

**ECONOMICS AND INDUSTRY
STANDING COMMITTEE**

INQUIRY INTO 2011 KIMBERLEY ULTRAMARATHON EVENT

**TRANSCRIPT OF EVIDENCE
TAKEN AT KUNUNURRA
MONDAY, 23 APRIL 2012**

SESSION FOUR

Members

Dr M.D. Nahan (Chairman)
Mr W.J. Johnston (Deputy Chairman)
Mr M.P. Murray
Ms A.R. Mitchell
Mr I.C. Blayney
Mrs M.H. Roberts (Co-opted Member)

Hearing commenced at 2.26 pm

DE KOKER, MR SAREL

Community Paramedic, St John Ambulance, examined:

MAYWALD, MR MATTHEW PAUL

Operations Manager, St John Ambulance, examined:

STRAPP, MR PHILIP KEVIN

Regional Manager, St John Ambulance, examined:

The CHAIRMAN: Before we commence today, could I ask those around the room to refrain from using audio recording devices, and also to make sure your phones are switched off. Thank you for your appearance before the committee today. This committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself command. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament.

Before we commence, there are a number of procedural questions I need you to answer. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions about giving evidence to the committee today?

The Witnesses: No.

The CHAIRMAN: The committee has received your submission. It was brief, and we recognise that, and we will explore some issues now. Before we get to the questions that we have for you, do you wish to make a brief opening statement?

The Witnesses: No.

The CHAIRMAN: Could you describe how your organisation is organised and interrelates with respect to issues in this area?

Mr Maywald: Certainly. St John Ambulance is a not for profit, non-government organisation that provides ambulance services to the community of Western Australia via a contract with the health department and in turn the government of Western Australia. We have a headquarters based in Belmont in Perth, from which we provide a policy, high-level governance, management structure across the entire organisation. From there, we have a metropolitan region and we have six country regions of the state, those being the South West, the Great Southern, the Wheatbelt–Goldfields, the Mid West and the North West, and each one of those has a small management structure of a regional manager and some coordinating staff to provide support to our staff and, more importantly, our volunteers, based out in the regions.

[2.30 pm]

St John does employ a number of paramedics. Sarel is what we call a community paramedic, and we outplace them into communities such as Kununurra to provide a frontline support to the community, but also to grow and develop the volunteer model that we promote so strongly as an organisation. We see Sarel and his counterparts' role as being key to the provision of quality pre-hospital care right across the state. We do in a number of locations, such as Broome, for example, have fully paid—sorry; “fully paid” is not quite correct—we have more ambulance paramedics located there, and they work in an integrated model on a day-to-day basis with our volunteers. Then underpinning that obviously is the ability to move resources in support of local communities and individual paramedics based on the risk. Like any emergency service, we do take a fairly strong approach to our business through risk assessment. It is such that I guess a bus could roll over on the highway out here right now. You will never have enough resources in town at any given time to deal with that. But based on risk assessments, we have resources to deal with the immediate threat, we have stakeholder relationships, and then obviously we have the ability to domino resources in as required.

We are, I suppose, a significant part of the state's emergency services, being that we provide the frontline and pre-hospital care, and through that we are also a key player in the state's emergency management arrangements, in part through Health, and then in other part in our own right. So we are a key player, although we are a non-government organisation.

The CHAIRMAN: Was St John Ambulance aware of the race that took place here in 2010 organised by RacingThePlanet?

Mr Strapp: That was prior to me starting as the regional manager. I was living in Broome at the time and I was aware that there were issues, but I did not really pay too much attention to it.

The CHAIRMAN: Did St John Ambulance attend that event?

Mr Strapp: I could not answer that.

Mr Maywald: If I might, I have been here six weeks, Philip has been here a little over 12 months and Sarel has been here a little under a year. So the knowledge sort of beyond a year is a bit limited.

The CHAIRMAN: Could you find out for us?

Mr Maywald: I certainly can.

The CHAIRMAN: The question is whether you were aware before the staging of the 2010 event, and whether your service was called to treat competitors in the 2010 event. There were issues of dehydration.

Mr Strapp: I will confirm exactly. I am pretty sure we did attend. They certainly used the hospital resources. How they transited from El Questro, we will confirm that.

The CHAIRMAN: Was St John Ambulance contacted by the event organisers prior to the recent 2011 event?

Mr Strapp: Not at the regional level.

Mr Maywald: And not, as best as I can establish, with previous staff.

The CHAIRMAN: There was a discussion at a Health subcommittee meeting in Perth, I believe—you might have heard this earlier—where the Department of Health had been in discussions with RacingThePlanet earlier and raised in that subcommittee the issue of the event, and your organisation was on record as being in attendance. Can you check and see how that happened?

Mr Maywald: I will take that on notice. The regionalisation, or the establishment of regions, and the outsourcing or outplacing of regional managers, is actually only quite new—within 12 months ago—so prior to that we may well have had someone there, but the ability to filter that information down may have been prohibited. So I will take that on notice and provide you with an answer.

The CHAIRMAN: That was on Health issues, but that is of relevance to you.

Ms A.R. MITCHELL: We have asked a question about RacingThePlanet contacting you prior to the 2011 event. Did any other government agencies contact you at all about the event?

Mr Maywald: Not that we are aware of, no, and again I will direct that back through the previous regional manager to see. But as far as we know, no.

The CHAIRMAN: What type of facilities do you have available in Kununurra to help with events like this?

Mr Strapp: With community paramedics, approximately on the books we have in excess of 40 volunteers, but active, about 26. We have two ambulance Mercedes Sprinters and one four-wheel-drive ambulance.

The CHAIRMAN: If you were contacted for such an event and there were 40 people, plus 21 volunteers, what would you have done? Would you have just waited for a call?

Mr Strapp: If we were contacted prior to the event?

The CHAIRMAN: Yes.

Mr Strapp: We do contingency planning. For example, with the Gibb River Challenge, we have been approached and have been providing an ambulance for several years, and we were approached, “Can you contribute to our pre-hospital care?” That has evolved slowly. One thing that we have pushed for this year is really about good governance and making sure our risk management plans are in place, and for the organisation as well that is running it, Karunjie, before I would commit the assets and before I would actually put our name to that event. This is the level that we would achieve right through all events. So we were not contacted, but if we had been, we would have put something in place and would have gone through a what-if situation; what are we going to do?

The CHAIRMAN: But the Department of Health and Kununurra Hospital knew the event was going on. Clearly, the Department of Health knew. They are your major link and funder. You did not get information from Kununurra Hospital that this event was coming up?

Mr Strapp: Not at my level, and I do not believe Sarel did either.

Mr W.J. JOHNSTON: Just on this topic of preparation, if there had been 100 competitors compared to 40 competitors, what would the difference be to the assets that you would need to pre-position for such an event?

Mr Maywald: It really depends on a case-by-case risk assessment: what have the organisers got in place, what aerial resources have been provided, what resources do we have in place, and what is the risk or the likelihood of a significant incident occurring? That needs to be put on the table and worked out. Then there is a considerable exercise at desktop level to work out what we might need. We would almost certainly have more resources with the team itself, but that may only be a four-wheel-drive ambulance. My experience with other services around the country is that it is about what the immediate resourcing would have been—a medical team or a paramedic team with the team on the day.

Mrs M.H. ROBERTS: If someone had fallen down a gorge on that day or any other day, how would you respond? If they had sustained a back injury, how would they be extricated?

Mr Strapp: I can speak to that. Three weeks ago, with the Amelia Gorge fatality, we responded to that. Sarel unfortunately—or fortunately!—was not here; his wife was having their second child. Our community paramedic in Wyndham is another asset we have in the region. He was dispatched with two volunteers from Kununurra. Off the top of my head, I think the response time was in the vicinity of one hour 15 by the time they departed and to the point where they started to walk in. They then coordinated with SES to get the recovery of the body.

Mrs M.H. ROBERTS: What if you had someone with a back injury whom you were wanting to get out of the gorge? Literally, how would you get that person out? Would you have to use a helicopter? What would happen?

Mr Strapp: There are several ways. There is the SES way, using a stretcher and the roping and repelling skills that they bring. There is walking out with a stretcher. It is very challenging. Some of these gorges present different challenges. There is no winch capacity for rotary-wing assets in the Kimberley. So that is one of the big concerns.

Mrs M.H. ROBERTS: I was just wanting to ascertain whether a helicopter with a winch capacity would be a useful thing for you to have in the Kimberley.

Mr Strapp: Yes.

The CHAIRMAN: Do none of the miners have that capacity?

Mr Strapp: I was originally going to look after the Pilbara as well. There is an asset that is currently sitting in Port Hedland that is provided by the mining companies, a Bell 422, with a winch capacity. That is also sometimes activated to NGOs for accidents in Karijini Gorge down near Tom Price.

The CHAIRMAN: But that is too far away?

Mr Strapp: It is in excess of 1 500 or 1 600 kilometres.

Mr I.C. BLAYNEY: In a situation in which you are involved beforehand in the planning for that, and then you deploy certain assets, does that mean that comes with a charge?

Mr Strapp: Yes.

Mr I.C. BLAYNEY: You are charging for that service?

Mr Maywald: We do have to recover costs. Being on a contract basis, the contract largely covers metropolitan Adelaide—I am sorry; I am from South Australia—metropolitan Perth, and the ambulance service delivery and our community paramedics and our ambulance paramedics. Outside of that we do need to recover costs. That is quite usual. I think you will find most ambulance services in most places will recover costs for extra curricula additional activities such as that.

Ms A.R. MITCHELL: Have you found that some event organisers would then, because there is a fee involved, refrain from contacting you?

Mr Maywald: No; I have not experienced that in the past at all. Through my previous employment, I have had a role with emergency management and I have not known that to be the case.

Mr Strapp: It really depends also on the intent of the event: is it a charity event or is it a money-making event is a consideration, and would we consider donating our services to support the event? Absolutely. For, say, the speedway in Kununurra we will provide an asset and they provide a fee to cover that. For the Gibb River challenge we are providing and donating a vehicle and two paramedics whilst they are on leave, so for us it is minimal cost.

The CHAIRMAN: Mr de Koker, can I go through some issues with you?

Mr De Koker: Yes

The CHAIRMAN: Can you confirm that the document I am handing you now is a document that you provided to the WA Police following the 2011 race?

Mr De Koker: Yes.

The CHAIRMAN: Okay, good. We were not sure whether it was your briefing. You had communications with the event organisers via SAT phones at around 3.15 during your response. Did you experience any problems with communication with the event organiser during this response?

Mr De Koker: No. The only issue was the signal cutting out a bit so we just pulled over in our vehicle to become stationary and then made the phone call again, so there were no issues with communication.

The CHAIRMAN: You received a call from FESA around 14:50. What is the protocol for communications between agencies during an emergency response?

Mr De Koker: All communications should go through the communications centre, which I had received at 14:50, as you can see there. The controller informed me about the incident and I do not really have any further details as most of the information has come from the FESA control room. Mr Stevenson from FESA then contacted me directly—he obviously had the same information from his control room—just to see what we were going to do. We had a brief discussion and that was about it. All other communication from my side went through my control room.

Mrs M.H. ROBERTS: Is the control room that you are referring to in Perth?

Mr De Koker: It is in Perth, yes

The CHAIRMAN: Did you see any problems on the day with the system that is in place?

Mr De Koker: No.

The CHAIRMAN: You requested that the initial emergency call that was received from com centre in Perth be operated priority 1. What happens when a call is made priority 1, and what factors led you to seek this upgrade?

Mr De Koker: The initial call was a priority 4 because of the lack of information. A priority 4 means we travel under normal conditions.

Mrs M.H. ROBERTS: That is a St John Ambulance priority 4, because the police have been in here and referred to their priority; which is separate.

Mr De Koker: Yes; it is St John Ambulance the way we despatch. It was a priority 4 and the initial information said there was an incident at El Questro involving tourists. About five minutes later we received another call saying that there was a bushfire and they think there were some tourists missing, hence it was a priority 4. After my discussion with the control room again and they said there was definitely something going on at El Questro, I considered at the time of the afternoon there would be a few hours of sunlight left; it was also about an hour and a half distance to travel. I then requested permission from the state operations manager to upgrade to priority 1, which would mean that we could go lights and sirens and we were allowed to break the speed limit by about 20 kays an hour just to win some time to get there a bit quicker

The CHAIRMAN: Just to clarify it; the first information was priority 4?

Mr De Koker: Yes.

The CHAIRMAN: Then you got supplementary information that tourists were lost and there was smoke and fire?

Mr De Koker: Yes.

The CHAIRMAN: Then you decided, because of the conditions on the day, to put it up to priority 1. You did not get any information that people were actually injured?

Mr De Koker: No. At that stage it was still that people were just missing.

The CHAIRMAN: Okay. You had a number of volunteer officers with you during the response. Would volunteer officers normally be used to respond to a priority 1 call?

Mr De Koker: Yes.

Mrs M.H. ROBERTS: There are no other officers other than volunteer officers that are available, are there?

[2.45 pm]

Mr Strapp: There are two, there is Sarel, as the community paramedic, and there is Simon Turnbull in Wyndham. We have another one in Wickham as well.

Mrs M.H. ROBERTS: Other than your two paramedics, there are no other ambulance officers in the region that are other than volunteers?

Mr Strapp: Other than Broome, so within the region, to respond, no; there are just volunteers.

Mr W.J. JOHNSTON: When you headed out to the site there, you were responding to what you thought was a missing tourist?

Mr De Koker: Yes.

Mr W.J. JOHNSTON: When did you become aware, firstly, that it was actually an adventure race?

Mr De Koker: As I arrived at the first checkpoint. On my way to the incident. When I received the call, if I can just go through the order, we knew we were going out of town. I asked my ambulance crews to work on a conference-call system when the control room rings us so we can all speak to each other. I asked the crews who were answering the phone to please get an ambulance and come to the BP garage. We normally do that if we go out of town just to stock up on some water and get some ice and stuff as it is a distance out of town. While we were waiting there, I received about two more phone calls from the control room giving me more updates: now we have tourists missing; it is an active fire situation; no further details. I had a discussion with Tony Stevenson from FESA, who said to me that he had spoken to somebody at El Questro and there was nothing going on there. I relayed to him the information I had about the missing tourists and he said there was probably a miscommunication so he was not turning out because of not enough information, so we went out there. On the way there, I made a phone call to the event organiser on the SAT phone number I had. She directed me. I asked her again for an update. She said, "We don't know; we know there are people missing from checkpoints." She directed me to the first checkpoint, which is the place called the Barrels. As we arrived there I saw the marquee tents, which had "RacingThePlanet" on them. That is the first I became aware that it was an adventure race.

Mr W.J. JOHNSTON: So then you arrived on site. People directed you to go this way or whatever.

Mr De Koker: There were, I think, two or three vehicles parked there. A lady approached me and introduced herself as the medical director of the race and I think there was a film crew there as well. She gave me a brief update of, "We don't know what's happening; there was a fire and between their checkpoint and the second checkpoint there are some people missing." They were just standing by waiting for information. At that stage I phoned my control room again to give them an update of where we were and what the current situation was. It was not long after that on their radio channel that they were using, that confirmation came that people were found and there were serious injuries. The medical director pointed to where we should go. We could see that there was no road and it was fairly rough there so we had to leave our one ambulance there. I had a four-wheel drive ambulance and a Mercedes Benz ambulance there. Our ambulance would not be able to go through there so we left our ambulance there and took most of the equipment that we thought we would use for burns and loaded it into one of the event four-wheel drive vehicles, and together we took off to where they pointed to where we would have to go.

Mr W.J. JOHNSTON: So you had gone out in the sprinter and not in a four-wheel drive, is that right?

Mr De Koker: We had a sprinter and a four-wheel drive, yes.

Mr W.J. JOHNSTON: So you loaded as much as you could out of the sprinter into the four-wheel drive.

Mr De Koker: And another four-wheel drive from RacingThePlanet, yes.

Mr W.J. JOHNSTON: And then you went off to find the victims.

Mr De Koker: Yes. They told us to follow the little blue ribbons that marked the track.

Mrs M.H. ROBERTS: Were they pink?

Mr De Koker: The first ones were blue from the right to the checkpoint and then they were pink. We followed that for about 20 minutes and then we entered into the burnt area, so there were no more markers or ribbons for us. We were stuck there for a while because we did not know where to go and then some guy in a gyrocopter was coming quite low and signalling to us so he just guided us and we followed him.

Mrs M.H. ROBERTS: You did not have any GPS coordinates to direct you where to go. Can you give me some advice on that? The other is: what was the level of smoke and visibility in the area?

Mr De Koker: We had no GPS coordination, even as we approached the scene. When I first spoke to them they directed me to a turn-off a couple of hundred metres in front of the keeper of the route, which had been marked by blue ribbons. That was when we got to the first checkpoint and to the second checkpoint where they believed the casualties were. That was marked by pink ribbons. The level of smoke in the distance was quite a lot.

Mrs M.H. ROBERTS: So your visibility was very low?

Mr De Koker: Visibility for us was good. As we approached the incident it became a bit poor but not so severe that we could not see, but we were aware of smoke around us.

The CHAIRMAN: The police came after you?

Mr De Koker: I did not see the police. We tracked onto this route until we got to the second checkpoint, which was at the bottom of the “mountain”, I will call it, we had my equipment. Myself and one of the volunteers started climbing up to where the two girls were and treated them there. The helicopter arrived and I flew back with the two girls. I believe the police arrived shortly after I had left.

Mrs M.H. ROBERTS: Each of the two girls were taken separately we were told by Mr Cripps?

Mr De Koker: Yes. When I arrived the two girls were there. I had one of my volunteers and the medical director, the lady who introduced us. There was already another doctor on the scene. They were talking to each other. I introduced myself and I asked who was in charge. In the medical world the most senior person is in charge. One of the doctors turned around and said to me, “You are?” Kate was being treated with one doctor. She had an IV line in already. Turia was lying there. I obviously started treatment on her and she introduced herself to me. I started in this position about two weeks before the incident happened, so I do not know a lot of the staff as well as the volunteers, here. At that stage, I had major concerns about how we were going to get the girls out of there. We had about 40 or 45 minutes of daylight left. I knew the SES and FESA were not coming, so I was already starting to think of ideas in the back of my head about how we were going to get these girls out of here. That is when the helicopter came. Initially, I did not pay much attention to that because there was a gyrocopter, so I thought it was just something from that. Then the helicopter came very close and I got a bit concerned. Actually, one of the event guys who was holding my bag ran away with it. That is how close the helicopter came to the track. The pilot signalled to us to approach him and the doctor and Kate went to the helicopter. The helicopter was hovering next to the cliff and they climbed in and they took off.

Mrs M.H. ROBERTS: So Kate was able to stand and get into the helicopter?

Mr De Koker: Yes, with assistance, walk into the helicopter. They took off. I did not know what the plan was. Was this guy coming back; was he not coming back? We pressed ahead with treatment to Turia. A few minutes later the helicopter returned so I knew it was —

The CHAIRMAN: Where did the helicopter take the first girl?

Mr De Koker: Just down away from the gorge. He landed on a flat piece of surface and loaded them off. I think he knew the danger of what he was doing—just to get a few people out of the helicopter while he was doing what he was doing. When the helicopter returned I obviously knew that he had come back for the second one and I had to go back with this one. One of my volunteers who was there with me I called her in and said, “Right, I’m obviously going to go with this patient”, made her in charge of the scene and asked her to take care of the rest and gave her a quick rundown to keep coms informed and please bring my ambulance back. The helicopter hovered close by again. At that stage Turia was not able to walk. She was completely certain of the nature of her injuries, so myself and some of the stronger guys carried her to the helicopter, loaded her in and we took off again.

Mrs M.H. ROBERTS: Did you have a stretcher to carry her?

Mr De Koker: No. The helicopter did not have stretcher capabilities; it had just two sets of seats in the back. We took off. I had no communication with the pilot at that stage. I assumed we were going to go back to the hospital and then he landed close by and that is where the doctor and Kate were on the ground. We landed next to them, got out, assisted and then back in and that is when the pilot gave each of us a set of headphones and introduced himself and said, “Right, we’re going to hospital”.

The CHAIRMAN: Then you picked up both patients and you and the pilot flew them back.

Mr De Koker: The doctor was initially with Kate.

The CHAIRMAN: Did they have at the scene adequate medical support for the conditions?

Mr De Koker: No. In this case for patients with severe burns, you would prefer to keep the wounds cool and keep them dressed for fear of infection. When we arrived, none of their wounds were dressed and there were no cooling agents on them. There was one bag of IV fluid that was used for Kate. The first doctor said to me that she did not have another one; that was the only one she had so we attempted to put another IV in Turia. At that stage the nature of her injuries did not allow us to do that. We then started dressing it with our burns dressings and started to cool their wounds and tried to cover them up, starting with pain management on them and then we took them away from there.

Mrs M.H. ROBERTS: Do you have any idea why their burns had not been dressed before you got there if the doctors were there and they had appropriate equipment?

Mr De Koker: I have no idea. I did not really have a discussion with them. At that stage, since I arrived, everything happened so quickly from us being airlifted away from there. The only communication I had with the doctors was when I asked, “Who’s in charge?”.

Mrs M.H. ROBERTS: One of the things that Kate Sanderson said was that—she has confirmed that they put a drip into her—they could not get a drip into Turia. I am gathering from what you have said that it is because of the nature of her injuries that they were unable to insert the drip. I think you have just said, too, that they only had one bag of fluids.

Mr De Koker: Yes. The doctor said to me that she only has one bag of IV medication. I actually tried to get IV access in Turia, but she had swollen too much because of her burns. She had a significantly swollen body, there was just no way for us; I think I tried twice and there was no —

Mrs M.H. ROBERTS: So my further question is: if that assistance and IV fluids were available at an earlier stage, is it more likely that she could have been administered the IV fluids and maybe her burns would not have swollen up so much by then?

Mr De Koker: No. The burns swell up because of the heat; if that was cooled down, the burns probably would not have swollen up. The only thing that IV access helps is to replace fluid that gets lost through the burn wounds through plasma loss, and also a route of administering analgesia.

Mrs M.H. ROBERTS: So, I suppose really what I am asking is: does it make medically a significant difference how quickly you manage to give that treatment?

Mr De Koker: Yes, definitely.

Mrs M.H. ROBERTS: Can you just give me an example of what that can mean in terms of outcome?

Mr De Koker: Fluid loss occurs very rapidly if you get burnt. Obviously, if they have massive burns over their skin, the patient becomes dehydrated very quickly. That can lead to all sorts of further problems, like kidney failure and multiple organ failure, if that does not get treated.

The CHAIRMAN: Did you take IV with you?

Mr De Koker: Yes, I had a backpack with me and my medication pouch. A backpack is equipment that we introduce in these areas; we normally have little bags that we use, but we have got a backpack that goes on your back with all the equipment that we need, and my medication pouch.

The CHAIRMAN: And you tried to use your IV to help Turia?

Mr De Koker: Yes.

Mr Maywald: Hospitals use a—is it the Chapman formula?—fluid resuscitation formula. It is based on lots and lots of fluid into the body very quickly to try and reverse some of that fluid loss shock. We form part of that; obviously at the scene we try and put a lot of fluid in very, very quickly and then the hospital take that into account to further treatment. But, as Sarel said, people that are burnt go into shock because they lose a lot of fluid very quickly and that affects the heart as well.

Mrs M.H. ROBERTS: I am very limited in terms of my medical knowledge, so what I am really asking is: the ability to get the drip into Kate certainly would have made a significant difference in terms of her outcome —

Mr De Koker: Yes.

Mrs M.H. ROBERTS: — and had first aid been able to be rendered more quickly, that would have potentially been more beneficial for their outcome.

Mr De Koker: Yes, if they were cooled down from the beginning, it would have made a huge difference to the extent of their burns.

The CHAIRMAN: How do you cool down?

Mr De Koker: Water, lots of water, or there is a product that emergency services carry called Burnaid, which is almost like a sponge pad that is lined with a gel. What you want to do is you want to withdraw the heat from that wound, and all emergency service ambulance service carries this Burnaid, which is just a sponge-like pad which is soaked in a gel that you place on the wounds.

The CHAIRMAN: Given the nature of the race, were they inadequately provided with water or emergency medical care in your view?

Mr De Koker: Yes.

Ms A.R. MITCHELL: Were you able to see or able to find out what the doctors that they provided had in their —

Mr De Koker: In their bags?

Ms A.R. MITCHELL: Yes.

Mr De Koker: I did not see that; there was just no time for me.

Ms A.R. MITCHELL: I understand that.

Mrs M.H. ROBERTS: I was just going to ask whether or not any Burnaid had been used on either of the girls before you arrived?

Mr De Koker: Not that I could see.

Mrs M.H. ROBERTS: So potentially they did not have that with them?

Mr De Koker: Yes, I would assume so.

[3.00 pm]

Mrs M.H. ROBERTS: So, we assume that they did not have it with them. I think this is a relevant point, given that there seems to have been some alert that there were fires in the area and given that you have certain equipment packed that includes Burnaid because you are operating in the Kimberley region. I am guessing that had St John Ambulance, or yourself even, been consulted beforehand in terms of what medical equipment their doctors or health people should have on the course, the chances are you would have recommended similar equipment to what you carry.

Mr De Koker: Yes.

Mr Maywald: Burnaid is very important, but basic first aid is equally as good if you do not have Burnaid and that is to cool people with water. I am not sure if that was done or not, but certainly that would have in itself made a difference.

Mr I.C. BLAYNEY: I think if you read those people's transcript, they did sort of pour what water they had not used to try and cool them down but, unfortunately, it happened at two o'clock or whatever and they were there in the sun, covered over but in the heat, for three hours.

The CHAIRMAN: Were there any other things besides water or cooling they should have had and that you noticed they did have or did not have?

Mr De Koker: None of the girls received analgesia or pain medication, which probably would have helped; with their injuries, they would have been in severe pain. We carry IV analgesia and if you cannot get IV access, we have intranasal analgesia, which is a spray that we spray up your nose. I did resort to that medication starting on Turia, primarily because she was my patient at that stage. On board the helicopter, the doctor requested pain medication for Kate as well, so en route Kate would have got her first dose of pain medication.

The CHAIRMAN: What was the time difference between your accessing the patients and the accident? How long had they been on that ridge and burnt?

Mr De Koker: I am not sure what time the incident took place. According to my notes, I arrived there approximately five o'clock in the afternoon at the girls itself.

The CHAIRMAN: Our evidence is about 1.30.

Mr M.P. MURRAY: Another incident—I think it was only minor, really—when you come back to the airport, because you were not at the airport, there are two landing spots for the disembarkment of patients and there was some confusion—in my understanding—about which one to go to. What I am saying is: is that going to be sorted out? I do not want a song and dance about it, but those sort of confusions can add to time and —

Mr De Koker: As soon as we took off with both patients, we had our headphones on so I could hear all communication from the pilot. The pilot then firstly phoned my control room in Perth and said to them, "I've got your paramedic and two seriously injured patients on board" and he requested an ambulance to come to the airport. At the airport, St John Ambulance has a patient transfer facility. Of course, we do have the Royal Flying Doctor Service, so it is a facility, it is like a holding area similar to what the hospitals have—a little hospital room. So, all patients get taken there and that is the transfer facility onto the aircraft. We all knew where to land there. The pilot

requested from our control room that an ambulance be sent there; we were on our way. The pilot then also phoned the hospital and said to them what we have got on board and how long we will be, please prepare. As we approached the airport, we could see that there was no ambulance at the transfer facility. The pilot, we had a conversation, he asked me how long is it going to take. I said, “Mate, I honestly don’t know. We know these patients are very seriously injured and we’ve got all sorts of problems setting in with burns regarding airway problems and stuff.” Together we made a decision not to wait for the ambulance and proceeded down and looked for a suitable spot to land close to the hospital. Of course, we were phoning from a sat phone on the helicopter; we did not get confirmation from my control room that they did get hold of an ambulance crew to come and fetch us. I do not think there was initial confusion of where to land; we just made a decision because of the condition of the patients and the sun setting and this pilot obviously cannot fly at night.

Mr M.P. MURRAY: At the airport itself, has there been a change—and please help me out—of where they used to land and where they do land now, or is there two —

Mr De Koker: A change probably took place about, at that stage, more than a year ago when the transfer facility opened. They used to land in front of the terminal building and we would transfer there. Now everybody knows and it has been well circulated that we land at the transfer facility. The only reason why we did not land at the airport was because there was no ambulance and we did not know how long it was going to take.

Mrs M.H. ROBERTS: In the situation that the girls were in, is it advisable or possible for them to be given water to drink? Is that an advisable thing or not an advisable thing?

Mr De Koker: In small amounts, because these two girls are really likely to go into surgery and we do not want to fill somebody’s stomach 30 minutes prior to surgery, so you could give them water to wet their lips and in small amounts, but not massive amounts of fluids.

The CHAIRMAN: If you are on the hill, you do not know when you are actually going to get them in surgery, so you have a judgement to make here.

Mr De Koker: Are you referring to us or the people on scene?

The CHAIRMAN: Whatever.

Mrs M.H. ROBERTS: The people on scene; that is what I was referring to.

Mr De Koker: The people on scene, yes, they could give them water. Since we took over, we would probably stop all their intake.

Mrs M.H. ROBERTS: The reason I ask that is because Kate says she was given practically no water to drink, only a tablespoonful or something, and she was there for over three hours. Some people say that shelter was provided, that is certainly not what Kate had said in terms of—there was no proper shelter there, from what she said to me.

Mr De Koker: No. The ledge where they were lying, there was a tree, which was just a stump that was left because of the fire. I think somebody held like a jacket over them, which was —

Mrs M.H. ROBERTS: Inadequate.

Mr De Koker: — clearly inadequate.

The CHAIRMAN: Was there space to put a shelter there?

Mr De Koker: Probably the best shelter that could be put there was a sheet held over them. We were on a narrow ledge.

The CHAIRMAN: Yes, we saw it yesterday.

Mr De Koker: There was not a lot of space to move them. Everything was hot; the rocks around them were still hot from the fire.

The CHAIRMAN: How many people were on the ledge?

Mr De Koker: Roughly 10.

The CHAIRMAN: That is pretty crowded then.

Mr De Koker: Yes.

Mr W.J. JOHNSTON: So amongst those 10 people, I imagine there would have been other people around as well not specifically with the two patients.

Mr De Koker: When I arrived, there was the doctor with Kate, there was another guy talking to Turia and other people seemed to just stand around and make space for us as we moved in with our equipment.

Mr W.J. JOHNSTON: Had somebody been sent off as a runner to get stuff?

Mr De Koker: No. When we arrived at the bottom—we are talking for ourselves now—they showed us where the ladies were. I took my backpack and my medication bag. I had another volunteer with me with a trauma bag, as we call it, which is stocked with equipment for trauma and also Burnshields, she came with me and two of the other volunteers I asked to bring a carry canvas and more Burnshield equipment. So, the two of us proceeded up front and these two came later with the rest of the equipment.

Mr I.C. BLAYNEY: How long did it take you to climb up to them?

Mr De Koker: Probably about 20 minutes.

Mr I.C. BLAYNEY: Assuming you had not been able to get the helicopter in there and you had been able to get hold of a stretcher, would it have been possible to have taken them out on foot and how long would it have taken?

Mr De Koker: It would have probably taken a long while, firstly, because of the stretcher. We had a carry canvas, which is just a canvas sheet with handles on it. Our portable stretcher, which is called a scoop stretcher, was still in the ambulance, because we simply had no space in the four-wheel drive. If we had to carry them down, we would have probably stayed there for a while and somebody needed to go back to the ambulance to fetch a stretcher or we could use the carry canvas and carry them down one by one. It would have turned into a very lengthy operation if that helicopter did not arrive.

The CHAIRMAN: Especially to avoid further injury to them.

Mr De Koker: Yes.

Mrs M.H. ROBERTS: There are a couple of things. One is you said you got there at five o'clock. Is that when you arrived on scene or, because you said it was 20 minutes to get up to them, did you get up to them at 20 past five or did you get up there at five?

Mr De Koker: Approximately about quarter to five I arrived at the bottom and I would say around five o'clock I was on top.

Mrs M.H. ROBERTS: And were Kate and Turia standing or lying down?

Mr De Koker: They were lying down.

The CHAIRMAN: Were there any other injured parties?

Mr De Koker: I was so focused to get onto the top that two people passed me on the way down. I could see one guy with blood running from his face. I momentarily stopped by him and this guy just said to me, "Go up to the top; there's more serious injuries there." I passed a second guy who was walking with kind of a limp, he did the same thing to me and said, "Carry on; there's more serious injuries there." Those were the only two other patients I saw.

Mr W.J. JOHNSTON: The volunteers down the bottom with the four-wheel-drive ambulance, did they treat anybody else?

Mr De Koker: Four of us went up the hill. I left one volunteer at my ambulance with the satellite phone and also with the radio communication. I also asked her to stay there and use that as a command post, like this, so she can relay any communication that they had to do. I believe these two guys went down and another two guys went down, which were treated by her, and then I found out the next day a second helicopter came to pick some of them up and two minor injuries were taken back with the two ambulances to Kununurra.

The CHAIRMAN: Any other questions on the events of the day? No?

At the local emergency management committee meeting on 6 September 2011, Mr de Koker is minuted as expressing concern that no other agencies were on the scene when your comms centre had advised that there were fires and injuries in the mountainous region. What other agency would you have expected to be at the scene, and was there a breakdown in communications that prevented this from happening?

Mr De Koker: I would have expected FESA and the SES to respond to this. The information we received after the second or the third phone call said there are tourists missing and the active fires are in the mountain. We have no capabilities to deal with any of those sorts of things. If that fire was still burning around them, I would have stood back. I would have really enjoyed the fire department to have been there; I would also have enjoyed the SES to respond with us initially. There was the potential for injuries in the mountainous area which turned out to be catastrophic injuries. And, yes, if that helicopter was not there, those girls would have probably died on that mountain—that is not an exaggeration. With burns, everything swells up. The main concern is the airways swelling up; if the airways had swelled up, I would not have been able to do anything for them. That was imminent; shortly after they arrived at hospital, they were sedated and insulated to prevent that. So, breakdown in communication? I do not know. I spoke to Mr Stevenson from FESA while I gathered information, and he seemed to defer with me on the information he had, even though it came from the same control room, to say that he phoned somebody at El Questro saying there is nothing going on there. I then shared my information with him, saying that there is a fire there, we can see the smoke even from town, and there are tourists missing. He then informed me that he would not be responding as he did not have enough information.

Mr W.J. JOHNSTON: But the police did respond, did they not, even though you never saw them?

Mr De Koker: Yes, yes. I believe the police from Wyndham responded, as this area was in danger restriction. My volunteers who stayed behind informed me that shortly after I left the Wyndham police arrived.

The CHAIRMAN: The winch for the helicopter, how costly is that? Could you jerry-rig one on one of these helicopters?

Mr Maywald: No; they have to be aviation rated. They are literally built as part of the airframe of the aircraft, so therefore you really need to spec it as part of the initial build. Really, it is —

The CHAIRMAN: You would need a new helicopter?

Mr Maywald: Yes.

Mr W.J. JOHNSTON: You need a bigger helicopter, do you not?

Mr Strapp: Yes, and you also need to have a skilled pilot, a crew and a load master.

Mr W.J. JOHNSTON: And, as you say, in the Pilbara the helicopter belongs to the mining companies —

Mr Strapp: Yes, it is a contracted from Heliwork, I believe, and it is contracted by BHP as a trial to see their capability in the Pilbara.

Mr W.J. JOHNSTON: The point I am making is that you do not keep a helicopter for the one day every two years that you need one, so there needs to be enough commercial operations to justify a larger helicopter in the area.

The CHAIRMAN: What about the offshore rigs; they must have those facilities?

Mr Strapp: They are serviced out of Broome, so there is not much large capability rotary wing aircraft out of Kununurra, so it is larger than —

The CHAIRMAN: They would lift the rigs?

Mr Strapp: Not necessarily, no; the Super Puma does not have a winch capability. They can carry in excess of 22 people and they certainly have enough power, but they are just are not built for that capability.

Mrs M.H. ROBERTS: I suppose the point is that from the West Kimberley—Broome it would take a couple of hours to get here by helicopter.

Mr Strapp: Yes; absolutely.

Mrs M.H. ROBERTS: More than that; more than a couple of hours.

Mr Maywald: Range is such a prohibiting factor with rotary wing aircraft in general, and of course the more equipment you put on, the more fuel you need, the less range you have.

The CHAIRMAN: You advised that there was a debriefing at the subcentre with all involved parties. Was it all St John Ambulance staff at this debriefing, or were there others?

Mr De Koker: It was all St John Ambulance staff, and there was, I believe, the co-pilot or somebody from Heliwork also on board the helicopter; he also attended that debrief.

The CHAIRMAN: What issues were discussed at the debrief?

[3.15 pm]

Mr De Koker: Mostly emotional issues, because Turia was one of our —

The CHAIRMAN: Of the staff?

Mr De Koker: The staff, yes, because Turia was one of our volunteers and she was well known to all the ambulance staff who responded to that. It was mostly an emotional wellbeing debriefing of all the crew involved.

The CHAIRMAN: Was there an explanation as to why there was no ambulance available at the airport, yet one came to the subcentre when the chopper subsequently landed on a makeshift spot outside the hospital?

Mr De Koker: The explanation was that it was during daytime so most of the volunteers were at work. The two who did respond had to finish work, get to the ambulance station and fetch the ambulance. So it was just a matter of a time delay.

Mr Maywald: I might just clarify that. With the volunteer model, obviously people do not sit at the ambulance station for the majority of the time. It is certainly not a flaw by any means, but it is a limiting factor in a volunteer service where people cannot just literally throw their tools down and run, they do need to actually be orderly, so it can cause a very slight delay.

Mr W.J. JOHNSTON: Indeed, if you had known about this event in advance, you have two on-road and one off-road ambulance and you could have deployed one on-road one off-road to the scene —

Mr Maywald: Yes.

Mr W.J. JOHNSTON: —and you are not aware of all the casualties that are involved, so I would imagine that if you had known there was a big event going on with high risk, then you might have pre-deployed people?

Mr Strapp: Definitely. The consolidation of the assets we have in the region, particularly the two community paramedics, for such an event with active fire, absolutely we would have pre-positioned. But then you know that they are already committed, so we then provide town cover so that people are aware. As you said, there were unknown casualties as those people were deployed forward, so our volunteer town cover stepped forward. The backup town cover was still at work, knowing full well that they could get called, but when they got the call, that is when they left work and deployed. As I said, I would love 30 of Sarel. It is a bit like the helicopter—can we keep them and can we forward them—along those lines.

Mr I.C. BLAYNEY: Your four-wheel-drive ambulance, what sort of vehicle is that?

Mr Strapp: It is a Toyota troop carrier; I think it is three years old. It is a Workmate. It is a V8 and it goes all right. It has its limitations; it is very hard to work on a patient in the back.

The CHAIRMAN: I bet it is bumpy?

Mr Strapp: Yes. But, again, it is a trade-off; everything is about that compromise. Some of our more mature volunteers find it very difficult to conduct work in the back.

Mr M.P. MURRAY: Just to finish—well done.

Mr De Koker: Thank you.

The CHAIRMAN: And to the helicopter pilot.

Mr De Koker: I honestly believe that he is the hero of the day. He took a hell of a lot of risks to do what he did over there. If it was not for him, who knows what the outcome would have been; this incident would have evolved into something much more serious than it already was. So, yes, I honestly still believe that all the credit goes to him for taking the chances.

The CHAIRMAN: We have requested a bit of other information about what would have taken place before you three were involved, but could you investigate whether organisations could have requested St John Ambulance volunteers to respond on the day of the race—could they have and would they have?

Mr Strapp: Yes.

The CHAIRMAN: And did they?

Mr Strapp: No.

The CHAIRMAN: If so, could that have made a difference?

Mr Strapp: Yes.

The CHAIRMAN: Often for even low-key events you have volunteers out there.

Mr Strapp: Yes.

The CHAIRMAN: And you would have probably placed —

Mr Strapp: For example, the rodeo, the show—the speedway—their insurance requirement is that we have a capability there. We do not use Sarel for that event, we use two volunteers. Should advanced life support skills be required, that is when Sarel is used. I cannot have him 24/7, 365 days a year, unfortunately. So, we do have the ability to do it if we have the information.

Mr Maywald: It is a very dynamic environment. The more information and the earlier we can get it, the better, clearly, we can plan. But if something happens here and now, we are proud of the organisation's capacity to be able to deal with that and ramp things up appropriately, and that is the name of the game. So, had we been given the information, and based on the risk assessment again, we would likely have sent resources out, yes.

The CHAIRMAN: Were there any issues in respect of this, or similar ones, that you would like to raise with the committee?

Mr Strapp: The one point I would like to raise is that it reflects a successful delivery of the community paramedic model and what it does to a remote town. We cannot guarantee 100 per cent coverage—he has to be able to take time off—but when significant events or higher risk activities are being undertaken, that skill set is paramount to a good outcome should something go wrong. I have the pleasure of six throughout the Kimberley and the Pilbara, and they are a fantastic asset.

Mrs M.H. ROBERTS: It is fairly obvious that if Sarel was not available on that day or you did not have that resource in town, again both the girls could well have died.

Mr Strapp: Yes. It is not only his clinical skills, it is his maturity and decision making. That comes from exposure and an inordinate amount of training.

The CHAIRMAN: Thanks very much for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Please make these corrections and return the transcript within 10 working days of the date of the cover letter. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be introduced by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information—which you have agreed to—please include a supplementary submission for the committee’s consideration when you return your corrected transcript of evidence.

Hearing concluded at 3.21 pm
