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AmbulanceVictoria

4 June 2026

Coroner Sarah Gebert
c/- Coroners Prevention Unit
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

By email: [redacted]

Dear Coroner Gebert,

Investigation and Inquest into the death of James Tsindos – COR 2021/2798

We refer to Your Honour's findings into James Tsindos' death with inquest, dated 20 February 2026, in which Your Honour made two recommendations directed Ambulance Victoria (**AV**):

(i) Recommendation 3

With the learnings from James' case, I recommend that Ambulance Victoria give consideration to the appropriateness of paramedics carrying EpiPens when responding to presentations of anaphylaxis.

(ii) Recommendation 4

In addition, I recommendation that Ambulance Victoria utilise the learnings of James' case to highlight the work instruction WIN/OPS/333 Paramedic Roles: Health Service Interface and Patient Handover, and in particular the following work instruction – reaching agreement with the ED clinician on 'ambulance handover complete' and enter agreed time in VACIS (Victorian Ambulance Clinical Information System).

AV's responses to each of the above recommendations are set out below.

Coroner's Recommendation 3

Following detailed consideration, AV does not consider it is necessary to implement protocols requiring paramedics to carry EpiPens when responding to patients presenting with anaphylaxis.

An EpiPen is a single, standard-dose adrenaline (epinephrine) auto-injector which is quick and easy to use. It has been specifically designed so that it can be administered into the patient's thigh muscle by a non-medical person for immediate emergency treatment of severe allergic reactions (anaphylaxis) and/or severe asthma. That is, the EpiPen is intended for use in the general community prior to the arrival of emergency medical treatment.

AV paramedics are trained to draw up medication from an ampoule and to titrate a specific dose according to the requirement of each individual patient. As such, within their scope of practice, AV paramedics already carry adrenaline in the form of vials for intramuscular (IM) administration when responding to presentations of anaphylaxis and asthma. The administration of adrenaline is done following patient assessment, and in accordance with AV clinical guidelines and policies. It relates to a different delivery method of IM adrenaline.

AV anticipates that the intention behind Recommendation 3 is to ensure that paramedics at all times have adrenaline ready for IM administration when responding to presentations of anaphylaxis. AV considers that a sensible alternative could be achieved by encouraging AV paramedics to immediately draw up the next dose of adrenaline after they have administered a dose. This would lead to a small amount of wastage, but it would be a sound alternative to AV paramedics carrying EpiPens. This appears to be current practice for operational staff; however, AV is committed to giving further consideration to the issue by reference to additional communications with staff and potential updates to the relevant clinical practice guidelines.

Coroner's Recommendation 4

In essence, this recommendation has been implemented and is in practice.

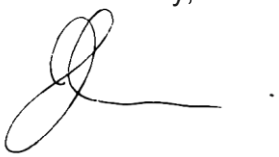
Work Instruction WIN/OPS/333 was applicable at the time of James' case. It was decommissioned in December 2021 and rolled into both WIN/OPS/400 and WIN/OPS/043, which both have been updated since June 2025 to comprehensively support the introduction of the *Standards for Safe and Timely Ambulance and Emergency Care for Victorians* (Standards) by the Department of Health after extensive consultation with staff, clinicians, health sector leaders and AV.

Work Instruction WIN/OPS/400: *Communicating for Safety: Clinical Situation Reports (SITREPs), Clinical Handover and Health Service Interface*, in particular Item 7: *Transfer of Care* and Item 8: *Health Service Interface – Clinical Handover and Transfer of Care* (at Items 8.2 and 8.3 "Waiting for care area" and the "Transfer of care to health service – final handover" respectively) now have explicit instructions that handover completion time is to be recorded, agreed with the nurses and entered into the electronic patient care record (ePCR).

If the court requires further information from AV, please contact AV's Litigation Lawyer via email at [redacted]

I wish to express my sincere condolences to the family and friends of James Tsindos for their loss.

Yours sincerely,



Jordan Emery
Chief Executive Officer