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| Developing Clinical Practice Guidelines |
| First Aid Services |
| OFFICIAL  First Aid Services licenced under the *Non-Emergency Patient Transport and First Aid Services Act 2003* (the Act) are required to prepare and maintain a written scope of clinical practice for the safe provision of first aid services, by the organisation and for each staff member. The scope of clinical practice of a first aid service (the service) must be consistent with the licenced class(es) of the service as defined within the Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 (the Regulations) and any conditions to which the service’s licence is subject. It must also be consistent with the qualifications, competency, training and experience of the service’s staff members. |

# First Aid Clinical Staff Levels

### Group B:

* **Responder Level 1:** a person who has undertaken first aid training, and is competent to provide, basic first aid and management of anaphylaxis.
  + Range of Qualifications: HLTAID 001 (CPR), HLTAID 002 (provide basic emergency life support), HLTAID003 (Provide first aid) and 223000VIC (anaphylaxis) OR equivalent
* **Responder Level 2:** a person who has undertaken first aid training and is competent to provide advanced first aid, including basic emergency life support, casualty management, anaphylaxis management and cardiopulmonary resuscitation:
  + Range of Qualifications: HLTAID 004 (first aid in education care), HLTAID 005 (first aid in remote situations), HLTAID 006 (advanced first aid), HLTAID 007 (advanced resuscitation), HLT 31120 (CERT 3 nonemergency transport), HLTSS 00027 (Occupational first aid), and 22300VIC (anaphylaxis) Or equivalent]
* **Responder Level 3:** a person who has undertaken training in, and is competent to provide, advanced first aid including the management of an emergency first aid response and the management of staff members, facilities, equipment and records used to provide a first aid response:
  + Range of Qualifications: Diploma of Emergency Health Care (HLT50120), Diploma of Nursing (HLT54115) OR equivalent.

### Group A:

* Requiring a Bachelor Qualifications and Ahpra registration (Medical Practitioners, Nurses, Paramedics, Clinical Pharmacist, Physiotherapist etc) OR equivalent.

**Note:** Basic and Intermediate first aid services are not required to engage group A clinical staff. Group A clinical staff working for a basic or intermediate first aid service cannot work beyond the scope of the service’s licence class as defined by the Regulations and therefore are required to work to a scope of practice of an FR1, 2 or 3.

# Developing Clinical Practice Guidelines (CPGs)

In accordance with Regulation 30, a first aid service is required to establish a Clinical Oversight Committee (CoC). In relation to clinical practice guidelines, it is the responsibility of the CoC to:

* oversee processes to set the scope of clinical practice of the service to ensure that the licence holder does not provide services beyond its competencies and ability and
* oversee processes to set the scope of clinical practice of all clinical staff members and
* review the clinical practice protocols, processes and operating procedures of the service

### Key points:

* The CPGs must reflect the scope of service provided by the organisation, appropriate to the service level.
* CPGs must be developed by the organisation clinical oversight committee; however information can be acquired from an external source, the Department of Health’s (the department) templates or a combination of both.
* CPGs need to specifically prescribe the scope of practice for all clinical levels employed by the organisation (scope of practice matrix)
* Group B employees CPGs must align to Table 1- Scope of Clinical Practice (first responder)
* CPGs must be submitted to the department’s Clinical Practice Protocol Assessment Committee (CPPAC) for approval prior to implementation and access to scheduled medications.

### How to develop CPG’s

1. Determine the organisation’s scope and event profiles, including anticipated patient needs
2. Organisation’s CoC to develop guidelines, using external material where permitted (including the department’s CPG templates)
3. CoC to review CPGs to ensure they evidence-based and reflect the organisation’s scope
4. Specifically identify which clinical staff are authorised to practice under each guideline, including reference to skills, procedures, and medicines
5. Submit the guidelines to the department for approval prior to implementation

Table 1: Scope of Practice-First Responders

| First Aid Responder Level 1, 2 and 3 |  |  |  |
| --- | --- | --- | --- |
| Protocol/Skill | Responder | Responder | Responder |
|  | Level 1 | Level 2 | Level 3 |
| **Assessments** |  |  |  |
| Burns Percentage (Adult) | ● | ● | ● |
| Burns Percentage (Paediatric) |  | ● | ● |
| Conscious Status (Adult & Paediatric) | ● | ● | ● |
| ECG - 3 leads (Adult & Paediatric) |  |  | ● |
| ECG – 12 lead acquisition (non-diagnostic) |  |  | **TE** |
| Mental Status Assessment |  |  | **TE** |
| Pain Assessment Score | ● | ● | ● |
| Perfusion Status | ● | ● | ● |
| Respiratory Status | ● | ● | ● |
| Stroke Assessment - F.A.S.T. | ● | ● | ● |
| Time Critical Guidelines (Adult) | ● | ● | ● |
| Time Critical Guidelines (Paediatric) |  | ● | ● |
| Visual acuity test (eye injury) | ● | ● | ● |
| Head injury assessment |  | **TE** | ● |
| Nexus spinal assessment |  |  | **TE** |
| Blood Glucose Monitoring (BSL) |  | ● | ● |
| Chest Auscultation |  |  | ● |
| **Airway and breathing** |  |  |  |
| Nasopharyngeal Airway (Adult) |  |  | ● |
| Nasopharyngeal Airway (Paediatric) |  |  | ● |
| Oropharyngeal Airway (Adult) | ● | ● | ● |
| Oropharyngeal Airway (Paediatric) | ● | ● | ● |
| Oropharyngeal Airway (Neonatal) |  |  | **TE** |
| Supra-Glottic Airway (Adult) |  |  | ● |
| Supra-Glottic Airway (Paediatric) |  |  | ● |
| Airway Manoeuvres | ● | ● | ● |
| Airway Suction |  | ● | ● |
| Airway Occlusion - Back Blows | ● | ● | ● |
| Airway Occlusion - Chest Thrusts | ● | ● | ● |
| Bag Valve Mask Ventilation IPPV |  | ● | ● |
| **Cardiac Arrest** |  |  |  |
| Cardio-Pulmonary Resuscitation (CPR) | ● | ● | ● |
| Defibrillation via AED (Adult) | ● | ● | ● |
| Defibrillation via AED (Paediatric) | ● | ● | ● |
| Obstetrics |  |  |  |
| Unscheduled field birth |  |  | TE |
| Maternal positioning |  | TE | TE |
| **Trauma** |  |  |  |
| Manual Inline Stabilisation (MILS) | ● | ● | ● |
| C-collar |  | ● | ● |
| Arterial Tourniquet |  | ● | ● |
| Haemostatic Dressing | ● | ● | ● |
| Pelvic Splint |  |  | ● |
| Pressure Dressing | ● | ● | ● |
| Traction Splint |  |  | ● |
| Formable Splint |  | ● | ● |
| Anatomical Splint |  | ● | ● |
| Wound irrigation | ● | ● | ● |
| Wound Closure (Steri-Strips) |  | **TE** | ● |
| Pressure/Immobilisation Bandage | ● | ● | ● |
| **Other Skills** |  |  |  |
| Passive Cooling Techniques | ● | ● | ● |
| Active Cooling Techniques |  | ● | ● |
| Epistaxis haemorrhage control | ● | ● | ● |
| Eye irrigation | ● | ● | ● |
| Recovery position | ● | ● | ● |
| Ice pack / warm pack | ● | ● | ● |
| **Medication** |  |  |  |
| Adrenaline (via auto injector) (IM) | ● | ● | ● |
| Adrenaline 1:1000 (drawn from ampoule) (IM) |  |  | ● |
| Adrenaline (nebulised) |  |  | ● |
| Aspirin | ● | ● | ● |
| Cetirizine | ● | ● | ● |
| Fexofenadine | ● | ● | ● |
| Glucose Paste | ● | ● | ● |
| Glucagon IM |  |  | ● |
| Glyceryl Trinitrate |  |  | ● |
| Hyoscine butylbromide | ● | ● | ● |
| Ibuprofen | ● | ● | ● |
| Ipratropium Bromide (Atrovent) (pMDI) |  | ● | ● |
| Ipratropium Bromide (Atrovent) (Nebulised) |  |  | ● |
| Loratadine | ● | ● | ● |
| Methoxyflurane |  | ● | ● |
| Naloxone (IN) | ● | ● | ● |
| Nitrous Oxide (Entonox) |  | ● | ● |
| Ondansetron ODT |  |  | ● |
| Oxygen | **TE** | ● | ● |
| Paracetamol | ● | ● | ● |
| Salbutamol (pMDI) | ● | ● | ● |
| Salbutamol (Nebulised) |  |  | ● |

\*TE indicates Training and Endorsed by FAS provider

## Medicines & Preparations not listed

Schedule 2 and non-scheduled topical and oral preparations may be administered by Responder Level 2 and Responder Level 3 as long as the organisation has incorporated them into their CPGs and can demonstrate training, competency and accreditation for each individual who will be administering the schedule 2 and non-scheduled preparations.

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