

# First Responder



November '12 Newsletter

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## EMERGENCY MEDICAL TECHNICIAN PROGRAM

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CAIRNS

Feb 11

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## Graphic Australian adverts for stroke banned

Graphic television advertisements comparing the impact of stroke to a serial killer have been pulled from screens after complaints to the advertising watchdog.

The National Stroke Foundation advertisements depicted a black-clad figure describing the impacts of stroke while slicing into a brain with a scalpel, before moving onto another brain, picking up a hammer and smashing it.

The Advertising Standards Board (ASB) this week banned the ads after it received several complaints, including from viewers who did not understand what was being advertised.

One complainant said the ad was disturbing because it compared a common illness to a "crazed serial killer" and showed human brains being graphically destroyed. "The actor is depicted in a menacing manner when he wields his scalpel in an effort to frighten people," the complainant said. "It is completely dark and frightening and will cause nightmares for sensitive individuals."

Others said there was no health information and comparing the consequences of stroke to the blunt force of a hammer seemed unrealistic.

The ASB found the ads breached the Advertising Code of Ethics, which states that violence cannot be portrayed unless it's justifiable to what is being advertised, and upheld the complaints. The board said a lack of information was provided about how to avoid or recognise the symptoms of stroke, which failed to justify the violence shown. The ad was likely to alarm and distress to viewers who may not understand the message being conveyed, the board found.

The National Stroke Foundation defended its approach, which it said it took after a decade of campaigning failed to register the impact of stroke as a health concern with the community. The foundation said it would modify the advertisement before airing it again.

## EMTs may be armed in face of rising violence in US

A debate is ramping up over whether to let EMTs and firefighters carry guns on the job. Some emergency medical services workers say they now routinely face more violent patients and dangerous situations. But the prospect of armed emergency medical technicians worries critics who question whether guns would improve their safety or lead to other problems. Paramedics and EMTs often encounter belligerent and unpredictable people, and police are not always immediately available to subdue or arrest troublemakers.

In September 2011 a forum at the EMS World Expo in Las Vegas called, "Is it time to arm our EMTs?" Some EMS departments across the country are considering arming their crews, because the job is becoming more dangerous and there has been a string of violent and deadly attacks on medical responders.

But critics said medical first-responders do not have the training to act as police officers, and learning how to avoid and escape violent situations would make EMS workers safer and make more sense than equipping them with lethal weapons.

Supporters of armed medics say safety is a major problem, and there have been many attacks on first-responding medical professionals across the country.

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Having to fear for their own safety while providing life-saving treatment they argue that they should not be deprived of the ability to protect themselves in life-threatening situations because they did not have the same means to defend themselves that any other law-abiding citizen.

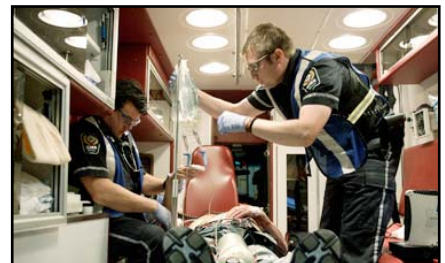
Recently, an EMT in Fort Wayne, Ind., was injured after he was struck by bullet fragments when his ambulance was shot 17 times while transporting a stabbing victim, according to news reports. In June, an ambulance that was responding to a shooting in Houston was shot at least four times by the suspect, authorities said. In March 2011, a motorist pulled out a gun and unloaded on first responders at the scene of a Long Island car crash. Police eventually shot and killed the gunman, but medic crews had to hide behind an ambulance to avoid gunfire.

**Support is growing** - Tim Holman, chief of German Township, Fire and EMS in Clark County, Ohio said he twice has stared down the barrel of a gun after responding to requests for medical assistance. He said members of his department have been punched and assaulted, and EMS workers nationally are increasingly targeted by vicious gangs, anti-government extremists, unpredictable criminals and intoxicated or infuriated people. He said carrying a concealed weapon could give EMS workers the ability to protect themselves against potentially fatal attacks. Holman said the issue needs to be studied, and he does not expect that his EMS crews will be armed anytime soon.

Law enforcement officers are dispatched to emergencies at the same time as EMS crews when dispatchers identify safety concerns, and medical responders stay away from dangerous scenes until police arrive and secure the areas, said Dr. James Brown, chairman of emergency medicine at the Boonshoft School of Medicine at Wright State University. He said unpredictable people at the scenes mean that medical first-responders are sometimes put in potentially life-threatening situations, and police cannot respond to every scene. "In this day and age, I would feel better if I was armed if I was them," He said medical first-responders would need additional training to handle firearms in crisis situations, to learn how to properly and effectively react when confronted with imminent danger. He said EMTs and paramedics have inherently dangerous jobs, and violence against all health care workers is on the rise.

In the US a health care worker or social assistance employee is almost five times more likely to be a victim of a nonfatal assault or violent act than the average worker in all industries combined, the report said. Assaults and violent acts were the second leading cause of fatal occupational injuries in those industries in 2007, behind only transportation incidents, and 25 percent of the 134 people who were killed on the job that year died as a result of violence.

**Lack of training** - But some members of the EMS community said it is not a good idea to mix EMS responsibilities and handguns. EMS workers operate in dangerous environments, but they do not have the training or legal right to act as police officers, said Kip Teitsort, a veteran police officer and paramedic in Missouri who teaches a nationally recognized defensive-tactics class titled "Escaping Violent Encounters for EMS and Fire."



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Unless armed EMS workers go through the same training as police officers, they will have only concealed firearms at their disposal for protection, which could result in a deadly mistake, he said. "I am fully for people carrying guns, but I am just not for EMS providers carrying guns on scene," he said. His classes teach EMS workers how the brain works during a crisis, what to expect during an attack, how to avoid and retreat from dangerous scenarios, and how to document the encounters. "I don't believe that putting a gun in our hands is necessary," he said.

*Editor's Note: Apparently in some states of the US, EMTs are arming themselves or carrying weapons issued by the city EMS. From what we understand in Australia, health workers across all disciplines are increasingly being confronted by aggression as they go about their daily duties. It's a sad day for any medical profession that feels the need to be armed. When health workers are called, the public should know that they are there as helpers and not aggressors.*

## FRA launches “bridging course” for Cert IV in Health Care (Ambulance)

A bridging course is now available for persons who have completed the FRA Certificate IV in Emergency Medical Response 30714QLD (EMT) to obtain a Certificate IV in Health Care (Ambulance) HLT41007.

The 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 Ambulance. The scenarios require the course participants to respond, treat and transport a patient to the medical clinic or hospital. The workshop would 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 (EMT) (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.

The first program is scheduled for a Northern Territory EMS service and the first public course scheduled for March 11-13.

Pre-requisites for the program is currency in their Certificate IV EMR qualification. If the qualification is not current, participants can gain this by attending our PHERT program directly prior to the “bridging course”.

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



## Hundreds of Victorians affected by drug

Hundreds of Victorians in severe pain were unwittingly treated with tap water instead of a powerful painkiller after the drug was stolen from vials used by paramedics.

One long-serving paramedic has been stood down as police investigate the theft of the drug fentanyl from vials using a syringe, before it was replaced with water. Ambulance Victoria chief executive Greg Sassella said "many hundreds of patients" were affected. "We have been able to identify all those patients that may have come into contact with this issue and we have been in direct contact with them and we can assure them they are safe," he told reporters in Melbourne on Tuesday. Sassella said Ambulance Victoria has already responded to the theft by changing its protocols around the use of fentanyl.

"As of today we are the first state to introduce a new vial of fentanyl, it has less fentanyl in the vial and the vial has a more robust steel cap," he said.

Ambulance Victoria has previously contacted the drug's manufacturer to complain about the rubber cap securing the fentanyl vials, Sassella said. Ambulance Employees Association of Victoria assistant secretary Phil Cavanagh said Ambulance Victoria needed to review the security protocols on its drug storage. "I think the security of the drugs is a joke and that needs to be addressed and Ambulance Victoria need to take some blame for this," he told reporters. "If people have got access to these drugs to exchange them (with water) then clearly the security is lacking and that needs to be addressed."



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Sassella said drugs were secured in a safe, which could only be accessed by a paramedic with an electronic card, and monitored by CCTV.

The paramedic accused of stealing the drug was a veteran with about 20 years experience, according to Cavanagh. He said drug theft was likely to be more widespread among the service given the shift work involved and stressful nature of the job. "I guess we have to look at the underlying problems paramedics face ... there would be others out there who have done the same thing who perhaps are strong-willed enough to try it once and that was it, but also others who are similarly affected," he said. "This may just be the tip of the iceberg."

But Sassella urged the public not to lose faith in paramedics. "Our paramedics with the exception obviously of at least one are utterly trustworthy." Health Minister David Davis said he was confident Ambulance Victoria had acted swiftly to report the accused offender to police. "I'm confident they've acted decisively to respond to this, both with the decision to refer the paramedic to police in this matter but also more systemically at the problem," he said.

Fentanyl is a quick-acting analgesic which can be administered by paramedics as a nasal spray for pain relief.

## Pacemakers can become deadly weapons if hacked

Security experts in Melbourne say pacemakers can be controlled remotely and "infect" other nearby pacemakers. Security experts say pacemakers can be hacked and used as a deadly weapon that can also "infect" other devices and steal personal information.



Barnaby Jack, an IOActive researcher, was able to send a series of 830-volt shocks (enough to cause death) to a pacemaker and use a "secret function" to activate other pacemakers within a 30-foot radius, according to SC Magazine. With that function activated, the devices would give up their serial numbers, allowing hackers to upload malware that could spread like a virus to other pacemakers. Jack said that the devices, if infected, could release personal and manufacturer data.

"The worst case scenario that I can think of, which is 100 percent possible with these devices, would be to load a compromised firmware update onto a programmer and... the compromised programmer would then infect the next pacemaker or [defibrillator] and then each would subsequently infect all others in range," he said at a

conference. Jack's study goes along with one done last year at the University of Washington, where researchers were able to take control of implanted pacemakers and take personal data.

## Young Footballers endangering their health - what does "concussion" really mean?

Dr Frederic Gilbert from the University of Tasmania has warned that youth suffering repeated concussions while playing in any of Australia's three football codes are endangering their health.

Speaking at the 3rd Neurotrauma Symposium at the UTAS School of Medicine this October, Dr Gilbert said Australia's football codes need to adopt precautionary measures requiring concussed footballers to leave the field.

Dr Gilbert's research on the effects of concussion on American footballers reports concussions are implicated in a degenerative disease, chronic traumatic encephalopathy (CTE). "Of special concern in the case of youth athletes is that their developing brains put them at increased risk for lasting neuro-cognitive and developmental deficits that can result in behavioural disturbances and diminished academic performance," he said. "Compared to adults, youths have larger heads relative to their bodies, along weaker necks, such that more force from hits to the head is distributed to the brain rather than the body."

He said that evidence points strongly to the conclusion that players with a history of three or more concussions are more than nine times more likely to demonstrate three or more on-field markers of concussion severity than athletes with no prior history of concussion. "Parents need to be aware that the negative effects of concussions on scholastic performance and behaviour long after the obvious symptoms are over," Dr Gilbert said.



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While precautionary measures such as mandatory 'sit-out' periods after concussion and having qualified physicians to diagnose concussion at the games could be effective, Dr Gilbert maintains much more research must be done in the area. "It's essential that researchers, physicians and the football codes commission large-scale studies of head injuries in elite and younger players," he said. "And there needs to be more research on whether wearing protective head-gear would make a difference, as well as gaining a better understanding of the number and causes of concussion to help shape rule modifications and training practices that would reduce the risk of concussions occurring."

Dr Gilbert's research on the effects of concussion on US footballers was published recently in the American Journal of Bioethics; his comments on Australian football were published in the Medical Journal of Australia in May this year.

*Editor's Note: Its of serious concern the apparent ignorance of what is meant when the term "concussion" is used. There is common belief that concussion is simply a transient (temporary) injury that resolves itself. We often hear the expression "Oh! he's only concussed". We see professional footballer's on TV suffering huge blows to their body and they seemingly recover quickly to go on playing. What's forgotten here is that these professionals are incredibly tough athletes being paid hugh money so the pressure to continue playing is great. This unfortunately may send the wrong message to "mere mortals" who play amateur football. All players and especially coaches and parents need to understand that "concussion" is a medical diagnosis and the word should not exist outside of a hospital. Up to the point of medical diagnosis any footballer who displays any abnormal signs and symptoms after suffering a blow to the head or body, should be treated as a casualty with a suspected head injury. And when using the term "head injury" we are implying that there is an internal problem.*

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