# Kimberley Ambulance Service Procedure

Effective: 8 February 2017

## 1. Guiding Principles

The WA Country Health Service (WACHS) provides a 24-hour ambulance service at Halls Creek, Fitzroy Crossing and Derby Hospitals. The service provides:

- emergency response to Halls Creek, Fitzroy Crossing, Derby and the surrounding communities
- transfer and transport to and from the Royal Flying Doctor Service
- transfer and transport from neighbouring Health Units and outlying communities for ongoing medical management.

This procedure is designed to provide those staff that will be required to work within the ambulance service directions to ensure safe and quality care provision.
Staffing of ambulance refers to:

- All Purpose Orderly
- Registered Nurse
- Clinical Nurse
- Midwife
- Doctor
- Enrolled Nurse, in the event of a Code Brown response would be accompanying a Registered Nurse.

## 2. Procedure

### 2.1 Halls Creek Service Area

2.1.1 140km south on the Great Northern Highway towards Fitzroy Crossing including all stations and communities in between.

2.1.2 100km north on the Great Northern Highway towards Kununurra and all stations and communities in between.

2.1.3 100km east of Halls Creek along the Duncan Highway and Tanami road where both road and aircraft are utilised depending on road condition, client condition and the availability and options of other transport. It must be noted that these roads are often closed in the wet season so does not allow for safe road travel.

2.1.4 The township of Halls Creek and its environs.

### 2.2 Fitzroy Crossing Service Area

2.2.1 125km west along the Great Northern Highway towards Derby, including all communities and stations along the highway.

2.2.2 135km east along the Great Northern Highway towards Halls Creek, including all communities and stations along the highway as far as Moongardie.

2.2.3 The township and surrounding environs of the Fitzroy Valley community.

### 2.3 Derby Service Area

2.3.1 110km South on the Great Northern Highway to the shire boarder between Derby and Broome, including all communities and stations along the highway.

2.3.2 Gibb River Road where both road and aircraft are utilised depending on client's condition and the availability and options of transport available.

2.3.3 125km East on the Great Northern Highway towards Fitzroy Crossing.

2.3.4 The township of Derby and its environs.

### 2.4 Clinical Guidelines

2.4.1 It is acknowledged that St John Ambulance Australia (SJAA) is the WA standard of care for pre-hospital clinical care. Therefore the Kimberley Ambulance Service has adopted the SJAA Clinical Practice Guidelines for Volunteer Officers for use by clinical staff in the pre-hospital setting.

2.4.2 The purpose of the Clinical Practice Guidelines (CPGs) is:

- to provide a written outline of systematic patient assessment and management in the pre-hospital setting
- to provide standards of patient care
- to provide an educational resource for clinical staff
- The CPGs do not totally dictate or confine the practice of patient care, as they cannot remove the element of judgement necessary in each differing emergency circumstance.

2.4.3 All WACHS clinicians are accountable for their own practice and are to provide care:

- within their registration status
- in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
- within their scope of practice and competence
- Within their prescribed responsibilities and duties as defined in their Job Description Form (JDF).
- Within the context of practice that they are operating.

### 2.5 Communications

2.5.1 Requests for an ambulance can be made via SJAA or directly by the public to the hospital. Calls are documented and a transcript is faxed by SJAA to confirm details for Fitzroy Crossing and Halls Creek Hospitals.

2.5.2 Effective communication is the key element in ensuring safe and time efficient transfers across WACHS Kimberley Ambulance Service.

2.5.3 Communication options include satellite phone, mobile phone and Western Australian Emergency Radio Network (WAERN).

2.5.4 Communication shall occur between ambulances and health facilities regarding estimated time of arrival for halfway pickups, deterioration of the patient's condition, and on return of all ambulance calls to update the returning priority code

2.5.5 Confidential information such as a patient's name is not to be conveyed over the radio. If required, contact the nurse in charge via phone.

2.5.6 Correct language must be used at all times. Refer to Appendix 1

2.5.7 On arrival at scene establish if there is a need to send for back-up or call for clinical support. This can be organised via consultation between clinical ambulance staff and the Clinical Nurse Manager ED/Coordinator of Nursing on duty.

2.5.8

- Fitzroy Crossing and Halls Creek Hospitals contact the Clinical Nurse Manager/Director of Nursing for all priority one calls and out-of-town calls.
- Derby Hospital staff are to notify the Clinical Nurse Manager ED of all priority one calls and out-of-town calls from Monday to Friday 0730-1600.
- Derby Hospital staff are to notify the After-Hours Nurse Manager of all ambulance call-outs from 1600 – 2130. On weekends and public holidays, the After Hours Nurse Manager is contacted 1000 – 1800.
- If the registered nurse (RN) is unable to contact the Clinical Nurse Manager/ After-Hours Nurse Manager/Director or Coordinator of Nursing, they are to follow the internal escalation procedure.

2.5.9 Derby is to follow the incident/response notification procedure for all:

- motor vehicle accidents
- airport/aircraft incidents
- industrial accidents
- any accident involving entrapment
- accidents/incidents outside the township (e.g. Gibb River).

## 2.6 Staff Training

2.6.1 All staff required to work within the ambulance service is to be provided with:

- an orientation package to the ambulance
- a physical orientation to the ambulance
- communication options and training
- an equipment inventory and instructions on use
- education on documentation requirements
- Orientation to the CPGs – clinical staff only.

2.6.2 Practice based competencies outlined in the site orientation guide need to be completed prior to attending an ambulance call.

2.6.3 Orderlies and other staff tasked with driving the ambulances must attend the approved Driver Training within three months of commencing employment. The aim of the training is to provide staff with an understanding of the practices they need to employ whilst driving under emergency or operational conditions, and to raise awareness of the legal requirements associated with driving emergency vehicles.

2.6.4 Orderlies and other staff tasked with driving the ambulance must attend Senior First Aid Training and renew every three years.

2.6.5 St John Ambulance Preparedness Training is provided to all staff required to work within the ambulance service. The training components aim to provide staff with:
- pre-hospital clinical skills needed to deliver care in a multi-disciplinary team setting
- coping skills necessary to manage the emotional effects of dealing with traumatic scenes.

2.6.6 Manual handling and MAYBO training as per Item 2.13.6

2.6.7 A triage competent Registered Nurse is to receive the ambulance call and determine the priority code based on the assessment data of the Australian Triage Scale (ATS). If a call comes from SJAA, ambulance is to be dispatched according to the SJAA priority code.

2.6.8 Further site-specific training and development is available across a range of areas. The performance development process is designed to support you and your manager in actively identifying training needs. For example: Advanced Life Support, Paediatric Life Support and Neonatal Resuscitation.

## 2.7 Coordination of the Service

2.7.1 The Triage Competent CN/Team Leader on duty is to assume responsibility for coordinating and determining the priority of the ambulance call outs prior to dispatch.

2.7.2 The CN/Team Leader is to direct human resources as indicated by the nature of the ambulance call, activity within health services at the time of the call and available staffing resources. This is done in consultation with the Director or Coordinator of Nursing/Clinical Nurse Manager, medical staff and the duty orderly. Where necessary, consultation with other services such as Royal Flying Doctor Service and the receiving hospital is also to occur.

2.7.3 Team Leader/Clinical Nurse to consider utilisation of Escalation Protocol to activate a Code Brown (Refer to WACHS Kimberley Escalation Protocol and refer to Code Brown Site Procedure)

## 2.8 Call Priority

2.8.1 The priority of the call is determined by SJAA or the information obtained from the caller; therefore it is essential that the information is as accurate as possible.

2.8.2 Priority codes can change as new information becomes available relating to the client’s condition. This may happen before leaving the hospital, en-route, at the scene, or on the return journey.

2.8.3 A priority code of one (1), two (2), three (3), four (4), five (5) or six (6) is to be allocated to the ambulance call and documented on the MRK3 Ambulance Care Record.

An example of the priority codes allocated to the presenting complaint is as follows:

| Australasian Triage Scale | Numeric Code | Example of Diagnosis |
|---|---|---|
| Resuscitation | 1 | Shock, Cardiac Arrest, Unconscious |
| Emergency | 2 | Chest Pain, Severe Dyspnoea |
| Urgent | 3 | Moderate Trauma-Ankle Wrist Fracture |
| Semi Urgent | 4 | Acute Abdominal Pain, Sprained Ankle |
| Non-Urgent | 5 | Chronic Disorder, Rash, Back Pain |
| Non-ATS Case | 6 | Transfer to NH, Transport Home, Clinic Run |

Staff are advised that these are examples only. A thorough clinical history and assessment will determine the priority code. For example, a chest pain with other pre-cardiac arrest symptoms may dispatch as a priority one.

2.8.4 The time to dispatch an ambulance from receipt of phone call is as follows:

Priority One: 5 minutes
Priority Two: 10 minutes
Priority Three: 20 minutes
Priority Four: 20 minutes
Priority Five: 20 minutes

2.8.5 Fitzroy Crossing and Halls Creek dispatch times are altered for P1 and P2 after hours (1700-0730) due to staffing arrangements. The allocated time-frames to dispatch from the hospital are as follows:

Priority One: 12 minutes
Priority Two: 15 minutes
Priority Three: 20 minutes
Priority Four: 20 minutes
Priority Five: 20 minutes

2.8.6 In the case of a multi-trauma/code brown, the second team has a 20 minute dispatch time.

2.8.7 At no time is a request for ambulance attendance to be refused. Emergency Department nursing staff may at their discretion suggest alternative arrangements for priority codes where appropriate, for example family can assist to bring them into hospital. Where appropriate, first aid advice can be given prior to dispatch. Advice is then to be documented on the MRK3. ALOs can bring patients to the hospital at the Director or Coordinator of Nursing's discretion.

2.8.8 If the client declines these arrangements, an ambulance must be dispatched according to the priority codes and time frames outlined above. The anticipated ambulance response time, guided by the priority code, is to be communicated to the person requesting the ambulance attendance.

2.8.9 Returning priority codes can be determined via the RN completing a systematic approach assessment, determining the major problem(s) needing management and a full set of clinical observations. The RN then refers to the laminated WACHS age appropriate colour coded chart kept in each ambulance. The clinical observation in the colour of highest urgency determines the returning priority code. Information must be relayed to the orderly and radioed back to ED for the returning priority code. The additional criteria based on the ATS are also referred to so that they can increase the priority code being assigned to the patient. Nursing staff are to return at a higher priority code if at any stage they feel it is necessary for the outcome of the patient. The WACHS age appropriate colour coded charts and the additional criteria can be accessed in the ambulance at all times.

The returning priority codes based on the WACHS age appropriate chart for paediatric patients is as follows, however the returning priority code can be changed according to nurse's clinical judgement and patient deterioration.

| COLOURED ZONE | PRIORITY CODE |
|---|---|
| White Zone | 4-5 |
| Blue Zone | 2-3 |
| Yellow Zone | 1-2 |
| Red Zone | 1 |

The returning priority codes based on the WACHS age appropriate chart for adult patients is as follows, however the returning priority code can be changed according to nurse's clinical judgement and patient deterioration.

| COLOURED ZONE | PRIORITY CODE |
|---|---|
| White Zone | 4-5 |
| Yellow Zone | 4-5 |
| Orange Zone | 2-3 |
| Red Zone | 1 |
| Purple Zone | 1 |

### 2.9 Lights and Sirens

2.9.1 Lights and/or sirens are only to be used for **priority one (1)** calls or at the driver's discretion.

2.9.2 Lights and/or sirens are used to:
- achieve the safe delivery of staff and clients to and from ambulance callouts
- expedite the arrival time and subsequent transport of critically ill clients for medical attention.

2.9.3 Hazard lights only to be used when ambulance enters the airport tarmac for RFDS transfers.

## 2.10 Documentation

2.10.1 Documentation of events concerning an ambulance call is vital for the assessment, treatment and ongoing management of the patient. Health staff who work with the ambulance have a responsibility to ensure they have a current knowledge of the documentation requirements per the WACHS Documentation Clinical Practice Standard.

2.10.2 Patient's identification must be recorded on the form. The minimum requirements are the patient's full name, date of birth/age and gender.

2.10.3 Details of the ambulance call are recorded on the MRK3 Ambulance Care Record by the staff member. All details are to be completed.

2.10.4 Once the patient is received into the Emergency Department (ED), an MR1 is to be commenced. For all ongoing management, admission procedures/policies to be followed as diagnosis and medical management.

## 2.11 Drugs

2.11.1 The designated medications for the ambulance are kept in the first responder box and/or parry pack. No drugs are to be kept in the ambulance and should be stored, ordered, supplied and administered in accordance with WA *Poisons' Act 1964* and Poisons' Regulations 1965.

2.11.2 The need for additional drugs is determined by the nature of the ambulance call following consultation with the senior RN in ED, the medical officer and the Director or Coordinator of Nursing/ Clinical Nurse Manager.

2.11.3 Additional drugs are available in emergency if required.

2.11.4 Presently, WACHS Kimberley registered nursing staff are to adhere to the WACHS Medication Administration Policy with respect to nurse initiated medications for pre-hospital care. Where there is medication required outside the nurse initiated medication scope, a doctor is to be present or a phone order obtained and witnessed by two staff (the attending RN and an RN in the ED).

## 2.12 Refusal of Transport and or Treatment

2.12.1 All patients must be transported back to ED for triage and assessment. Refusal of transport and/or treatment is recorded on the MRK3 Kimberley Ambulance Care Record and MRK3A Kimberley Patient Not Transported Forms.

2.12.2 The RN refers to the Patient Not Transported Risk Management Guidelines and Explanatory Notes for Patients Not Transported by Ambulance for guidance on refusal of transport and/or treatment.

2.12.3 If the patient refuses transport and/or treatment and the nature of the illness is thought to compromise the patient's wellbeing, the police are to be contacted to assist. The Clinical Nurse Manager/ Director or Coordinator of Nursing is to be notified.

### 2.13 Occupational Health and Safety

2.13.1 Staff should refer to section **2.4 Safety Precautions on Arrival at the Location** and section **2.5 Inside the Location** from the WACHS Home / Community Visiting Guideline.

2.13.2 On arrival at the scene, observe for signs of aggression, large crowds, intoxicated people, people arguing with each other and dogs.

2.13.3 Remain consistent, honest and reliable in order to establish a rapport of trust.

If ambulance staff are uncomfortable and reluctant to enter a dwelling, ask if possible, for family members to bring the person outside. If a situation seems volatile, staff are to ensure their own safety is not compromised by withdrawing from the scene and contacting the police for assistance.

If the situation deteriorates and there is imminent risk to self, colleagues or patients "Code 6" is required to be used to indicate to leave the scene

2.13.5 Accurately document all events relating to the ambulance call on all relevant forms; this includes Aggression and Violence Management Forms and Risk Safety forms. Call Police if situation requires assistance.

2.13.6 Ensure all staff are trained in accordance with Aggression Management Training Guidelines which includes participation in MAYBO training, Manual Handling and utilisation of Personal Protective Equipment.

2.13.7 Utilise Aggression Management Tools.

### 2.14 Unable to Locate Patient and Hoax Calls

2.14.1 Attempt to determine if the call was genuine.

2.14.2 If there is the possibility of the client being in the house and unable to respond, the police must be notified to assist.

2.14.3 Document findings on MRK3 Ambulance Care Record and MRK3A Patient Not Transported By Ambulance forms.

2.14.4 If unable to locate a patient, check HCARe for address and/or notify the police.

2.14.5 A Datix Clinical Incident Management System (Datix CIMS) form is to be completed.

### 2.15 Key Performance Indicators and Auditing

2.15.1 Key performance indicators (KPIs) audit dispatch time, priority codes and treatment outcomes (refused treatment, Dead on Arrival or transfer to other hospital) of the ambulance service. These include KPI's related to the accuracy of priority codes and correct documentation pertaining to pain relief i.e. pain score.

2.15.2 KPI reporting is the responsibility of the Clinical Nurse Manager in emergency at Halls Creek, Fitzroy Crossing and Derby Hospitals.

2.15.3 The Clinical Nurse Managers are to ensure audits are completed monthly, documentation and content compliance of the MRK3 Ambulance Care Record and MRK3A Patient Not Transported by Ambulance forms.

2.15.4 Clinical review of priority one call-outs, clinical incidents associated with pre-hospital care and evaluation of patient management and clinical care delivered are to be reviewed and reported to the Regional Patient Safety and Quality Committee and the Regional Executive Committee via the West Kimberley Operations Manager as the Executive Sponsor.

## 3. Roles and Responsibilities

**Registered Nurse - Emergency Department**
The RN ED:

- Prefer nurse to be triage competent, if not there needs to be clear prompts next to the ambulance phone.
- Receives ambulance call from SJAA, and collects Transcript faxed by SJAA if at Fitzroy Crossing or Halls Creek.
- Should a call for an ambulance come directly from a member of the public and not SJAA, RN documents the information as it is received on the MRK3 Ambulance Care Record.
- Provides initial first aid advice.
- Asks the caller to have someone wait outside the location if possible, to assist with directing the ambulance.
- Notifies Team Leader/CN so appropriate nurse can be allocated to call.
- Assigns a priority code as per the priority definitions above.
- Dispatches the ambulance.
- Notifies the All Purpose Orderly of the ambulance call including the priority of the call.
- Notifies the assigned line of management for ambulance calls if required.
- Contacts the line of management if further resources are required, clinical advice or any concerns regarding the management of the ambulance service. If the RN is unable to contact the Clinical Nurse Manager/After Hours Nurse Manager/Director or Coordinator of Nursing, then the next line of management is to be contacted.
- Considers additional equipment and services that may be required.
- Notifies the police via 131444 if attending an incident that requires their attendance. For example motor vehicle accidents, suicide and violence.
- Notifies DFES via 000 if attending an incident that requires their attendance. For example any incident involving entrapment, motor vehicle accidents etc.
- If unsure (if DFES and/or police require attending a call out), contacts the Clinical Nurse Manager/Director or Coordinator of Nursing for assistance.
- RN is to be aware of and comply with SJAA volunteer Clinical Practice Guidelines
- RN is responsible for delegating to an appropriate staff member the stocking of ambulances; and checking at completion, according to ambulance checklist (daily, weekly and monthly checks).
- RN is responsible for delegating the cleaning of blood and bodily fluids including suction units to an appropriately trained staff member; and checking at completion.

**All Purpose Orderly**

The All Purpose Orderly:

- (As the driver of the vehicle), must adhere to the Road Traffic Regulations from which they are not exempt - even as the driver of an emergency vehicle, not exceeding 110km/hr
- Maintains the cleanliness inside and out of the ambulance.
- Manages the stretcher and ensures it is refitted with linen after every call.
- Manages non-clinical equipment and ensures it is working.
- Works under the delegation of the RN with respect to first aid provision.
- Prepares the ambulance for dispatch.
- Must have a realistic knowledge of his/her abilities, the limitations of the vehicle and stay within those limits.
- Is responsible for replenishing certain items such as oxygen, batteries, water, satellite phones and snack box for ambulance calls out of town.
- Immediately notifies Support Services Manager of all full/half ways meets and Priority 1s.

## 4. Compliance

It is a requirement of the WA Health Code of Conduct that employees "comply with all applicable WA Health policy frameworks."

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health Discipline Policy or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

## 5. Evaluation

Monitoring of compliance with this document is to be carried out by the Staff Development Educators – Emergency Services WACHS Kimberley every six months using the following means:

- Recording and auditing of Key Performance Indicators – Dispatch time
- Documentation process and content audits to ensure compliance with requirements and CPGs
- Review of selected ambulance calls and evaluation of pre-hospital care via the West Kimberley Peer Review Committee.

The Kimberley Ambulance Service reports to the Regional Patient Safety & Quality Committee and the Regional Executive Committee via the West Kimberley Operations Manager as the Executive Sponsor.

## 6. Definitions

| | |
|---|---|
| **Client** | A consumer of the ambulance service. |
| **Accountability** | All staff are accountable for their own practice. Accountability is the state of being answerable for one's decisions, actions or inactions. Accountability means that that the clinician must be prepared to answer to others for decisions about clinical practice, including delegation decisions. |
| **Clinician** | A healthcare provider, trained as a health professional. Clinicians include registered and non-registered practitioners, or a team of health professionals providing health care who spend the majority of their time providing direct clinical care. |
| **Competence** | Operational Directives contain information that is mandated by the Director General and must be complied with. Examples include: Application of industrial agreements and awards, Government policy directions, clinical protocols and incident reporting. |
| **Scope of Clinical Practice** | The scope of clinical practice is that in which clinicians are educated, authorised and competent to perform. The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the health needs of people, the level of competence of the clinician and the policy requirements of WA Country Health Service and Department of Health, Western Australia. |
| **Dispatch time** | Time from initial telephone call to departure from hospital. |
| **ATS** | Australasian Triage Scale. |

## 7. References

St John Ambulance Australia Inc. Clinical Practice Guidelines Volunteer Ambulance Officers.

Emergency Triage Education Kit.

## 8. Related Documents

WACHS Kimberley Violence and Aggression Report Form
WACHS Kimberley Escalation Protocols
Site specific Code Brown Procedures

**This document can be made available in alternative formats on request for a person with a disability**

| **Contact:** | Operations Manager - West Kimberley (R.Humbert) | | |
|---|---|---|---|
| **Directorate:** | Operations | **TRIM Record #** | ED-CO-13-66077 |
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**Appendix 1: Radio Operations**

**Purpose**

As per the Kimberley Ambulance Service Procedure, voice communications with the hospital are to be maintained during all ambulance callouts to advise the hospital of any requirements for assistance and for advising returning priority.

**Turning Unit On**
Press and hold the on/off key until unit lights up.

NB: Please note the base unit must remain switched on at all times and volume control not altered to ensure radio communications is received.

(Your current channel / frequency is shown on the ICD display, as per below at start-up)

DERBY HEALTH SERVICE
OR
WAERN 174

Only **ONE** frequency should be showing at any given time unless a radio network is required for a multi-agency incident.

During operations within town, the **DERBY HEALTH SERVICE** channel / frequency is to be used.

During operations outside of town, the **WAERN 174** channel / frequency is to be used. This frequency should be selected and a radio check conducted with the base unit before dispatch to ensure two way communications.

**Changing Channel / Frequency**
To toggle between the two different channels/frequencies the **F3** button is pressed once. The headset is pre-programmed and your current channel / frequency will be shown on the LCD screen. Care is to be taken not to manually alter any radio channel / frequency via the keypad without proper training, as communication failure may occur.

## RADIO OPERATIONS

**Call Signs**
Call signs are used to identify yourself and the station you are attempting to reach. Each ambulance has a designation e.g., mobile 13, mobile 12, etc.
The base station is designated Derby hospital, FX hospital, etc.

**Transmitting**
When sending radio communications it is important to remember to speak clearly, slowly and at a higher pitch than normal.
Keep your transmissions short and to the point, know what you are going to say before you attempt to transmit.
When sending radio communications follow these simple instructions below.

- Press the PTT (press to talk) button located on the left hand side of the microphone
- Wait one (1) second before speaking
- Identify the station you are attempting to transmit to
- Identify your station
- Await response
- Send message.

**Receiving Transmissions**
When receiving radio transmissions, it is important to allow the caller to complete their transmission before pressing the PTT button. Pressing the PTT before or during this will interrupt transmissions.

You are required to acknowledge the receipt of a transmission by the use of the proword **RECEIVING** followed by the proword **OVER**.

When transmitting on WAERN 174, correct voice procedures **MUST** be maintained at all times. This is a DFES operated frequency and DFES emergency personnel operate on this channel at any time, 24hrs.

**Voice Procedures**
Prowords are used in communications to identify actions. There are several prowords used, however you will only require the use of a few as laid out in the following example transmission. Prowords are shown in red.

(CALLER)
"DERBY HOSPITAL, DERBY HOSPITAL, THIS IS MOBILE 13, ARE YOU RECEIVING OVER"

(RECEIVER)
"DERBY HOSPITAL RECEIVING OVER"

(CALLER)
"ONE PATIENT ONBOARD RETURNING PRIORITY 3 OVER"

(RECEIVER)
"SAY AGAIN, OVER"

(CALLER)
"I SAY AGAIN, ONE PATIENT ONBOARD RETURNING PRIORITY 3 OVER"

(RECEIVER)
"ROGER MESSAGE RECEIVED OVER"

(CALLER)
"MOBILE 13 OUT"

The caller will always end communications.
The term "over and out" should be avoided as they have contradictive meanings.

| PROWORD | MEANING |
|---|---|
| OVER | Message complete, awaiting response |
| OUT | Message complete, no further communication required |
| THIS IS | Identifies Caller |
| ROGER | Message understood |
| SAY AGAIN | Repeat last transmission |
| I SAY AGAIN | I am repeating last transmission |
| RADIO CHECK | Requesting signal strength and readability |
| NOTHING HEARD | I have attempted to contact you but have received no response |
| EMERGENCY | Only used in emergency situations. It is repeated 3 times **BEFORE** transmitting your **CALL SIGN** and message |

The EMERGENCY proword is used on WAERN 174 to advise all other network users to cease any transmissions until the emergency caller has completed theirs. This is only to be used where critical emergency messages are required to be transmitted. When this proword is used, **you must not interrupt** until transmission is completed.

**Networks**

A network may be established during a multi-agency incident involving WAPOL, DFES, St John Ambulance and State Emergency Services or a combination of the above.

In this event, State Emergency Services will be tasked to manage communications via the I.C.P (Incident Command Post) as they have the personnel and expertise to execute this function.

The Tait tm8260 has a unique dual band feature which allows it to transmit to both UHF and VHF frequencies, this gives the unit the ability to transmit to one station while listening to another or the ability to transmit to two separate stations simultaneously.

To correctly use this function, Advanced Radio Communication training is required; therefore this function should not be used unless proper instruction has been given.