

Combined Universities Centre for Rural Health



Emergency Care in the Bush

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Research team

- Funding from the DoH WA
- Collaboration between
 - CUCRH
 - Farmsafe WA Alliance
 - Department of Emergency Medicine (UWA)
 - Nursing Department, Charles Darwin University

- With support from
 - RFDS
 - St John Ambulance
 - WA Farmers Federation
 - WACHS
 - Isolated Children and Parents Association

Overview

- The research objectives
- The methodology used
- Some of our findings, and
- A few of the recommendations

Background

- Quick and effective response is vital in times of a medical emergency, especially in rural areas
- No research has investigated the prevalence of ***all*** medical emergencies on Australian farms and stations
- No research on the level of first aid knowledge, confidence and training in this high risk group



Research objectives

- What is the prevalence of medical emergencies?
- Is the ability to contact, communicate and respond to service providers adequate?
- Is the prevalence of first aid training and the level of competency adequate?



Methods

- Semi-structured interviews
 - Health care professionals in rural and remote areas
 - People that live on isolated farms and stations
- Secondary data analysis
 - RFDS (Telehealth services, evacuations, medical chest)
 - St John Ambulance (ambulance call-outs, first aid training)
- Population survey
 - 1000 surveys mailed-out to a random sample of farms and stations in WA

Semi-structured interviews

- 8 HCP participated in a semi-structured interview conducted by telephone
 - RN's x 4
 - 3 small rural towns, 1 remote area nurse
 - SJA x 3
 - 2 small rural towns, 1 remote area. All volunteer officers
 - RFDS Dr x 1
 - Also works in remote area hospital
- 12 people that live on farms / stations

Interviews with Health Care Providers

- Questions asked included -
 - How and by whom are you notified to attend an emergency?
 - What information do you receive when you are asked to attend an emergency?
 - What difficulties may arise?
 - What preparation do you undertake prior to receiving the patient?

- HCP were asked how they felt farm / station people should respond to a set of medical emergencies which included –
 - Chest pain
 - Crush injury
 - Collapse
 - Head injury



Interviews with people living on farms

- Questions asked included -
 - Can you tell me about the most serious medical emergency?
 - How did you respond to this emergency?
 - How prepared have you been for those medical emergencies?
 - What would help you manage a medical emergency?
 - Asked the same four scenarios as the HCP's

Themes from interviews:

Communication

- SJA volunteers discussed the importance of obtaining the correct information

“People panic, they call the hospital or SJA, say there is an emergency then just hang up before more information is obtained”. (HCP01)

- Differences with who farm/ station people reported they contact in the event of a medical emergency

“Depends on what situation is as to which hospital we contact”. (FAR10)

Themes from farm and station interviews: Communication

- Frustration with the advice received from their local health service, in particular perceived misdiagnosing conditions and misinforming where they should seek treatment

*“By taking the suggestion from the medical fraternity to go to Northam, it could have nearly cost my life”.
(FAR01)*

- Some participants not confident with the medical advice given by a health professional over the telephone, compared to seeing them in person.

Themes from interviews: First Aid

- 5 of the 8 HCP's stated that all farm and station workers should have Senior First Aid as minimum training.
- Most of the people living on farms and stations recognised the importance of first aid training in the event of a medical emergency, but few had regular or recent training.

*“Everyone should be subjected to at least the basic first aid knowledge. It saves lives. I can vouch for that”.
(FAR08)*

Themes from interviews: First Aid

- Barriers for undertaking first aid training, mainly the expense, time and distance to first aid training courses.

“It’s a bit expensive for us to do first aid training”. (FAR06)

“It’s really hard out there to have a few days time off – would have to re-do the course – good week to do training”. (FAR07)

Data sources of medical emergencies on farms / stations (5 years)

- RFDS telehealth services
 - 4425 from “station” locations
- RFDS primary evacuations
 - 724 from airstrips located on stations
- SJA ambulance call-outs
 - 34139 from country subcentres
- Population survey [N=520]
 - 255 reported a medical emergency on their farm / station in the last 5 years

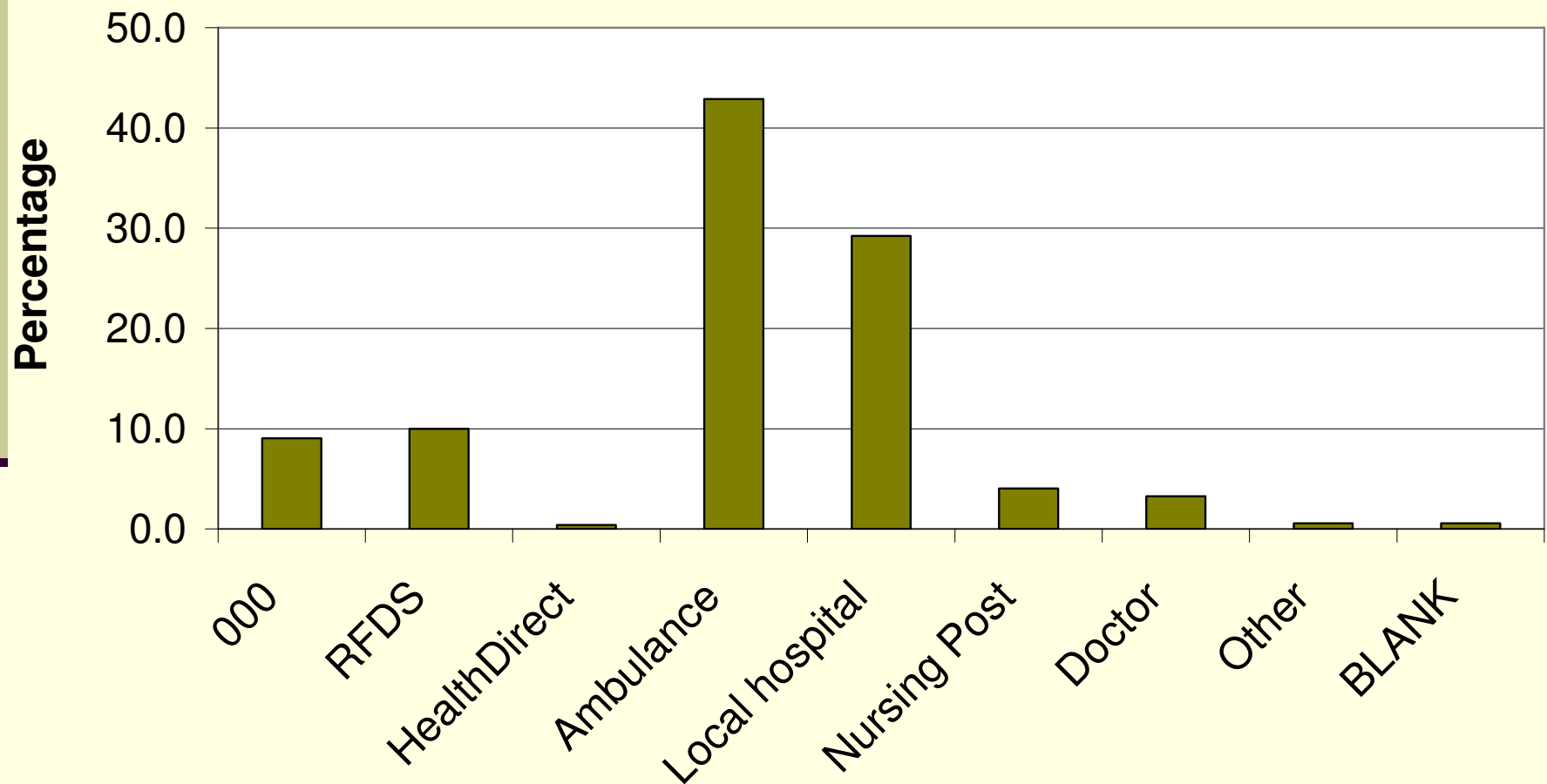
What types of medical emergencies?

- Injuries were the most common reasons for RFDS evacuations (32%) and SJA ambulance callouts (30%)
- The majority of self-reported medical emergencies in the population survey were injuries (72%)
- The most common type of reason for telehealth services were infections and parasitic conditions (42%)



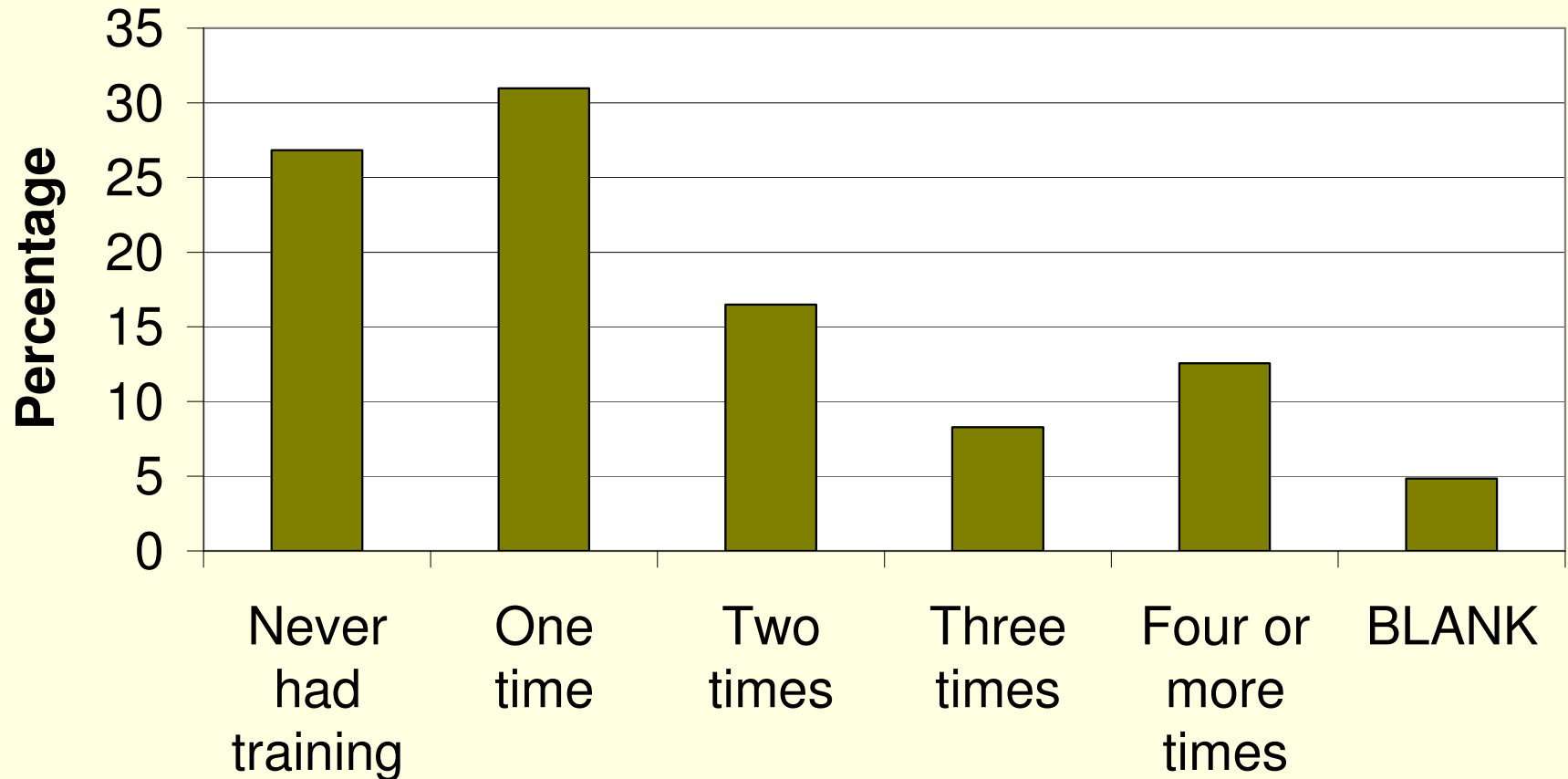
Who is called first in the event of a medical emergency [N=520]

Who would you call first in a medical emergency



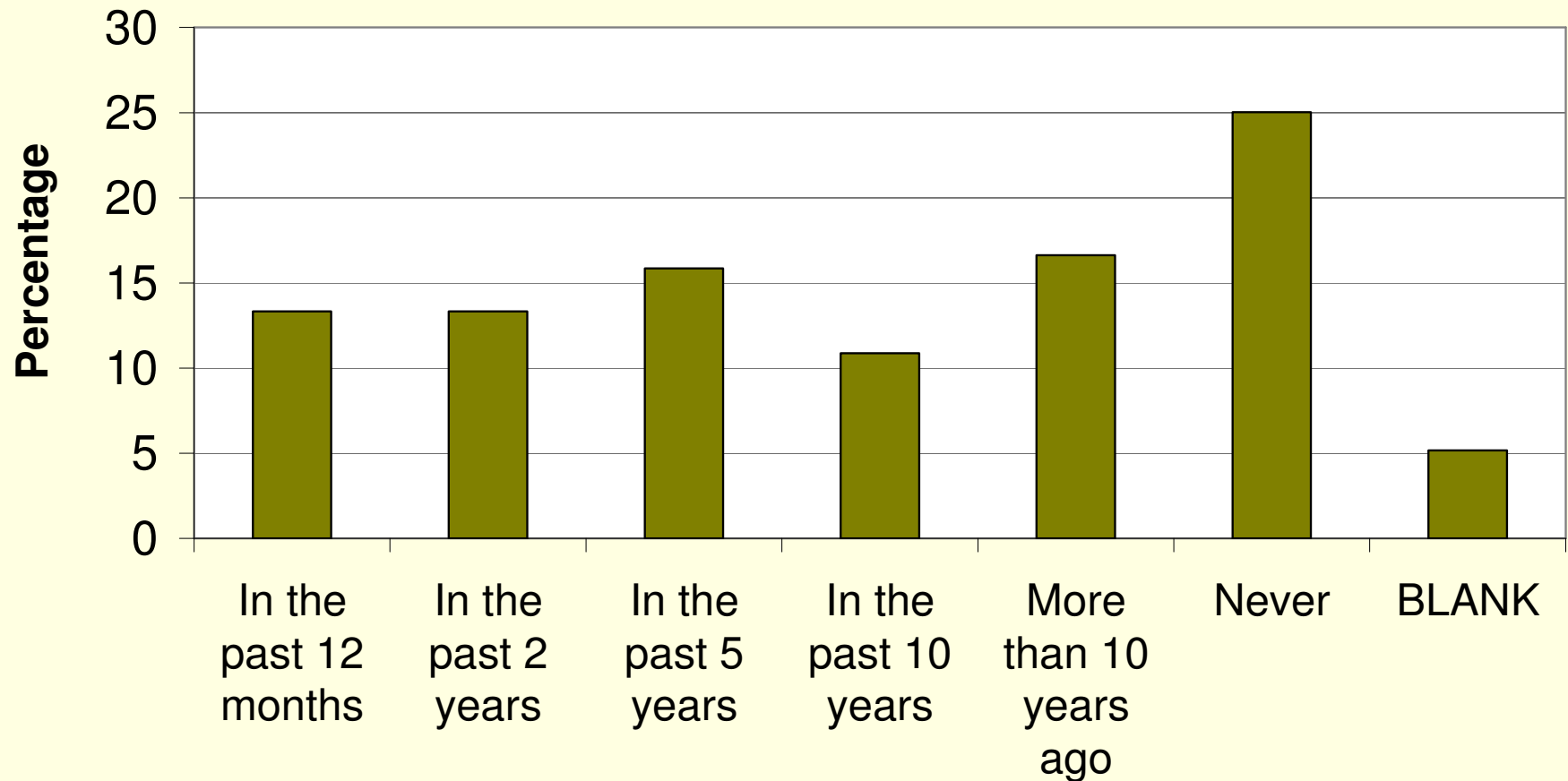
How many times completed first aid training (1546 people over 15 yrs old)

How many times completed first aid training



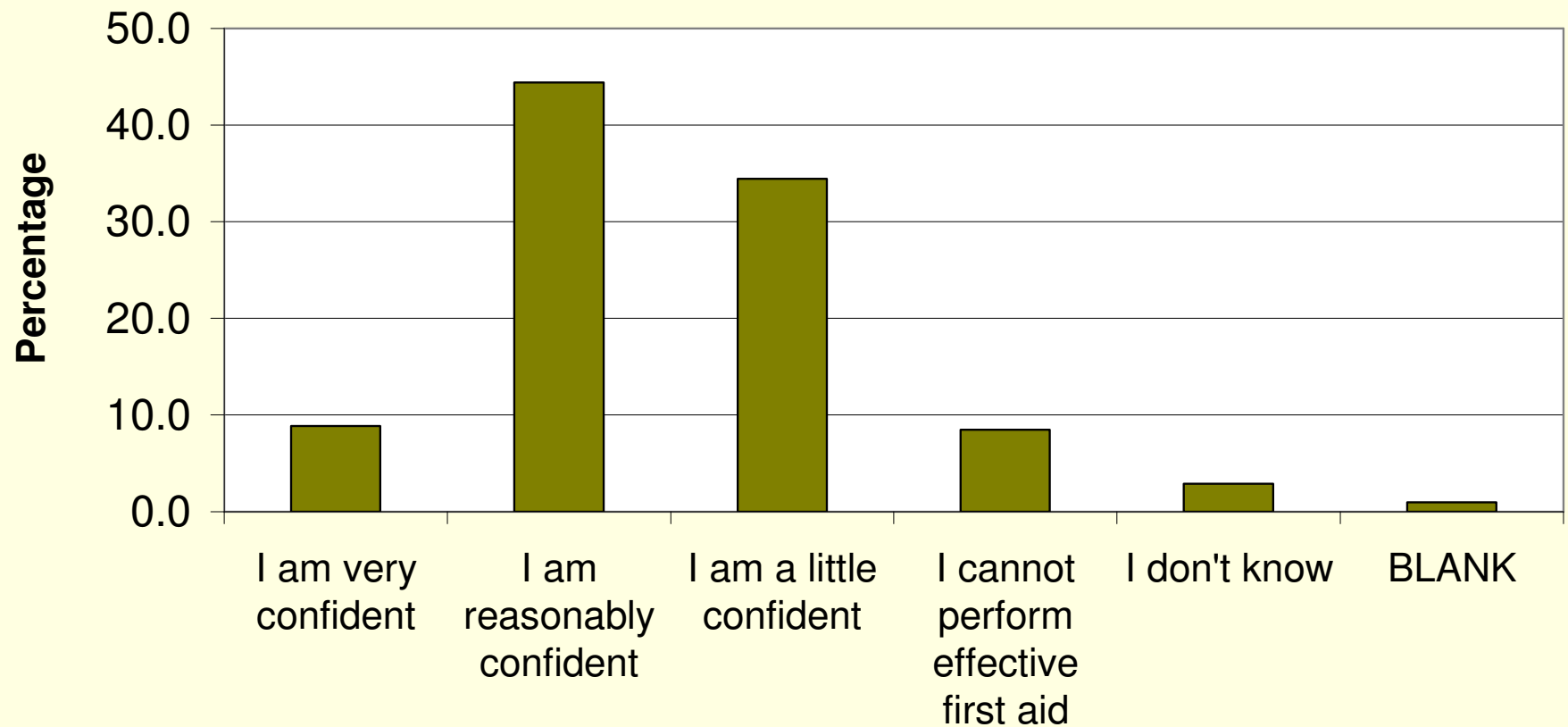
Last time attended first aid training (1546 people over 15 yrs old)

How long ago completed first aid training



Confidence to perform first aid in a medical emergency [N=520]

How confident to administer first aid in a medical emergency



Recommendations – first aid training

- Increase attendance at training sessions, using targets to ensure that each region or district has a minimum acceptable proportion of the population trained.
- Use media to promote key first aid messages for people without Senior First Aid training
- Training options should be family and community focused – not certificate or professionally focused
- Different delivery modes for training – eg mobile training; coordination with training offered by mining companies; use of the internet

Recommendations – Emergency response

- Develop and promote comprehensive policies on who should be contacted in a medical emergency.

- Strategies are needed to advise those using private transport in a medical emergency



Research Conclusions

- First Aid education.
- Who do you call?
- What is the best response?

Where to from here?

- Action the recommendations
- Workshop planning
- Purpose and content of workshops
- Collaboration with organisations



Why run workshops?

Recommendations relevant to this included:

- Importance of being prepared for a medical emergency (plan and training)
- Increase ability for rural communities to carry out first aid in a medical emergency
- New approaches to the delivery of training
- Who should be contacted in a medical emergency

Workshops

- Eight workshops in the Great Southern, Wheatbelt, Mid West and South West
- Collaborative approach
- First aid training not included
- Scenarios relevant to farmers/stations
- Family and workers – emergency plan



Content

- Importance of farm safety
- Emergency planning
- The role of each emergency service
- Scenarios – what to do in an emergency on farm
- Who to contact in an emergency
- Information/resources on how to do so



Potential outcomes

- Increased awareness of emergency services available and their role
- Farmers, families and workers develop an emergency plan and understand importance
- Greater preparedness for emergency, including first aid and contact numbers
- Updating first aid knowledge (renewed interest in attending first aid course)
- More funding to deliver more workshops!

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