speak clearly and slowly
    - Allow for time delay after each sentence if needed
  - Use simple terms and the numbered anatomy pictures F 1.1 – F 1.5 (*p9, 10*)
  - Work your way through consultation in a logical order. See *Clinical assessment of adults* (*p116*), *Clinical assessment of children* (*p121*)
  - Always **re-check** management plan with consulting doctor, especially at night when everyone is tired

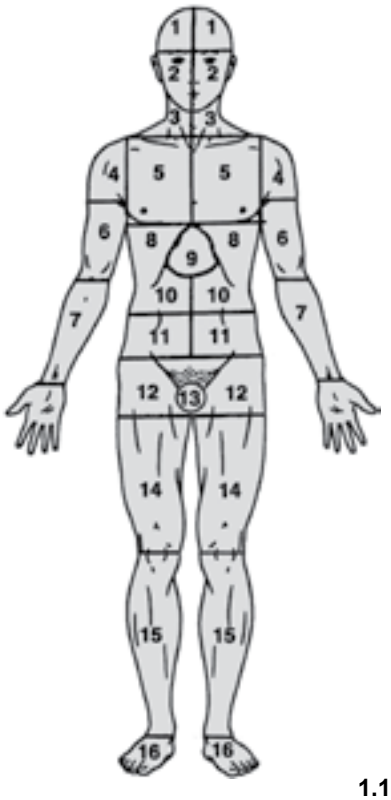
What you do

- **Before ringing doctor on call**
  - Do as much assessment as possible and practical, follow your clinical guidelines
  - Have file notes with you
- Tell doctor your name and position (eg RAN, ATSIHP, AHW, GP), where you are calling from, what you want (eg advice, evacuation)
- Now tell doctor
  - Person's name (and carer's name if child), date of birth
  - Record identification number
  - History and current problem
  - Observations, completed assessments
  - Procedures you have done and why
  - Current medicines, relevant medical history, ongoing health problems, eg rheumatic heart disease, taking warfarin after heart operation
- Doctor will probably ask your opinion on diagnosis and decide with you
  - Management and follow-up plan
  - *OR* Stabilise and evacuate
- Ask doctor to repeat all management and medicine orders, read them back
- **If not happy with advice** — tell doctor straight away and explain why. Always try to maintain a professional relationship. If still concerned — get second opinion from more senior doctor or specialist (follow local policy/ practices)

- **If person being evacuated**
  - Make sure doctor aware of local conditions that may affect evacuation, eg no night strip, flooding, etc
  - Check you understand evacuation plan before you finish phone/radio call
  - See *Evacuations* (*p11*) for how to prepare
- **Record in file notes** full name of consulting doctor, their advice, what you have agreed to do

Think about using a prompt like ISBAR to help with clear communication.

- **I** dentity. Identify who you are talking to (name and role for file notes), who you are (name, role, location), the person you are talking about (name, date of birth, hospital UR, community)
- **S** ituation. Why you are calling. Is it urgent. Any abnormal observations, results
- **B** ackground. The patient's story — name, age, current complaint, relevant history, treatment to date
- **A** ssessment. What you think the problem is — be clear, state the obvious, indicate how concerned you are. What you think should happen
- **R** equest. What do you what them to do, eg review, refer, evacuate



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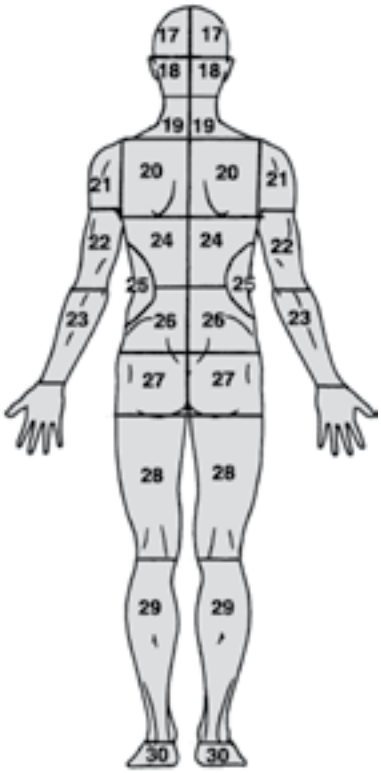

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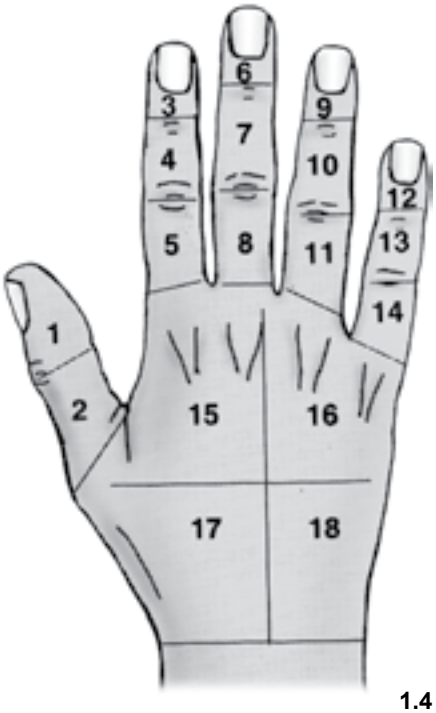

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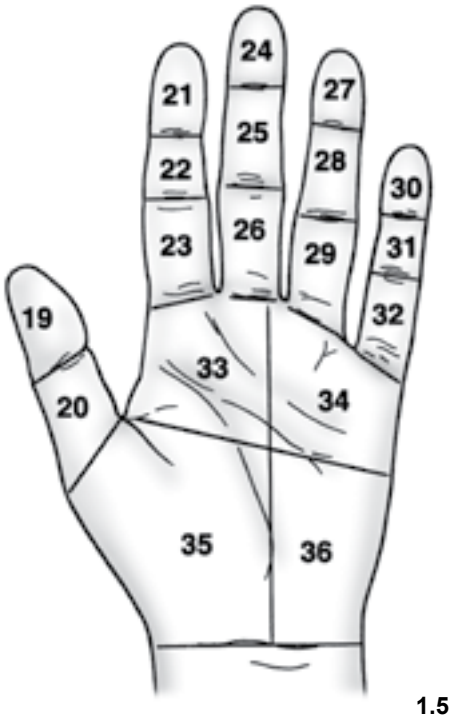

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Evacuations

Attention

- Decision to do medical evacuation not made lightly, make sure you know and follow correct procedures
- Usually 2 codes for evacuation
  - Code 1 — priority flight in an immediately life-threatening situation
  - Code 2 — all other situations
- There is legislation about transporting people who are uncooperative and/or a risk to aircraft, eg people with psychosis, dementia, affected by drugs or alcohol (intoxicated)
  - **Medical consult**
  - Only 1 of these patients can be transported per flight
- Make sure
  - Person and/or family have agreed to evacuation
    - Ask person and/or escort to get ready (clothes, money etc), where they will be, eg home address and directions
    - Remind them about luggage limits and dangerous goods
  - Contact details recorded for next of kin/person responsible
  - Doctor or flight organiser aware of
    - Airstrip where person is being collected
    - Weather conditions in area
    - Weight of everyone travelling
    - Contact phone/satellite phone number you will be available on until evacuation has been completed — and 2 other ways to contact you in case this doesn't work (eg radio channel)
- Stay near clinic radio/phone during wait for evacuation so messages from flight/ambulance base or doctor can get through. If you are busy — ask someone else to do this

Evacuating by air

Attention

Rules for aircraft arrival and departure

- Person opening gate to airfield for an evacuation (or in charge of evacuation) is responsible for who enters airfield at that time
- People and vehicles must stay behind fence with gate shut until aircraft door is opened, propellers have stopped turning. You can't see a spinning propeller — F 1.6 (*p12*)
  - If no fences — people and vehicles must stay at least **30 metres away** from aircraft
- No smoking

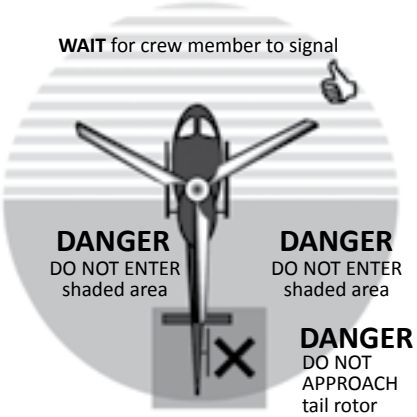
- Vehicles
  - Have vehicle headlights on park — don't blind pilot
  - Park vehicle loading/unloading person at least **5 metres** (or length of wing) from aircraft, engine turned off
  - Don't drive across line from aircraft nose to wingtip, or tail to wingtip — F 1.6
  - Don't reverse vehicle towards aircraft unless directed to by crew member

1.6

- Pilot will not start aircraft engines until all people and vehicles are back behind fence line or at least **30 metres away**
- **Do not** approach aircraft when door is closed or rotating beacon on aircraft belly is on
- Always stay by airstrip until aircraft has taken off safely. If there are problems with person or aircraft — may return

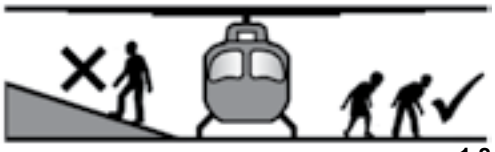
Helicopters

- **Do not** approach helicopter until rotors have stopped turning
- If an emergency and you must approach helicopter while it is running
  - Approach within the 3 to 9 o'clock position only — F 1.7
  - Stop and wait well clear of rotor arcs until pilot has seen you
  - Make sure pilot or crew member aware of your intention by giving a thumbs up signal, wait for reply thumbs up before going further



1.7

- **NEVER** go towards rear of helicopter, even if it is shut down, unless directed to do so by a crew member — F 1.7
- On sloping ground, approach or depart on downhill side — F 1.8
- Under rotor arcs — duck (crouch down) — F 1.8, don't wear hats, make sure you carry loose items securely
- Be careful of long objects such as IV poles. **Do not** carry pointing upwards


1.8

- **If blinded by dust from rotor downwash** — stop and sit on ground until dust clears or help arrives

Practitioner

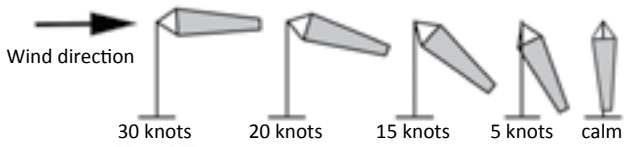
- Your first responsibility is clinical care for your patient
  - Other members of community should help during evacuation
- **When you arrive in new community — find out as soon as possible**
  - How air medical evacuations take place
  - Where airfield is, person responsible for maintaining and checking it, their 24 hour contact information
  - What sort of lighting the airstrip uses — see *Lighting airstrip* (*p14*)
  - Who helps with transfers, checking and lighting airstrip. How are they contacted
    - If no help — you need to know how to do this for yourself
- **Helping the air medical retrieval crew**
  - Follow their directions
  - Give doctor on call or flight organiser all relevant information about person (including weight) so they can bring the right equipment
  - Keep them up to date on developments
  - Plan ahead to make sure aircraft is not kept waiting on airstrip
    - If you will wait in clinic with patient — have someone else collect crew
    - Have lifting team ready to load person onto stretcher and/or aircraft. Think about weight of person and how many needed to lift them safely
  - Choose appropriate transport vehicle. Retrieval team may refuse to travel in vehicle they consider unsafe. See safe transport guidelines — http://remotehealthatlas.nt.gov.au/rfds_safe_transport_guidelines.pdf

What you do

Prepare for landing

Make sure person collecting retrieval team is at airfield 15 minutes before expected arrival time.

- **Weather — check and tell flight organiser**
  - Visibility — how far you can see, fog, rain, cloud covering hilltops
  - Cloud cover — estimate in 8s. 8/8 = total cover, 4/8 = half sky covered. If a dark night — how many stars can you see (indicates clear sky)
  - Position of windsock — which direction wind is coming from and how strong it is — F 1.9



1.9

- **Safety check for airstrip**
  - **Airstrip runway** — check condition well before aircraft lands, day or night. Is it safe — hard smooth surface, free of people, animals, vehicles, etc

- **Test firmness** — drive stiffly sprung vehicle (eg *Toyota* Troop Carrier) up and down at a speed of 75kph. Ride should be comfortable, without potholes
- **Test for wetness** — drive heavy vehicle (eg 4-wheel drive) in zigzag pattern at under 15kph along whole length of airstrip runway. If you slide, slip or tyre tracks more than 2cm deep (10 cent coin) — surface not good enough for a landing
- **No objects within 30 metres** of centre of airstrip so there is room for aircraft to manoeuvre in an emergency
- If you have any concerns — contact flight organiser

- **Check again**
  - Satellite phone and vehicle UHF/HF radio switched on and tuned in. Pilot must be able to talk to someone on ground as they approach airfield
  - About 5 minutes before arrival — airfield free of wildlife/cattle

Night time procedures

Airstrip must be lit

- **30 minutes before landing and** until aircraft has parked
- **10 minutes before take-off and until 30 minutes after departure** — in case they have to come back and land in an emergency

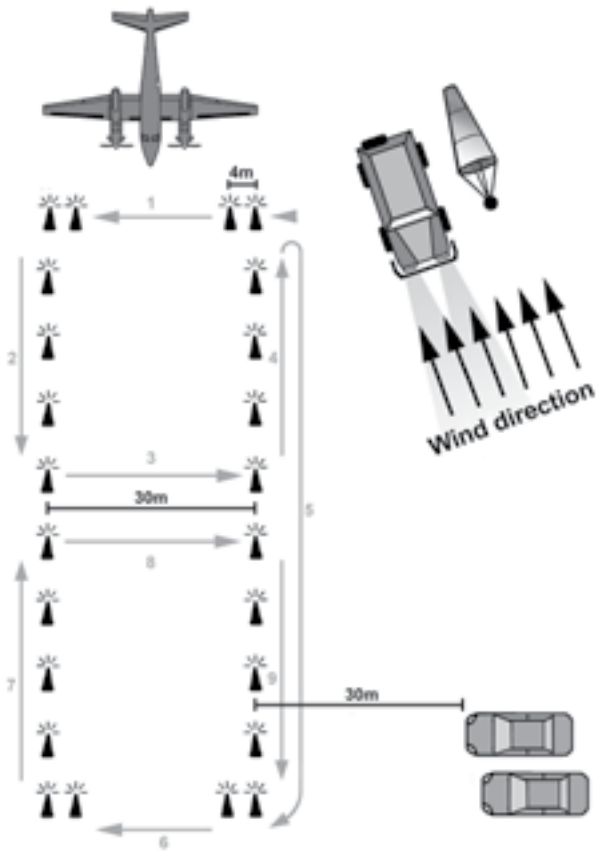
- Contact the person whose job it is to set out and light flares/work electric lights. Know who alternate person is and how to contact them
- **Lighting airstrip**
  - Number of lighting systems available — solar lights which activate automatically at dusk, pilot or manual activation, mains or battery operated. Some airstrips have backup lighting system
  - Know how your airstrip lights work before you need them
- **Setting out flares or portable lights**
  - Begin at end where aircraft will land. Aircraft always land into the wind — F 1.10 (*p15*)
  - Put flares about 100 metres apart. Measure with vehicle trip meter
  - Move down one side of airstrip, going towards middle
    - When you get to middle, cross over to other side of airstrip and work back up
    - Then start at other end, work towards middle, cross over to other side of airstrip then work back to end again
    - This means any uneven gaps will be in middle of airstrip
  - **2 lights** should be placed at all 4 corners of the airstrip, 4m apart — F 1.10
  - Some battery airstrip light sets have a few lights with red/green lenses. Put these lights across each end of the airstrip with the red facing onto strip and green facing away from strip

- **Indicating wind direction**
  - Park **beside** windsock with vehicle lights on high beam facing **into the wind** — 'wind on the windscreen' — F 1.10. This tells pilot wind direction and that airstrip has been checked
  - **Do not** try to light windsock with hand-held spotlights

To stop a landing

- If you arrive at airfield and it is **no longer safe for aircraft to land** — contact pilot/doctor/flight organiser immediately
- **If you can't get through in time**
  - Put white cross on middle of airstrip, or use cones to make one. White cross is universal symbol for 'strip closed'
  - *OR* Park your vehicle in middle of airstrip, facing direction the aircraft will land, with lights blazing. Leave the vehicle. Have a good explanation ready…

Note: Under normal circumstances, never park on or near airstrip when an aircraft is due to land



1.10

Prepare and hand over patient

- **Weigh person and their escort** (if there is one) **before** you talk with doctor/flight organiser
- **Consult with doctor/flight organiser**, talk about and decide
  - How sick the person is, how soon they need evacuating, whether
    - They should wait in clinic for retrieval team, or be taken to airstrip
    - They need additional pain relief, sedation
    - Person and family agree to evacuation
    - They need an escort, who it will be, if there is room on aircraft
- **Check weather and prepare airstrip** — see *Prepare for landing* (*p13*)

- **Get person ready**
  - Make sure they are in best condition they can be, eg pain relief, anti-emetic, sedation, other pre-flight medicine needed, fluids replaced, urinary catheter in, oxygen on, etc
  - Have at least 2 functioning, secure IV cannula and access points
  - Take Hb reading
- Write up all paperwork, photocopy/print 2 copies of file notes (1 for flight crew, 1 for person). Include any faxed confirmation of orders given over the phone
- Stay near radio/phone for aircraft's expected time of arrival (ETA)
- Doing regular observations according to person's clinical condition
  - Do final set of observations **just before** aircraft is due to arrive, so you are confident of person's condition before you hand over
  - **If person's condition has changed — medical consult**
- **Collect together and put ready in vehicle**
  - Person's travel bag (small, less than 10kgs), make sure no Dangerous Goods (as per CASA/CAA regulations) packed
  - All paperwork
  - **Pathology** — packed according to aviation requirements (*p360*), ie wrapped in absorbent material, put in sealed bag/container, then put in another sealed container before being put in protective outer package (contact RFDS/local provider for more information)
  - Any medical items person might need for flight, eg another bag of IV fluid, ORS made up in bottle for child/adult with diarrhoea
  - If person needs **oxygen** while waiting — they will need it during transfer. Take oxygen cylinder with you in vehicle running at the rate you need. Have portable oxygen cylinder for transfer between vehicle and aircraft.
  - IV fluids should be kept running, but are hard to monitor in a bumpy vehicle. Do your best
- **Go to airstrip 15 minutes before aircraft due to arrive**. **Keep to ETA.** Allow for time needed to load person from clinic into vehicle
- Follow rules for aircraft arrival (*p11*)
- Check person's hands for matches or lighters, make sure crew aware if any being carried
- Hand over person and paperwork to air medical staff *OR* if instructed collect air crew from airstrip
- Wait until aircraft has taken off and is on its way before leaving airstrip
- Remember to turn off lights/flares 30 minutes after departure

Evacuating by road or water

Attention

- **Principles are the same as for evacuating by air** (*p11*)
  - **Medical consult**
  - Organise evacuation with service to be used — ambulance, ferry, etc
  - Check weather — road/tide/water conditions
  - Prepare person
  - Hand over to '/boat crew

What else you do

Principles and tips

- Check your vehicle/boat, and that you have enough fuel
- Collect all paperwork, pathology, emergency equipment etc. If possible — organise to take along a family member and another staff member to help with person and/or the driving
- Do a set of observations before you leave clinic
- Follow all medical instructions for journey
- Make sure you are able to get in touch with doctor if person's condition gets worse. You may need to stop vehicle regularly to check person's condition, IV infusions etc
- **If doing a 'halfway meet' with ambulance/boat**
  - Make sure you know exactly when they are leaving their base. You don't want to be travelling with a very sick person any longer than needed
  - When you see ambulance coming towards you, stop your vehicle in a safe place on side of road. **Don't park on crests of hills or on corners**
  - Wait for ambulance crew to position their vehicle
  - Do a set of observations before you hand over
  - **At night** ambulance and clinic staff can pass one another on road. To prevent this, slow down whenever another vehicle approaches, look for blue and red lights. If ambulance — flash your headlights or turn on your own roof beacon, pull over safely on side of road
  - **After handover** — need to turn round and drive back to your community. You will be tired so drive slowly, keep watch for bad road conditions and wild animals/stock, especially at night
  - Radio/phone control base and give them an ETA (*p4*) for your return journey, **let them know** when you do get back
- **If driving through to hospital**
  - Hand over person to emergency department staff, **medical consult** about event, person's condition, changes, treatments, concerns
  - Give them your contact details in case they need further information