030521 NIGHT SOUTHPORT OPCEN BRIEF



QUEENSLAND AMBULANCE SERVICE OPERATIONS BRIEF V2.11.2



			SOUTHPOR	RT
SHIFT:	NIGHT			03/05/21
ocs:		Tanya	a Linnett	
OCS (PTS):				
CDS:		1	1	
SENIOR OPS SUPER(S):	GOL - SOS	14-00 / OS	18-06 / SOS	EA
	MST - SOS	14-00 / OS	18-06 /	EA
	WTM -	1400-0000 /	EA	

		Shift Re	port (Any issues/items of interest for	noting that do not fit into another cate	gory or req	uire furthe	r elabora	tion)	
Entry	Time	Acute/PTS	Issue	Action/Case Information	Entered By	Incident	Unit	LASN	Station/ OpCen
1	18:00		BCP Printer	Operational	ocs			OPCENS	SOC
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

				HOS	PITAL STATUS	S LOG		
Hospital	Status/ Escalation Level	Date Initiated	Time Initiated	Date Changed	Time Changed	Time On Status	Initiated By	Action/Outcome

	Were there any Significant Operational Incidents/Issues (M.C.I.s, QAS vehicle accidents, cases incidents involving QPS / QFRS)?											
Unit	LASN	Incident	Time	Activity/Description	Action/Outcome	Entered By						

		W	ere ther	e any Significant Patient Care/Clinical Issues (high acuit	y cases)?	
Unit	LASN	Incident	Time	Activity/Description	Action/Outcome	Entered By
601604 601686	MST		18:16	, ingested	ACTION: ACP and CCP reponse. QFES attached. UPDATE: Organophosphate poisoning, notified. QFES extricating pt. OUTCOME: Tx code 2 to, full decontamination required.	CDS

	Cardiac Arrest – How many out of hospital cardiac arrests were attended and were they transported with ROSC?												
Unit	LASN	Incident	Time	Activity/Description	Action/Outcome	Entered By							
601604 601602	WTM		23:59	, Not breathing, CPR commenced by EMD.	ACTION: ACP and CCP response. UPDATE: CPR in progress, QFES required for extrication. OUTCOME: ROSC achieved, Code 1 to I	CDS							

	Were there any activations of First Responder Groups/Honorary Station personnel and were there any issues associated with this?											
Unit	LASN	Action/Outcome	Entered By									
			·									

			Did QA	AS assist/Was QAS Assisted by any other jurisdictions?	i.e. NSW/PNG/NT etc.	
Unit	LASN	Incident	Time	Activity/Description	Action/Outcome	Entered By
-						

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				How many cases were upgraded or down Reason for Alteration?	graded during the shift?	
LASN	Incident	Coded	Altered To	Reason for Alteration?	Callback Conducted?	Outcome

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				How many cases were upgraded or down		
LASN	Incident	Coded	Altered To	Reason for Alteration?	Callback Conducted?	Outcome

			St	affing Issues	(Late Log Ons/	Late Shift Sta	arts)		
Officer(s)	Unit	Station / OpCen	LASN	Shift Start	Logged On / Started Shift	Early / Late by	Authorised By?	Reason Needed or Given / Operational Impact	Entered By
									+
									+

	Paramedic Occupational Violence Incident											
Incident	Time	Officer(s) Involved	LASN	Station	Incident Information	Type of Occupational Violence	Description	Notifications OS, SOS, PSDU, OCM	Entered By			
QPS Notified (YES/NO)	Time QPS Notified	Attending Supervisor	Peer Support / Priority One Activation	Caution Note Accuracy	Further Caution Note Actions Required	Call Back Actions Taken (If Applicable)	OCS Emailed CAD Report and Audio Files to OCM	Dot Point Summary Sent to OCM (If Appropriate)				
					Comments (Essential Additional	Information)						

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					Comments (Essential Additional	Information)							

	PEER SUPPORT ACTIVATIONS												
Time	Incident	Officer/s Involved	LASN	Station/ OpCen	ID Number(s)	Incident Information	Action Taken/Outcome	Follow-Up Action required	Reported To	Entered By			

	WORKPLACE HEALTH & SAFETY (Not Relating to Paramedic Occupational Violence)													
Time	Incident	Officer/s Involved	LASN	Station/ OpCen	ID Number(s)	Incident Information	Action Taken/Outcome	Follow-Up Action required	Reported To	Entered By				

	REPORTABLE FATIGUE SCORES (>5)													
Time	Shift	Officer	LASN	Station/ OpCen	ID Number	Fatigue Score	Action Taken/Outcome	Follow-Up Action required	Reported To	Entered By				

	COMPLAINTS													
Time	LASN	Complainant's Name	Phone Number	Description	Action Taken/Reported To	Further Action Required	Summary	Entered By						

				F	ALSE CALLS			
Time	LASN	Incident	Callers Phone No	Callers Name As per CLI	Address of Caller As Per CLi	Incident Address	Stated Problem/Incident	Entered By

	Aeromedical Response Requests (Notification / Activation / Escalation Matrix)													
Time	Incident	MPDS Determinant	Code	Primary/ IFT	Approved Yes/No	Provide details on all requests	Enter the reason given for declining/deviation of the aeromedical resource	Requesting Supervisor	sos	Escalation Process Enacted	SOS Escalation Comments			

	Were any PTS cases required to be handed over to Acute and was there any impact on Acute?											
Incident	LASN	Coding	Time	Reason	Operational Impact							

				3rd Party Trip Inf	ormation				
Authorisation No.	LASN	Officer Name(s)	From	То	Reason	Company	Company Auth No.	Quoted Cost	Entered By