



FIRST RESPONDER January Newsletter

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LIVE ABOARD DIVE BOAT SETS NEW STANDARDS IN EMERGENCY CARE



"Undersea Explorer" a Port Douglas based live aboard dive vessel has set new industry standards in emergency response capabilities.

It recently has included an Automated External Defibrillator (AED) into the vessel's emergency response equipment. The Undersea Explorer is the first commercial liveaboard dive vessel travelling throughout the Great Barrier Reef to carry such equipment.

The vessel already carries elaborate oxygen equipment along with a specialised medical chest which is supplied by the Royal Flying Doctor Service.

The crew regularly undergo training in Emergency care which includes Defibrillation, Administration of Oxygen, Casualty Assessment/Management for Trauma and Diving Incidents and Administration of Medications.

Undersea Explorer's manager, John Rumney said "when you take into account that the average age of travelling diver is 45 years of age and a major cause of scuba diving fatalities is Cardiovascular disease; we felt it our duty to be prepared for such emergencies."

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Pictured above with First Response Australia's Managing Director is some of the recently trained crew.

Up to now only some of the very large cruise operations in North Queensland have embraced Early Defibrillation and moved AED response to Sudden Cardiac Arrest (SCA) to be the standard of care in their workplace. Airlines, Airports, Cruise Vessels and Mines are some of the industries that have led the way with this standard.

It's not difficult to see the parallels between these venues and those of the day trip and liveaboard diving vessels. For example, in terms of survival and proximity to advance medical care, a SCA on the deck of a dive vessel at sea is not unlike that occurring at 30,000 feet. As with the general travelling tourist and the rest of society, the diving population is aging. The average age of the Divers Alert Network (DAN) membership is 44 years old. Diving can be a physically stressful activity, the kind that can (and has in the past) precipitate SCA in predisposed individuals. The 2001 DAN report on Decompression Illness and Diving fatalities list cardiovascular disease as the major cause of death in diving, after drowning.

The Undersea Explorer is to be congratulated for embracing this technology and equipping the vessel with an AED and ensuring that it's staff are trained by professionals. Like Oxygen equipment, AEDs will become the standard of care for treating SCA victims during commercial recreational diving and snorkelling.

Edited by Charles Makray - managing director

Visit us at www.FirstResponseAustralia.com.au

**EMERGENCY CARE TRAINING - DEFIBRILLATION AND OXYGEN EQUIPMENT
PO Box 81 N, North Cairns, QLD 4870, Australia. Phone/Fax: (07) 4032-2444
email: admin@FirstResponseAustralia.com.au**



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Question and Answers.

This is a new section in our newsletter and we would encourage our readers to send in questions relating to Emergency Care issues. We hope this section can further everyone's knowledge and skills. We will choose one or two each month and respond in this section, so put your thinking caps on.

SHARON from TAKA DIVE in Cairns asks what's the latest treatment for Irukandji Jellyfish Stings. This question has been prompted due to the fact that quite a few incidents of Irukandji Stings have occurred recently in the North Queensland region, making it a public health issue.

Well, Sharon we could quite easily devote a couple of pages to the issue but I will try to keep it simple because "First Aid" in fact should be just that - simple!

The Irukandji problem is in fact a North Queensland problem and seems to be more prevalent in the Cairns Barrier Reef region during summer months; both on shore and off shore. So diving out in the Coral Sea is still not far enough removed to avoid contact.

December and January have seen the unprecedented situation where the majority of stinger net enclosures have been removed in an attempt to stop people swimming.

Although the nets offer protection from the larger Box Jellyfish, they unfortunately can not keep the very small Irukandji Jellyfish out.

It is important to note that this problem when treated medically it is called "Irukandji Syndrome" because other jellyfish can cause similar symptoms.

Patients envenomated by these jellyfish demonstrate an array of symptoms including severe back pain, limb pain, chest and abdominal pain, nausea and vomiting, headache and sweating. This is known as the "Irukandji Syndrome". Rarely, pulmonary oedema develops in people with Irukandji syndrome, and has only been reported in a handful of cases. The Irukandji jellyfish has been implicated as the cause of pulmonary oedema, and it is suspected that other jellyfish may be responsible for the severe cases.

The Irukandji jellyfish is small, with a bell of no more than 2.5 cms in diameter, but with tentacles that can extend up to 1 mtr in length. Because of it's size and transparency it's not usually seen prior to stinging a swimmer. There often is a delayed period between someone being stung and then developing symptoms.

The First Aid at the moment is controversial to say the least.

The recommendation of the Australian Resuscitation Council is to flood the stung area with vinegar and apply a pressure immobilisation bandage. This evidence for this treatment is anecdotal. Most authorities may concur with vinegar but there is divided opinion on the use of pressure immobilisation.

The Emergency Department of the Cairns Base Hospital advocates copious irrigation of the sting site with vinegar as soon as possible but suggests that pressure immobilisation may worsen the patient's condition.

The Emergency Department is also suggesting that the usual pain relief of Pethidine should also not be used and they advocate the analgesia fentanyl.

So what does this all mean to the "First Aider" on site that has to deal with a very sick and sorry casualty who is now developing Irukandji Syndrome.

KEEP IT SIMPLE!!

- 1) First stop the casualty from irritating the area by rubbing.
- 2) If you have vinegar flood the sting site. Often there are no signs of weals. (Again, vinegar is based on anecdotal evidence, though it is thought not to cause additional harm)
- 3) Do not use pressure immobilisation.
- 4) Oxygen may not be required in the initial stages (hyperventilation is a common feature of Irukandji syndrome)
- 5) Contact Emergency Services for advice and evacuation arrangements.
- 6) Monitor the patient closely and record all details to pass onto medical personnel.

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Edited by Charles Makray - managing director

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Sebastian Murat

Australian Freediver betters World Record An amazing 176 meters underwater on a single breath!

You may recall in our last newsletter we told you about our amazing "aquaman" Sebastian Murat and his attempt to better the world record for swimming the longest distance underwater on a single breath.

Well he did it! On Sunday the 23rd December, Sebastian swam underwater on a single breath for the incredible distance of 176 meters. Although not official, this successful attempt now allows Sebastian to repeat his effort for the record books. He hopes to do this on the Gold Coast in the next couple of months. Sebastian feels that he is quiet capable of extending this distance to 186 meters. Wow!!

First Response Australia is one of Sebastian's sponsor as well as the provider of Medical support for his attempts.

We congratulate Sebastian on his success and wish him well on the next phase of his record beating mission.



The Team



Fluid motion

NEXT EMERGENCY MEDICAL TECHNICIAN PROGRAM

**CERTIFICATE LEVEL IV
March 4, 2002 (7 Days Full-time)
Phone (07) 4032-2444 or**

**Email:
rmt@FirstResponseAustralia.com.au**

Edited by Charles Makray - managing director

Don't forget !!

We want you to email us with your questions regarding any aspect of Emergency Care and we will try to answer them in our newsletter.

Visit us at www.FirstResponseAustralia.com.au

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