

First Responder



February '11 Newsletter

IN THIS ISSUE:

- ★ ITD and ACD CPR increase survival rates.
- ★ New Triage systems adopted by Australian Ambulance Services
- ★ Diploma in Paramedical Science (Ambulance) launched for 2011 / 2012
- ★ The Last Word
- ★ Sales @ FRA

DIPLOMA in PARAMEDICAL SCIENCE (Ambulance)

2011 enrollments open now
CALL (07) 4032-244 FOR AN
INFORMATION PACK

EMERGENCY MEDICAL TECHNICIAN PROGRAM

CERTIFICATE LEVEL IV

12 days full-time

CAIRNS

May 9

(Vacancies available)

PLEASE ENQUIRE ABOUT OUR
ON-SITE PROGRAMS

THIS PROGRAM IS STAGE 1 OF
THE DIPLOMA IN PARAMEDICAL
SCIENCE

ResQPOD and CardioPump increase survival of sudden cardiac arrest by 68%

USING ALTERNATIVE CPR TECHNIQUE FOR OUT-OF-HOSPITAL CARDIAC ARREST INCREASES SURVIVAL BY 68%

A study published Online First and in an upcoming Lancet shows that active compression-decompression CPR with augmentation of negative intrathoracic pressure should be considered as an alternative to standard CPR to increase long-term survival after cardiac arrest. Using this alternative increases survival rates by 53%, conclude the authors, led by Dr Tom P Aufderheide, Department of Emergency Medicine, Medical College of Wisconsin, Milwaukee, WI, USA.

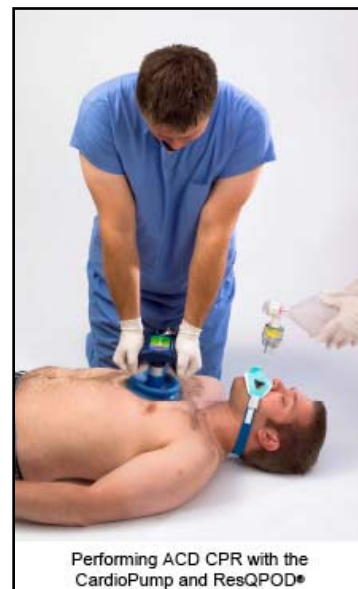
More than 800 000 Europeans and North Americans have an out-of-hospital cardiac arrest every year, with overall survival averaging 5%. Poor survival rates persist, in part, because manual chest compression and ventilation, termed standard cardiopulmonary resuscitation (CPR), is inherently inefficient, providing less than 25% of healthy blood flow to the heart and brain.

In this randomised trial (*named ResQTrial*) of 46 emergency medical service agencies (serving 2.3 million people) in urban, suburban, and rural areas of the USA, the authors assessed the proportions of patients surviving with favourable neurological function using both techniques. Adults (presumed age or age ≥ 18 years) who had a non-traumatic arrest of presumed cardiac cause and met initial and final selection criteria received one of the two types of CPR and were included in the study.

813 standard CPR patients and 840 intervention patients were analysed. The researchers found that 6% of standard CPR patients survived to hospital discharge with favourable neurological function compared with 9% in the intervention group (Improvement in chances of survival of 53% in the intervention group). The same proportions of patients in each group (6% and 9% respectively) survived to one year, with equivalent cognitive skills, disability ratings, and emotional-psychological statuses in both groups. The overall major adverse event rate did not differ between groups.

Key points in the study were:

1. Patients who received an ITD with high quality CPR had a 53% improvement in survival to hospital discharge with favorable neurological outcome.
2. Time to device placement is crucial! In the ResQTrial, survival increased 68% if the study devices were placed within 5 minutes of the 911 call, versus 44% if applied from 5 to 10 minutes of the 911 call.
3. A systems-based approach to resuscitation improves survival.



Performing ACD CPR with the
CardioPump and ResQPOD®

Continued next page

CERTIFICATE IV in Health Care (Ambulance)

CAIRNS
Sept. 5-17
14 days
(includes clinical
placements)

This program
incorporates
Certificate III in
Non-Emergency Client
Transport

Pre-requisites apply
Limited spaces-bookings essential

**THIS PROGRAM IS STAGE 2 OF
THE DIPLOMA IN
PARAMEDICAL SCIENCE**

PHERT PRE-HOSPITAL CARE PROFESSIONAL DEVELOPMENT PROGRAM (EMT Refresher)

CAIRNS
MAY 4-6 2011
2.5 days full-time

Continued from previous page

High quality CPR is critical for blood flow and can be achieved with a variety of techniques:

- Manual, standard CPR performed with a pair of hands
- Automated CPR devices that eliminate the fatigue factor and inconsistency that is part of human performance
- ACD CPR with the ResQPump / CardioPump that guides both compression and decompression forces, helping to promote adequate compression depth and rate, and complete chest wall recoil.

The ResQTrial included all the elements of the systems-based approach including rapid, high-quality CPR using devices to enhance circulation, and transport to resuscitation centers capable of providing optimal care for resuscitated patients. The AHA supports this concept and has expanded their Chain of Survival to embody these initiatives.

The take-away message from this trial is: Rescuers in this study were trained to apply the devices quickly; for the ResQPOD, this meant applying it to a facemask and using a 2-handed technique. The sooner the devices can be placed, the greater impact they can have! The importance of placing the ResQPOD first on the face mask (even if for just a couple minutes) until another airway device is placed cannot be overstated.

The authors conclude: "compression-decompression CPR with augmentation of negative intrathoracic pressure improves survival to hospital discharge with favourable neurological function compared with standard CPR. For the first time, we have shown that a new method of CPR increases hospital-discharge rates and 1-year survival, which are both associated with good neurological outcomes, by more than 50%, compared with the current standard of care, closed-chest manual CPR."

New triage system adopted by Australian Ambulance Services

Ambulance Victoria's operational vehicles are being fitted with new triage packs for use in mass casualty incidents, with the rollout due for completion before the end of next month. The triage tags are being introduced Australia-wide following a review by the Council of Ambulance Authorities in a bid to eliminate confusion about tags and ensure patients receive appropriate, timely treatment. 'The Smart Triage Pack assists paramedics and managers to efficiently manage on-scene triage at a multi-casualty event,' said Emergency Management Development Officer Marianne Brereton.



The SMART Triage Flowchart

Each pack holds key triage equipment, including 20 smart triage tags, smart tape for rapid, safe triage of injured children and light sticks for identifying casualties at night. The tag itself is a folded design, making it quick, simple and easy to use. Patient details and treatment regimes are recorded onto the tag, which is resistant to water, chemicals and body fluids, and is also designed to survive the decontamination process.

Editor's note: First Response Australia has been delivering Triage training as an elective in its Pre-Hospital Care programs based on an Australian Draft Standard. It's good to see that after many years the Ambulance Services have agreed on a universal system. For our clients this system will be available from FRA after March of this year. FRA will also be able to offer online training. The system will cater for rescue groups, ambulance, hospitals and incident commanders.

FRA announces new dates for 2011 / 2012 Diploma of Paramedical Science (Ambulance)

First Response Australia this month announced its new dates for the 2011/12 Diploma in Paramedical Science (Ambulance).

The program has been designed to be delivered in 4 x 2 week stages with external study in between residential blocks. At the successful completion of the program, participants gain a number of valuable industry qualifications. This has been achieved by incorporating a number of qualifications with the whole Diploma such as:

* **Certificate IV in Emergency Medical Response: Code - 30714QLD**

* **Pre Hospital Emergency Resuscitation & Trauma (PHERT): Professional Development Program**

* **Certificate III in Non-Emergency Client Transport: Code – HLT30207**

* **Certificate IV in Health Care (Ambulance): Code – HLT41007**

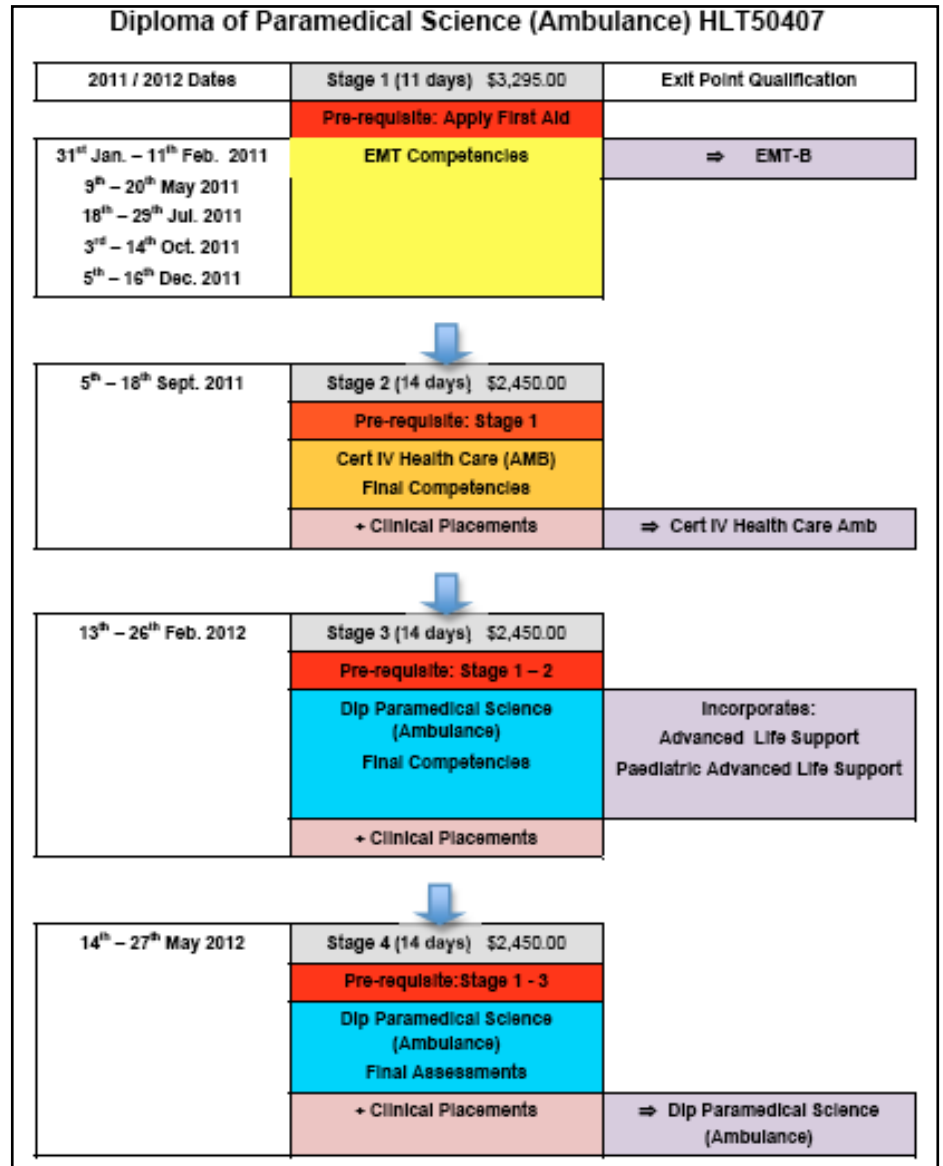
* **Diploma of Paramedical Science (Ambulance): Code – HLT50407**

The Diploma Program incorporates the three certificate courses above and is designed to be completed in stages to allow easy progression from one qualification to the next. Each stage is a pre-requisite for the following stage. This approach allows students to build

on previous knowledge and skills that are grouped at each level during intensive residential training. Multiple exit points throughout the program enable participants to walk away with valuable industry qualifications. Students can enroll stage-by-stage providing convenience and flexibility. Clinical placements are also included in the residential blocks.

Stage 2 incorporates the Certificate III in Non Emergency Client Transport whilst Stage 3 incorporates Advanced Life Support.

Editors Note: FRA information booklet for all of its Pre-Hospital Care programs for 2011 can be downloaded from: www.FirstResponseAustralia.com.au



Flowchart showing the progression from EMT to Paramedic via the Diploma pathway

The Last Word

The changes to the Australian Resuscitation Council guidelines have come and gone almost without a ripple. The only rumblings noted in the industry was the insistence of staying with the old acronym of DRABC albiet with a small addition of and “ S “. It’s now DRSABC, commonly referred to as “Doctors ABC”.

It seems that everyone has welcomed the change to compressions first before breaths and the inclusion of “compression only CPR”. One of the reasons for the smooth transition is that a huge number of training organisations were already training this way.

There were however grumblings from the organisations that produce First Aid text books, especially those that had recently printed large amounts of stock with information relating to the 2005 guidelines and not the 2010.

For some reason in Australia we seem not able to move away from considering guidelines as protocols. If you attend a university to complete a Diploma or Degree in Pre-hospital Care you are taught principles not protocols. Protocols are for the providers of services within individual workplaces. So wouldn’t it make sense to produce more generic publications that allow changes to be easily incorporated into teachings. This insistence of viewing a guideline as procedure or protocol is detrimental to the advancement of skills, knowledge and innovation in all areas of emergency care.

On another note, the agreeance of one universal triage system is very welcomed. FRA will have the full range of the SMART triage system available from the end of March so watch this space.

Stay safe - Charles Makray

Sales @ FRA

FRA’s best selling Resus kit normally sells for \$4999.00

For the month of March only buy two or more kits and receive a discount of

\$500.00 !!

Offer only available for March or until stocks last.

OXY / AED

Oxygen Resuscitation / Trauma Pack



PACK INCLUDES:

(cylinder not included)

- * DHS 130 Custom Oxy Resus Pack
- * ZOLL AED Plus with two piece pads (2 sets)
- * ResQPOD
- * All brass multiflow regulator
- * Bag Valve Mask Device - Adult
- * Oropharyngeal Airways
- * Fingertip Pulseoximeter
- * Instructions for Use
- * CardioPump with Metronome
- * I-gel Airways (2 sizes)
- * Therapy Masks
- * V-Vac Suction Kit
- * X-Collar Cervical Splint

\$4999.00 !!!!!

GST Free



ZOLL AED Plus
Now standard with a pocket resuscitation mask and the revolutionary ResQPOD



\$2999.00

Price GST Free



FAST 1 Intraosseous System

Fastest route to the heart

- *Precise placement, every time*
- *Excellent concurrent treatment coordination*
- *Sterile, one-time use*
- *Automatic depth control*
- *Low-profile, secure tubing*

\$ 249.00 (PLUS GST)
(NORMALLY \$295.00)

**BUY 2 OR MORE AND PAY
ONLY \$235.00 EA.**

When Every Second Counts

In medical emergencies rapid, reliable vascular access is vital for the administration of life saving drugs and fluids. Over a million attempts to place IV lines fail each year. Even successful IV placement can take up to 10 minutes.

With **FAST1™ Intraosseous Infusion System**, drugs reach the patient's heart in seconds. In critical care situations – on the street, in the hospital and in the workplace

**ALL SPECIALS VALID UNTIL
March, 2011 or until stocks last**

Continued next page

Continued from previous page

RESPONDER PRO

Oxy Resus Trauma Kit
with
Diagnostics, Pulseoximetry
& I-gel airways



(cylinder not included)

\$ 1,880.00

(GST Free)

PACK INCLUDES:

- DHS 101 Oxy Resus Pack
- All brass multi flow regulator
- ResQPOD
- i-gel airway kit (2 sizes)
- Bag Valve Mask Device - Adult disposable including mask, tubing and reservoir
- Therapy masks (adult)
- Oropharyngeal Airways (4)
- V-Vac Suction Kit
- Glucometer (Proforma)
- Fingertip Pulseoximeter
- Sphygmomanometer (palm style)
- Stethoscope (Sprague)
- Penlight torch
- Paramedic shears
- Sharps container
- X-Collar Cervical Splint
- Instructions for Use



i-gel

ADVANCED AIRWAY KIT

Includes:

- ★ NEW I-GEL Airways - Size 3,4 with gel
- ★ ResQPOD
- ★ Bag Valve Mask -Adult & Child
- ★ Gloves
- ★ Carry Case

\$ 399.00

(GST Free)

NORMALLY \$ 749.00

Oxy Tube Resuscitator

Compact and light, providing instant response, takes only seconds to make operational
(cylinder not included)

Includes: Multiflow Regulator, ResQPOD Disposable Bag Valve Mask Device w/- Reservoir & Mask Airways (4), Therapy Masks, Gloves, CPR Card, Carry Bag

\$ 699.00 (GST FREE)



(cylinder not included)

**ALL SPECIALS VALID UNTIL
March, 2011 or until stocks last**



PRE-HOSPITAL CARE 2011 - 2012 COURSES INFORMATION / INDUCTION BOOKLET



- Certificate IV in Emergency Medical Response: Code - 30714QLD
- Pre Hospital Emergency Resuscitation & Trauma (PHERT): Professional Development Program
- Certificate III in Non-Emergency Client Transport: Code – HLT30207
- Certificate IV in Health Care (Ambulance): Code – HLT41007
- Diploma of Paramedical Science (Ambulance): Code – HLT50407
 - The Diploma Program incorporates the three certificate courses above and is designed to be completed in stages to allow easy progression from one qualification to the next.
 - Each stage is a pre-requisite for the following stage. This approach allows students to build on previous knowledge and skills that are grouped at each level during intensive residential training.
 - Multiple exit points throughout the program enable participants to walk away with valuable industry qualifications.
 - Students can enroll stage-by-stage providing convenience and flexibility.
 - Easily budgeted for with convenient payment plans.

Centre for Pre-Hospital Care Training

***Enrolments for the 2011 -12
Pre-Hospital Care programs open now.
Call now for your information booklet.***



Prehospital Emergency Resuscitation & Trauma Program



Enhance & Update Your Skills

Who should attend ?

This unique 2^{1/2} - 3 day multi-disciplinary program is designed to further develop and enhance knowledge and skills of health care professionals.

Suitable to refresh qualifications and gain currency in skills for pre hospital care providers and provide valuable professional development to any allied health care worker.

This program is accredited by the Australian College of Rural and Remote Medicine (ACRRM) and recognised by the Australasian Registry of Emergency Medical Technicians (AREMT).



Quality Prehospital Care Providers

This program delivers the latest advances (innovations) in medical & trauma emergencies management including:

- Advanced Airway Management
- Impedance Threshold Device Technology
- Haemorrhage Control
- Intravenous Therapy
- Intraosseous Vascular Access
- Spinal Immobilisation
- Musculoskeletal Immobilisation
- Chemical Splashes & Burns Management
- Wound Care & Closure
- Multi Casualty Incidents

The program is practical based and includes case studies, skill stations and scenarios.



**SPECIALISTS IN EMERGENCY
CARE TRAINING
AND
EQUIPMENT**

PO Box 81N, North Cairns, QLD 4870, Australia

Phone: (07) 4032 2444 Fax: (07) 4032 4722

Email: admin@FirstResponseAustralia.com.au

Website: www.FirstResponseAustralia.com.au