

Queensland Emergency Helicopter Network (QEHN)

Tasking Guideline

QH-GDL-495:2021



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1. Preface

The Queensland Emergency Helicopter Network (QEHN) Tasking Guideline (The Guideline) describes helicopter tasking for the QEHN. The QEHN is composed of government, non-government and commercial helicopter service providers who provide helicopter emergency aeromedical services to Queensland Health through funding deeds, a Memorandum of Understanding and contractual arrangements. Government agencies task the QEHN with the aim to provide optimal asset utilisation, risk mitigation and safety in delivering emergency helicopter responses across Queensland during both normal operations and a disaster response.

The QEHN Tasking agencies are accountable for providing specific operational authority as defined in The Guideline.

The QEHN is underpinned by best practice, Queensland Health aviation and clinical standards, operational and safety principles and practices that are effected at inter- and intra-agency levels. The operational practices described in The Guideline support normal operations with a seamless transition to activation of the State Disaster Coordination Centre (SDCC) and supporting the SDCC Aviation Cell.

Under normal operations, the majority (>95%) of QEHN helicopter tasks are aeromedical responses (i.e. involve a patient). Retrieval Services Queensland (RSQ) is the nominated agency through which all tasking communications are facilitated. RSQ is also the custodian of the 'point in time' status of the QEHN resources and assets under both normal operations and disaster response conditions.

The Guideline is given full effect through the internal organisation and operating procedures of the QEHN Tasking agencies.

2. Tasking agency endorsements

The Guideline has been developed in collaboration with members of the Queensland Government emergency response tasking agencies and has been endorsed for application by the representatives on the Queensland Aeromedical Governance Committee.

(Signed Copy)

Acting Deputy Director-General and Chief Medical Officer, Prevention Division and Chief Clinical Information Officer, Queensland Health

CHAIR Queensland Aeromedical Governance Committee

13 / 09 / 2021

(Signed Copy)

Executive Director, Aeromedical Retrieval and Disaster Management Branch,
Prevention Division, Queensland Health

10 / 09 / 2021

(Signed Copy)

Commissioner of Queensland Ambulance Service

24 / 09 / 2021

(Signed Copy)

Commissioner of Queensland Police Service

16 / 11 / 2021

(Signed Copy)

Commissioner of Queensland Fire and Emergency Services

10 / 12 / 2021

3. Scope

The QEHN Tasking Guideline (The Guideline) provides information for all emergency helicopter service providers operating within the QEHN and all agencies authorised to task these services (tasking agencies).

4. Purpose

The purpose of The Guideline is to describe the principles and agreed tasking arrangement/s for the QEHN during normal operations (regular activity) and a declared disaster response.

In the event of a declared disaster i.e. by activation of the State Disaster Coordination Centre (SDCC) Aviation Cell, the additional conditions of Appendix 7 Disaster Response and Recovery Operations apply.

5. Related documents

5.1. Legislation

Ambulance Service Act 1991

Ambulance Service Act of NSW Regulation (2006)

Disaster Management Act (2003)

5.2. Policies and standards

Queensland Emergency Risk Management Framework 2017

Queensland State Disaster Management Plan 2018

Queensland Disaster Management 2016 Strategic Policy Statement

Queensland Police Service (QPS) Operational Procedures Manual

QFES Tactical Directive TacD02.03.00 - Aircraft Activation

QAS Communications Centre SOP 005

5.3. Procedures, guidelines and protocols

Retrieval Services Queensland (RSQ) Standard operating procedures

- Emergency Helicopter Network Primary Response procedure (RP3001)
- Requesting Interfacility Patient Transfer Procedure (RP1001)

- RSQ Aeromedical Operations Tasking Considerations guideline (RG1002)
- Aeromedical Operational Tasking guideline (RG1012)
- Coordinating IFT Patient Transfer procedure (RP1002)
- Early Notification of Trauma (ENOT) guideline (RG1001)
- Early Notification of Trauma (ENOT) flow chart (RI1016)

6. Guiding principles

Best Practice operational and safety principles and practices underpin The Guideline and QEHN operations including:

- The QEHN provides emergency support to Queensland communities and at risk patients.
- RSQ provides the single point of contact, communication and coordination for tasking agencies to access the QEHN.
- QEHN Tasking processes provide a safe, effective and efficient emergency helicopter response, prioritized and tailored to tasking agency requirements.
- QEHN coverage is optimised at all times to maintain the best possible tasking capability and options for tasking agencies.
- The QEHN service providers and tasking agencies acknowledge the risk management principles as outlined in the Australian and New Zealand standard; AS/NZS ISO 31000:2018 Risk management – Principles and guidelines.
- QEHN service providers and tasking agencies commit to continuously improving the administrative and operational arrangements to promote efficiency, safety and responsiveness as detailed in The Guideline.
- When required and authorised, other providers of emergency helicopter services e.g. Australian Defence Force (ADF) can support emergency response in Queensland.

7. Governance

7.1. Accountability

Queensland Health (QH) is responsible for the contractual management of all non government and commercial service providers within the QEHN.

Queensland Government Air Helicopter Rescue (QGAir) operates and administers the Government owned assets and works collaboratively with Queensland Health under a Memorandum of Understanding, aligning aviation standards and performance with the other contracted QEHN providers.

Queensland Health, via RSQ, is the nominated government agency responsible for the 24/7 operation and governance of the standardised Task processes for all authorised tasking agencies accessing QEHN helicopters.

All tasking agencies are accountable for appropriate requesting of QEHN helicopters for their respective agency purposes.

7.2. Leadership

The Aeromedical Strategic Reference Group provides expert advice regarding The Guideline. (i.e. see Appendix 11 for the Queensland Aeromedical Strategic Reference Group Committee membership).

7.3. Structures and relationships

The QEHN requires collaboration between all tasking agencies and QEHN service providers to ensure the safe and efficient operation of the QEHN and the effectiveness of The Guideline.

7.4. Planning, performance monitoring and evaluation

Triennial review and evaluation of The Guideline will be undertaken ensuring it continues to meet the requirements of all tasking agencies and QEHN service providers.

The Aeromedical Strategic Reference Group shall review and make recommendations for improvement to The Guideline for endorsement by the Queensland Aeromedical Governance Committee.

7.5. Helicopter tasking

7.5.1 Retrieval Services Queensland

RSQ is a joint arrangement between the Queensland Ambulance Service (QAS) and Queensland Health (QH) that provides clinical and logistic coordination of all aeromedical responses in Queensland with QH providing clinical advice, authorisation and clinical coordination for aeromedical retrievals; and QAS providing communication and logistical support, for aeromedical retrievals and for the emergency helicopter tasking process.

RSQ is the statewide conduit to QEHN providers for all authorised tasking agencies. RSQ will act immediately once informed of a tasking request and is appropriately placed to participate in medical crewing decisions with tasking agencies and providers. RSQ connects tasking agencies and helicopter providers using a conference call methodology, facilitating the exchange of information (such as asset availability, aviation and clinical risk levels).

If there is an identified competing demand, RSQ collaborates with the tasking agencies and QEHN service providers to resolve the conflict (see 10.2 Resolution of Competing Demands for QEHN Assets).

7.5.2 Task authorisation

The RSQ Medical Coordinator maintains clinical governance of all QEHN tasks during both normal operations and a disaster response. The RSQ Medical Coordinator authorises all QEHN aeromedical tasks requiring or potentially requiring clinical care for a patient.

When competing helicopter tasking demands are identified under normal conditions, the State Medical Director RSQ, or delegate, accepts accountability for the allocated aeromedical helicopter task priority.

Where competing helicopter tasking demands are identified during a disaster response, see 10.2.2, the Chair State Disaster Coordination Group (SDCG) accepts final accountability for the allocated helicopter task priority.

7.5.3 Queensland government agencies

The following Queensland Government agencies are authorised to request a QEHN helicopter response via RSQ:

- Queensland Health;
- QAS;
- Queensland Police Service (QPS);
- Queensland Fire and Emergency Service (QFES); and
- State Disaster Coordination Centre Aviation Cell.

7.5.4 Other jurisdictions

AMSA is responsible for national Search and Rescue (SAR) and other distress responses and is authorised to request a QEHN emergency helicopter response via RSQ.

New South Wales (NSW) Ministry of Health facilities in the Northern NSW region may request a Queensland aeromedical emergency helicopter response. These responses are coordinated through RSQ.

7.6. Service providers

The following service providers and base locations form the QEHN. They have also been approved by the Minister for Health and the Minister for Ambulance Services (under section 43 of the *Ambulance Service Act 1991*) to provide ambulance transport in helicopters:

- QGAir at Brisbane, Townsville and Cairns;
- LifeFlight Australia at Brisbane, Sunshine Coast, Toowoomba, Mount Isa and Bundaberg;
- RACQ Capricorn Helicopter Rescue Service at Rockhampton;
- RACQ Central Queensland Helicopter Rescue Service (CQ Rescue) at Mackay; and
- Babcock Mission Critical Service Australasia Pty Ltd (Babcock) at Horn Island in Torres Strait.

8. Tasking process

8.1. Helicopter tasking process

QEHN Tasking is the process for providing emergency helicopter support in response to an authorised tasking agency request.

There are six phases to an QEHN task:

- i. potential task determination;
- ii. task notification;
- iii. task risk assessment;
- iv. task authorisation;
- v. task activation;
- vi. task coordination; and
- vii. flight monitoring.

While these phases are common to all helicopter tasks, the process for each phase varies depending on the tasking agency and tasking function.

8.2. Helicopter tasking functions

The QEHN service providers support the following tasking agency functions:

- SAR and other AMSA distress responses, including Medical Evacuation (MEDEVAC) from ships at sea;
- Urgent QPS and QFES responsibilities;
- Non-urgent QPS and QFES responsibilities;

- SDCC Operations; and
- Aeromedical Retrievals (pre hospital response and interfacility transport). The majority of QEHN Tasking requests involve, or potentially involve patient care and are aeromedical retrievals.

Further detailed procedures about these responses can be seen in the following Appendices.

- Appendix 7 – Disaster response and recovery operations
- Appendix 8 – Definitions
- Appendix 9 – Acronyms
- Appendix 10 – Tasking Agency Contacts
- Appendix 11 – Aeromedical Strategic Reference Group – Member Contact Details

8.3. Helicopter task coordination

All requests to task QEHN assets for approved agency functions must be made by an authorised tasking agency following established tasking agency processes and coordinated through RSQ. Consequently, QEHN service providers must only accept tasks (related to approved agency functions) that are coordinated through RSQ.

This requirement facilitates RSQ's role as custodian of the 'point in time' status of the QEHN resources and assets and ensures tasking agencies are optimally supported.

This condition applies to both normal operations and a disaster response.

8.4. QEHN 'point in time' status of resources and assets

As custodian of the 'point in time' status of the QEHN resources and assets, RSQ:

- connects QEHN Tasking agencies and service providers (by teleconference) to facilitate tasking, and
- provides aircraft flight monitoring and flight progress monitoring functions for the QEHN.

8.5. Flight crew

The flight crew composition for a helicopter task is determined by the service provider in line with relevant contractual agreements.

Clinical composition of the flight crew (clinical crew) is determined by RSQ on a task specific basis.

8.6. Flight risk and safety

Aeromedical task risk is assessed in line with the RSQ Combined Aeromedical and Aviation Risk Matrix (CAARM), see Appendix 6. Mission separation principles are to be applied at all times up to the point of task acceptance. Once the pilot accepts the task mission specifics can be passed on.

All providers must provide a Risk Category as per the CAARM for every task allocated which will be recorded in Brolga.

While RSQ facilitates the helicopter tasking process, at all times, the final decision on whether to undertake a flight is the responsibility of the pilot-in-command. The pilot must be satisfied that the flight can be undertaken safely.

8.7. Flight monitoring and flight progress monitoring

The RSQ Rotary Desk records flight monitoring and flight progress monitoring for all QEHN tasks during normal operations and a disaster response.

Whilst it is the QEHN service providers responsibility to have procedures in place to ensure Flight Following by Airservices Australia, if a tasked QEHN helicopter fails to notify RSQ at the designated time, RSQ will initiate emergency aircraft procedures to ascertain the helicopters status and safety, and if unsuccessful initiate a SAR response.

8.8. Flight following

Airservices Australia (Air Traffic Control) is the agency designated to record flight progress and flight following status during normal operations and a disaster response.

During a disaster response, the SDCC Aviation Cell undertakes flight progress status monitoring and reporting for all tasked helicopters, see A7.2.3.4

9. Aeromedical helicopter task activating processes

9.1. Aeromedical tasks

The majority of QEHN Tasking requests relate to aeromedical operations, of which there are two main types:

- i. **Pre Hospital Response**
 - SAR, QPS or QFES response where Clinical Capability is anticipated or requested.
 - Support for a QAS primary response, see Appendix 4.
- ii. **Inter-Facility Transfer (IFT):** where a Queensland Health (QH) or private health service facility requests a patient be transferred to another health facility for the continuation of their care, see Appendix 5.

Helicopter tasking is provided in line with the RSQ Combined Aeromedical and Aviation Risk Matrix, see Appendix 6. It is based on:

- clinical need;
- access to the patient;
- distance/time to the patient; and
- the preferred receiving hospital.

9.1.1. QAS Aeromedical Task Notification

To request a helicopter in support for a QAS primary response, the QAS OpCen contacts the RSQ Rotary Desk on 1300 722 233, see Appendix 4.

The RSQ Medical Coordinator determines the clinical appropriateness, discusses task with RWATA to determine any operational concerns and where appropriate authorises the task.

9.1.2. Inter-facility transfer aeromedical task notification

To request a QEHN helicopter for an IFT, the sending QH or private healthcare facility contacts RSQ on 1300 799 127, see Appendix 5.

The RSQ Medical Coordinator determines the clinical appropriateness and discusses task with RWATA to determine any operational or localised logistical concerns, and where appropriate authorises the task.

The RSQ Rotary Desk advises the service provider of the Brolga task ID number and the task is coordinated in line with RSQ aeromedical coordination and communication processes.

10. Resolution of competing demands for QEHN Assets

10.1. Training flights

RSQ considers training flights as self-tasking by the provider i.e. non- aeromedical tasks.

It is recognised that cancellation or postponement of training flights has the potential to impact the QEHN service providers' future pilot currency and response capability and directly impact the QEHN operations. However, this may occur where no other QEHN asset is available to respond within the tasking agencies priority requirements.

10.2. Resolution process

Competing Demands for helicopter support should be resolved by a collaborative approach between agencies. Generally the order of priority will be as follows:

- a. overt search and rescue operations;
- b. aeromedical tasks;
- c. urgent QPS or QFES responsibilities;
- d. non-urgent QPS or QFES responsibilities; and
- e. training flights.

Conflict resolution discussions are coordinated through RSQ and should involve the RWATA where available.

Where a competing helicopter demand is identified (including training flights), the RSQ Rotary Desk convenes a teleconference with the requesting agencies and service provider(s) to resolve the conflict and agree on the tasking priority (Tier 1 resolution). In most cases this process will resolve the potential task conflict.

Where Competing Demands have not/cannot be resolved, the RSQ Rotary Desk extends the teleconference to include the respective tasking agency's nominated senior officer(s) (Tier 2) and if necessary, the nominated executive officer, (Tier 3), who will then make the final decision.

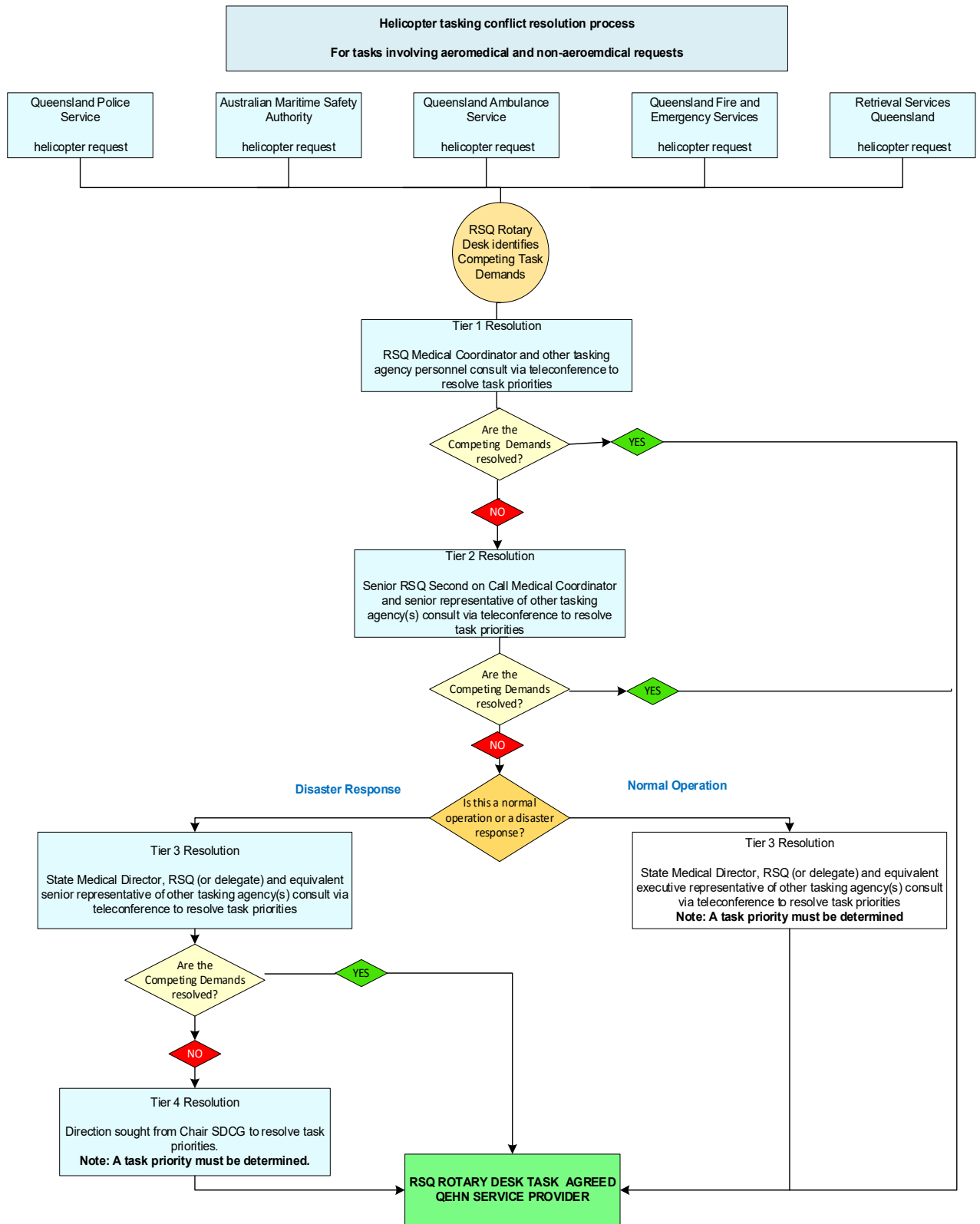
10.2.1. During regular activity

During regular activity, the Competing Demands that are not resolved at Tier 3, will be resolved by the State Medical Director (RSQ) or delegate.

10.2.2. During disaster operations

During a disaster response, Competing Demands not resolved at Tier 3 are resolved by the Chair SDCG (Tier 4). Both the SDCC Capability Coordinator, see A7.1.7.1 and the State Medical Director RSQ (or delegate) are authorised to seek direction from the Chair SDCG to resolve competing task demands during a disaster response.

10.3. Competing Demand Resolution Flowchart



Appendix 1 QPS operations process

A1.1 Tasking an QEHN Helicopter for a Queensland Police Service (QPS) response

QPS tasks QEHN resources for urgent and non-urgent responsibilities.

The Police Communications Centre (PCC) in the relevant region coordinates tasking of QEHN Helicopters for QPS responsibilities. Current QPS policies (including the use of helicopters) are contained in the QPS Operational Procedures Manual.

A1.1.1 QPS coordinated SAR responses

Urgent QPS responsibilities include coordination of SAR operations:

- at the request of AMSA;
- where AMSA have not assumed responsibility for a particular operation; and
- in response to SAR incidents activated through police channels.

A1.1.2 Urgent QPS responsibilities

The QPS tasks helicopters for assistance with a range of urgent QPS responsibilities providing support in urgent police operations, e.g. where life is at risk or likely to be at risk, or to alleviate a significant risk to the community; Examples include sieges, abduction, and life endangering crimes. Assistance may also be provided to support continuity of service delivery such as restoration of urgently needed communication equipment when ground access to the site of the equipment is not practical.

A1.1.3 Task Notification to RSQ and Tasking Teleconference

Unless otherwise specified, the local QPS, PCC and RSQ Rotary Desk coordinate communications for tasking of QEHN helicopters by QPS, see Appendix 1.

To task a QEHN helicopter, the relevant regional PCC contacts the RSQ Rotary Desk on 1300 722 233 to request an asset. The RSQ Rotary Desk will discuss with RSQ Medical Coordinator. If the request does not require a Clinical Capability the requesting agency is connected by teleconference to the preferred service provider to authorise the task. If the preferred service provider is offline, RSQ will provide alternative options and, if there are Competing Demands, see 10.2 for Competing Demand resolution.

Once the helicopter is tasked, the RSQ Rotary Desk provides the service provider with the Brolga task ID and disconnects from the teleconference, unless further RSQ participation is relevant, e.g. the task potentially requires a Clinical Capability.

The service provider quotes the Brolga task ID in all further communications with RSQ for that task. Further communications for that task may be made via the QPS PCC and RSQ Rotary Desk or directly between relevant personnel.

A1.1.4 Notification of QPS Helicopter tasking to QAS OpCens

When a local service provider is tasked, the RSQ:

- advises the relevant QAS OpCens that the helicopter has been tasked for a QPS operation;
- provides the RSQ Brolga task ID; and if known,
- provides a time when the task is expected to be complete; and
- the name and contact telephone number of the QPS officer responsible for the task.

A1.1.5 Pilot Communication and Flight Monitoring for QPS Tasks

The tasking QPS officer or PCC officer is responsible for briefing the pilot on the task.

For monitoring purposes, the pilot provides RSQ with the flight details including when the helicopter is en route, the flight destination and when the task is complete. i.e. the helicopter has returned to base.

The pilot provides these details directly to RSQ unless to do so could jeopardise the integrity of the police operation. In these cases, the pilot may provide general information relating to the area of operation and estimated duration of the task. Alternatively the flight details may be provided to RSQ via the PCC. However, the pilot must always advise RSQ when the task is complete.

A1.1.6 RSQ Clinical Support for QPS tasks

When a QPS helicopter tasking request potentially requires a Clinical Capability, the RSQ Medical Coordinator must be included in the teleconference.

Once the RSQ Medical Coordinator authorises the aeromedical task, the RSQ Rotary Desk provides the service provider with the Brolga task ID. The QEHN service provider quotes the Brolga task ID in all further communications with RSQ for that task.

Further communication regarding clinical coordination of the task may occur via the RSQ Rotary Desk or directly between the police officer tasking the helicopter and the RSQ Medical Coordinator as relevant to the task.

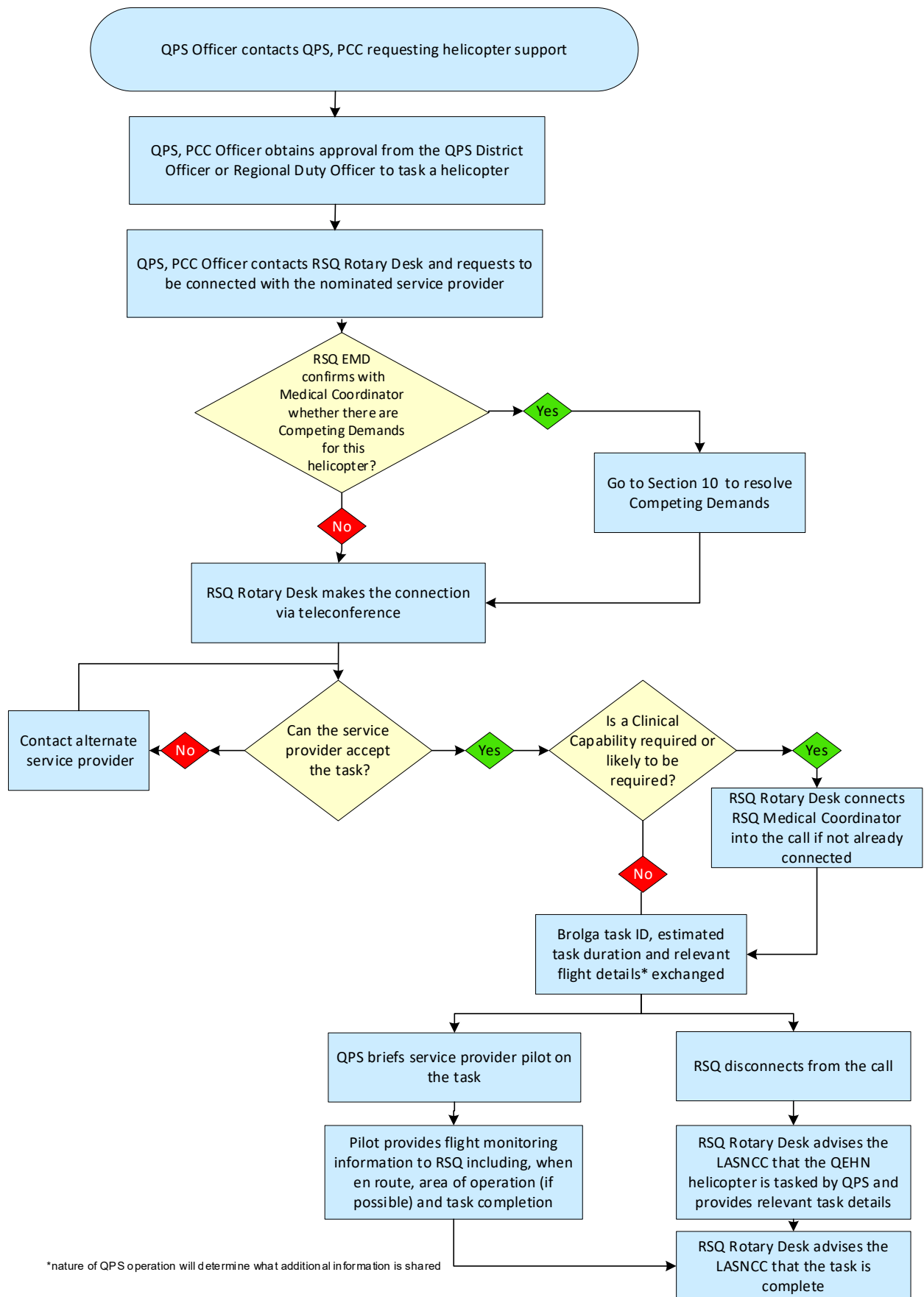
A1.1.7 Tasking Determination for Non-urgent QPS Responsibilities

QEHN service provider helicopters are predominantly configured for an emergency response capability with a combination of features including: winch capability, twin engines, instrument flight rules (IFR), and/or aeromedical retrieval capability. Consequently, tasking agencies requesting non-urgent helicopter support should, in the first instance, consider suitable alternative providers.

Non-urgent QPS tasks include but are not limited to the following:

- Prison transfers;
- Crime scene photography;
- Public relations;
- Proactive policing activities; and
- Deployment of squads post incidents.

A1.2. QPS Operations Flowchart



Appendix 2 QFES Operations Process

A2.1 Tasking a QEHN Helicopter for Queensland Fire and Emergency Service Responsibilities

QFES tasks helicopters in accordance with *QFES Tactical Directive TacD02.03.00 - Aircraft Activation*.

A2.1.1. Urgent QFES Responsibilities

QFES tasks helicopters for urgent responsibilities including: fire spotting, fire suppression (water bombing) and transportation of QFES specialised equipment and personnel. However, QFES will only contact RSQ for support in winch operations, Search and Rescue, Remote Area Road Crash Rescue transport and personnel transport in emergency situations.

A2.1.2. Coordination of QFES Helicopter Tasks

The QFES SAD coordinates tasking of helicopters for QFES responsibilities. To request an QEHN helicopter, the QFES SAD, State Air Operations Coordinator (SAOC) contacts the RSQ Rotary Desk on 1300 722 233 and requests to be connected by teleconference to the preferred service provider. If the preferred provider is offline, RSQ will provide alternative options and, if there are Competing Demands, see 10.2 for Competing Demand resolution.

A2.1.3. RSQ Clinical Support for QFES tasks

If a Clinical Capability is required or may be required, the RSQ Medical Coordinator is included in the teleconference.

Once the RSQ Medical Coordinator authorises the aeromedical task, the RSQ Rotary Desk provides the QEHN service provider with the Brolga task ID. The service provider quotes the Brolga task ID in all further communications with RSQ for that task.

Further communication between the SAOC and RSQ regarding clinical coordination for the task may occur via the RSQ Rotary Desk or directly with the RSQ Medical Coordinator as relevant to the task.

A2.1.4. Pilot Communication for QFES Tasks

Where able, the SAOC requesting the task briefs the pilot, or will provide the contact number of the incident controller requesting the support to ensure the correct information passage.

For monitoring purposes, the pilot advises RSQ of the flight details including when en route, the flight destination and when the task is complete.

A2.1.5. Notification of QAS OpCens for QFES Tasks

When a local service provider is tasked, RSQ:

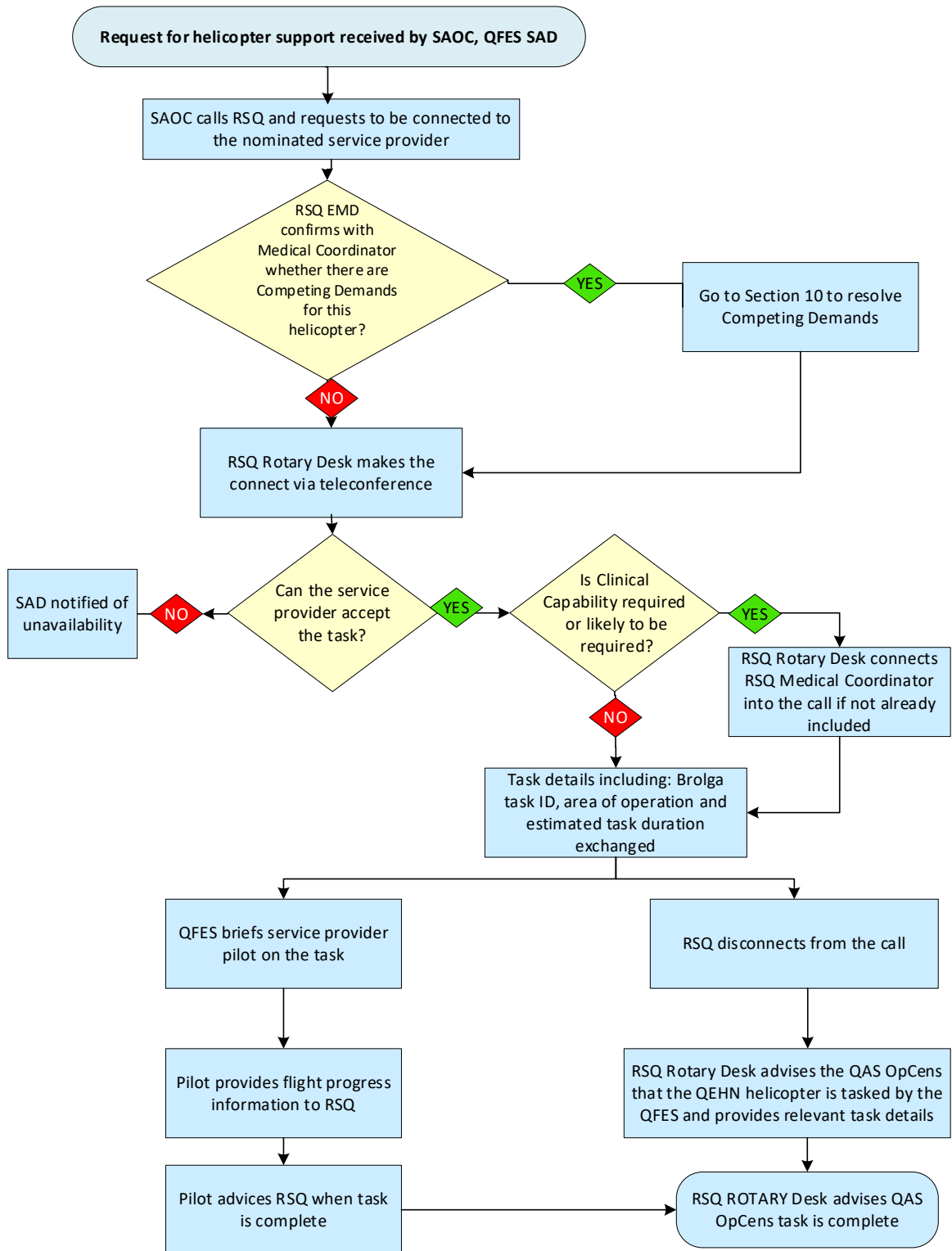
- advises the relevant QAS OpCens that the helicopter has been tasked for a QFES operation;
- provides the Brologa task ID for the task; and if known,
- advises when the task is expected to be complete; and
- the name and contact telephone number of the SAOC responsible for the task.

A2.1.6 Tasking Determination for Non-urgent QFES Responsibilities

QEHN service provider helicopters are predominantly configured for an emergency response capability with a combination of features including: winch capability, twin engines, instrument flight rules (IFR), and/or aeromedical retrieval capability. Consequently, tasking agencies requesting non-urgent helicopter support should, in the first instance, consider suitable alternative providers.

Non-urgent QFES tasks include but are not limited to training or non-urgent transport.

A2.2. QFES Operations Flowchart



Appendix 3 AMSA Search and Rescue

A3.1 Tasking AMSA, SAR and Other Distress Responses

Through JRCC Australia (resident within the AMSA Response Centre), AMSA provides coordination to a range of distress and emergency situations, that include:

- a. Maritime SAR incidents;
- b. Aviation SAR incidents;
- c. Medical Evacuation (MEDEVAC) from ships at sea;
- d. distress beacon incidents; and
- e. other distress alerting devices (known collectively as SEND devices).

AMSA may call on QEHN service providers for assistance in providing these services.

In addition, the Australian Border Force helicopter (operated by Border Protection Command) may, on request, provide back up for QEHN Service Provider activity in the Torres Strait.

A3.1.1 Civil Search and Rescue Activity (Maritime and Aviation)

The various SAR functions and responsibilities within Australia are outlined in the National Search and Rescue Manual.

AMSA manages the COSPAS-SARSAT distress Beacon Mission Control Centre for Australia. In this role, AMSA:

- advises other relevant SAR Authorities of an alert to ensure a coordinated response;
- coordinates the incident response, through the JRCC Australia;
- coordinates the tasking of fixed wing aircraft and helicopters to assist in searches over land and water; and
- may request that the local Police Service coordinates activities on its behalf e.g. surface search coordination, coordination of land based search and rescue units for land or coastal search. QPS coordination of any SAR operation is by mutual agreement and dependent on locally available resources.

When JRCC Australia initiates a SAR response, it retains coordination responsibilities until:

- intelligence has established the location of the distress beacon;
- the nature of distress has been established; and
- agreement has been reached on the best placed SAR Authority to assume overall coordination in association with the National SAR Plan.

A3.1.2 AMSA Task Notification and Tasking Teleconference

When AMSA requests a helicopter from the QEHN, JRCC Australia contacts the RSQ on 1300 722 233 and requests a teleconference with the RSQ Medical Coordinator and the preferred service provider, see A3.2. During the teleconference, the agencies exchange JRCC Australia task number and Brologa task ID.

If the tasked service provider is not included in the teleconference, the JRCC Australia ensures they are advised of both the JRCC Australia task number and the Brologa task ID.

For each task the service provider:

- records both the JRCC Australia task number and Brologa task ID; and
- uses the respective agency (JRCC Australia or Brologa) task ID in all further communications with that agency.

A3.1.3. Pilot Communication for SAR Tasks and other AMSA Tasks

The JRCC Australia Officer is responsible for briefing the flight crew. This may occur during or following the tasking teleconference.

The pilot is responsible for advising RSQ of the flight monitoring details for each task and include when the helicopter is en route, the flight destination and when the task is complete.

A3.1.4. RSQ Clinical Support for SAR Tasks and other AMSA distress responses

The RSQ Medical Coordinator provides clinical authorisation and clinical coordination for all QEHN aeromedical tasks, including any AMSA task that requires a Clinical Capability.

For these tasks, the RSQ Medical Coordinator, and JRCC Australia Officer and/or AMSA Tele Medical Advice Service (TMAS) are included in the teleconference. This facilitates appropriate clinical assessment of these tasks and their timely authorisation by the RSQ Medical Coordinator.

Initial clinical discussions concerning MEDEVAC from ships at sea will occur between the AMSA Tele Medical Advice Service (TMAS) and the RSQ Medical Coordinator. These discussions will then guide the logistical and coordination arrangements between JRCC Australia and the RSQ Rotary Desk.

Once a task is activated, further clinical communication may occur directly between the JRCC Australia/AMSA TMAS and the RSQ Medical Coordinator.

A3.1.5. Delays or cancellation of Clinical Authorisation for SAR Tasks and other AMSA distress responses

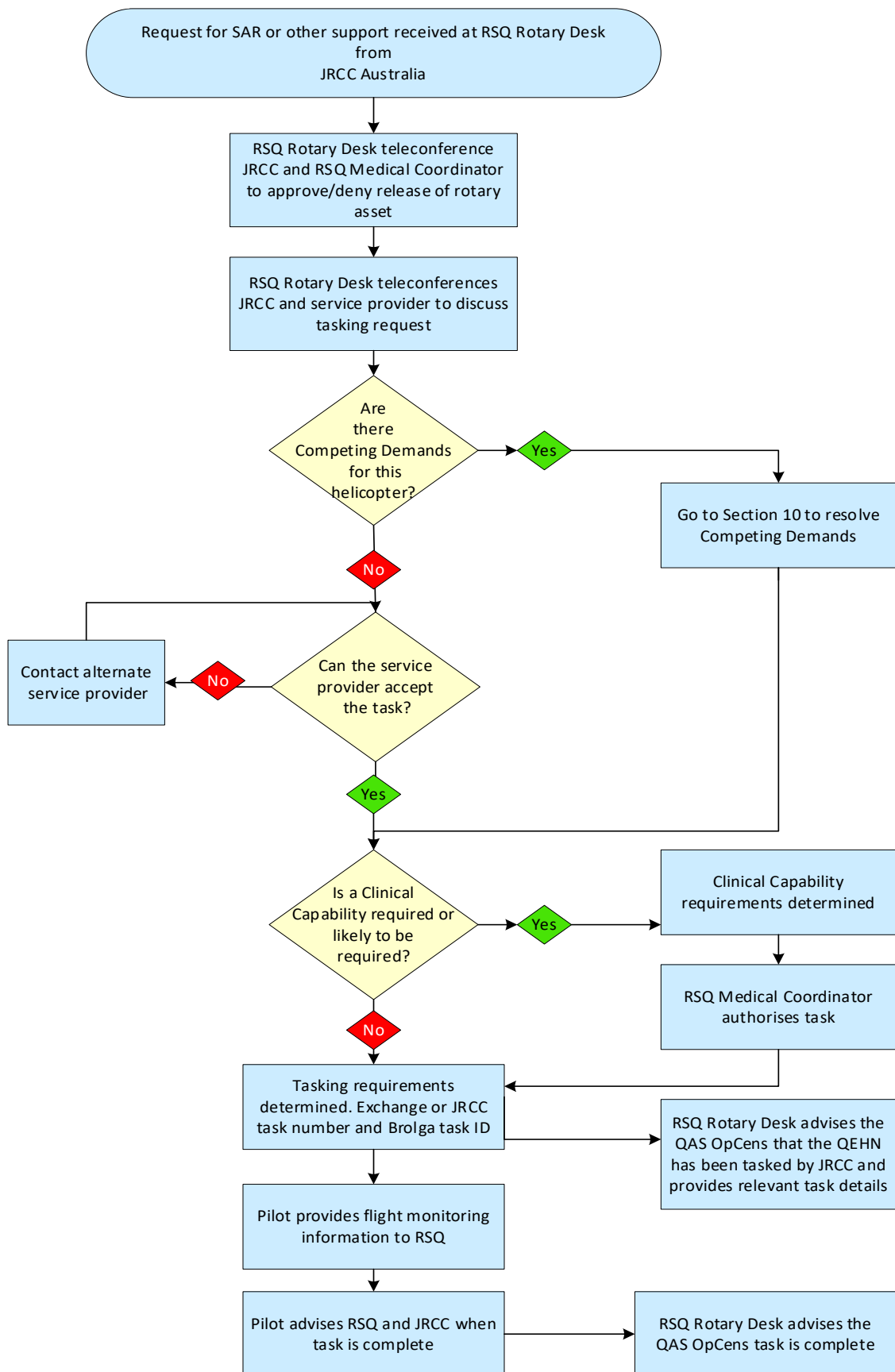
Flight preparations should not be delayed by the requirement for the RSQ Medical Coordinator to authorise AMSA task that may require a Clinical Capability within the QEHN.

Where timely RSQ Medical Coordinator authorisation is not possible e.g. due to insufficient task information, the RSQ Rotary Desk may request the pilot-in-command and flight crew prepare for activation without approval.

However, the RSQ Rotary Desk must advise the pilot that the task has NOT received RSQ Medical Coordinator authorisation. If the RSQ Medical Coordinator determines that a Clinical Capability is not required, the RSQ Rotary Desk advises this to the JRCC Australia, who then determines whether to cancel the task or proceed without a Clinical Capability.

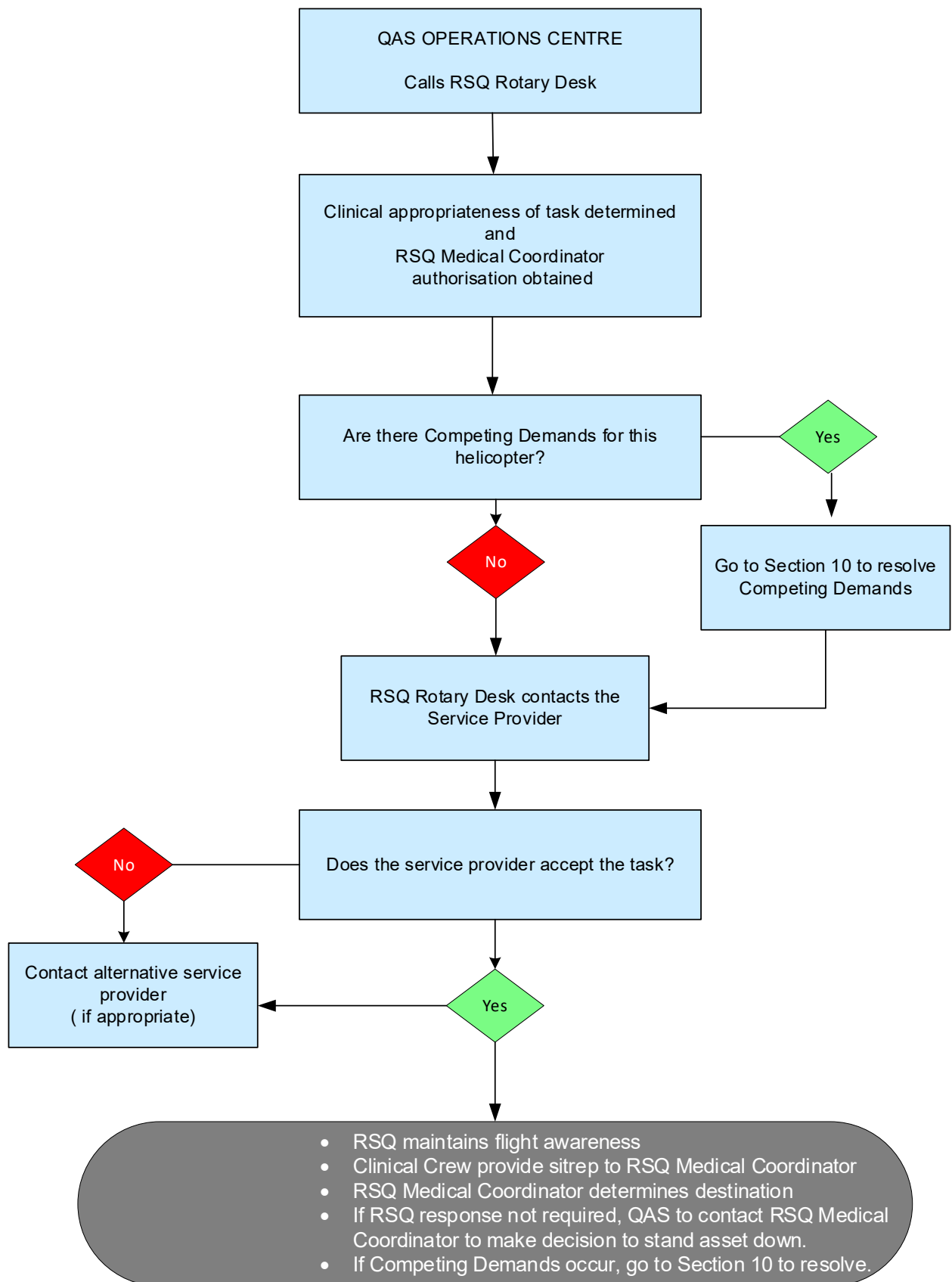
If the aircraft is already airborne with a clinical crew when the determination is made, RSQ and JRCC Australia should consult on how best to repatriate the clinical crew. The RSQ Rotary Desk then relays this advice to the pilot as soon as possible.

A3.2. JRCC Australia Rotary Request Flowchart

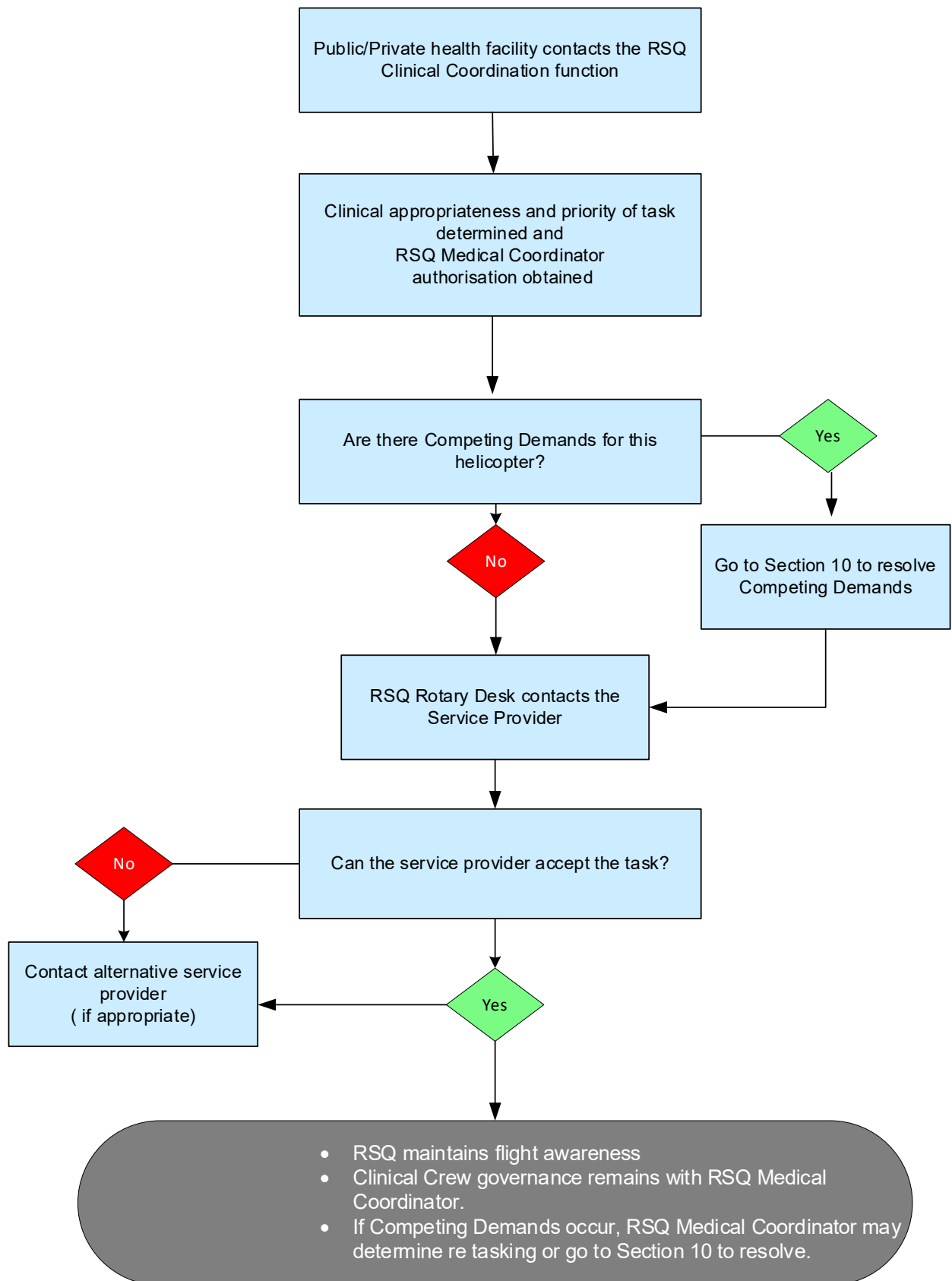


Note: If task delegated from AMSA to QPS, see Appendix 1.

Appendix 4 Aeromedical Primary Response Flowchart



Appendix 5 Aeromedical Interfacility Transport (IFT) Flowchart



Appendix 6 Combined Aeromedical Aviation Risk Matrix



Retrieval Services Queensland COMBINED AEROMEDICAL AVIATION RISK MATRIX

		Patient Priority				
		1	2	3	4	5
Aviation Risk Category	CRITICAL SAFETY DECISION	MANDATORY CONSULTATION BETWEEN RSQ MEDICAL COORDINATOR (MC)/SENIOR MC & SENIOR SAFETY MENTOR (SSM) AVIATION	X	X	X	X
	EXTREME CAUTION	CONSULTATION BETWEEN FLIGHT CREW AND RSQ MEDICAL COORDINATOR REQUIRED	CONSULTATION BETWEEN FLIGHT CREW AND RSQ MEDICAL COORDINATOR REQUIRED	CONSULTATION BETWEEN FLIGHT CREW AND RSQ MEDICAL COORDINATOR REQUIRED	X	X
	CAUTION	✓	✓	✓	CONSULTATION BETWEEN FLIGHT CREW AND RSQ MEDICAL COORDINATOR REQUIRED	X
	NORMAL	✓	✓	✓	✓	✓

PURPOSE: To provide a risk identification matrix combining patient priority and aviation risk to determine the overall risk acceptance of each individual patient transport.

ORANGE indicates a high comparative score and requires consultation between RSQ Medical Coordinator/Senior Medical Coordinator and Senior Safety Mentor (Aviation) based on contemporaneous information and analysis of alternative options.

If **YELLOW** is scored, discussion should occur between the Flight Crew and RSQ Medical Coordinator to determine whether the flight should proceed.

Any task scoring **GREEN** will proceed.

Any task scoring **RED** will **not** proceed.

Consultation with Flight Crew should be led by the Aviation Tasking Advisor. No patient specifics or clinical information are to be passed to aeromedical crew until task has been accepted.

Appendix 7 Disaster Response and Recovery Operations

A7.1 Disaster Management Governance Framework

A7.1.1 State Disaster Relief Arrangements (SDRA) and Disaster Recovery Funding Arrangements (DFRA)

SDRA are enacted by the Queensland Government for small natural disasters where the State expenditure is ≤\$200,000. Small disasters are not eligible for Commonwealth funding.

DRFA are a cost sharing arrangement between the Queensland Government and Australian Government for providing assistance to communities affected by natural disaster events.

When SDRA or DRFA is activated for a particular area, helicopter tasks authorised by the State Disaster Coordination Centre (SDCC) for a disaster management response are undertaken on a cost recovery basis.

A7.1.2 Qld Disaster Management Committee (QDMC)

The Qld Disaster Management Committee (QDMC) provides the strategic direction for disaster management in Queensland.

A7.1.3 State Disaster Coordination Group

The State Disaster Coordination Group (SDCG) operationalises the strategic intent of the QDMC. During a declared disaster response, SDCG operations are provided through the SDCC.

A7.1.3.1 Chair SDCG

A function of the Co-Chair SDCG during a disaster response is to resolve Competing Demands for helicopter tasking that have not/cannot be resolved between tasking agencies and RSQ, see 10.2.

A7.1.4 State Disaster Coordination Centre

The SDCC supports the QDMC to coordinate information, resources and services necessary for a disaster response. It is activated, as required, to manage the impact of disasters such as cyclones and flooding.

Together, the QDMC, SDCG and SDCC assist local governments to support their communities in planning, preparing, responding to and recovering from disasters.

A7.1.5 District Disaster Management Group (DDMG)

- a. is comprised of relevant local government representatives and government agency representatives;
- b. provides a whole-of-government planning and coordination capacity to support local governments in a disaster response, thus providing a link between local disaster coordination and state disaster coordination; and
- c. is responsible for managing district assets, including non QEHN helicopters during a disaster response.

A7.1.6 Local Disaster Management Group (LDMG)

- a. is the key local management agency for disaster events;
- b. comprises local government representatives;
- c. provides a local coordinated disaster management response; and
- d. is responsible for managing local assets, including non QEHN helicopters during a disaster response.

A7.1.7 SDCC Aviation Cell

- a. is a specialised logistics cell established within the SDCC when it is in “stand up” status;
- b. is established to effect continuity of helicopter single point tasking between normal operations and a disaster response;
- c. is under the leadership of the Capability Coordinator;
- d. acts as a disaster response tasking agency; and
- e. includes representation from:
 - i. RSQ;
 - ii. QAS;
 - iii. QPS;
 - iv. QFES;
 - v. ADF.

A7.1.7.1 Capability Coordinator

The Capability Coordinator is:

- a. an approved QPS Manager appointed by the Chair, QDMC via the QPS; and responsible and accountable for the functions of the SDCC Activation Cell.

A7.1.8 SDCC Aviation Cell Members

The SDCC Aviation Cell Members representatives must:

- a. have the appropriate delegation/authority from their agency to provide advice on the management and coordination of aerial (fixed wing and helicopter) support; and
- b. have appropriate knowledge and experience to provide advice on their agencies capability regarding the management and coordination of aerial (fixed wing and helicopter) support.

A7.1.9 Authorisation of Helicopter Tasking during a declared Disaster Response

In addition to the authorised tasking agencies, see 7.5, the SDCC Aviation cell and the District Disaster Coordinator (DDC) are authorised to task QEHN helicopters during a declared disaster response. However, task coordination still occurs through RSQ to enact single point tasking.

A7.2 Helicopter Tasking During Disaster Response and Recovery Operations

A7.2.1 Single Point Tasking

To effect single point tasking during a disaster response:

- a. DDC or delegate authorises and coordinates local non QEHN helicopter tasking requests;
- b. SDCC, via the SDCC Aviation cell, coordinates and authorises helicopter task requests that can not be provided for from district resources;
- c. RSQ maintains custodianship of the 'point in time' status of the QEHN resources and assets; and
- d. RSQ maintains clinical governance of all QEHN tasks.

A7.2.2 Helicopter Tasking Request for Disaster Management Response

Under a declared disaster response, the Local Disaster Management Group (LDMG) and District Disaster Management Group (DDMG) receive disaster management response requests.

The LDMG forwards all disaster management response requests requiring helicopter tasking to the DDMG.

A7.2.3.1 Disaster Management Response via DDMG

When a local helicopter tasking request for a disaster management response CAN be met from local non-QEHN resources, the DDC (or delegate) in the DDMG authorises the helicopter tasking disaster management response from local non-QEHN resources.

A7.2.3.2 Disaster Management Response via SDCC

When a local helicopter tasking request for a disaster management response CANNOT be met from local resources the DDC (or delegate) in the DDMG contacts the SDCC to request a helicopter tasking disaster management response for the disaster affected area.

The SDCC Aviation Cell:

- a. determines the task priority;
- b. determines the tasking agency;
- c. obtains the Capability Coordinator authorisation for the task;
- d. advises RSQ when a QEHN helicopter is being tasked for a disaster management response and exchanges relevant details including: flight details and Brolga task ID, see 10.2 for competing demand resolution; and
- e. advises the DDMG that the disaster management response is approved, provides the Brolga task ID and other relevant task details.

A7.2.3.3 Notification to LASNCC for Disaster Management Response

RSQ:

- a. advises the relevant LASNCC that the QEHN helicopter has been tasked for a disaster management response;
- b. provides the Brolga task ID for the task; and
- c. advises when the task is expected to be complete.

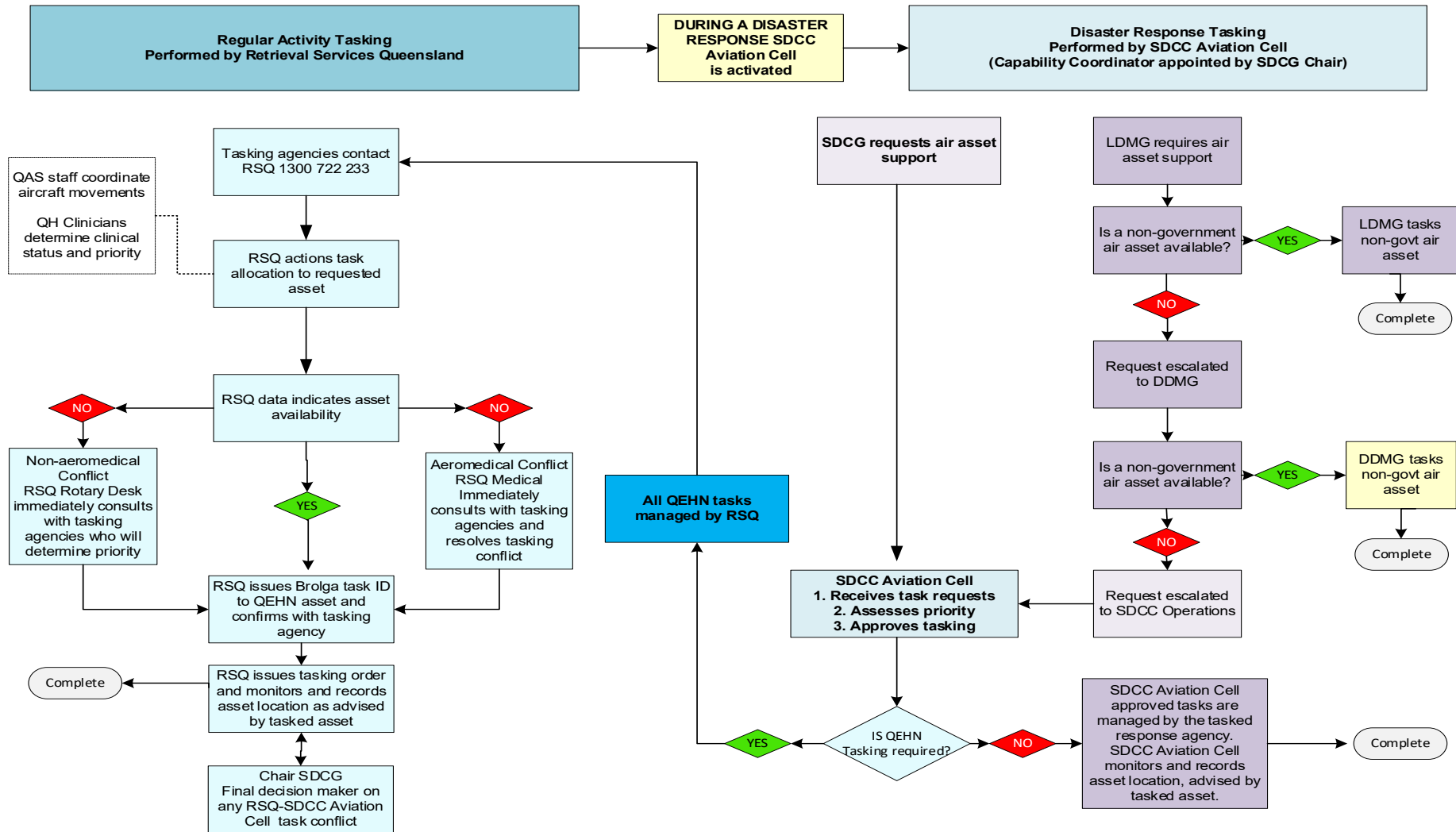
A7.2.3.4 Pilot Communication for Disaster Management Responses

The LDMG or DDMG delegate briefs the pilot on the task.

For monitoring purposes, the pilot provides RSQ with the flight details including when the helicopter is en route, the flight destination and when the task is complete.

A7.2.3.5 QEHN Single Point Tasking Flowchart

Transition from Regular QEHN Tasking Activity to Disaster Response QEHN Tasking Activity



Appendix 8 Definitions

Terms	Definition
Aeromedical task	<p>A helicopter response include:</p> <ul style="list-style-type: none"> a. Primary Response; b. Inter-Facility Transport (IFT) c. Transport of medical teams and equipment/ and d. most search and rescue operations.
Aeromedical monitoring	See flight following and progress monitoring.
Alert phase	A SAR situation where there is apprehension for the safety of an aircraft of marine vessel, and of the persons on board.
Australian Border Force	Manages the security and integrity of Australia's borders. As part of its services it contracts two aerial surveillance providers for civil maritime surveillance and response.
Australian Maritime Safety Authority	Australia's national safety agency with a primary role in aviation and maritime search and rescue. It is also a key partner agency of Border Protection Command.
Australian Maritime Security Operations Centre	A division of Australian Border Force. It coordinates the planning and delivery of current operational activity for all Customs and Border Protection assets assigned to Border Protection Command.
Aviation Liaison Officer	A person deployed to coordinate the management of aviation resources during an SDCC activation.
Aviation SAR incident	<p>An aviation SAR incident is considered imminent or actual when:</p> <ul style="list-style-type: none"> a. a SARTIME for an aircraft has not been cancelled; b. an aircraft fails to report arrival or if it has failed to report position, when Air Traffic Services (ATS) declare and alert phase (ALERFA); c. information is received that an aircraft on which no flight notification has been lodged is missing, including notification from a person or organisation holding a Flight Note;

Terms	Definition
	<ul style="list-style-type: none"> d. an aircraft, which has been given approach or landing instructions, fails to land; e. fuel on board is considered to be exhausted or to be insufficient to enable an aircraft to reach safety; f. information is received which indicates that an aircraft is about to make or has made a forced landing, or has ditched or crashed; g. information is received which indicates that the operating efficiency of an aircraft has been impaired to the extent that a forced landing is likely; or h. an Emergency Locator Transmitter (ELT) is reported to be radiating.
Clinical Appropriateness	Evaluation of the patients' clinical needs, their location and the task requirements against the established criteria.
Clinical Authorisation	The granting of approval that a task has been evaluated and is considered by the RSQ Medical Coordinator as clinically appropriate.
Clinical Capability	A QAS Flight Intensive Care Paramedic (ICP), and/or a medical practitioner, and/or a nurse that are included as part of the helicopter flight crew. The minimum capability is an ICP.
Clinical Coordination	The process whereby nursing and medical coordinators supervise the aeromedical transfer or retrieval of patients.
Clinical Governance	A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes.
Coordination	The bringing together of organisations and elements to ensure an effective response.
Competing Demand	<p>Managing expectations and competing priorities such as:</p> <ul style="list-style-type: none"> • pending tasks; • network pressure (e.g neighbouring assets off-line); • current network tempo; • potential fatigue;

Terms	Definition
	<ul style="list-style-type: none"> • maintenance implications; and other • logistical considerations; (e.g. known weather and fuel availability)
Credentials	A document or certificate proving a persons qualifications.
Disaster	A serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the State and other entities to help the community recover from the disruption.
Disaster District	A defined geographical region for disaster response.
Disaster Management	Arrangements for managing the potential adverse effects of an event.
Disaster Management Operations	Support for an authorised disaster response operation including: <ol style="list-style-type: none"> a. evacuations; b. re-supply; c. personnel and equipment transfer; d. reconnaissance and damage assessment; and e. official transport.
Disaster Response	The activities that a SAR Authority will undertake when responding to a situation involving grave and imminent danger that requires immediate assistance.
Disaster Response Operation	The phase of a disaster operation that relates to responding to a disaster.
District Disaster Coordinator	Local Disaster Coordinator (usually the QPS District Officer). appointed under S21B, <i>Disaster Management Act 2003</i> .
Distress	Any activation of an ELT, PLB or IPIRB or a situation where there is reasonable certainty that a vessel or other craft, including an aircraft or a person, is threatened by grave and imminent danger and requires immediate assistance.
Distress Beacon	An electronic device hat, when activated in a life-threatening situation, assists rescue authorities in their search to locate those in distress.
Distress Beacon Incident	Involves activation and detection of an EPIRB, (e.g. marine vessels), PLB (e.g. bushwalkers or vehicles) or ELT (e.g. aircraft).
Distress response	The activities JRCC Australia undertake to a distress situation.

Terms	Definition
Emergency Locator Transmitter	A type of distress beacon used in aircraft.
Emergency Position Indicating Radio Beacon	Electronic distress beacon used in ships and boats and designed to assist rescue authorities locate those in distress.
Event	<p>The man made or natural cause of a disaster that includes any of the following:</p> <ul style="list-style-type: none"> a. cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening; b. explosion, fire, chemical, fuel or oil spill, gas leak; c. infestation, plague or epidemic; d. failure of or disruption to and essential service or infrastructure; or e. attack against the State.
Flight details	Flight information that needs to be provided to authorities as part of a task.
Flight Following	The process adopted to maintain a search and rescue watch on aircraft as they undertake a mission. This role is undertaken by Air Traffic Control.
Flight Monitoring	The process adopted to enable RSQ to know where the QEHN helicopters are at any given time. It facilitates RSQ's role in monitoring the status of the QEHN assets.
Flight Note	Details of the route and timing of a proposed flight provided by the pilot-in-command of an aircraft, which is other than notification submitted to Airservices Australia, and which is required to be left with a person who could be expected to notify appropriate authorities in the event that the flight becomes overdue.
Flight Progress Monitoring	The process that pilots use to regularly report their location to RSQ for flight monitoring purposes. This is an extension of flight monitoring.
Instrument Flight Rules	<p>Rules governing the procedures for conducting instrument flight.</p> <p>Also a term used by pilots to indicate a type of flight plan.</p>
Integrated governance	A combination of corporate governance and clinical governance.
Intensive Care Paramedic	An experienced paramedic who has completed post graduate advanced clinical

Terms	Definition
	training and is responsible for providing the highest level of pre-hospital care.
Inter-Facility Transport	The provision of transport for moving a patient between facilities for the purpose of obtaining further assessment, diagnostic services, medical treatment not available at the referring facility or the return of a patient to the local facility for ongoing care.
Joint Rescue Coordination Centre - Australia	JRCC Australia – the functional capability within the AMSA Response Centre (ARC) to provide national coordination of maritime and aviation Search and Rescue incidents.
Maritime Border Command	Multi-agency taskforce that utilises assets assigned for Australian Customs and Border Protection Service and the Department of Defence to conduct civil maritime operations. It provides a coordinated national approach to Australia’s offshore maritime security.
Maritime SAR Incident	<p>A maritime SAR incident is considered imminent or actual when any of the following conditions exist:</p> <ul style="list-style-type: none"> a. a surface vessel or craft has requested assistance; b. a surface vessel or craft has transmitted a distress signal; c. it is apparent that a surface vessel or craft is in distress; d. a surface vessel or craft is reported to be sinking or to have sunk; e. the crew is reported to have abandoned ship or is about to do so; f. reports indicate that the operating efficiency of the craft g. the surface vessel or craft is overdue or unreported; h. persons are in the water and require assistance; i. an Emergency Position Indicating Radio Beacon (EPIRB) has been activated; or j. a Medevac is required on medical advice.
MEDEVAC	The evacuation of a person for medical reasons.
National Search and Rescue Manual	The standard reference document for use by all Australian Search and Rescue (SAR) authorities. It describes SAR coordination

Terms	Definition
	procedures for SAR operations conducted within Australia and the Australian SAR region.
Natural Disaster Relief and Recovery Arrangement (NDRRA) Tasks	<p>NDRRA funded tasks include:</p> <ul style="list-style-type: none"> a. relocating an aircraft to an area and return to base; b. foods drops/resupply of essential supplies to isolated individuals and communities; c. transportation of personnel, equipment and materials for public safety and disaster management operations, including medical needs; d. the activation, coordination and administration of NDRRA relief measures including damage assessments; and e. tasks for the protection/safety of life; health and public/community property.
Northern New South Wales health region	Extends from Tweed Heads (in the north), to Ballina (in the south) and Urbenville (in the west).
Patient	Person for whom a health service accepts responsibility for treatment and/or care.
Patient Priority	The need for rapid response to patients.
Personal Locator Beacon	An electronic distress beacon designed for personal use on land and at sea to assist rescue authorities locate the person in distress.
Pilot currency	Maintenance of current flight approvals and credentials.
Pilot in command	The pilot responsible for the operation and safety of the helicopter for the duration of the task.
Primary response	The retrieval of a patient from the scene of an accident / incident, for immediate treatment at a health care facility.
QAS Emergency Medical Dispatcher	An appropriately QAS qualified person in RSQ who is responsible for receiving emergency calls, coordinating QAS and aeromedical resources and patient movements in accordance with QAS policies, procedures and the management instructions.
QPS SAR operations	QPS SAR operation include:

Terms	Definition
	<p>a. Pleasure craft and fishing vessels at sea;</p> <p>b. Unregistered aircraft;</p> <p>c. Persons missing in a land or coastal environment;</p> <p>d. Land vehicles;</p> <p>e. Persons and vessels on inland waters; and</p> <p>f. All non-military vessels in port.</p> <p>At the request of AMSA, the QPS SAR operations include the coordination of land SAR units for:</p> <p>i. aircraft on the international civil, national civil (VH) and Recreational Aviation Australia (RAA) registers;</p> <p>ii. manned space vehicles;</p> <p>iii. vessels other than those for which the police and defence force are responsible; and</p> <p>iv. unidentified distress beacon alerts.</p>
Receiving facility	A QH facility to which a patient is being transported.
RSQ	<p>The multidisciplinary collaboration between QH and QAS to provide clinical coordination of all aeromedical responses in Queensland with:</p> <ul style="list-style-type: none"> • Retrieval Services Queensland, QH providing clinical advice, authorisation and clinical coordination for aeromedical retrievals; and • Queensland Ambulance Service (QAS) providing communication and logistical support, for aeromedical retrievals and for the emergency helicopter tasking process.
RSQ Medical Coordinator	QH specialist medical practitioner who performs clinical coordination duties in RSQ
RSQ Medical Coordinator authorisation	See, Clinical Authorisation.
RSQ Rotary Desk	The RSQ Emergency Medical Dispatcher who supports helicopter tasking by facilitating communication between tasking agencies, service providers and the RSQ Medical Coordinator.

Terms	Definition
Rescue	An operation to retrieve persons in distress, provide for their initial medical or other needs, and deliver them to a place of safety.
Rescue Crew	See, Clinical Capability.
Rescue Unit	See, search and rescue unit.
Response agency	Helicopter service provider tasked for a disaster management response. This includes non-QEHN providers.
Response capability	Access to resources and staff able to respond to an operation or response.
Retrieval	The transport of a patient under the care of a specialist clinical escort from one health service facility to a health service facility that provides a higher level of care.
SAR Coordination	<p>The bringing together of organisations and elements to ensure effective search and rescue response.</p> <p>One SAR authority (e.g. QAS OpCens or QPS) must always have overall coordination responsibility and other organisations cooperate with agency to produce the best response possible within available resources.</p>
SAR Operation	See, distress response and QPS distress response.
SARTIME	A pre-agreed time at which there is an active attempt to make contact with a tasked helicopter and, in the event of no contact, when the Search and Rescue phase begins.
Search	An operation, normally coordination by a rescue coordination centre, using available personnel and facilities to locate persons in distress.
Search and Rescue	Search for and provision of lifesaving assistance to people in distress and imminent danger of loss of life.
Search and Rescue Authority	The authority within an Administration with overall responsibility for establishing and providing SAR services and ensuring that planning for those services is properly coordinated. The national SAR authority in Australia is AMSA with each of the States and Territories Police services and the Department of Defence being the SAR Authorities within their jurisdictions.
Search and Rescue Unit	A unit composed of trained personnel and provided with equipment suitable for the

Terms	Definition
	expeditious conduct of search and rescue operations.
Serious disruption	<ul style="list-style-type: none"> a. loss of human life, or illness or injury to humans; or b. widespread or severe property loss or damage; or c. widespread or severe damage to the environment.
Service provider	An authorised member of Queensland's Emergency Helicopter Network.
State Air Desk	State Air Desk at QFES.
State Air Operations Coordinator	The QFES coordinator for helicopter tasks and other aerial responses.
State Disaster Relief Arrangement Funded Tasks	See National Disaster Relief and Recovery Arrangement funded tasks.
Task	Helicopter support provided at the request of a tasking agency.
Task Activation	The process of notifying an QEHN service provider that a task is authorised.
Task Authorisation	The outcome of decision making processes within a tasking agency in accordance with approved procedures. It includes the assessment of the requirement and feasibility of the task and leads to task activation.
Task Completion	The return of a helicopter to its base at the end of a task.
Task Coordination	The management of helicopter tasks in line with the Queensland Emergency Helicopter Tasking Guideline, The Guideline.
Task Notification	Advice to relevant persons such as RSQ Medical Coordinator, medical crew, pilot, QPS officer of a potential task.
Tele Medical Advice Service	The service contracted to AMSA to provide medical advice to Masters of Vessels at sea.
Training Flight	Flight undertaken by provider for training or accrediting agency personnel.

Appendix 9 Acronyms

Acronym	Extended Version
ADF	Australian Defence Force
AGL	Australian Gas Limited
ALERFA	Alert phase, International Civil Aviation Authority
ALO	Aviation Liaison Officer
AMSA	Australian Maritime Safety Authority
AMSOC	Australian Maritime Security Operations Centre
AS/NZS	Australian/New Zealand Standard
ATS	Air Traffic Services
COI	Commission of Inquiry
DCS	Department of Community Safety
DDC	District Disaster Coordinator
DDMG	Disaster District Management Group
DRFA	Disaster Recovery Funding Arrangements
QEHN	Queensland Emergency Helicopter Network
ELT	Emergency Locator Transmitter
EMD	Emergency Medical Dispatcher
EMQ	Emergency Management Queensland
EPIRB	Emergency Position Indicating Radio Beacon
EPM	Emergency Procedures Manual
ICP	Intensive Care Paramedic
IFR	Instrument Flight Rules
IFT	Inter-facility Transport
ISO	International Organisation for Standardisation
LASNCC	Local Ambulance Service Network Coordination Centres
LDMG	Local Disaster Management Group
NSW	New South Wales
PCC	Police Communications Centre
PLB	Personal Locator Beacon
QAS	Queensland Ambulance Service
QAS OpCens	QAS Operational Centres
RSQ	Retrieval Services Queensland
RWATA	Rotary Wing Aviation Tasking Advisor
SAD	State Air Desk
SAOC	State Air Operations Coordinator
SAR	Search and Rescue
SDCC	State Disaster Coordination Centre

Acronym	Extended Version
SDCG	State Disaster Coordination Group
SDRA	State Disaster Relief Arrangements
SOP	Standard Operation Procedure(s)
TMAS	Tele Medical Advice Service

Appendix 10 Tasking Agency Contacts

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Appendix 11 Aeromedical Strategic Reference Group - Member Contact Details

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