

First Responder



May '06 Newsletter

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Aviation Rescue Fire Fighters test out new CPR / Defibrillation Guidelines

Three weeks after having been trained in the new "International Guidelines", Aviation Rescue Fire Fighter and First Aid facilitator Steve Drew gave his crew an unscheduled lesson during a real life scenario. In March of this year Steve and 17 other fellow First Aid facilitators for Airservices Australia participated in a 5 day "Emergency Medical Responder" (EMR) program conducted in Brisbane by First Response Australia. The program was designed to bring the facilitators up to speed with new guidelines recently introduced internationally.



Pictured above are the 17 First Aid facilitators of Airservices Australia who train the Aviation Rescue Fire Fighters at all the major airports in Australia

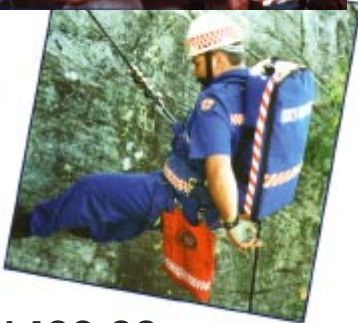
Before Steve could retrain all his Canberra crew in the new techniques, they were called to a collapsed passenger who had just boarded a Dash 8 aircraft. The middle aged gentleman was last to board and had just been seated near the forward exit when he collapsed into a cardiac arrest. Quick action from the cabin crew saw the gentleman (who was reported to be approximately 130Kg in weight) laid into the forward aisle and resuscitation commenced and the Aviation Rescue Fire Fighters (ARFF) called.

When ARFF personnel arrived they found that 1 operator CPR was in progress, but the casualty was blue from the waist up and a patent airway had not been achieved.

The ARFF first responder team swung into action but there was one small hitch. Only Steve was trained in the new techniques of CPR, so the firefighters got a lesson in applying the new techniques along the way.

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KIT INCLUDES:

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Steve quickly realised that his team were going to do things the "old way" and the catch phrase he had learnt at the EMR course came to his mind; "if you're running late - resuscitate and if you get there early-defibrillate". He also recalled that what was needed for successful defibrillation was to first achieve adequate circulation via chest compressions before ventilations were attempted. Steve immediately allocated duties to individuals of the team. Firstly he assigned someone to commence compressions. Steve had to literally command his colleague to push almost twice as deep and twice as fast as the firefighter was normally trained to do. He then he had to prevent one of his team members from applying the defibrillator and turning the device on. Steve insisted that compressions not be interrupted until an airway had been established (this was quite difficult due to the size of the casualty and the confined space available in the cabin). Steve then showed the team a different technique to open the airway which resulted in better ventilation. Whilst compressions and finally effective ventilations were taking place Steve attached the defibrillator and waited until 2-3 minutes of quality CPR had taken place using the new ratio of 30:2. During that time quite an improvement in the colour of the casualty was noted. Minimising interruptions to compressions the AED was turned on and allowed to analyse. Ventricular fibrillation showed on the ECG screen and a shock was delivered. The AED then analysed and advised that "no shock" was required. Again Steve had to command his team not to check for a pulse and blindly recommence CPR on what was showing as a sinus rhythm on the ECG screen.

Four minutes of uninterrupted CPR at the new ratio of 30:2 took place and then the patient began to breathe spontaneously. During the CPR the team could see the colour of the casualty improve with each minute of compressions. The patient required assistance with ventilations until the Ambulance paramedics arrived with the patient then stabilised for transported to hospital.

The following day the Canberra team was contacted by the Cardiologist that had operated on the casualty and congratulated the response team on a successful outcome. The Cardiologist said that the CPR had been quite effective as the casualty reached the Ambulance and subsequently the hospital with good blood pressure and adequate ventilations (a rarity in most cases). Canberra paramedics also praised the ARFF team for a job well done.

At last reports the gentleman who was the victim of a Sudden Cardiac Arrest is making a full recovery and was discharged from hospital a few days later after successful coronary surgery.

This has been a great example of the "chain of survival" and the "new guidelines" coming together to produce a fantastic outcome. Lets hope we hear more of these and response teams around the country change to the "new way".

Undersea Explorer sets new standards in Emergency Care on Liveboards

The Undersea Explorer the premier liveboard dive vessel from Port Douglas, Cairns has again set new standards in patron care for its famous dive trips. Last month the vessel's new owner Louise Bernstein had the full crew of 10 trained in a tailor-made "remote area emergency care" course. The program built on previous training of Advanced First Responder/Drug Administration and included Advanced Airway Management with Intravenous Cannulation and Fluid Resuscitation.

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The program, conducted over one full day, firstly focused on Resuscitation utilising AEDs, Oxygen and Laryngeal Mask Airways (LMAs) and then focused on Intravenous Cannulation and Fluid Therapy.

Medical experts agree that the initial treatment of any diving casualty should be high concentration oxygen and Intravenous Fluids. Participants were taught the need for IV Fluid Therapy in the field which included drug administration, hypovolaemic shock and diving emergencies.

The vessel is now equipped with a Royal Flying Doctor Medical Chest, Defibrillator, IV Fluid Administration Kit and Advanced Airway Oxygen Resuscitation Kit. This make Undersea Explorer probably the best emergency equipped live-aboard vessel in the country, setting the standard for others to follow.

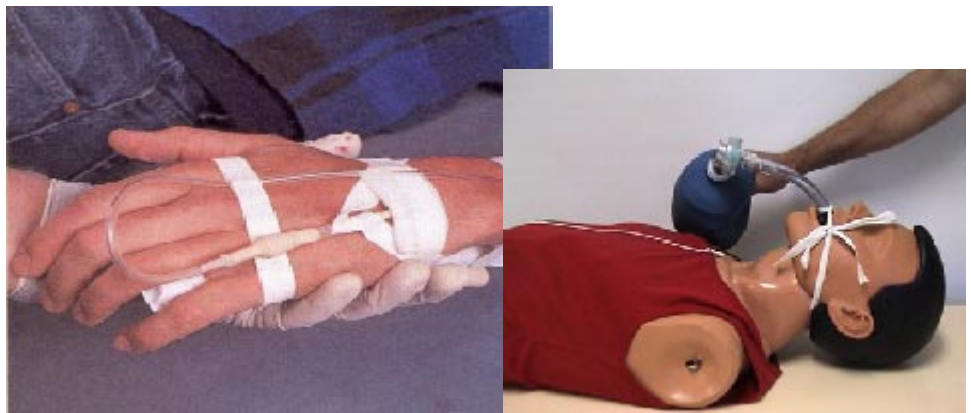


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Workcover NSW finally moves towards nationally recognised first aid training

In December 2005 Workcover NSW called for public comment on a discussion paper relating to the future of licensing first aid providers and course delivery in that state. For many years Workcover NSW has come under fire for its draconian legislation regarding the delivery of first aid which, in effect would not allow "nationally recognised" first aid qualifications gained outside of that state to be used in NSW workplaces.

The majority of submissions received by Workcover challenged the current system and as a result Workcover NSW has proposed the following:

- a. Workcover NSW to withdraw from the First Aid Course approval process
- b. The state "vocational training accreditation body" to monitor compliance with Australian Quality Training Framework standards and conduct audits
- c. Transitional period introduced
- d. Training packages would receive national recognition.

This is precisely what industry bodies such as Emergency Care Providers Australia (ECPA) have been lobbying for over the last 2-3 years. Of all the organisations that deliver first aid in NSW only approximately a third are 'Registered Training Organisations'(RTOs) and their courses although nationally

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recognised had to go through a duplication process of accreditation for Workcover NSW. This was very costly and for those interstate RTOs that deliver training in all other parts of the country, they were unable to deliver courses in NSW or they had to succumb to the bureaucratic accreditation process required by Workcover. This made a mockery of the "National Qualification System".

For many years Queensland had a similar problem whereby draconian legislation (now repealed) relating to the "First Aid" training industry was criticised Australia wide as anti-competitive, especially as the regulator was also the major provider of training. The Queensland Government realised unfairness of the situation, repealed the anti competitive legislation and thankfully the industry is now controlled basically through the VET system which requires providers of vocational training to comply with Commonwealth Legislation via the "Australian Quality Training Framework"(AQTF). This along with Health and Safety legislation and market forces will tend to promote and maintain a quality product. Now it seems it is Workcover NSW's turn for it to repeal that state's draconian legislation.

Footnote:

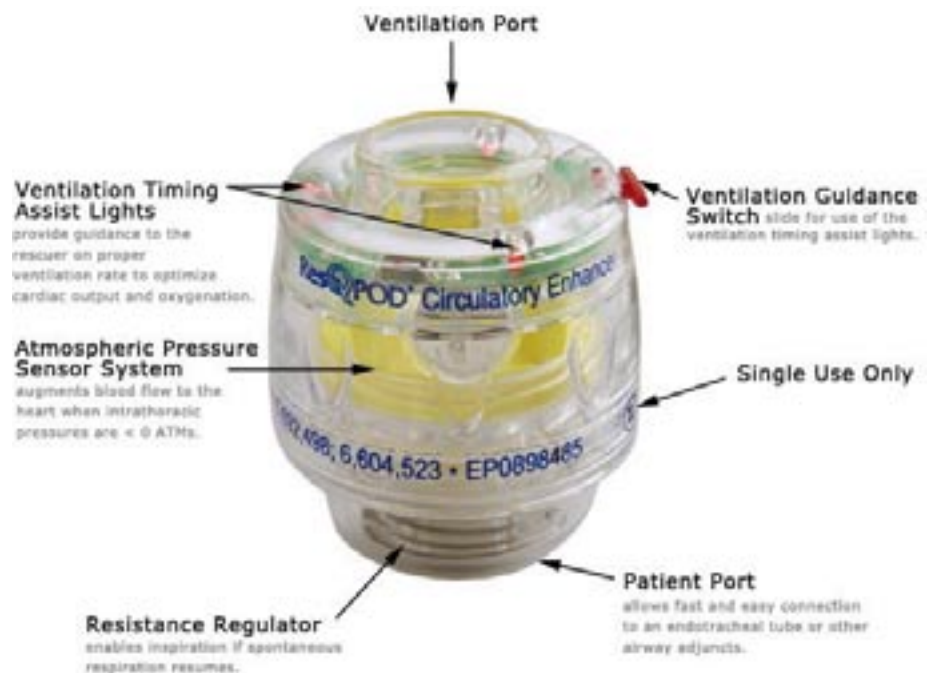
If it wasn't for industry bodies such as ECPA (who represent the interests of quality emergency care organisations) being there and continually placing pressure on governments to do the right thing, we would never realise the true meaning of "nationally recognised training".

ResQPOD - every resuscitation kit should have one

The most significant advancement in resuscitation devices; the ResQPOD is now available in Australia. We reported on the remarkable device last month and First Response Australia has been inundated with orders for it. It simply fits onto a pocket mask, LMA or ET tube and by enhancing the vacuum in the chest during cardiac compressions the device is able to more than double blood flow and systolic blood pressures to the brain and coronary arteries. This has been shown in animal and human studies to improve survivability from Sudden Cardiac Arrest by up to 200%. Many studies are showing that PEA (pulseless electrical activity) is a common rhythm after defibrillation. This usually means that the rhythm has been corrected but the heart is not strong enough to support circulation. In most cases cardiac compression by itself rarely generates sufficient pressure for the heart to spontaneously beat. This is where the ResQPOD dramatically improves blood flow allowing the heart to function by itself and improve survival.

The single use item retails for \$99.00 and is available now. Without doubt this is an essential piece of resuscitation equipment and it won't be long before we see it as a standard part of every response kit in all workplaces.

Results from clinical tests are available upon request.



Charles Makray
Managing Director

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