

Hon Matthew Swinbourn MLC  
Chairman Standing Committee on Environment and Public Affairs  
Parliament House  
4 Harvest Terrace  
West Perth WA 6005

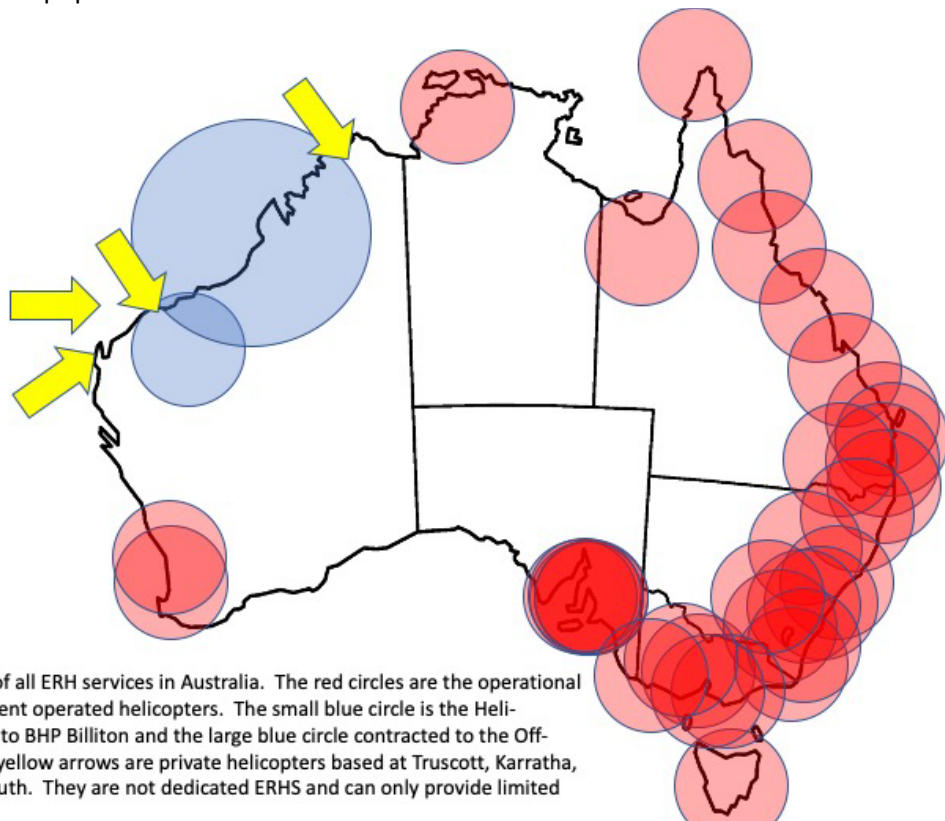
Dear Matthew,

**Petition No. 155 – Midwest based Emergency Rescue Helicopter Service (ERHS)**

Thank you for receiving my petition (tabled by Hon Colin de Grussa MLC) and allowing me to make this submission behalf of the people of the Midwest Region.

An Emergency Rescue Helicopter is a vital service providing rapid response aeromedical care, attendance at road trauma incidents, hospital to hospital transfers and search and rescue missions. In what is regarded as the “golden hour”, it is well established that the person’s chances of survival are greatest if they receive care within a short period of time after a severe injury. The delivery of early advanced life support resuscitation can improve a patient’s chances of survival, aid to a speedier recovery, reduced rehabilitation times and/or limit the patient’s long-term incapacity.

Just about every population centre in Australia has access to a rescue helicopter within 90 minutes (see map below). The WA State Government ERHS is based at Jandakot and Bunbury and according to DFES, the two helicopters have a radius of more than 250km and cover approximately 95 per cent of Western Australia’s population.



Map showing locations of all ERH services in Australia. The red circles are the operational radius of State Government operated helicopters. The small blue circle is the Heli-West service contracted to BHP Billiton and the large blue circle contracted to the Off-shore Gas Industry. The yellow arrows are private helicopters based at Truscott, Karratha, Barrow Island and Exmouth. They are not dedicated ERHS and can only provide limited emergency response

The Midwest and Goldfields Region are the only two regions in Australia with a population exceeding 55,000 that do not have a dedicated ERHS. The two Regions cover an area equal to that of New South Wales, Victoria and Tasmania combined (or half of WA). Should an ERHS be required, one would be despatched from Jandakot or Bunbury, which are at least two hours flying time. The helicopter would then have to refuel before attending the incident.

A recent study by Edith Cowan University found that the mortality rate was 10.2 % for trauma patients transferred to a tertiary hospital directly via the RAC rescue helicopter compared to 15.3% via other indirect means (road ambulance, RFDS etc.). That's a greater than 50% increased survivability rate when a Rescue Helicopter attends a critical trauma incident. To put it another way, **one in three trauma fatalities in the Midwest may have been avoided by the timely availability of a dedicated rescue helicopter service.** I believe the results of the study have been presented to the Police and Emergency Services Minister.

### **Case Study**

In June 2015, I was working as a Shipping Agent and transferred to Geraldton to look after my company's operations at Geraldton. At the time I was unaware that there was no locally based ERHS. On 18 September 2016, at around 8:30pm, the bulk cargo carrier, Jun Mi Feng departed from Geraldton laden with iron ore bound for China. It was the last vessel to sail prior to a port closure due to an approaching cold front and subsequent harbour surge. At around 10:30pm I received a phone call from the ship's owner in Hong Kong advising me that the chief cook was having a heart attack and the ship had turned around and was heading back to Geraldton.

I immediately phoned the AMSA Rescue Coordination Centre and they began seeking out military, state and private assets capable of responding to the incident. I also phoned the Port Authority and Customs. I then contacted Frank Ding, who is a Marine Superintendent and had visited the ship earlier that day, I was aware that he was staying at a hotel in Geraldton. Frank is a Chinese/Australian and I requested his assistance in relaying messages to and from the ship. I am also a member of the Geraldton Volunteer Marine Rescue, Frank and I attended the Marine Rescue Unit so that we could communicate with the ship via marine radio.

Whilst Frank communicated with the ship's master, I was in contact with AMSA who advised me that the nearest asset was the Bunbury ERHS but it was still on a job and wouldn't reach Geraldton until about 5:00 am. Later, AMSA contacted me and advised that the earliest time the helicopter could be available (after flying to Geraldton and refuelling) was 8:00 am.

The Ship returned to Geraldton by about 2:30 am and weather conditions made it unsafe to send out a launch to the ship and you can imagine how hard it was for me to tell the captain that there was nothing we could do until 8:00 am. At 4.00 am, the master rang me to say his crew member had passed away (although Frank and I suspected that he actually passed away prior to the ship arriving back at Geraldton).

It is worth noting that the planned upgrade of Geraldton Regional Hospital does not include a helicopter landing facility. A dedicated helicopter landing facility with direct access to the Emergency Department must be a crucial component of the Midwest ERHS. Should the Midwest ERHS be approved, I believe that the community will fundraise for and provide helipads at smaller hospitals and medical outposts throughout the region.

Regards

Ian Dempsey