

|  |
| --- |
| Victorian Medical Assistance Team (VMAT) Protocol  State Health Emergency Response Arrangements  Date effective: 1 October 2017 |
|  |

Department of Health

Contents

[Revision History 4](#_Toc493754947)

[Introduction 5](#_Toc493754948)

[Principles 5](#_Toc493754949)

[Distribution 5](#_Toc493754950)

[Team Selection 6](#_Toc493754951)

[Selection criteria 6](#_Toc493754952)

[Training 6](#_Toc493754953)

[Exercising 7](#_Toc493754954)

[Equipment 7](#_Toc493754955)

[Activation 8](#_Toc493754956)

[Assessment 8](#_Toc493754957)

[Request 8](#_Toc493754958)

[Authorisation 8](#_Toc493754959)

[Notification 8](#_Toc493754960)

[Deployment 9](#_Toc493754961)

[Demobilisation 9](#_Toc493754962)

[Administrative matters 9](#_Toc493754963)

[Funding 10](#_Toc493754964)

[Appendices 10](#_Toc493754965)

[Review Period 10](#_Toc493754966)

[Related documents 10](#_Toc493754967)

[Appendix 1: VMAT Roles and Responsibilities 11](#_Toc493754968)

[Appendix 2: VMAT Deployment Induction Checklist 14](#_Toc493754969)

[Appendix 3: VMAT Equipment List 15](#_Toc493754970)

[Appendix 4: VMAT Paediatric Equipment List 22](#_Toc493754971)

[Appendix 5: VMAT Team Locations 31](#_Toc493754972)

[VMAT Equipment Cache Locations 32](#_Toc493754973)

# Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | | Revisions | Status |
| 0.1 |  | | Initial Draft | Not approved |
| 1.0 | | 15/09/2017 | Revised draft – minor edits to align to SHERP4 style | Approved |

# Introduction

This Victorian Medical Assistance Team (VMAT) Protocol supports the effective functioning of the State Health Emergency Response Plan, 4th edition. This protocol describes the selection, training, equipping, deployment and administrative arrangements for VMAT.

The Victorian Medical Assistance Team (VMAT) Protocol and SHERP4 form part of the State Health Emergency Response Arrangements, the framework through which the Victorian Government and partner agencies work together in order to meet the health needs of Victorians during emergency events.

This document should be read in conjunction with SHERP4 and the Victorian Medical Assistance Team (VMAT) Policy.

## Principles

VMATs are one of a number of medical and nursing resources available to be deployed to an incident site. The requirement for medical support and resources is based on the assessment of the clinical needs of those affected and the clinical skillsets available onsite and their ability to meet Victorian Trauma Triage Guidelines.

As outlined in the *Mass Casualty and Pre-hospital Operational Response Plan*, medical and nursing resources are required where:

* Transport will be delayed and extended care is required in the field
* A patient is unable to be moved and specialist clinical skills are required
* There are large numbers of patients who require specialist expertise (such as children)
* There are large numbers of low-acuity patients who could be discharged from the scene after medical
* assessment
* A temporary clinical facility (such as the Field Primary Care Clinic) requires staffing
  + Wherever possible, a VMAT will not be deployed from a hospital that will receive patients from the incident.

# Distribution

VMATs have been established in the following major, metropolitan and regional trauma centres:

* Alfred Health
* Austin Health - Austin Hospital
* Ballarat Health Services – Ballarat Base Hospital
* Barwon Health - University Hospital Geelong
* Bendigo Health – Bendigo Hospital
* Eastern Health - Box Hill Hospital
* Eastern Health - Maroondah Hospital
* Melbourne Health - Royal Melbourne Hospital
* Monash Health - Dandenong Hospital
* Monash Health - Monash Medical Centre
* Northern Health – The Northern Hospital
* Peninsula Health - Frankston Hospital
* Royal Children’s Hospital
* St Vincent’s Hospital
* Western Health - Footscray Hospital
  + Western Health - Sunshine Hospital

Additional caches of VMAT equipment have been deployed to the following hospitals:

* Central Gippsland Health Service - Sale Campus
* Goulburn Valley Health – Shepparton Regional Hospital
* Latrobe Regional Hospital
* Northeast Health Wangaratta
* Ramsay Health Care - Mildura Base Hospital
* South West Healthcare – Warrnambool Base Hospital
* Western District Health Service - Hamilton Base Hospital
  + Wimmera Health Care Group - Wimmera Base Hospital

The VMATs at the Royal Children’s Hospital and Monash Medical Centre are specialist paediatric teams. All other VMATs are required to care for adults and children.

# Team Selection

A VMAT will comprise six personnel: three doctors and three nurses. However, a modular approach may apply with deployment of fewer than six VMAT members, or multiple VMATs from different health services deployed in response to the same incident.

Health services will select personnel to participate in the VMAT program. For the purposes of this document, the coordination responsibility for VMAT personnel selection, training, exercising and equipment maintenance will be

referred to as the ‘VMAT Coordinator’.

It is recommended that at least 24 personnel should be deployment-ready at each VMAT-participating health service. This will facilitate readiness to deploy a complete six-member team irrespective of other work priorities or leave periods.

Professional categories of personnel who may be considered for VMAT participation include: emergency physicians, emergency nurses, general surgeon, specialist surgeon (as required), anaesthetist, operating theatre nurse, intensivist, or a team with a particular specialty skillset (such as paediatrics). More senior personnel are preferred not only for their skills and independent decision-making, but they are more likely to be retained longer term by the health service reducing the turnover of VMAT members.

## Selection criteria

* Relevant professional credentials.
* Seniority – medical personnel must be at least senior registrar level, although specialist consultants are
* preferred. Nursing personnel must also be senior, experienced staff.
* Working with children check.
* Fitness for austere outdoor environments.
* Up-to-date vaccinations for Tetanus and Hepatitis B.
  + Ability to be released from duty to participate in VMAT training and exercising.

# Training

The VMAT Coordinator will have the responsibility for:

* Ensuring sufficient numbers of VMAT personnel are trained
* Obtaining necessary release from duty for VMAT personnel to participate in training
* Nominating authorised VMAT personnel to training providers or gatekeepers
* Arranging reimbursement of course fees / costs for late notice ‘no-shows’ to training
  + Maintaining records of training

Pre-requisite self-directed learning includes familiarisation with Victorian emergency management arrangements as described in the *Emergency Management Manual Victoria* (EMMV, available from www.emv.vic.gov.au/policies/emmv) and a thorough understanding of SHERP4 (available from https://www2.health.vic.gov.au/emergencies/emergencies-department-role).

Mandatory participation in the following training:

* *Major Incident Medical Management and Support* (MIMMS) course, provided by the Department of Health and Human Services (DHHS). This requires re-certification every three years. Completion of the Ambulance Victoria *Virtual Paramedic On-line Simulation* for mass casualty triage Health
* service VMAT Coordinators can nominate VMAT members to virtual.paramedic@ambulance.vic. This requires re-certification every 12 months.
  + At least one VMAT member should have completed the *Early Management of Severe Burns* (EMSB) Course. Health service VMAT Coordinators can nominate VMAT members to health.command@health.vic.gov.au.

Optional participation in the following training:

* Australasian Inter-service Incident Management System (AIIMS) introductory training, provided through the health service. This requires re-certification every three years.
* Victorian Health Services Chemical, Biological and Radiological (CBR) Incident Preparedness course, provided by the Department of Health and Human Services.
  + Early Management of Severe Trauma course, provided through the Royal Australasian College of Surgeons, for medical personnel.

# Exercising

VMAT processes and skills should be exercised at least annually. Options for exercising include participation (as a VMAT) in the incident site component of EmergoTrain exercises. Consideration should be given to participating in EmergoTrain exercises at other health services in order to achieve annual participation. Operational (or ‘field’) exercises allow for greater realism in setting and context, although patient numbers are usually low and opportunities fewer.

# Equipment

Identical equipment has been allocated to all health services with VMATs listed previously, with the exception of specialist paediatric centres. The cached equipment is identical except for a reduced allocation of personal protective equipment (four sets of personal protective equipment in each cache, whereas six sets were allocated to VMAT health services). (See Appendix 3)

The equipment for the Royal Children’s Hospital and Monash Medical Centre is for specialist paediatric care. The equipment for these two teams is identical to enable interoperability between paediatric teams. (See Appendix 4)

All health services with VMAT equipment are responsible for secure storage of the equipment in a temperature controlled environment. The storage location should be readily accessible at all times for rapid deployment. Drugs that are stored separately must be clearly identified and able to be deployed promptly.

All equipment and drugs in the equipment kits must be maintained in serviceable condition ready for immediate deployment at any time. The health services are responsible for the regular inspection and replacement of drugs and equipment items. Stock rotation for drugs and equipment items prior to expiry dates is recommended to limit recurrent expenditure associated with maintenance.

Modification of the drug and equipment list is not to occur without consultation. Issues with VMAT equipment should be reported to health.command@health.vic.gov.au.

Following demobilisation of deployed VMATs, equipment should be cleaned and lost and disposable items replaced.

# Activation

## Assessment

The requirement for VMAT assistance at the incident will be determined by the Incident Health Commander (Ambulance Victoria) on advice from the Field Emergency Medical Officer (FEMO), where present, based on the criteria listed under Principles (see page 1). The FEMO will advise the Health Commander (Ambulance Victoria) of the need to request a VMAT.

## Request

The Incident Health Commander requests a VMAT through the State Health Commander to the State Health Coordinator. The State Health Coordinator then advises the Hospital Commander of the relevant health service.

## Authorisation

The Hospital Commander is responsible for seeking authorisation for VMAT deployment from the health service CEO. Authorisation of the CEO is required for VMAT activation.

# Notification

The Hospital Commander activates VMAT.

In order to facilitate early awareness of the requirement for VMAT activation, the FEMO will advise the Field Emergency Medical Coordinator (FEMC) of the need for VMAT activation. The FEMC will advise the deploying hospital.

The incident information provided to the Hospital Commander and to be used in briefing the VMAT should at least include:

**E** Exact location

**T** Type of incident

**H** Hazards on scene

**A** Access/egress

**N** Number of casualties (or estimated number)

**E** Emergency services on scene/required

Additional information required includes:

* Number and skillset of VMAT personnel requested
* Point of contact (name and number) for future communication
* Transport arrangements, including expected pick up time
* Likely duration of deployment
  + Additional PPE and equipment requirements.

# Deployment

Health services will follow their organisational procedures for response to VMAT deployment request.

VMAT personnel will require a briefing about the incident and addressing occupational health and safety considerations. (See Appendix 2, VMAT Deployment checklist for team personnel) A team leader should be appointed.

Transport of the VMAT and their equipment to and from the incident is coordinated by Ambulance Victoria.

At the incident the VMAT reports to the FEMO. The FEMO represents the VMAT in the Incident Health Incident Management Team (Incident HIMT). Ambulance Victoria will provide logistics and communications support for VMAT at the incident. The FEMO will brief and task the VMAT.

VMAT personnel are responsible for their personal safety at all times. This includes maintaining situational awareness, using PPE appropriately, and following the directions of appointed safety officers. All incidents should be documented and reported.

VMAT personnel will adhere to relevant clinical guidelines such as the Victorian State Trauma System *Pre-hospital Major Trauma Triage Guidelines*, and Victorian state burns clinical practice guidelines for *Initial management of severe burns.* VMAT personnel will also stay within their scope of practice.

A system of contemporaneous record keeping should be established. Documentation is required of clinical and incident related activity. Patient care records should create two copies, one to accompany the patient on disposition and one to be retained by the health service deploying the VMAT. A log of VMAT activity during activation, deployment and demobilisation should also be maintained and may be the responsibility of the team leader.

# Demobilisation

At the conclusion of the task, the VMAT should be formally stood down. This is an opportunity to conduct a welfare check on VMAT personnel and for equipment to be located and secured. Peer support can be arranged by the Health Commander if required.

Prior to departing the incident an opportunity will be provided by the Health Commander for a ‘hot’ debrief. A subsequent health service debrief should be held after a suitable recovery period to review the deployment process and identify any team member concerns. A Health Incident Management Team debrief may be held at some point to gather information from all health agencies that were involved in the incident.

# Administrative matters

VMAT members remain employees of the health service during their deployment. The health service is responsible for:

* appointment of appropriately credentialed personnel to VMAT
* ensuring VMAT personnel are trained and exercised prior to deployment
* risk management, instruction and supervision during deployment to ensure personnel are working safely
* and without risk to health
* remuneration of VMAT personnel
  + all usual Worksafe entitlements.

VMAT personnel are insured for public liability under the Victorian Managed Insurance Authority (VMIA).

# Funding

The Department has funded initial equipping of VMATs, and provides access to training at no cost to participating health services. Health services are required to release VMAT personnel for training, exercising and deployment and meet the usual costs for participating personnel. Health services are responsible for the costs of backfilling positions as necessary. The cost of maintaining equipment is the responsibility of the health service.

# Appendices

* **Appendix 1** Roles and Responsibilities
* **Appendix 2** VMAT Deployment checklist for team personnel
* **Appendix 3** Equipment list
* **Appendix 4** Paediatric Equipment List
* **Appendix 5** Distribution of VMATs and equipment caches (map)

# Review Period

This Victorian Medical Assistance Team (VMAT) Protocol should be reviewed following the management of an incident or emergency, or after 3 years.

# Related documents

* State Health Emergency Response Plan, Edition 4
* Victorian Medical Assistance Teams (VMAT) Policy
  + Mass Casualty and Pre-hospital Operational Response Plan

# Appendix 1: VMAT Roles and Responsibilities

| Role | Responsibilities | | |
| --- | --- | --- | --- |
| Before | During | After |
| All | Maintain familiarity with SHERP4 |  |  |
| State Health Coordinator | Document the readiness requirements to deploy Victorian Medical Assistance Teams in support of the State Health Emergency Response Plan.  Publish the VMAT readiness arrangements as an annexe to SHERP. | Determine the appropriate health service able to deploy VMAT personnel to this incident.  Advise relevant Hospital Commander of requirement to activate VMAT. Provide incident information in the ‘ETHANE’ format and sufficient administrative detail (number of VMAT personnel required, skillset, contact details, transport arrangements, likely deployment duration, additional requirements). | Participate in a formal multi agency health incident debrief. |
| DHHS | Support mandatory VMAT training requirements.  Arrange public liability insurance for VMAT under VMIA. |  |  |
| Health Service | Develop and maintain organisational procedures to ensure VMAT readiness and support deployment.  Appoint appropriately credentialed personnel to participate in the VMAT program, adhering to the recommended selection criteria.  Ensure sufficient VMAT trained personnel to enable readiness to deploy a six-member team at all times.  Ensure VMAT personnel meet recommended training requirements.  Provide exercising opportunities for VMAT personnel.  Maintain specified VMAT equipment and drugs in readiness for deployment.  Develop appropriate clinical and administrative documentation for use by the VMAT during activation to incidents. | Follow relevant health service organisational procedures for response to VMAT deployment request.  Ensure appropriate risk management, instruction and supervision arrangements are in place during deployment. | Review welfare of demobilised VMAT personnel. Arrange ongoing peer support as required.  Implement appropriate shift break before VMAT personnel resume normal duties.  VMAT equipment to be cleaned. Lost and disposable equipment to be replaced.  Ensure VMAT personnel receive relevant payment and WorkSafe entitlements.  Conduct a health service (hospital-level) debrief.  Facilitate VMAT Team Leader participation in a subsequent formal multi agency health incident debrief.  Review and update organisational procedures. |
| Hospital Commander | Participate in exercises in which the VMAT role is activated. | Seek authorisation of the health service CEO for VMAT activation following advice from State Health Coordinator.  Activate VMAT.  Brief VMAT personnel prior to deployment. Use the Deployment checklist as a guide.  Appoint a VMAT Team Leader. | Participate in a health service (hospital-level) debrief. |
| VMAT Team Member | Undertake self-directed learning and participate in recommended training.  Participate in an exercise in the VMAT role at least annually. | Attend pre-deployment briefing.  Identify the Team Leader.  Report to FEMO on arrival at the incident for briefing and tasking.  Be responsible for personal safety at all times.  Follow the directions of appointed safety officers.  Document and report all adverse incidents.  Adhere to relevant clinical practice guidelines and stay within your professional scope of practice.  Maintain contemporaneous records of clinical and incident-related activity. | Report any concerns to the VMAT Team Leader.  Prior to departing the incident scene, participate in a ‘hot’ debrief.  Participate in a health service (hospital-level) debrief. |
| VMAT Team Leader | As for VMAT Team Member. | As for VMAT Team Member, but especially…  Document and report all adverse incidents.  Log VMAT activity during activation, deployment and demobilisation. | At the end of the incident, conduct a welfare check of VMAT personnel in your team.  Seek peer support for team members as required through the FEMO.  Prior to departing the incident scene, participate in a ‘hot’ debrief.  Participate in a health service (hospital-level) debrief.  Participate in a formal multi agency health incident debrief. |
| Ambulance Victoria |  | Coordinate transport of the VMAT and their equipment to and from the incident.  Provide logistics and communications support for the VMAT. |  |
| Incident Health Commander |  | Assess requirement for medical and nursing resources against criteria specified in SHERP.  Consult with FEMO (where available) regarding possible VMAT activation.  Make request for VMAT activation through the line of command to the State Health Commander. Provide incident information in the ‘ETHANE’ format and sufficient administrative detail (number, required task, likely deployment duration, additional requirements). | At the end of the incident, the VMAT should be formally stood down.  Arrange peer support for VMAT personnel if required.  Arrange a ‘hot’ debrief of responding medical and nursing personnel prior to their departure from the incident scene.  Participate in formal multi agency health incident debrief. |
| State Health Commander |  | Make request for VMAT activation to the State Health Coordinator. Provide incident information in the ‘ETHANE’ format and sufficient administrative detail (number, skillset, contact details, transport arrangements, likely deployment duration, additional requirements). |  |
| FEMO |  | Assess requirement for medical and nursing resources against criteria specified in SHERP.  Advise Incident Health Commander regarding possible VMAT activation.  Advise FEMC of the need for VMAT activation.  Brief and task the VMAT on their arrival at the incident.  Represent the VMAT in the Incident-level Health Incident Management Team. | Conduct a welfare check on VMAT personnel.  Advise the Incident Health Commander of any VMAT personnel requiring peer support.  Prior to departing the incident scene, participate in a ‘hot’ debrief.  Participate in formal multi agency health incident debrief. |
| FEMC / State FEMO |  | Provide ‘heads-up’ advice to Hospital Commander. |  |

# Appendix 2: VMAT Deployment Induction Checklist

|  |  |
| --- | --- |
| Deployment Zone/Incident: |  |
| Date: |  |

### Situation

* Incident briefing

E Exact location

T Type of incident

H Hazards on scene

A Access/egress

N Number of casualties (or estimated number)

E Emergency services on scene/required

### Mission

* Task (This may be modified at the incident site by the FEMO or Health Commander)
  + Expected duration of deployment

### Execution

* Transport arrangements
* Accommodation
* Provisions and personal requirements
* Contact person at deploying health service and details required to report health and safety issues, or any other matter relating to the deployment at the incident site

### Administration

* Current fitness/suitability for incident requirements
* VMAT training currency (MIMMS, Virtual Paramedic On-line Simulation, EMSB)
* Nominate a team leader to liaise with FEMO (Health Commander if no FEMO present) at incident site
* Team leader to provide situation reports to Hospital Commander
* VMAT equipment check
* Documentation and records to be retained
* Health service staff support services available following demobilisation

### Communications

* Contact point at incident site
* Communication and logistics support to be provide by Ambulance Victoria at incident site
* Calling home
* Next of Kin contact details

### Occupational Health and Safety

* Reminder to maintain situational awareness and follow safety directives
* Workplace PPE and clothing requirements
* Relevant Emergency Procedures
* Staff Incident reporting to team leader (Team leader to notify FEMO and Hospital Commander)
  + Hazard reporting to team leader (Team leader to notify FEMO)

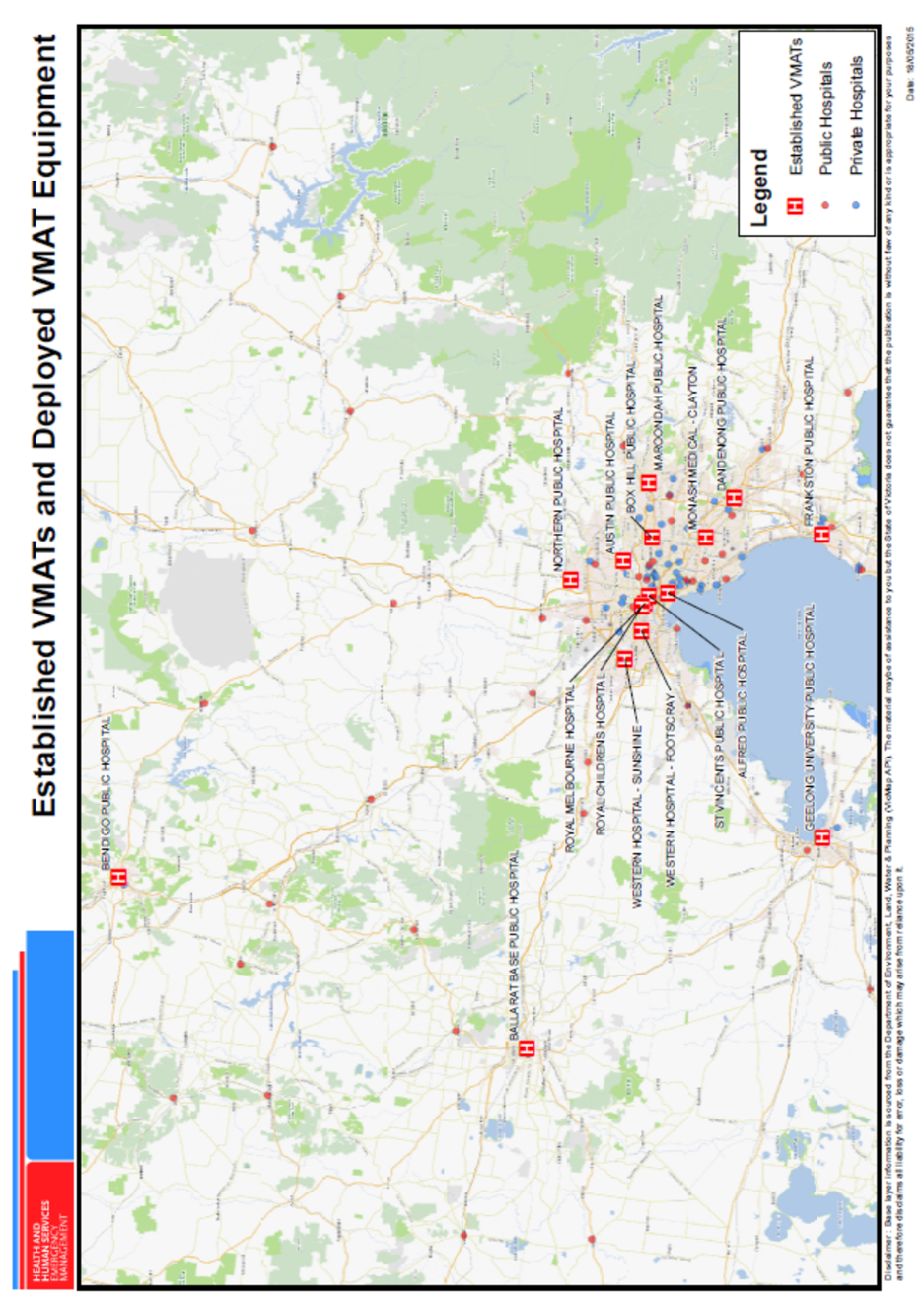
# Appendix 3: VMAT Equipment List

| *Quantity in ampoules or items unless otherwise stated* |  |  |
| --- | --- | --- |
|  |  |  |
| **Resuscitation & Critical Care (Yellow) 35 x 22.5 x11 cm** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Adrenaline 1:1000 1mg/mL 1mL | 5 | n/a |
| Dextrose 50% 0.5g/mL 50mL | 2 | n/a |
| Frusemide 250mg 10mg/mL 25mL | 2 | n/a |
| Salbutamol IV 0.5mg/mL 1mL | 2 | n/a |
| Morphine injectable 10mg/mL 1mL | n/a | 50 |
| Aspirin 300mg dispersible (96 tabs) | 1 box | 1 box |
| Paracetamol 500mg tablets (100 tabs) | 1 box | 1 box |
| Metoclopramide injectable 10mg 5mg/mL 2mL | 10 | n/a |
| Atropine 1.2mg/mL 1mL | 10 | n/a |
| Suxamethonium 100mg | 5 | n/a |
| Ketamine 200mg/2mL | 5 | n/a |
| Thiopentone sodium 500mg vial | 2 | n/a |
| Midazolam 5mg/5mL 5mL | 10 | n/a |
| Vecuronium 10mg vial | 5 | n/a |
| Amethocaine eye drops 1% Minims 0.5mL | 10 minims | 10 minims |
| Hydrocortisone 100mg/2mL | 2 | n/a |
| Water for Injection 10 mL | 12 | n/a |
| Normal Saline 10 mL | 15 | 5 |
| DD Log Book | n/a | 1 |
| Syringes 20mL | n/a | 2 |
| Syringes 10mL | n/a | 5 |
| Syringes 5mL | n/a | 10 |
| Syringes 2mL | n/a | 10 |
| Needles 23 gauge | n/a | 10 |
| Needles drawing up | n/a | 10 |
| Alcohol swabs (20 pack) | n/a | 20 swabs |
| Mixing Cannula | n/a | 2 |
|  |  |  |
| **1 x Airway kit (Blue) 35 x 21 x 10cm** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Cook C-CASP-901-FORD, Catheter aspiration set | 1 | n/a |
| Cook C-CASP -A-FORD, Heimlich valve | 1 | n/a |
| Face Mask Size 1 | n/a | 1 |
| Face Mask Size 2 | n/a | 1 |
| Adult Face Mask Size 3 | 1 | n/a |
| Adult Face Mask Size 4 | 1 | n/a |
| Adult Face Mask Size 5 | 1 | n/a |
| ET Tube size 3 (uncuffed) | n/a | 1 |
| ET Tube size 4 (uncuffed) | n/a | 1 |
| ET Tube size 5 (uncuffed) | n/a | 1 |
| ET Tube size 6 (uncuffed) | n/a | 1 |
| ET Tube size 7 | 2 | n/a |
| ET Tube size 8 | 2 | n/a |
| Adult Bag Valve & Mask | 1 | n/a |
| Child Bag Valve & Mask | n/a | 1 |
| Cook Melker Cric kit C-TCCS-600 | 1 | n/a |
| Laryngeal Mask Size 4 | 1 | n/a |
| Laryngeal Mask Size 3 | n/a | 1 |
| Laryngeal Mask Size 2 | n/a | 1 |
| Adult McGill forceps | 1 | n/a |
| Paediatric Magill forceps | n/a | 1 |
| Res-Q-Vac with 3 Suckers | 1 | 1 |
| Adult intubation bougie | 1 | n/a |
| Infant intubation bougie | n/a | 1 |
|  |  |  |
| **2 x Airway tool pouches 21 x 10 x 8cm** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| **Airway tools Pouch A** |  |  |
| Adult laryngoscope with size 4 blade-fibre optic | 1 | n/a |
| Child Laryngoscope with size 2 blade | n/a | 1 |
| Spare Globe | 1 | 1 |
| Lubricant | 4 | 4 |
| Syringe 10ml | 4 | 4 |
| Guedel airways size 3 | 2 | n/a |
| Guedel airways size 4 | 2 | n/a |
| Paediatric Guedel airway size 0 | n/a | 1 |
| Paediatric Guedel airway size 1 | n/a | 1 |
| ET ties | 6 | 6 |
| **Airway tools Pouch B** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Artery forceps | 4 | 4 |
| Aqueous Chlorhexidine 0.2% 100ml irrigation | 1 | 1 |
| Disposable scalpels 23 gauge | 4 | 4 |
| Transparent occlusive dressing 10 x 20 cm | 8 | 8 |
| Tape Sleek 7.5cm | 1 | n/a |
| Sutures 2/0 silk | 4 | n/a |
| ET Ties | 2 | 2 |
| Tape Sleek 2.5cm | 1 | 1 |
| Syringe 10mL | 1 | 1 |
| Lubricant | 4 sachets | 4 sachets |
|  |  |  |
| **3 x Circulation Pouches (Red) 26 x11 x 10cm** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| **IV Pouch 1** |  |  |
| IV Bungs | 4 | 4 |
| Disposable scalpels 23g | 1 | n/a |
| Sutures 2/0 silk | 1 | n/a |
| IV Cannula 14 G | 1 | 1 |
| IV Cannula 18 G | 1 | 1 |
| IV Cannula 22 G | 1 | 1 |
| IV Transparent occlusive dressing | 2 | 2 |
| IV Infusion pump set | 1 | 1 |
| Tape 12.25mm | 1 | 1 |
| Alcohol swabs | 10 | 10 |
| Tourniquet | 1 | 1 |
| Hartmann's 1L | 1 | 1 |
| Rapid Infusion Catheter FG 8.5 | 1 | n/a |
|  |  |  |
| **IV Pouch 2** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| IV Cannula 14 G | 1 | 1 |
| IV Cannula 18 G | 1 | 1 |
| IV Cannula 22 G | 1 | 1 |
| Tourniquet | 1 | 1 |
| IV Transparent occlusive dressing | 2 | 2 |
| IV Infusion pump set | 1 | 1 |
| Tape 12.25mm | 1 | 1 |
| Alcohol swabs | 10 | 10 |
| Rapid Infusion Catheter FG 8.5 | 1 | n/a |
| Disposable scalpels 23g | 1 | n/a |
| Hartmann's 1L | 1 | 1 |
| IV Bungs | 4 | 4 |
| Sutures 2/0 silk | 1 | n/a |
|  |  |  |
| **Circulation Pouch (Red) 26 x11 x 10cm** |  | **Paediatric** |
| **IV Pouch 3** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Intraosseous needle | n/a | 1 |
| IV Cannula 14 G | 1 | n/a |
| IV Cannula 18 G | 1 | 1 |
| IV Cannula 20 G | 1 | 1 |
| IV Cannula 22 G | n/a | 1 |
| Tourniquet | 1 | 1 |
| IV Transparent occlusive dressing | 2 | 2 |
| IV Infusion pump set | 1 | n/a |
| Tape 12.25 mm | 1 | 1 |
| Alcohol swabs | 10 | 10 |
| Hartmann's 1L | 1 | 1 |
| IV Bungs | 4 | 4 |
|  |  |  |
| **Dressings Pouch (Teal) 35 x 22.5 x 11cm** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Gauze 10cm x 10cm | 10 | 10 |
| Combine 20cm x20cm | n/a | 5 |
| Combine 20 cm x9cm | n/a | 5 |
| Crepe 10cm x 1.5m | 3 | 3 |
| Crepe bandage 15cmx1.5m | n/a | 3 |
| Safety pins (12 pack) | 1 | 1 |
| Tape Sleek 7.5cm | n/a | 1 |
| Transpore 1cm | 1 | 1 |
| Elastoplast 2.5cm | 1 | 1 |
| Elastoplast 5.0cm | n/a | 1 |
| Elastoplast 7.5cm | n/a | 1 |
| Sterile disposable huckaback towels | 10 | n/a |
| Cling film wrap roll | 1 | n/a |
| Artery forceps | 2 | n/a |
| Melolin 10cm x 20cm | n/a | 5 |
| Slings | n/a | 6 |
| Burnaid gel burn dressing sterile 10x10, 20x20 or 55x40cm | 2 | 2 |
| Sam Splint - 1 adult | n/a | 1 |
| Sam Splint – 1 child | 1 | n/a |
|  |  |  |
| **Amputation Pouch ( Dark Green) 46 x 10 x 5cm** | **Kit 1 Quantity** |  |
| Surgical gloves | 5 |  |
| Gigli saw blades | 2 |  |
| Gigli saw handles (set 2) | 1 |  |
| Sterile surgical sponges (pk 5) | 1 |  |
| Marcain 0.5% 5mg/mL 20mL | 2 |  |
| Povidone-iodine 10% 15mL | 2 |  |
| Ties, Vicryl size 0 | 1 |  |
| Sutures, Nylon 2.0 cutting needles | 1 |  |
| Sutures, Nylon 3.0 cutting needles | 1 |  |
| Scalpel | 1 |  |
|  |  |  |
| **Ventolin kit ( Dark Green) 46 x 10 x 5cm** |  | **Kit 2 quantity** |
| Salbutamol MDI 100mcg/dose 200 doses |  | 12 |
|  |  |  |
| **2 x Miscellaneous Pouches (Lt Green) 33 x11 x 5cm** |  |  |
| **Pouch 1** | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Pouch 1- Torches (mini halogen globe) | 1 | 1 |
| Batteries for torches (AA) | 1 | 1 |
| Sterile Gloves - Size 6 - 2 pairs | 2 | 2 |
| Sterile Gloves - Size 7 - 2 pairs | 2 | 2 |
| Sterile Gloves - Size 8 - 2 pairs | 2 | 2 |
|  |  |  |
| **Pouch 2** |  | **Eye Care** |
|  | **Kit 1 Quantity** | **Kit 2 Quantity** |
| Oxybuprocaine eye drops 0.4% Minims 0.5mL Fridge (20 pack) | n/a | 20 minims |
| Chloromycetin eye ointment 1% 4g |  | 1 |
| EyeStream 120mL | n/a | 12 |
| Tape Sleek 2.5cm | n/a | 6 |
| Sterile Cotton Buds - packet | n/a | 1 |
| Eye pads | n/a | 20 |
| Syringes 20mL | 2 | n/a |
| Syringes 10mL | 5 | n/a |
| Syringes 5mL | 10 | n/a |
| Syringes 2mL | 10 | n/a |
| Needles 23 gauge | 10 | n/a |
| Needles - drawing up | 10 | n/a |
| Alcohol swabs 20 pack | 20 | n/a |
| Mixing cannula | 2 | n/a |
|  |  |  |
| **Diagnostic Tools (Dk Green) Ext pocket 36 x15 x 10cm** | **Kit 1 Quantity** | **Kit 2 quantity** |
| BP Sphygmomanometer | 1 | n/a |
| BP Sphygmomanometer paediatric cuff | n/a | 1 |
| Stethoscope | 1 | 1 |
| Disposable scalpels | 2 | n/a |
| Aqueous Chlorhexidine 0.2% 100ml irrigation | 2 | n/a |
| Space Blankets | 2 | 2 |
| Scissors | 2 | 2 |
| Black Pens | 2 | 2 |
| Black pencil chino graph | 2 | 2 |
| Waterproof paper/pen | 1 | 1 |
| Cyalume light stick | 1 | 1 |
| Sharps container affixed to exterior of kit | 1 | 1 |
|  |  |  |
| **Uniform Items** |  |  |
| Coveralls medical green with high visibility tape | 6 |  |
| Rainwear high visibility (coat) | 6 |  |
| Rainwear high visibility (pants) | 6 |  |
| Identification tabard high visibility | 6 |  |
| Camelbak® hydration pack | 6 |  |
| Hard hat helmets | 6 |  |
| Headlamp light source | 6 |  |
| Cow hide glove | 6 |  |
| Safety glasses (with UV protection) | 6 |  |
| Knee guards | 6 |  |
| Masks – P2/N95 respirator | 6 |  |
| Ear plugs | 6 |  |
| Thinsulate® Gloves | 6 |  |
| Thinsulate® beanie | 6 |  |
| Brushed cotton peaked cap | 6 |  |
| Waist bag (comfort kit) | 6 |  |
| 5 compartment wheeled gear bag (with concealed telescopic handle) | 1 |  |

# Appendix 4: VMAT Paediatric Equipment List

**These kits are ONLY required by the Royal Children’s Hospital and Monash Medical Centre. Each paediatric specialist site maintains six (6) standard kits and one (1) burns kit.**

| Quantity in ampoules or items unless otherwise stated |  |  |
| --- | --- | --- |
|  |  |  |
| **Drugs (Yellow)** | **Standard Kit Quantity** | **Burns Kit Quantity** |
| Adrenaline injectable 1:1000 1mg/mL 1mL | 10 |  |
| Amethocaine gel 4% 5g | 1 |  |
| Amethocaine 25mg, Adrenaline 5mg, and Lidocaine 200mg/5mL topical | 2 |  |
| Atropine injectable 600mcg/mL 1mL | 5 |  |
| Bupivicaine injectable 0.5% 5mg/mL 20mL | 5 |  |
| Chloramphenicol eye ointment 1% 4g | 1 |  |
| Eye Stream irrigation 120mL | n/a | 20 |
| Fentanyl injectable 100mcg/2 mL | 8 |  |
| Glucose injectable 50% 0.5g/mL 50mL | 1 |  |
| Ibuprofen 100mg/5ml 100mL | 1 |  |
| Ketamine injectable 200mg/2mL | 5 |  |
| Lignocaine/ prilocaine 5% cream 5g | 1 |  |
| Metoclopramide injectable 10mg 5mg/mL 2mL | 5 |  |
| Midazolam injectable 5mg/5mL 5mL | 5 |  |
| Morphine injectable 10mg/mL 1mL | 5 |  |
| Ondansetron wafer 4mg | 5 |  |
| Pancuronium injectable 4mg/2mL | 5 |  |
| Paracetamol solution 240mg/5mL 200mL | 1 |  |
| Paracetamol tablets 500mg | 20 tablets |  |
| Propofol 200mg/20mL | 5 |  |
| Oxycodone Syrup 5mg/5mL 50mL | 1 |  |
| Salbutamol injectable 500mcg/mL 1mL | 1 |  |
| Salbutamol MDI 100mcg/dose 200 doses | 1 | 10 |
| Sodium chloride injectable 0.9% 10 mL | 10 |  |
| Suxamethonium injectable 100mg/2mL | 5 |  |
| Tetracaine eye drops 1% Minims 0.5mL | 5 minims | 60 minims |
| Thiopentone sodium 500mg vial | 2 |  |
| Water for Injection 10 mL | 5 |  |
| Calculator | 1 |  |
| DD Log Book | 1 |  |
| Paediatric pharmacopeia | 1 |  |
| Pen | 1 |  |
| Royal Children’s Hospital ICU Guidelines | 1 |  |
|  |  |  |
| **Resuscitation (Bottom section blue bag)** | **Standard Kit Quantity** |  |
| **Child Bag Valve & Mask** |  |  |
| Disposable resuscitator and oxygen tubing – child size | 1 |  |
| Face Mask size 1 | 1 |  |
| Face Mask size 2 | 1 |  |
| Face Mask size 3 | 1 |  |
| Guedel oropharyngeal airway size 0 50mm | 1 |  |
| Guedel oropharyngeal airway size 1 60mm | 1 |  |
| Guedel oropharyngeal airway size 2 70mm | 1 |  |
| **Adult Bag Valve & Mask** |  |  |
| Disposable resuscitator and oxygen tubing – adult size | 1 |  |
| Face Mask Size 4 | 1 |  |
| Face Mask Size 5 | 1 |  |
| Guedel oropharyngeal airway size 3 80mm | 1 |  |
| Guedel oropharyngeal airway size 4 90mm | 1 |  |
| Guedel oropharyngeal airway size 5 100mm | 1 |  |
| **Suction kit (yellow)** |  |  |
| Res-Q-Vac® suction | 1 |  |
| Catheter Y suction FG7 | 2 |  |
| Catheter Y suction FG8 | 2 |  |
| Catheter Y suction FG10 | 2 |  |
| Catheter Y suction FG12 | 2 |  |
| **Intraosseous kit** |  |  |
| Ezi-IO® gun | 1 |  |
| Intraosseous needle – paediatric 15g 15mm | 4 |  |
| Intraosseous needle 15g 25mm | 4 |  |
| Povidone iodine solution 10% 100mL | 1 |  |
| **Diagnostic kit** |  |  |
| BP Sphygmomanometer (manual) | 1 |  |
| BP Sphygmomanometer paediatric cuff size 9 | 1 |  |
| BP Sphygmomanometer paediatric cuff size 8 | 1 |  |
| BP Sphygmomanometer adult cuff size 4 | 1 |  |
| Stethoscope | 1 |  |
| Tourniquets | 2 |  |
| Thermometer | 1 |  |
| Thermometer covers | 10 |  |
| Glucometer | 1 |  |
| Glucometer test strips | 10 |  |
| **Splints** |  |  |
| Pelvic Binder –SAM sling 11. Small | 1 |  |
| SAM splint 4.25 x 36 inch | 1 |  |
| SAM spint junior 4.25 x 18 inch | 1 |  |
| **Chest Drain kit** |  |  |
| Fuhrman® pleural/pneumocpericardial drainage set. Cook-C-PPD-850-WCE 8.5Fr 15cm | 2 |  |
| Pneumostat chest drain valve Atrium® 16100 | 2 |  |
| Transparent occlusive dressing 15cm | 6 |  |
| IV Cannula 14 G long, 45mm | 2 |  |
| Sutures, silk 3.0 | 2 |  |
| Chlorhexidine and cetrimide irrigation solution 0.2 % 30 mL | 4 |  |
| **Intravenous Fluids** |  |  |
| Sodium chloride (normal saline) 0.9% 500mL | 3 |  |
| IV Infusion pump set | 2 |  |
| Burette – Smart site | 2 |  |
| IV dispensing pin | 2 |  |
| Syringe, Leur lock 60mL | 1 |  |
| **Intubating catheter** |  |  |
| Cook® Frova intubation catheter C-CAE-14.0-65-FII 14Fr | 1 |  |
| **Amputation** |  |  |
| Gigli saw | 1 |  |
|  |  |  |
| **Circulation (Top section blue bag)** | **Standard Kit Quantity** |  |
| **IV Catheters** |  |  |
| IV Cannula 14 G (orange) | 2 |  |
| IV Cannula 16 G (grey) | 2 |  |
| IV Cannula 18 G (green) | 4 |  |
| IV Cannula 20 G (pink) | 4 |  |
| IV Cannula 22 G (blue) | 6 |  |
| IV Cannula 24 G (yellow) | 4 |  |
| **Syringes** |  |  |
| Syringe 1mL | 2 |  |
| Syringe 5mL | 4 |  |
| Syringe 10mL | 5 |  |
| Syringe 20mL | 3 |  |
| Syringe 60mL catheter tip | 1 |  |
| **Fluid ampoules** |  |  |
| Water for Injection 10 mL | 5 |  |
| Sodium chloride injectable 0.9% 10 mL | 10 |  |
| **Bandages** |  |  |
| Crepe bandage 75mm | 3 |  |
| Transparent occlusive IV dressing paediatric | 10 |  |
| **Alcohol swabs/ Elastoplast** |  |  |
| Alcohol swabs | 10 |  |
| Tensoplast® 75mm | 1 |  |
| **IV Connectors** |  |  |
| 2-way extension set with 2 clamps and 2 Smart site valves | 6 |  |
| Smart site bung | 3 |  |
| Bung red | 2 |  |
| **Suture kit** |  |  |
| Micro suture pack Multigate-06-409® 3 piece | 2 |  |
| Disposable safety scalpel 11 | 1 |  |
| Disposable safety scalpel 23 | 1 |  |
| **NAD** |  |  |
| Mucosal atomiser device | 2 |  |
| Syringe 1mL | 2 |  |
| **Dressings** |  |  |
| Combine 10 x 10cm OR 20 x 22cm | 3 |  |
| Bactigras® 10 x 10cm | 1 |  |
| Bactigras® 5 x 5cm | 4 |  |
| Melolin® 10 x 10cm | 2 |  |
| Tegaderm® 6 x 7cm | 4 |  |
| Steristrips 6 x 75mm | 5 |  |
| Bandaids | 7 |  |
| Leukoplast® – stretchy 25mm | 1 |  |
| Gauze 5 x 5cm | 6 |  |
| **Needles** |  |  |
| Needles 18 G (pink) drawing up | 4 |  |
| Needles 19 G (yellow) | 4 |  |
| Needles 23 G (blue) | 4 |  |
| Needles 25 G (yellow) | 4 |  |
| **Miscellaneous** |  |  |
| Oximeter: Prince-100A® fingertip pulse oximeter | 1 |  |
| Scissors | 1 |  |
| Pen torch | 1 |  |
|  |  |  |
| **Miscellaneous (Side pocket blue bag)** | **Standard Kit Quantity** |  |
| Space blanket | 2 |  |
| Eye shields | 3 |  |
| Microshield® antimicrobial gel 125mL | 1 |  |
| Gloves nitrile small | 3 pairs |  |
| Gloves nitrile medium | 3 pairs |  |
| Gloves nitrile large | 3 pairs |  |
| Leukoplast® – non-stretchy 25mm | 1 |  |
| Transpore® 25mm | 1 |  |
| Sharps container | 1 |  |
|  |  |  |
| **Airway (Lid 1 grey bag)** | **Standard Kit Quantity** |  |
| Laryngoscope handles | 2 |  |
| Laryngoscope blade – Parker® disposable Miller 1 | 1 |  |
| Laryngoscope blade – Parker® disposable Miller 3 | 1 |  |
| Laryngoscope blade – Parker® disposable Mac 2 | 1 |  |
| Laryngoscope blade – Parker® disposable Mac 3 | 1 |  |
| Laryngoscope blade – Parker® disposable Mac 4 | 1 |  |
| Syringe Luer lock 50mL | 1 |  |
| Syringe Luer lock 5mL | 1 |  |
| Magills forceps adult | 1 |  |
| Magills forceps paediatric | 1 |  |
| Batteries AAA | 2 |  |
| Batteries C | 4 |  |
|  |  |  |
| **Airway (Body 1 grey bag)** | **Standard Kit Quantity** |  |
| Endotracheal tube microcuffed 3.0 | 1 |  |
| Endotracheal tube microcuffed 3.5 | 1 |  |
| Endotracheal tube microcuffed 4.0 | 1 |  |
| Endotracheal tube microcuffed 4.5 | 1 |  |
| Endotracheal tube microcuffed 5.0 | 1 |  |
| Endotracheal tube microcuffed 5.5 | 1 |  |
| Endotracheal tube microcuffed 6.0 | 1 |  |
| Endotracheal tube cuffed 6.0 | 1 |  |
| Endotracheal tube cuffed 6.5 | 1 |  |
| Endotracheal tube cuffed 7.0 | 1 |  |
| Endotracheal tube cuffed 7.5 | 1 |  |
| Endotracheal tube cuffed 8.0 | 1 |  |
| Endotracheal tube cuffed 8.5 | 1 |  |
| Intubating stylet satin slip 2.5 – 4.5 ID | 1 |  |
| Intubating stylet satin slip 4 – 6 ID | 1 |  |
| Intubating stylet satin slip 5 – 10 ID | 1 |  |
| Portex® tracheal tube guide 5Ch | 1 |  |
| Cook® Frova intubation introducers C-CAE-8.0-35-FII 8.0Fr 35cm | 1 |  |
| Cook® Emergency Cricothyrotomy Catheter Set C-TCCS-600-SPOPS 4mm | 1 |  |
| Cook® Emergency Cricothyrotomy Catheter Set C-TCCS-600-SPOPS 6mm | 1 |  |
|  |  |  |
| **Airway (Spine grey bag)** | **Standard Kit Quantity** |  |
| String | 2 |  |
| Endotracheal tube tape | 2 |  |
|  |  |  |
| **Airway (Body 2 grey bag)** | **Standard Kit Quantity** |  |
| End-tidal CO2 detector: Pedi-Cap® | 2 |  |
| End-tidal CO2 detector: Easy Cap II® | 2 |  |
| Feeding tubes FG8 | 2 |  |
| Feeding tubes FG10 | 2 |  |
| Feeding tubes FG 12 | 2 |  |
| Feeding tubes FG14 | 2 |  |
| Syringe 50mL catheter tip | 1 |  |
| Nasogastric drainage bag | 2 |  |
| Lubricant KY Jelly | 4 |  |
| Permanent marker | 1 |  |
| Syringe 5mL | 1 |  |
| IV Cannula 14 G (orange) | 2 |  |
|  |  |  |
| **Airway (Top lid grey bag)** | **Standard Kit Quantity** |  |
| Laryngeal mask Ambu AuraOnce® 1.0 | 1 |  |
| Laryngeal mask Ambu AuraOnce® 1.5 | 1 |  |
| Laryngeal mask Ambu AuraOnce® 2.0 | 1 |  |
| Laryngeal mask Ambu AuraOnce® 2.5 | 1 |  |
| Laryngeal mask Ambu AuroOnce® 3.0 | 1 |  |
| Laryngeal mask Ambu AuraOnce® 4.0 | 1 |  |
|  |  |  |
| **Dressings ( Red Bag)** | **Standard Kit Quantity** |  |
| Sharps container | 1 |  |
| Alcohol and sanitiser Microshield® 500ml | 1 |  |
| Eye protectors | 2 |  |
| Face masks | 5 |  |
| Gloves nitrile small | 10 pairs |  |
| Gloves nitrile medium | 10 pairs |  |
| Gloves nitrile large | 10 pairs |  |
| Crepe bandage 100mm | 12 |  |
| Crepe bandage 75mm | 12 |  |
| Crepe bandage 50mm | 12 |  |
| Combine 20 x 20cm | 12 |  |
| Gauze 5 x 5cm | 20 |  |
| Melonin® 10 x 10cm | 20 |  |
| Occlusive dressing 10 x 10cm | 20 |  |
| Occlusive dressing 6 x 7cm | 20 |  |
| Steristrips 6 x 75mm | 20 |  |
| Suture nylon 3.0 | 3 |  |
| Suture nylon 4.0 | 3 |  |
| Suture Vicryl rapide® 4.0 | 3 |  |
| Space blanket | 2 |  |
| Scissors shears | 1 |  |
| Scissors sterile | 5 |  |
| Micro suture pack Multigate-06-409® 3 piece | 5 |  |
| Disposable safety scalpel 23 | 4 |  |
| Basic dressing pack | 10 |  |
| Sterile drape | 5 |  |
| Tape Tensoplast® | 1 |  |
| Tape Leukoplast® | 1 |  |
| Tape Sleek® | 1 |  |
| Tape Micropore® | 1 |  |
| Slings | 3 |  |
| Blue huck towels | 10 |  |
| Sterile irrigation sodium chloride 0.9% 30mL | 15 |  |
| Sterile irrigation sodium chloride 0.9% 10mL | 20 |  |
| Chlorhexidine 0.1% 30mL | 10 |  |
| Blues | 10 |  |
|  |  |  |
| **Burns Dressings (Red Bag)** |  | **Burns Kit Quantity** |
| Cling film plastic wrap 30m |  | 1 |
| Dressing Acticoat® 10 x 20cm |  | 1 |
| Dressing Acticoat® 15 x 15cm |  | 1 |
| Dressing Hypafix® 15 x 10cm box |  | 2 |
| Dressing Mepitel® 7.5 x 10cm |  | 20 |
| Tubifast® green 5.0cm x 10m |  | 1 roll |
| Tubifast® blue 7.5cm x 10m |  | 1 roll |
| Tubifast® yellow 15cm x 10m |  | 1 roll |
| Tubifast® purple 20cm x 10m |  | 1 roll |
| Petroleum jelly tubes |  | 10 |
| Sodium chloride 0.9% 10mL |  | 20 |
| Water for irrigation 500mL |  | 2 |
| Cups |  | 8 |
| Oral rehydration sachet |  | 10 |
|  |  |  |
| Uniform Items |  |  |
| Coveralls medical green 1 or 2 piece with high visibility tape | 6 |  |
| Rainwear high visibility (coat) | 6 |  |
| Rainwear high visibility (pants) | 6 |  |
| Identification tabard high visibility | 6 |  |
| Camelbak® hydration pack | 6 |  |
| Hard hat helmets | 6 |  |
| Headlamp light source | 6 |  |
| Cow hide glove | 6 |  |
| Safety glasses (with UV protection) | 6 |  |
| Knee guards | 6 |  |
| Masks – P2/N95 respirator | 6 |  |
| Ear plugs | 6 |  |
| Thinsulate® Gloves | 6 |  |
| Thinsulate® beanie | 6 |  |
| Brushed cotton peaked cap | 6 |  |
| Waist bag (comfort kit) | 6 |  |
| 5 compartment wheeled gear bag (with concealed telescopic handle) | 1 |  |

Appendix 5: VMAT Team Locations 

## VMAT Equipment Cache Locations

