



The Retired Ambulance Association of Victoria Inc.

RAAV Wrap

December 2024 Vol. 5



President's introduction and welcome

As we close 2024 it's an opportunity to pause and reflect not only on the past year but to also recognise the efforts by our previous RAAV Committee members who not only established the Association, but also laid the foundations for the Association. Over the past year the incumbent Committee have endeavoured to build upon and modernise that structure.

A core theme has been to "keep it as simple as possible" which is easy to say but often difficult to implement. And yes, there have been a few hiccups along the way.

Perhaps our biggest success has been the updated website. The website provides a varied range of information, including online membership registration, the ability to purchase Association merchandise, along with regular updates via our Bulletin Board. Importantly, the website lists the dates, times and venues of the Associations District Meetings plus the details of each of our District Co-ordinators.

The implementation of our membership database software has ensured that our membership data is updated in real time and can only be accessed by selective Association members on a strictly needs only basis.

In line with the improvements with the Association website, there has also been a concerted effort to improve the Association administrative functions with updated software packages covering not only our membership database but also our accounting software to enable improved administration functions.

I would like to take this opportunity to thank my fellow Committee members for their efforts and support throughout this hectic period.

It is also important that we acknowledge the efforts of our District Co-ordinators and Welfare Liaison members who firstly organise the quarterly meetings which helps to assist with maintaining the social connection our members.

To enhance our channels of communications between the Committee, the District Co-ordinators and Welfare Liaison we reviewed the use of Zoom as platform as a tool for the purpose of sharing and

receiving direct feedback from our members. We are planning to hold regular meeting next year most likely starting with the District Co-ordinators. More to follow on this.

It would be remiss not to mention the support provided by Gary Grant, Senior Chaplain/Pastoral Care Lead and Volunteer Chaplains, many of whom are members of the Association who willingly and without question support our members in times of need.

Enjoy the festive season, have a Merry Christmas with family and friends. And have an enjoyable New Year.

Take Care and Stay Safe.

Steve Mulligan

Secretary's report

At this time of year we reflect back on what we have achieved and what we still have left on the list to get around to doing.

From a TRAAVI (The Retired Ambulance Association of Victoria Inc) perspective we have moved forward at a rapid rate this year with a large emphasis on improvements to our electronic communications through our vastly improved email and Website, databases, membership and invoicing systems. It's easy to leave people behind when implementing things at a rate not previously experienced within our Association but change has been necessary for a while and there comes a time when it can no longer be pushed aside. If you are feeling some disenfranchisement please let us know and we can assist with bringing you along with us.

It's now time for us to put our feet up for a while and sit back and watch cricket or be with family while we enjoy the summer heat. I would like to thank everyone that has assisted me throughout 2024 to make my job easier, they say it takes a village to raise a child, well in this case it has taken many people in our association to keep this baby afloat. Thanks to all. May I wish you all a very Merry Christmas and a safe and prosperous New Year. I will endeavour to get out and about in 2025, as I did this year to meet up with as many of our members as possible.

Jim Ballard



Welfare & Wellbeing

Another year has disappeared all too quickly and the festive season is again upon us and provides the perfect opportunity to catch up with family and friends to celebrate not only the good times but to also reflect on those sad moments.

At this time of the year, we are also able to see how generous our communities can be in supporting those less fortunate than ourselves by ensuring that everyone is able to enjoy the Christmas spirit of friendship and kindness to all.

However, this can also be a period of feeling alone or rekindle sad moments from the past. Should you become aware that one of our colleagues happens to be struggling for whatever reason and in need of support please let us know.

Our Welfare Co-ordinator is readily available so do not hesitate to call. We do have access to AV Pastoral Care and Chaplaincy support which includes the Volunteer Chaplains many of whom are members of RAAV.

There are also the RAFE Peer Support Responders who are supported by AV's Peer Support in times of need. RAFE Peers can be contacted via email rafepeersupport@ambulance.vic.gov.au or mobile 0428 332 418.

Remember, RAFE Peer Support is not a crisis service, if there is an immediate risk call Triple Zero 000. Another option in a crisis is to call Lifeline on 13 11 14.

Enjoy Christmas and lets all look forward to a great New Year

Steve M.

Welfare Co-ordinator.

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Webmaster

What a year it's been!

Even Donna my wife of 33 years who loves to be always doing something whether it's travelling or a hobby, said something I've never heard from her lips, "we should try to have a quiet year next year"!!

From the RAAV perspective, a lot has been achieved and it was time consuming BUT it was worth everyone's time & effort.

From the development of the new website, the implementation of software tools and the updating of administrative processes WILL reduce the time the committee and district administrators take to do their tasks & gives back time to the family.

On November 6 we dispatched Dispatch Discounts as a RAAV partner, they couldn't fulfil the tasks & commitments they made when our partnership was formed under the Memorandum of Understanding.

Time was taken to find their replacement with committee only recently agreeing to work with a global provider of benefits for the membership. This group are able to provide significant savings on costs of daily living expenses for us all.

More information on this initiative will be shared in the first quarter of 2025.

It's time for me to take a break, I wish all the RAAV community a safe & Merry Christmas and a happy new year. See you all in 2025.

O.K Donna, where's that To Do list you have for me!!

Cheers,
Graham DOUGLAS
Vice President

New Members

Robert	Standfield	Gipps-E
Jennifer	Allen	G & SC
Sam	Gentile	Metro-N
Mark	Nowak	Metro-W
Lynette	Stacker	N-E
Geoff	Tassell	Metro-W
Robyn	Ferroff	Metro-W
Kevin	Burke	N-W
Graeme	McKibbin	G & SC
Mark	Hockey	G & SC
Deb	Stallard	G & SC
John	Cowell	Central VIC
Wolfgang	Haas	Metro-W
Steven	Jones	Metro-W
Guy	Zuccala	N-E
Sue	Knox	Metro-W
Lauren	Downing	B & CW
Peter	Collins	Metro-W

Linda	Goodman	Interstate
Leigh	Nichols-Thompson	Metro-S
David	Booth	Central VIC
Warwick	Jackson	Metro-E
Lee	Klein	Metro-S
Brad	Kenyon	Interstate
Robert	Lane	G & SC
Shane	Green	Interstate
Peter	Hamilton	Metro-E
Roger	Richards	Metro-N
John	Goodfellow	Metro-W
Richard	Galeano	Interstate
Russell	Nelson	Metro-E
Geoff	Eichler	Metro-W
Kate	Puusepp	Metro-W
Christine	McCallum	W & G
Brad	Kenyon	Interstate
Brianna	Rogers	Gipp Cent & Sth
Luke	Peers	Metro-W
Peter	Morgan	Interstate
Kate	Christie	Metro-W
Peter	Shearer	Gipp Cent & Sth

We welcome the following new members to RAAV, we hope you enjoy all the friendship and camaraderie which our association is known for;

Departed Colleagues.

Garth Tourangeau 18/11/24

Brian Kuchel 14/10/2024

Dr. Edward Brentnall 01/10/2024

We pass our sincere condolences on to family and friends and we honour their service to the ambulance community.

Cheers, Graham Douglas



RAAV Infirmary

We have had reports that Peter Briscoe was recently admitted to hospital, we understand that Peter is recovering at home. We wish you a speedy recovery Peter.

Also, we have word that Jock McCrae took a tumble recently and spent some time in the Northern Hospital. Get well soon Jock and we'll see you out and about next year.

While talking about tumbles, we believe Barbara Wood, wife of our committeeman Les took a tumble recently and had surgery. We wish you well with your recovery Barb.

We wish Greg Wood well after his recent surgery, we believe Greg has been discharged and is recovering at home.

We are wishing Suzanne and Neil Hall well, both have been unwell and in hospital. Wishing you both a speedy recovery.

There's something in the air in Gippsland as Leo and Barbara Cartwright have been unwell. Get well soon guys.

Lastly (we hope), a special get well to one of our committeemen John Head who has been in hospital.

To all our members, get well soon and don't forget to reach out if we are able to help you in your time of need.

Letters to the Editor

This is David Booth for those that are not familiar with him. David is transitioning to retirement and is presently on medical leave, David recently joined the Association and is a member of the Central Victoria group.

We thought it would be interesting to include David's profile in this month's edition.

David takes leaves from AV having worked for 47 years to date. Dave started his career in Central Victoria under Jack Rowe's command and worked in Bendigo but quickly moved on to Inglewood branch, a two officer on-call branch. A chance meeting years later with Superintendent Doug Woodhouse from East Gippsland saw David move his family to Sale as S.O in Sale's comms centre.

Together with fellow A.O Kevin Svenson, David developed a keen interest in driver education. David became quite skilled at all aspects of driver behaviour and after a while he became an integral cog in the development of ambulance driver education.

David developed the 'stable platform' driver knowledge which better prepares our paramedics for providing better and safer driver skills in all circumstances for patients and passengers alike.



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Training, care top career

By RUBY HYLAND

ONE of the Loddon's most recognisable ambulance officers is preparing to take a back seat after almost half a century on the frontline.

David Booth was in Inglewood when the shire's first ambulance station opened in 1982.

After a stint in Gippsland, he returned to live in Bridgewater while co-ordinating driver training for Ambulance Victoria.

That stellar 47-year career has now been celebrated with a function attended by colleagues and family.

David started as an ambulance officer in Sale and has since seen him all over Victoria as he filled a myriad of roles before his current role in driving standards and training.

In 1982, he had moved to Inglewood to assist in establishing the first ambulance station in the Loddon Shire.

"It was a great opportunity to be involved with the community while building and establishing the station" David said of the experience.

The new station filled gaps between Bendigo and Chariton and Maryborough and Kerang.

After working in Inglewood, David moved to Lakes Entrance where his family lived for 15 years, before returning to Bridgewater in 2010.

David said he had seen a plethora of changes within Ambulance Victoria and among the public over the decades.

The change in the equipment



David Booth

stored in an ambulance between then and now dramatically different, especially with technological advancements over the past few decades.

"I can't compare them because what we had back then was state of the art at the time and what we have now is still state of the art but is totally different," David said.

The technological advancements to assist with manual handling of patients are something that David is glad to see.

Decades of rigorous physical work as a paramedic without the assistance of today's manual handling support tools, have taken a toll on David's body. Which is something that he hopes the new graduates will be able to avoid now as having to physically lift a

patient or a stretcher without aid is an uncommon occurrence.

Another area that has improved throughout David's career is the support provided by Ambulance Victoria for their employees.

"Unfortunately, with this kind of job you see things you will never see but there's plenty of support available to help provided by Ambulance Victoria", he said.

While he has seen the good, the bad and the ugly in his career, David chooses to focus on the good, such as the 28 babies he delivered while on the job, some of which he was able to see grow up while living in Lakes Entrance, an opportunity that isn't as common generally.

In recent years David noted that he has been called to far less fatalities on the road compared with when he first started, something that he attributes to changes in laws, such as drink driving as well as car safety features.

David said he was glad that now many people were able to walk away from car accidents compared with the past.

Throughout his career David has worked in several specialised roles such as an emergency operator in Wangaratta, at head office in Ballarat and as a clinical educator.

Although he has extensive experience in a multitude of ambulance Victoria roles, education has been his passion.

The adjustment from shift work to his current driving training role was a welcome change after many years of on-call work.

His work now revolves around reducing risk to ambulance drivers and a focus on safety. The low-risk driving program is mandatory for all graduate paramedics to maintain standards across the state as well as ensuring everyone has the same knowledge and skills to operate an ambulance safely.

In addition to keeping the program up to date, David is responsible for training other educators to deliver the courses. Currently he manages a team of 115 people across Victoria, a job he is able to do with the external qualifications he has completed in training and assessment.

All members of the team must have five years of experience as a paramedic before joining.

In 2003 David created the 4WD program to stay ahead of the game, a program still in use and as new challenges arise the programs will continue to be adapted to resolve them.

Five years ago, David was awarded an Ambulance Service Award, to recognise distinguished service with Ambulance Victoria.

David's work with Ambulance Victoria continues to keep both paramedics and motorists safe during times of emergency with ambulance drivers using their knowledge of low risk driving to travel safely and minimise delays on their journeys.

"Working with Ambulance Victoria for so long, I've learnt so much from so many - experienced senior staff and new graduates. We always keep learning."

David was rewarded for his efforts by being awarded his Ambulance Service Medal (ASM) for his knowledge and education of paramedics in driver education.

We look forward to catching up with David at a Bendigo Luncheon in the future.

Hi Jim,

The following is some information that may be of interest to members for the newsletter.

MORTLAKE

Mortlake is a town in the South West region on the Hamilton Highway, 50 kilometres north-east of Warrnambool. As per the 2011 census, Mortlake had a population of 1,073.

Mortlake is situated at the foot of a dormant volcano, Mount Shadwell, formed 25,000 years ago. It is believed that it last erupted about 5,000 years ago. Self-proclaimed as the olivine capital of Australia, large ejected rocks from Mt Shadwell are called volcanic bombs. They are often egg shaped because they cooled as they were being thrown through the air. These bombs can contain olivine, a green crystal also known as peridot, the birthstone for August. The town is also known for its bluestone buildings, with several fine examples dating back to the 1850s visible from the Hamilton Highway.

An influx of settlers initially attracted to the 1850s Victorian Gold Rush, but after their lack of success, they headed for the rich volcanic soil around Mt Shadwell. Establishment of Mortlake as a settlement occurred in the 1850s and 1860s. The town was formally surveyed in 1853. The Post Office opened 2 February 1859.

Dairy farming would provide a successful livelihood for soldier settlers. In 1918, in popular opinion this area was regarded as "an agricultural Utopia" due to the high rainfall and good soil in most of the parts and the ability of local farmers to make a livelihood on a small acreage.

A Mortlake railway line connected Mortlake with Terang from 1890 until 1977.

Mortlake Magistrates' Court closed on 1 January 1983.

Real estate prices collapsed when the Kennett Government decreed that all towns over 500 people needed to be connected to the town sewage supply. At the time, the cost of connecting to the sewage was more than what the house was worth.

There are two schools in Mortlake, both co-educational. The largest school is the government school Mortlake P-12 College, with approximately 200 students ranging from Prep to Year 12. There is also a Catholic primary school, St. Colmans, with around 30 students. There is also a Kindergarten.

Mortlake is located between two major agricultural districts: Hamilton to the north-west for the wool industry, and to the south-east, the dairy industry. Farms in the area exploit the rich volcanic soil for both farming practices.

One of the town's most famous industries, Clarke's Pies, which made pies for distribution all over Victoria, announced in January 2007 that the company had been sold to Patties Foods and that production would cease in early March 2007, leaving around 50 people out of work. Clarke's regularly featured in the top 10% of pie-makers in Australia. As of April 2007, Clarke's have begun producing the original square pie, on a smaller scale, and delivering within the local area.

The Origin Energy Board constructed a \$640 million 550 megaWatt (MW) gas-fired power station located 12 km west of Mortlake. The power station covers approximately 20 hectares of land with an extensive buffer zone around it.

By the end of 2017, the new Mortlake Sale yards construction was completed. The \$15 million project handles the sale of 200,000–250,000 cattle per year.

Mortlake has both football and cricket facilities at the D.C. Farren Oval, which also contains 10 courts for netball and tennis.

The Mortlake Racing Club, schedules one race meeting a year, the Mortlake Cup meeting held on Victoria Derby day.

Golfers play at the course of the Mortlake Golf Club on Hopetoun Street.

Notable residents:

- Leon Harris - Fitzroy footballer
- Joan Chambers - Victorian State Politician.
- Kate McLennan - Comedian, writer and actor
- Edward 'Ted' Absalom - Collingwood footballer and Boer War Veteran
- Luke Rounds - Collingwood Footballer
- Mary Turner Shaw - Pioneering Architect
- Ray Anderson - South Melbourne Footballer
- Marji Anderson - Equestrian
- Walter West - Victorian State Politician
- William Ronald Cumming - Grazier, Soldier, Victorian Politician, Croix de guerre recipient
- Russell Howcroft - (media personality, Gruen and 3AW)

Rhonda Oliver
Coordinator SW District.

Thanks Rhonda, that's very informative. If you think you would like to promote your town or area please drop us a line and we can include it in a future Wrap - E



Sleep Apnoea

Many of us have a good understanding of the human body, however, when it comes to our own health we are not the best judges. Furthermore, we are too often reluctant to acknowledge that a condition which we might advise a friend about getting checked out we too are subject to those same conditions. I know this because I advised a friend who was sleeping through the day with poor sleep habits to go to his GP as I was fairly certain they had Obstructive Sleep Apnoea (OSA).

It's often a person's partner who notices sleep disturbances first. I had had some sleep issues which I put down to years of shift work and broken sleep; so when I discussed this matter with my GP and I was expecting to be offered some sleeping tablets as I thought a short course would improve my sleeping pattern, instead I was offered to attend a sleep clinic. I agreed but I wasn't prepared for the results; I was obstructing my airway 52 times per night. Now, after being diagnosed some time ago with OSA, I now have a CPAP machine which comes everywhere with me away from home. I can sleep better and I generally awake refreshed, those daytime naps have disappeared along with the frequent nocturnal rushes to the loo which I'd put down to aging.

The following information may not be relevant to you or your loved one, but I bet there are some out there who are chronic snorers who are in denial - as I was. ED

Sleep apnoea is a serious disorder in which breathing repeatedly stops and starts.

Risk factors include age and obesity. It's more common in men.

Symptoms include snoring loudly and feeling tired even after a full night's sleep.

Treatment often includes lifestyle changes, such as weight loss and the use of breathing assistance device at night such as CPAP machine.

So what is sleep apnoea? Sleep apnoea is also known as OSA, obstructive sleep apnoea. Sleep apnoea simply put occurs when the throat muscles relax during sleep, the tongue falls backwards and obstructs the airway. Snoring is often an indicator of sleep apnoea, the more chronic the snoring the more chronic the sleep apnoea is.

A rarer form of OSA is 'Central Sleep Apnoea', this is where the person's breathing stops entirely while they sleep and there is a pause of varying time before breathing resumes. This is caused by a disruption to the mechanisms in the central brain that control the rate and depth of breathing.

How Does Sleep Apnoea Work?

Sometimes the throat can collapse so much that not enough air can get into the lungs during sleep, this is called hypopnea, or it blocks the airway completely and no air can get into the lungs, this is apnoea.

Sufferers of OSA may have partial, complete or a combination obstruction. The rate of respiration may decline or stop completely for a period of up to 3 minutes in extreme hypopneic cases. In the general population, around 10 - 60 seconds is the average length of an episode or sleep interruption.

It's useful to know that when this happens, the blood chemistry changes and the brain receives the message that something is wrong. The brain will arouse itself from sleep and for a few seconds correct the problem, allowing normal breathing to resume. Most people are not even aware of these arousals, as they never fully wake. This pattern can repeat itself hundreds of times during sleep causing the sufferer to have fragmented sleep.

How Can Sleep Apnoea Affect You?

When waking in the morning, the person often feels exhausted and under slept, but has no idea their brain woke multiple times during their sleep time as their body didn't physically rouse. This can leave one feeling unrefreshed after sleep and fatigued throughout their wake time. As a result of the sleep deprivation, a sufferer may be unable to concentrate on simple tasks and follow simple commands.

All areas of one's life can be affected by this, and it can show in your work performance and general demeanour. One may find people refer to you as grumpy or irritable and not one's usual self.

Medical conditions which can be exacerbated by OSA include congestive heart failure, hypertension, metabolic syndrome including type 2 diabetes and hypercholesterolaemia and liver problems, stroke and for women polycystic hormone disorder and an increase in asthma and chronic lung disease.

Who is at Risk of developing Sleep Apnoea?

Anyone and everyone is the short answer for developing sleep apnoea and it can occur at any time throughout one's life.

It's estimated that approximately one in twenty Australians suffer from sleep apnoea. In the over thirty age bracket, the condition is three times as common in men, with up to a quarter of men over thirty affected by the condition.

People with narrow throats or fat tongues are more likely to have sleep apnoea and snore during sleep time when their throat muscles relax. Back sleepers and people who drink alcohol also increase the chances of developing sleep apnea. By far the most common cause is being overweight or obese; extra body fat can compress the chest, lungs and neck, causing restrictions to the body's normal operation while sleeping and place it under stress.

Sleep Apnoea Severity

The severity of sleep apnoea depends on several factors which influence how often one's breathing is interrupted and more importantly, why it is interrupted. Most people snore at some point in their lives or in certain sleeping positions. Having colds or flu, medications and alcohol in your system will all cause snoring for various reasons. For the sake of having a rough guide so you can assess yourself, your partner or your child is as follows:

Normal Sleep -

None fewer than five interruptions per hour is deemed as healthy normal sleep zone.

Mild Sleep Apnoea -

When the person has between 5 and 15 interruptions per hour you will have developed a mild sleep apnoea that might be short term condition to illness or the presence of alcohol.

Moderate Sleep Apnoea -

Now we are getting serious. If a person is experiencing between 15 and 30 sleep interruptions per hour and there is no illness or alcohol to exacerbate the situation, you need to visit your GP to seek out a sleep study and talk about your options.

Severe Sleep Apnoea -

People with severe sleep apnoea are likely to already be aware of their problem; it's likely that everyone in the house can hear them snore, and likewise when they suddenly stop snoring. If you or they experience more than 30 interruptions per hour, you need to seek medical assessment and treatment. A sleep study will discover the detailed oxygen saturation of your brain during sleep, this will enable them to determine exactly what is going on and why.

So, Your Wondering What the Symptoms of Sleep Apnoea Are?

Daytime sleepiness and fatigue (on a daily basis);

Dry mouth and dehydration headache upon waking;

Poor concentration, poor memory, slow reactions and an inability to focus attention;

Irritability, mood swings and short temper;

Poor sleep quality; with regular periods of depressed, reduced or absent breathing accompanied by loud snoring and/or gasping for air. This will often be a cycle. Snoring, no breathing, then suddenly gasp or gulp for air, back to sleep, snoring, no breathing and so on repeatedly for the entire time their body is considered to be asleep.

Impotence and possible erectile dysfunction in men and in libido in general.

Contributing Factors Of Sleep Apnoea

- Being overweight or obese – excess fat on the neck surrounds the windpipe, and the weight constricts the throat making it narrower.
- Age – as people get older, their general muscle integrity decreases and the throat muscles are no exception.
- Alcohol relaxes the throat muscles during sleep leading to sleep apnoea and snoring.
- Certain illnesses include colds, flu and sinus congestion from allergies and hay fever.
- Large tonsils and swollen adenoids may be a contributing factor for sleep apnoea in children. The surgical removal of both can fix the problem but is not guaranteed to do so.
- Certain medications with muscle relaxant properties like sleeping tablets, sedatives, and depression medications.
- Nasal congestion and obstruction via broken noses and a deviated septum.
- Facial jaw shape, things like jaw deformity in the form of underbites and overbites that affect where the relaxed tongue is positioned in the mouth during the sleep stages.

How Is Sleep Apnoea Diagnosed?

If you recognise the signs and symptoms of sleep apnoea, see your GP. If your GP suspects you may have sleep apnoea, you will be referred to a sleep specialist for a sleep study. Most sleep studies can now be conducted in your own home, but some are still undertaken in specialised sleep clinics.

Treatment For Sleep Apnoea

Sleep apnoea is a treatable condition in 99% of the population. Treatment may range from simple and easy to apply lifestyle changes and move to more serious changes like surgery. There are also external breathing devices like CPAP machines.

Lifestyle changes include:

- Weight loss – for people who are overweight, losing some of that weight will improve your sleep apnoea and possibly cure it entirely. It's easy to underestimate the significance of an extra 5-10kgs compressing the chest and neck. Even half a kilo can be the difference between snoring and not snoring at night in some people.
- Decreasing or ceasing your alcohol intake.

- CPAP (Continuous Positive Airway Pressure) device.



What is Sleep Apnea and How do I Treat It? - 2024

*CEO, Founder and First Aid Trainer at **FirstAidPro***

Sharon McCulloch is the CEO and Founder of FirstAidPro, Australia's leading Registered Training Organisation (31124), delivering First Aid Courses nationwide.

Sharon has 21+ years of experience as a qualified Emergency Care Nurse registered with the Australian Health Practitioner Regulation Agency (APHRA) and 12+ years as a First Aid Trainer.

She takes pride in FirstAidPro making first aid training available, comprehensive and affordable to everybody.

Mayo Foundation for Medical Education 2023 - Sleep Apnea

Regional Reports

Metro East

Hi Jim,

Hope all is well with you and your family. Just a short report about the Metro East Lunch meeting. This was held on Thursday the 14th of November at the Wheelers Hill Hotel at 12 midday. Once again we had a good turnout of 15 hardy souls enjoying the camaraderie these events bring. The venue was great and meals were of a high standard. The group was again joined by Tom Rose who is an Ambulance volunteer chaplain. He is always welcome and brings a wealth of life experience to the group.

As always, some interesting tales of past exploits were shared and, colleagues from our early days (some long passed to another dimension) were remembered fondly. I am sure that all of us who have retired or, moved on to other ventures, have had a feeling of being forgotten as soon as you have walked out the door. It is not a great feeling, especially if you have given a greater portion of your working life to ambulance but, these gatherings generally hit the reminisce button and, your existence within the ambulance family does present every now and then. Hopefully, the next one or two crops of retirees will remember our exploits and bring a smile to their face.

This was our last meeting for 2024 and I would like to thank everyone for their support and assistance, and wish all involved with RAAV and your families a happy Christmas and a safe New Year. Hope to see you at the next meeting in February 2025.

Regards

David Hadj

Metro North

The final Metro North lunch for 2024 was held on Wednesday the 6th November at the Darebin RSL.

17 Members and partners attended.

At this lunch, Stan Sandford was presented with his Long Service Membership Badge.

On a slightly sadder note, one of our fantastic volunteer Chaplains, Robyn, announced that she is moving interstate. Robyn intends remaining a Member of RAAV and attending lunches any time she is in Melbourne visiting family.



Robyn has been a great supporter of our group over the last few years and will be missed.

Robyn has also been a great help to me on a personal level as I faced a few challenging family situations.

I know that you will join me in wishing Robyn and her husband all the best for the future.

We are fortunate that we have another wonderful Chaplain, Jenny, involved with our group, and I hope that we have her continued guidance.



Our next lunch will be on Wednesday 5th February 2025, at 12.00 at the Darebin RSL, (Bistro), 402 Bell St Preston. Hope to see you there.

Col Evans - Coordinator

[Gippsland East](#)

We had a small gathering at the Bairnsdale RSL for our final meet of the year. 17 members came along to celebrate with us. We had Jim Ballard from the Committee who spoke to us about Committee happenings and introduced us to the new RAAV loggoed stubby holders which sold well on the day. Thanks to Chris Ballard who decorated our tables and provided us with Christmas chocolates and made the tables feel Christmassy.

Our next gathering will be at the Bairnsdale RSL on the 6th March next year, mark it in your diary and we hope to see you there.

We wish all our members a very happy Christmas and a safe new year.



Paul Lodder
East Gippsland

Central & South Gippsland



The Central and South Gippsland group met on Thursday December 19th for lunch at the Morwell RSL.

There was 18 in attendance. Some absences were due to travelling to be with family for the holidays and 2 were ill.

So good to catch up just before Christmas. The fellowship and conversations were so enjoyable. For many these continued even an hour after all had finished their meals. A great sense of comradeship was felt and commitments were made to be at the next lunch.

Thanks Jim for being present and distributing the new ID cards. And thanks Ben also for being present and handing out \$10 to all (& thank you AV for this gesture). A reminder was given about the Caravan Group next outing, February 17 – 24, to Lakes Entrance.

Metro South

We had our Christmas Luncheon at steeples Restaurant 10th. Dec. which was well attended with 34 present.

The day was full of events firstly the raffle made possible with the generosity of two home made Christmas Cakes from Tracey Calder also completed by three bottles of wine. Special thanks to Margaret Boucher who is always willing to help Dawn lastly always good to welcome Joan our Chaplain look forward to seeing everyone in 2025.

Bryan Cass
Metro South

Metro West

Hi Jim,

Here is my report for the newsletter



Metro West had our lunch today at the Kealba.

We had around 32 people attend and everyone seemed to enjoy their lunch and catching up with one another.

We also said goodbye to Robin, one of Chaplins today as she is moving to Broome. She has advised she will be back in Melbourne for visits so she won't become a stranger. all the best for the future to a wonderful lady.

Time for me to sign off.
Have a lovely Christmas & New Year.
Hope to see you all in 2025.

Georgie Hall - Coordinator

Georgie has signed off from her role as Metro West Coordinator for personal reasons. We heartily thank Georgie for all her work and wish her well for the future. We will see Georgie at Metro West meetings next year. Once again thanks. - Ed.

Ballarat District



The Ballarat and Central West lunch was held on Monday December 16, at the Golf House Hotel in Ballarat North.

We enjoyed the company of 11 members and partners, and the new ID cards were given to those present. Several topics regarding the Association ensured some lively discussion and laughter between everyone. Overall, it was a very enjoyable lunch.

John Head

Geelong & Surf Coast

The last Geelong & Surf Coast lunch was held on Tuesday, November 12 at the Geelong RSL.

Attending were 17 Members and partners, again some new faces, who all enjoyed the catchup and receiving the new I.D. cards.

At present the group Chaplain is off unwell, so we welcomed the Senior Chaplain, Gary Grant for today's lunch.

A Length of Membership lapel pin still to be awarded, has been entrusted to another member to pass on to the recipient and the final one will be awarded at the February 2025 lunch meeting. I also had the pleasure of awarding a 20 Year Membership pin to Ken Atkinson.

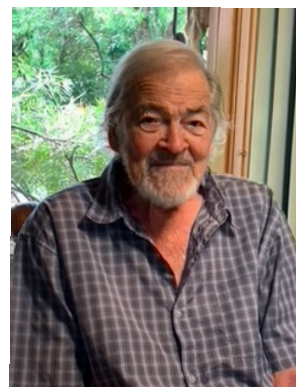


Photo of Ken Atkinson receiving his 20 year pin.

Interest has been expressed for the positions of Convener and Welfare Officer.

Our next lunch will be on Wednesday February 12, 2025 at 12:00 meeting at the Geelong RSL.

Thank you to all members that have attended this years' lunches and I wish you all a very Merry Christmas and safe and Happy New Year.

John Head - Interim Convener

North West Distric

No Report

South West District

Our final meeting for 2024 was held on 2nd December at Rafferty's Tavern, Warrnambool.

11 members and AV Chaplain, Lynne Carter attended. There were 2 apologies received.

Ten (10) year Service Awards were presented to Ray Lougheed, Robert Reilly and Allan Hadden. Awards for other members, who did not attend, were posted to them. They include: 15 years – Ian Johnson, 10 years – Barry Schurmann, Peter Cassidy, Terry Baker, Brian Trenery and Pat McKenzie

I advised members that ALL memberships for the South West region, had been received by our Treasurer – well done everyone!

The next meeting will be held on 3rd March, 2025 in Hamilton.

I wish all members a very Merry Christmas and a safe and prosperous New Year.



South West lunch catch up at Rafferty's Tavetn Warrnambool. Lt to Rt Ian McPhail, Ray Lougheed, Trevor Stanley, Noel Brebner, Bob Riley, Tony O'Sullivan, Kevin Kavanagh and Alan Hadden. Absent Geoff Elmes and Laurie Timpson.

Kind regards,
Rhonda Oliver
SW Convenor

North East District

Our November lunch was held on a 38 degree day. It was a more intimate gathering with only 9 of us. No formalities, meaning we got to talk.

Our thoughts are with our members who are going through illnesses. I hope treatment and recovery is quick and that we will see you in the New Year.



Leanne

Wimmera & Grampians

The Wimmera & Grampians District of the RAAV held their final catchup for 2024 on Thursday 14th November at the White Hart Hotel in Horsham. This was the first event where I was the Region Coordinator following the resignation from the position by Ian Cameron, after many years of dedication steering the ship out West of the state.

Only a small gathering attended this final gathering for the year and we were given the sad news of the passing of one of our members since our previous catchup.

Brian Kuchel died suddenly in October and leaves behind his wife Beth. Beth was contacted and offered any support she required.

We only have a small number of members out West and hopefully we can recruit a few more in the next couple of years.

Our next catchup, the first for 2025 will be on Thursday 13th February at our usual meeting place, the White Hart Hotel in Horsham, at 12:00pm.

Ron Lazones
RAAV Coordinator
Wimmera & Grampians Region

Central Victoria

No report.

Caravan and Motorhome Club.

Hello Everyone,

I would like to take this opportunity to wish each and everyone of you a Very Merry Christmas and a Safe, Healthy and Prosperous New Year.

I look forward to meeting more of you, and spreading the word about the Caravan and Motor Home group, when Neil and I travel to the various lunch meetings around the state.

Next Caravan and Motor home get away is from the 17th February to the 3rd March 2025. It will be at the Eastern Beach Caravan Park, Lakes Entrance. If you do decide to join us, please mention that you are with the RAAV Caravan and Motor Home Group.

Cheers,

Thanking you and happy caravanning.

Anne Akers.

Home is where my caravan takes me.

As some of you may know, my father John Ballard Sr. and his brother Chas were both members of the London County Council (LCC). We were fortunate enough to migrate to Australia in 1964 on a sponsorship by the Horsham Apex Club and the Wimmera District Ambulance Service. Things were very different then, both in London and Horsham.

My relatives (and their colleagues) were basic first-aiders who were known as 'Ambulance Drivers' (a designation emanating from WWII) and they were stationed by the London Docks in a suburb of Poplar (better known as the area which TV show Call the Midwives is staged). Ambulance drivers were well down in the medical pecking order, as I guess they were here at that time. I'm aware that my father had a steep learning curve with coming up to the standard of a Victorian ambulance officer with his attendance at Mayfield, he was given his AO II but as a condition of permanency he had to make AO III in a relatively short period of time. - Ed

London Ambulance Service

Post-war reorganisation led to the National Health Service Act of 1948. As part of this, for the first time, there was a requirement for ambulances to be available for all those who needed them.

By now, a more recognisable service was beginning to take shape. In the 1950s the London County



Council's ambulance service moved to Headquarters at Waterloo Road, but it was already clear this wouldn't be large enough. By the early 1960s it was agreed a new headquarters would be built further up Waterloo Road. 'Londam', the Service's newsletter, described it as 'the promised land'.

A London-wide service was created in 1965 when one ambulance service was formed in London from parts of nine existing services. It comprised nearly 1,000 vehicles and 2,500 staff.

In 1974, when the National Health Service was reorganised, the London Ambulance Service was transferred from the control of local government to the South West Thames Regional Health Authority.

In 1989 under an austerity lead Thatcher regime, the then SW Thames Ambulance Service was brought to public attention when their staff took part in a nationwide strike for better pay and working conditions. Every station was involved with many giving out the phone number of the stations so that the public could call the crews directly in case of emergency. After six months of not being paid and living on donations from the public, a pay deal was reached and the crews went back to work.

In 1992 the ambulance service introduced a computer aided dispatch system which failed spectacularly, the failure of the new computer system led to worldwide public and media interest. The crash of the computer-aided dispatch system led to long delays in dispatching ambulances and much public discourse.

Service managers continued to report to South West Thames until 1 April 1996, when the organisation absorbed into the National Health System (NHS) trust. London Ambulance Service (LAS) as we know it today officially came into being.

Just like the capital itself, LAS is continuing to grow and develop. The London Ambulance Service of today, and the skills and capabilities of their staff, bear little resemblance to the Service of even 20 years ago. They now employ more than 8,000 staff and volunteers based at ambulance stations and support offices across London.

As with all ambulance services around the world there has been a rise in demand for their services and each year they receive a record number of 999 emergency calls.

Historically, they designed their service around a small number of local patients—those with life-threatening conditions. They are now turning their attention to the largest group of patients whose conditions, whilst not life-threatening, still need medical care. Many of these patients need different treatment to that offered by an A&E department. This could be treatment at home, referrals to a GP or social services, or treatment elsewhere at minor injuries units or walk-in centres.



The way the London Ambulance Service respond to calls is changing too. Similar to Melbourne dispatches staff now attend to patients in cars, motorbikes and bicycles, as well as in ambulances. With a growing urban population of 9 million this enables them to reach patients quicker in busy sometimes difficult to access built-up areas. As is the trend worldwide, Londoners are seeing an increase to public access to defibrillators—machines used to restart a patient's heart when it has

stopped beating—LAS are the key providers for public training on the use of this equipment, people in the community can now provide life-saving treatment while ambulance staff make their way to a call.

The London Ambulance Service in 1965: An Overview

As previously mentioned, the London Ambulance Service (LAS) has a rich history that reflects the evolution of emergency medical services in the United Kingdom. Established formally in 1965, LAS was created to provide a coordinated and efficient response to medical emergencies across London. We will explore the types of ambulances used by the service during its inception, briefly compare the training and skill sets of ambulance personnel, and highlight how these elements contributed to the overall effectiveness of emergency care in London.

Types of Ambulances Used

In 1965, the London Ambulance Service utilised a variety of ambulance types that were reflective of both technological advancements and operational needs at that time. The primary vehicles included:

- 1. Standard Ambulances:** These were typically based on commercial van chassis, such as the Ford Transit, Bedford, Iveco or similar models. They were only equipped with basic medical supplies and could transport patients to hospitals efficiently.
- 2. Ambulance Cars:** Smaller than standard ambulances of course, these vehicles were often used for rapid response situations where speed was crucial. They carried essential medical equipment, they had limited space for additional personnel or equipment and were not generally used for patient transport.
- 3. Specialised Vehicles:** In certain cases, LAS employs specialised vehicles designed for specific needs, as the population has become larger, so has the need to employ bariatric ambulances for larger patients, LAS also have specialist units equipped for neonatal care.

The design and functionality of these ambulances were critical in ensuring that paramedics could provide immediate care while transporting patients safely to medical facilities.

Training and Skill Sets

The training and skill sets of ambulance personnel in 1965 were foundational to the effectiveness of the London Ambulance Service. At this time, paramedics were not yet really recognised as a distinct profession; instead, many ambulance staff were trained as emergency medical technicians (EMTs) or ambulance attendants.

1. **Emergency Medical Technicians (EMTs):** EMTs received training focused on basic life support techniques, patient assessment, and transportation protocols. Their skills included administering oxygen, performing CPR, and managing trauma cases within their scope of practice.
2. **Ambulance Attendants:** Many staff members held roles as attendants who assisted EMTs during patient transport but had limited medical training compared to their counterparts. Their responsibilities often included driving the ambulance and providing logistical support during emergencies.
3. **Advanced Training Programs:** As awareness grew regarding the importance of advanced pre-hospital care, some personnel began receiving additional training in advanced life support techniques. This shift laid the groundwork for future developments in paramedic education.

Comparatively speaking, while EMTs had more comprehensive training than attendants, both roles required strong communication skills and an ability to work under pressure—essential qualities when responding to emergencies in a bustling urban environment like London.

The establishment of the London Ambulance Service in 1965 marked a significant advancement in emergency healthcare delivery within one of the world's largest cities. The types of ambulances utilised reflected both practical needs and technological capabilities at that time while highlighting an evolving approach towards pre-hospital care through ongoing training initiatives among staff members. Understanding these components provides insight into how LAS has developed over decades into a modern emergency service capable of meeting complex healthcare challenges today.

Sources Used

1. **London Ambulance Service NHS Trust Official Website**
 - *This source provides detailed historical context about LAS's formation in 1965 along with insights into its operational framework over time.*
2. **NHS England**
 - *Offers comprehensive information about emergency services across England including standards for training personnel which helps contextualise LAS's development.*
3. **"Emergency Medical Services: A Global Perspective" by Kahn et al.,**
 - *This book discusses various aspects of EMS systems worldwide including historical perspectives relevant to understanding changes within services like LAS since its inception.*

They play a vital role in the London trauma system, taking patients with life-threatening injuries such as amputations and stab wounds to specialist centres for treatment.

Annual General Meeting

We held our AGM at the Ambulance Victoria, Chas Martin OAM Museum in Bayswater on the 18th of November 2024. The outcome of the elections at the AGM is that Steve Mulligan has been appointed as our President, Graham Douglas has been elected as Vice President and Graeme Parker has been elected as a committee person.

We congratulate our new appointees and wish them success with their endeavours in their portfolios.

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