

## Introduction

The role of a Paramedic/Patient Transport Officer (PTO) requires a certain level of physical fitness. Critical job demands include:

### • Metropolitan

- Sitting and driving (<30 minutes).
- Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient.
- Sitting and forward bending to provide clinical treatment/monitoring in the back of a moving ambulance. Some balance required.
- Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying patients (<180kg) between knee and waist level, and pushing/pulling trolleys. Assistance is to be called for heavier patients.
- Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral (e.g. medication boxes, oxy-viva).
- Other demands include shift work, work stress, fatigue and irregular eating hours associated with the workload (e.g. 12 hour work shift).

### • Regional

- Sitting and driving (<7 hours).
- Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient.
- Sitting and forward bending to provide clinical treatment/monitoring in the back of a moving ambulance. Some balance required.
- Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying patients (<180kg) between knee and waist level, and pushing/pulling trolleys. Assistance is to be called for heavier patients.
- Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral (e.g. medication boxes, oxy-viva).
- Some heavier manual handling tasks in situations as required. May include use of equipment available to assist in removing patient from injury source.
- Some sustained sitting or lying down at station when on standby waiting for calls on night shift.

The QAS Medical Standards reflect the inherent requirements of the role of a Paramedic/PTO. Applicants are assessed against the Medical Standards to determine their capacity to perform the duties of a Paramedic/PTO (i.e. fit for duty).

## 1. General Reference

Individuals are required to work in shifts, with fluctuations in workload and variations in shift duration. Overall, an inherent requirement of the QAS is to transport patients via various vehicles. QAS vehicles undertake emergency lights and sirens driving, including when a patient under active treatment is on board. The QAS requires employees to meet the medical requirements for a commercial driving licence, as prescribed in the [Assessing Fitness to Drive](#) guidelines.

## 2. Vision

- a) Individuals are required to have good vision to be able to operate a vehicle and perform patient care duties.
- b) If an individual has visual acuity worse than 6/9 in the better eye, or worse than 6/18 in either eye, a specialist report taking into account the critical job demands should be sought.
- c) Individuals who experience any diplopia (other than physiological diplopia) when fixing objects within 20 degrees of the primary direction of the gaze are ineligible for appointment.
- d) Individuals must not have any indication of night blindness.
- e) If an individual has a visual field defect, a specialist report taking into account the critical job demands should be sought.
- f) If indicated by an ophthalmologist or optometrist, the individual will be required to undertake an annual review of their vision.

## 3. Hearing

- a) A loss of more than 40 decibels on the ISO 389 scale (at 500, 1000 and 2000 CPD on a pure tone audiometer) in either ear is considered significant, however may not exclude an individual from appointment. Hearing should be evaluated without the use of artificial aids.
- b) If any doubt exists as to an individual's auditory acuity, a specialist report taking into account the critical job demands should be sought.

## 4. Cardiovascular conditions, fainting or blackouts

- a) Individuals are required to undertake significant physically and psychologically demanding duties such as prolonged extrications, walking long distances in difficult terrain, and lifting and carrying patients.

- b) If an individual suffers from any of the following conditions, a specialist report taking into account the critical job demands should be sought:

- Angina Pectoris
- Suspected Angina Pectoris
- Confirmed myocardial infarction
- Coronary artery bypass, grafting or coronary angioplasty
- Vascular disorders
- Uncontrolled hypertension
- Valvular heart disease
- Arrhythmia
- Cardiomyopathy
- Congenital heart disorder
- Reoccurring fainting or blackouts.

## 5. Neurological and neuromuscular conditions (excluding epilepsy)

If an individual suffers from any neurological or neuromuscular disorder, a specialist report referencing the employee's condition against the medical requirements for a commercial driving licence, as prescribed in the [Assessing Fitness to Drive](#) guidelines and the specific critical job demands must be obtained.

## 6. Epilepsy

- a) Individuals with a diagnosis of epilepsy/seizures will be measured against the requirements for a commercial driving licence specified in the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards.
- b) Individuals with a history of febrile convulsions limited to early childhood do not require further review.

## 7. Respiratory diseases

If an individual suffers from any obstructive lung disease such as severe chronic asthma, chronic bronchitis or emphysema, a specialist report taking into account the critical job demands should be sought.

## 8. Metabolic diseases

Individuals suffering diabetes mellitus may be considered for employment as a Paramedic/PTO. Some special conditions may need to be considered with regard to geographical placements and/or shift type e.g. placed in a larger station with day/night shift operations, requirement to work as a dual paramedic response and no on call emergency availability.

## 9. Psychiatric illnesses, depression or anxiety

- a) Where there is a risk that an individual may be compromised by a psychiatric condition or psychological instability, a specialist report, taking into account the critical job demands should be sought.
- b) A history of Post-Traumatic Stress Disorder (PTSD) or significant history of mental illness may exclude a person from employment as a Paramedic/PTO. A written report from a treating medical officer may be required.

## 10. Orthopaedic conditions

- a) If an individual has suffered from a back injury that resulted in more than one week off work or full-time study, spinal surgery or suffers from chronic back pain, a specialist report taking into account the critical job demands should be sought.
- b) If an individual has suffered from multiple dislocations, reconstructive surgery or arthritis in any joint, a specialist report taking into account the critical job demands is required.
- c) Individuals are required to have good manual dexterity (for drawing up drugs etc).

## 11. Medications

Medications which impair consciousness, cognitive thinking or spatial coordination may preclude employment for the Paramedic/PTO from performing operational duties. A detailed medical report is required from the applicant or employee's treating medical officer for consideration before operational duties may be considered.

Applicants with a personal or family history of malignant hyperpyrexia cannot be accepted (because of the use of methoxyflurane in ambulances) UNLESS they have had testing that indicates volatile anaesthetic agents are NOT involved in their case.

## 12. Substance abuse

A definite history of abuse of any substance (alcohol or drug – either prescription or non-prescription) may exclude a person from employment as a Paramedic/PTO. Further testing may be requested at the QAS approved Medical Assessor's discretion.

## 13. Immunisation

Paramedics/PTOs/Clinical Placement students are required to undertake direct patient management and therefore, prior to commencing all these officers are required to produce acceptable evidence of immunity to various communicable diseases.

Disease	Vaccination Evidence
Pertussis (Whooping Cough)	One adult dose of pertussis vaccine (dTpa). Vaccination with ADT will not be accepted. Must consent and agree to further vaccinations, to occur every 10 years of former adult vaccination.
Hepatitis B	<p>Documented evidence of completed age-appropriate course* of Hepatitis B vaccinations (<b>NOT</b> accelerated course) <b>AND</b> documented serology results indicating anti-HBs greater than or equal to 10mIU/ml; <b>OR</b></p> <p>Documented evidence of hepatitis B core antibody (anti-HBc / HBcAb), indicating past Hepatitis B infection; <b>OR</b></p> <p>Individual is a persistent non-responder – documented completed age-appropriate course* of Hepatitis B vaccinations plus one booster dose <b>AND</b> documented serology results &gt; 4 weeks post-booster indicating anti-HBs less than 10mIU/ml.</p> <p><i>NB. If non-responder, must include evidence of booster dose (usually the 4<sup>th</sup> dose) of vaccination with administration date. If a non-responder, it is strongly recommended to complete the full secondary 3 dose course of vaccinations (ie. a 5<sup>th</sup> and 6<sup>th</sup> dose), followed by serology at least four weeks later. If still a non-responder, consider an appointment with QASIS (Queensland Adult Specialist Immunisation Service) who can discuss intra-dermal inoculation.</i></p> <p><i>* Age-appropriate, non-accelerated course:</i></p> <ul style="list-style-type: none"> <li>- For those who received a Hepatitis B containing vaccine as an adolescent (age 11 to 15), this refers to <b>two doses</b> with the 2<sup>nd</sup> dose <b>at least 6 months</b> after the 1<sup>st</sup> dose.</li> <li>- For those who received a Hepatitis B containing vaccine as a paediatric or adult, this refers to <b>three doses</b> with the 2<sup>nd</sup> dose <b>at least 1 month</b> after the 1<sup>st</sup> dose, and 3<sup>rd</sup> dose <b>at least 6 months</b> after the 1<sup>st</sup> dose.</li> <li>- Any shorter intervals are considered by QAS to be an 'accelerated course'.</li> </ul>
Measles, Mumps, Rubella (MMR)	Two (2) doses of MMR vaccine at least one month apart; <b>OR</b> Positive IgG for measles, mumps and rubella; <b>OR</b> Birth date before 1966
Varicella (Chicken Pox)	Two (2) doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age); <b>OR</b> Positive IgG for varicella; <b>OR</b> History of chickenpox or physician diagnosed shingles (serology if uncertain)
Tuberculosis (TB)	Tuberculin Skin Test (TST) will be required only if the person: Was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at <a href="#">High risk countries   Queensland Health</a> ; <b>OR</b> Has had direct contact with a person who has had active TB.
Hepatitis A	Recommended for workers who work in rural and remote Aboriginal and Torres Strait Islander communities.
Japanese Encephalitis	Staff residing in outlying areas of Torres Strait or will be living or working on the outer islands of the Torres Strait for a cumulative total of 30 days or more during the wet season (December to May).
Vaccines in general	Other vaccines may be required for certain roles throughout employment with the QAS in extreme circumstances including but not limited to epidemics and pandemics.

## 14. Body Mass Index (BMI)

Paramedics/PTOs are required to have a BMI of 33 or less (36 or less for Indigenous applicants).

$BMI = \text{mass (in kilograms)} \div \text{height (in metres)}^2$

If an individual believes that their BMI is the result of ethnicity, an abnormal body build or high muscle mass, then they will be required to submit evidence based on floatation or body plethysmography tanks or a skin fold test from a health professional.