

First Responder



March '13 Newsletter

IN THIS ISSUE:

- ★ **Miracle recovery from 40 minute death at Melbourne Aquatic Centre**
- ★ **AED Deployment Registry Some areas of concern you should know**
- ★ **FRA launches Pre-Hospital Care courses for 2013**
- ★ **Cannabis could prove to be a stroke risk**
- ★ **Drowning prompts new rescue protocols in NSW**
- ★ **Bizarre Emergency calls an Ambulance**
- ★ **Sales @ FRA**

Miracle save with Autopulse at Melbourne aquatic Centre

A former world champion triathlete who was clinically dead for more than 40 minutes was brought back to life by an extraordinary group of people who refused to give up on her.

The key to Clare Carney's remarkable recovery from a cardiac arrest was the lifeline of caregivers and the mechanical CPR device known as the 'Autopulse' which allowed for uninterrupted blood flow to her vital organs and brain whilst on-route to hospital.



In eerily similar circumstances, her sister, a dual world champion triathlete had her career cut short, in 2004 due to a life-threatening cardiac condition, ventricular tachycardia.

Clare's dramatic poolside rescue began when the 38 year-old suffered a cardiac arrest at the Melbourne Sports & Aquatic Centre on November of last year.

Swimmer Nick OLeary only noticed Ms Carney doing laps because, for once, his goggles had not fogged up. "I got down to one end and she wasn't there," he said. When he reached the other end he spotted her - floating on the surface, face down. "As I turned around she had begun sinking to the bottom," he said.

He swam to her aid, pulling her up on to the lane ropes and yelling to the MSAC lifeguard, Pedro Vivas. They dragged Ms Carney up to the side of the pool and began CPR.

Within six minutes Ambulance Victoria paramedics and South Melbourne Metropolitan Fire Brigade officers arrived. MFB station officer Mick Childs said they took turns performing CPR for at least 35 exhausting minutes.

Paramedics put a breathing tube in and tried to use a defibrillator to shock Ms Carney's heart out of a quiver, a condition called ventricular fibrillation. She did not respond. "With a lot of cardiac arrests like this, you would stop treating them if they did not respond and call it on the scene," MICA paramedic Phil Smith said.



But he knew the Alfred Hospital was just minutes away and given her age and peak physical condition, he decided to transport her. To keep the CPR going he used the AutoPulse machine, which was being used in a separate trial. It delivers consistent chest compressions that improve blood flow.

Returning to the pool after her recovery, with a pacemaker defibrillator fitted to stop it occurring again, Ms Carney paid tribute to her saviors. "It's really bizarre. I woke up three days later and I was in ICU," she said. "But I feel quite overwhelmed to know that I was in their hands from Nick who noticed me not swimming, to Pedro who started CPR to the Paramedics and firefighters and doctors. Its amazing".

CERTIFICATE IV in HEALTH CARE (Ambulance)

17 days full-time in total
(includes 3 student free days)

CAIRNS April 8

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EMERGENCY MEDICAL TECHNICIAN PROGRAM

CERTIFICATE LEVEL IV
12 days full-time in total
(includes 1 student free days)

CAIRNS April 8

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CAIRNS
March 6
May 14

3 days full-time

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(pre-requisites apply)

CAIRNS
March 11
April 22

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Peak industry First Aid Body raises concerns about AED Deployment Registry.

The Australia Emergency Care Providers group (AECPP) has raised concerns regarding a recent government launch of an AED registry.

Recently the Minister for Industry & Workplace Relations launched the AED Deployment Registry (AEDDR). Sadly this led a lot of companies and individuals to believe the AEDDR is an official government organisation. Claims on the AEDDR web site that it is 'the policy authority and regulatory body' for AED deployment reinforced this belief.

First Response Australia can confirm it isn't, and that the Minister in question has now distanced himself in writing to us from any suggestion of endorsement in this matter. In order to assist you further, we have provided a brief précis of some of the facts as follows:

* The AEDDR advocates back-to-base cabinets and defibrillators. This is a solution offered by a commercial operator closely aligned with the AEDDR. Such systems have inherent flaws such as AED's not being taken to all incidents and the costs of monitoring 24 hrs per day is many thousands of dollars.

* Claims of the AEDDR 'providing a forum for suggestions and complaints' cannot be supported, for the industry peak bodies including the, Australian Emergency Care Providers (AECPP) established 1999, and the Australian Resuscitation Council (ARC) have not been involved in any part of taking up such a process.

* AECPP surveyed all the major distributors of AEDs in the country and almost all were unaware of the 'registry' and expressed grave concern regarding the claims that were being made. And despite claims by the AEDDR of wide consultation with our industry, we can advise that neither the AECPP nor AED distributors have been approached. Neither have other major providers of First Aid training such as First Response Australia and AECPP members who collectively train many thousands of people annually.

* Pressure has allegedly been applied to some organisations to use this system, with some special attention being directed towards the building industry via some industrial organisations that allegedly have had direct contact with the AEDDR.

* The AEDDR strongly infer that a high percentage of AEDs may be faulty. This is a false claim and cannot be substantiated in this country.

Additional claims made are 'AEDDR provide minimum compliance standards and a certification program for AEDs in Australia'.

A spokesperson for AECPP advised that the actual regulatory body responsible for approving the compliance standards of any new device such as an AED is the government's own Therapeutic Goods Authority (TGA). The TGA undertake stringent quality control checks before any such device is permitted to be sold in Australia.

* Unsubstantiated claims have been made by the AEDDR advising 'While there has been a proliferation of AEDs in the workplace there has been a lack of adequate instruction and safeguards and unfortunately there have been many fatalities resulting from malfunctioning or poorly deployed devices'.

In response to this the AECPP spokesperson said "we can only suggest that if this was the case, the TGA would immediately demand a recall from the distributor. There is no evidence to support this claim in Australia. It is an emotive and misleading claim".

Please contact us for more information if this has become an issue for you or your team, especially if you've read strong inferences that a high percentage of AED's may be faulty.

Editor's note: AECPP is the peak industry body representing many First Aid and Pre-Hospital Care providers. AECPP informs members of change and provides strength that influences policy decision makers. It also provides insight to what's happening on a State and Federal level in our industry.

FRA launches 'Pre-Hospital Care' programs for 2013

FRA has launched its schedule of Pre-Hospital care programs for 2013. Amongst the programs offered are:

- Emergency Medical Technician (Basic) - Certificate IV in Emergency Medical Response
- Emergency Medical Technician (Intermediate) - Certificate IV in Healthcare (Ambulance)
- Bridging Course to Certificate IV In Healthcare (Ambulance)
- PHERT - Pre-Hospital Emergency Resuscitation and Trauma

The new and unique Bridging Course is available for persons who have completed the FRA Certificate IV in Emergency Medical Response 30714QLD (EMT-B) to obtain a Certificate IV in Health Care (Ambulance) HLT41007 (EMT-I)

This program consists of some pre-course work in the form of an assessment / assignment booklet, plus attendance of a 3 day Ambulance Skills Workshop which would include a number of holistic practical scenarios, utilizing FRA's Ambulances. The scenarios require the course participants to respond, treat and transport a patient to a medical clinic or hospital. The workshops include communication skills and patient care skills of an Ambulance Officer, EMT or Paramedic that would be used on a day-to-day basis.

Applicants who already have the Certificate IV in Emergency Medical Response 30714QLD (a pre-requisite for the bridging course) would be given RPL recognition or part recognition for many of the units in the Certificate IV in Health Care (Ambulance) HLT41007, with the gaps being addressed in the pre-course work and the 3 day workshop.

At the completion of the 3 days and, if all work has been handed in, the applicant would qualify for the Certificate IV in Health Care (Ambulance) HLT41007 which is a nationally accredited course. There is no post course work apart from normal professional development.

For those that have qualifications such as "Industrial Paramedic", or Pre-Hospital Care qualifications gained overseas, RPL is available to allow for the transition of that qualification across to the Certificate IV qualifications.

For further information please contact First Response Australia on +61 7 4032-2444

See Page Five for Program Guide



Cannabis could prove to be a stroke risk

Cannabis use may more than double the risk of stroke in young adults, say Auckland researchers, who are convinced it is the illegal drug, and not the tobacco the victims are also smoking, that is to blame.

The study of 160 stroke and mini-stroke victims, aged between 18 and 55, was presented to a stroke conference in Hawaii this month. It showed they were 2.3 times more likely than other patients to have cannabis detected in urine tests. "This is the first case-controlled study to show a possible link to the increased risk of stroke from cannabis," said study leader, Auckland University Professor Alan Barber. Previous research showed strokes developed hours after cannabis use, he said. But the association is confounded because all but one of the stroke patients who were cannabis users also used tobacco regularly. "We believe it is the cannabis use and not tobacco," Prof Barber said. "People need to think twice about using cannabis, because it can affect brain development and result in emphysema, heart attack and now stroke."

He hopes to conduct another study to determine whether there's an association between cannabis and stroke independent of tobacco use. "This may prove difficult given the risks of bias and ethical strictures of studying the use of an illegal substance. "However, the high prevalence of cannabis use in this cohort of younger stroke patients makes this research imperative." It was also challenging to study the use of illegal substances because people were likely to lie about using them.

Do you have qualifications and work experiences not formally recognised ?

Talk to us about RPL (recognition of prior learning)

Sought after qualifications include:

Certificate IV in Emergency Medical Response
Code: 30714QLD

Certificate IV in Healthcare (Ambulance)
Code: HLT41007

Diploma in Paramedical Science (Ambulance)
Code: HLT50407

PLEASE CONTACT
Nick Williams
on
Ph: +61 7 4032 2444
or Email:

Nick@FirstResponseAustralia.com.au

Drowning prompts new NSW water rescue protocols

In November last year, NSW has introduced tough new protocols for inshore water rescues following the drowning death of a rock fisherman in Sydney. Phil Koperberg, chairman of the State Emergency Management Committee, will oversee the implementation of the new protocols and report back on their effectiveness, the government says.

The fisherman died at Little Bay on Sunday after it took the ambulance helicopter 35 minutes to reach the scene and the ambulance service 31 minutes to notify police.

The state opposition has accused Health Minister Jillian Skinner of "negligence" over the death, saying she had failed to act on a similar death at Maroubra earlier in the year.

The new protocols require the ambulance service to designate as a 'rescue' any triple-0 call involving a person in the water, and for it to immediately notify police, Skinner said. Police will co-ordinate rescues, while the ambulance will ensure medical help arrives "as soon as possible".

The announcement came after Skinner and Police Minister Michael Gallacher met with senior emergency service officials earlier on Thursday. "When I was made aware of this tragedy I spoke to the acting chief executive of the NSW Ambulance Service regarding strengthening protocols," Skinner said in a statement.

"Gallacher shared my concern about co-ordinating rescue protocols, which is why we convened this morning's meeting. "People want to know that if a life is at risk, help is there as fast as possible and this is what this new protocol is designed to do."



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Bizarre emergency calls for an Ambulance

An article from the Daily Star Sunday newspaper in England reports from Norwich some bizarre emergency calls to the Ambulance service during the run-up to last Christmas.

A caller dialed 999 — after one of their toenails fell off. Other crazy emergency calls in the run-up to Christmas included someone who wanted paramedics to carry their drunk friend to bed and a parent whose child was having a tantrum.

One person rang 999 after their relationship ended and another wanted a urine sample dropped off at hospital.

A parent complained to the emergency services that their child was being taunted and several people reported sore throats.

The calls were made to the East of England Ambulance Service NHS Trust, which has seen a significant increase in time-wasting calls during the festive season. Its three 999 centres have experienced a big rise in weekend calls and in the number of inappropriate emergencies reported. A spokesman said: "A number of factors cause a rise in calls at this time of year. "Unfortunately, people choose to call 999 when it's not a life-threatening or serious situation and this impacts on the resources available for real emergencies. "So please think before dialing 999; it is a lifeline for those who really do need it."

FRA Pre-Hospital Program Guide

PROGRAM	PRE REQUISITES	QUALIFICATIONS/STATEMENT GAINED
Emergency Medical Technician (Duration 12 days, includes 1 non attendance day) COST \$3295	Senior First Aid	Statement of Attainment Certificate IV in Emergency Medical Response 30714QLD
Emergency Medical Technician (Intermediate) (Duration 17 days, includes 3 non attendance days) COST \$4245	Senior First Aid	Statement of Attainment Certificate IV in Emergency Medical Response 30714QLD AND Certificate IV in Healthcare (Ambulance) HLT41007
PHERT (Pre Hospital Emergency Resuscitation & Trauma) Professional Development Program (Duration 3 Days) COST \$690	Previous Pre Hospital Care Training	Statement of Attainment: Pre Hospital Emergency Resuscitation & Trauma (PHERT) AND Statement of Attainment Senior First Aid (HLTFA301C, HLTCPR201B), Advanced First Responder (HLTFA404B, HLTCPR201B, WEC02A) SMART Triage (EMT18A), ResQPOD & Cardio Pump (WEC02A)
PHERT Plus Bridging Course to Certificate IV in Healthcare (Ambulance) (Duration 6 days, includes 1 non attendance day) COST \$1965	Current Certificate IV in Emergency Medical Response (30714QLD) Currency is defined as the qualification being no older than 12 months or the holder of that qualification having attended a PHERT (Pre-Hospital Emergency Resuscitation & Trauma) *RPL Available	Statement of Attainment: Pre Hospital Emergency Resuscitation & Trauma (PHERT) AND Statement of Attainment Certificate IV in Healthcare (Ambulance) HLT41007 Senior First Aid (HLTFA301C, HLTCPR201B), Advanced First Responder (HLTFA404B, HLTCPR201B, WEC02A) SMART Triage (EMT18A), ResQPOD & Cardio Pump (WEC02A)
Bridging Course to Certificate IV in Healthcare (Ambulance) (Duration 3 Days) COST \$1495	Current Certificate IV in Emergency Medical Response (30714QLD) Currency is defined as the qualification being no older than 12 months or the holder of that qualification having attended a PHERT (Pre-Hospital Emergency Resuscitation & Trauma program within the last 12 months **RPL Available	Statement of Attainment Certificate IV in Healthcare (Ambulance) HLT41007
Wound Closure (Duration ½ day) COST \$250	NOTE: This Program is an optional elective for all the above Courses	Statement of Attainment Wound Closure EMT15A

**For those wishing to enrol in the Bridging Course (Cert IV Healthcare) and do not have the required prerequisites but hold another Pre-hospital Care qualification. Applications can be made for RPL to meet the pre requisite.

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PO Box 81N, North Cairns, QLD 4870, Australia
Phone: +61 (7) 4032 2444 Fax: +61 (7) 4032 4722
Email: admin@FirstResponseAustralia.com.au
Website: www.FirstResponseAustralia.com