The Mandatory Ramping Directive

Effective Friday 9th June, 2021

This morning you would have received an email from the St John WA Ambulance Service Director. This email was sent during a meeting between St John management and the AEAWA regarding their intended ramping strategies. During the course of this meeting, St John WA sent the email to the workforce before any real consultation had taken place, and certainly before the meeting had even concluded. A section of this email states that 'double up of suitable patients is mandatory'. This was not discussed in the meeting.

As we have previously, we would like to take this opportunity to remind our members that so called 'multi-patient care' is not endorsed as routine by the AEAWA, and it is an issue which we remain in dispute over. The AEAWA object to the use of the term 'mandatory' without providing suitable qualification on the following grounds:

- NO true consultation occurred, and the email was sent before feedback was received.
- The CEO has on numerous occasions stated to the media that paramedics are not trained or equipped to deal with ramping.
- The Medical Director has stated 'ramping poses a significant clinical risk'.
- The AEAWA believes this constitutes a 'major change' to our employment conditions and are more than happy to challenge this through the Fair Work Commission.

Despite this directive, the Patient Flow and Ramping SOP remains the guiding document in relation to 'multi-patient care'. We would remind our members that suitability (or not) of a specific patient for 'multi patient care' is determined, as per the SOP, by a clinical 'discussion between the ATTENDING OFFICERS' of both crews. It is NOT a clinical discussion between the HLM/AM as they have played no part in either patient's clinical care, nor will they play a part in clinical care going forward.

For the benefit of our members, the SOP states that certain patients 'may not be suitable for multiple patient care' including:

- those affected by drugs (and/or) alcohol.
- those that require one on one care or have complex needs.
- patients with more complex social or medical issues that still require one on one care, for example contagious illness, potential absconders.
- patients requiring 'ongoing cardiac monitoring'.

It is our view that the wording is clear; the SOP indicates that there are a range of patients that are unsuitable for 'multiple patient care' including patients requiring ongoing cardiac monitoring. In relation to 'ongoing cardiac monitoring' the Clinical Services intranet site ‘Lessons Learned’ dated 13th January 2021 states:

‘*Where available, almost everyone should get an ECG’ [and] ‘Broadly speaking, if your patient falls under any of the Neurological, Respiratory or Circulation CPG, there's a very good chance that the patient should have at least a 3-lead ECG applied’ [and goes on] ‘In conclusion, in most patients & as a bare minimum, a 3-lead ECG should form a part of standard monitoring & observations.’*

The safety of our members and our patients is paramount.

There have been a number of serious clinical events occur on the ramp, so please be mindful of this additional clinical risk when accepting multiple patient care arrangements.

It may be necessary to request an additional CorPuls monitor if requested to undertake multi patient care.

SJA has had ample time (in fact 12 years) to work alongside the Department of Health to understand the most significant question in relation to ramping; who owns the patient?

As always contact an AEAWA committee member should you have any issues.

Kind regards

AEAWA

Contact Us

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