

First Responder



January '10 Newsletter

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U.K. Ambulance to trial CCTV to reduce assaults

More than a third of Midland UK paramedics have been violently attacked or hurled verbal abuse while trying to help injured patients on emergency calls over the past year. West Midlands Ambulance Service UK revealed that as many as four in every ten staff had complained of attacks. The latest figures - for 2007-08 - show that there were 7,343 acts of violence against National Health Service (NHS) staff, ranging from verbal abuse to serious physical assaults. This is equivalent to 20 a day.

Because of these attacks and many others like them throughout the UK, cameras have also been installed in four accident and emergency departments as part of a 300,000 pounds pilot project. It is hoped that the cameras will be used to gather vital evidence in the event that an NHS worker is attacked and deter patients and their relatives from abusing staff. The one-year pilot scheme will determine whether cameras have an impact on the level of violence and aggression towards NHS staff and on the number of successful prosecutions brought against offenders.

Health Minister Edwina Hart said: "It is unacceptable that NHS staff face willful violence and aggression while going about their day-to-day duties caring for patients. "The introduction of CCTV cameras will help provide more evidence to support prosecutions and act as a deterrent, making people think twice before abusing staff.

Accident and emergency departments at Newport, Merthyr Tydfil, Carmarthen and Bangor, Wales UK have been chosen to trial the CCTV cameras and the five ambulances with cameras on board are based in Cardiff. The CCTV cameras in the back of the five ambulances will act as a deterrent, but will also record any incidents of violence towards paramedics and technicians. They will be activated by pressing a panic button. Any footage of such assaults will be passed on to police officers to purely to protect our staff from people who want to do them harm. Instances of verbal abuse are certainly daily occurrences. Physical violence is not as prevalent, but there are still incidents, particularly in the hotspots of Cardiff and Swansea where there are big populations.

The cameras, which have been funded by the Assembly Government, are the latest initiative to combat violence against NHS staff. The idea of installing CCTV cameras in A&E was one of the recommendations put forward by the all-Wales violence and aggression steering group in April 2008.

In total there were 54 recommendations put forward by the group, including proposals for a lone worker alert system for vulnerable staff working in community settings. This is now being put in place to improve protection and safety of lone workers in the NHS in Wales, and includes personal safety alarms being linked to a centralised control system.

Hands only CPR saves young mum

It was this last October when a young Arizona couple, Scott and Kathie had just put their two young children to bed, turned on the TV for a few minutes, then called it a night. Later on that evening Scott was awakened by Kathie's snoring. After elbowing her a few times he decided to give Kathie a sternum rub. That's when panic set in: Scott turned on the lights and saw that his wife was pale. She wasn't snoring she was gasping.

A trained first responder, Scott called the emergency services and started CPR immediately on Kathie.

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Stage 5 Nov 22-26

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Limited spaces-bookings essential

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Working to calm himself, Scott performed a new type of CPR on his wife. No pausing for mouth-to-mouth. Compressions only.

Since 2004 the technique has been utilized throughout Arizona to minimize interruptions in blood flow to a cardiac arrest victim's heart and brain. In the last five years, statewide survival has more than tripled. "We said it's hard to do a lot worse than 97 percent of the people dying and so we revamped everything from how we track cardiac arrest, to how we train the public to do CPR and how we train dispatchers to give CPR instruction," said Dr. Ben Bobrow, who oversees emergency services for the Arizona Department of Health. "What we think right now is at the very early stages of cardiac arrest, when someone initially collapses, the really important thing is to just get blood moving through the body, and that's by doing rapid, forceful, uninterrupted compressions."

When paramedics arrived at Scott's side they were surprised how young Kathie was. Kathie received numerous shocks and multiple infusions of adrenaline before the paramedics finally restored her heartbeat. The paramedic team rushed Kathie to Flagstaff Medical Center's emergency room. "Her eyes weren't tracking. She did have a heartbeat, but I could tell also that neurologically she wasn't responding to us," said Dr. Carrie Burns, the physician who first evaluated Kathie in the hospital.

Doctors sedated Kathie to relax her body. Had something happened to her that they could address and take care of immediately? Did an aneurysm burst in her head? Did a blood clot go through her lung and t in her head? Did a blood clot go through her lung and she was a healthy woman with no known past medical history. Not on any medications. It was a real mystery why Kathie had an arrest.

Test results ruled out a number of issues, but doctors still couldn't figure out why Kathie's heart had stopped.

Hoping to prevent brain damage, doctors used a specialized blanket to cool Kathie's body to 33 degrees Celsius, a process called therapeutic hypothermia. Within an hour and a half that she arrived in ICU, doctors were starting to see some improvement in neurological function. Doctors kept Kathie cool overnight and throughout the next day.

Eighteen hours after her heart stopped, Kathie Harden was back from the dead. Electrical tests on Kathie's heart solved the mystery. Kathie had caught a flu like viruses which had affected the heart muscle and weakened it to a point where it couldn't function anymore. Kathie has now an automatic implantable defibrillator and a pacemaker inside her chest to protect her against another sudden, abnormal heart beat.

In August, Kathie returned to her classroom. She's teaching the third grade. On the night she died and was brought back to life, her own two children slept through the chaos.

QAS statistics impressive !

Statistics recently given in a media release from the Minister for Police, Corrective Services and Emergency Services, Neil Roberts, shows that Queensland Ambulance Service (QAS) is possibly the best in Australia.

2008/2009 saw the QAS respond to Queenslanders more than 860,000 times. Response times for 50% of cases were within 8.4 minutes compared to NSW's of 10.3 minutes.

Queensland has the highest ratio of ambos to population being 1: 1527 people compared to the national average of 1:2095 and NSW of 1:2124.

Over the past two years 505 extra officers had been employed with 150 officers to be added this year. Operational officers comprise 82.8% of the QAS compared to the national average of 81.9%



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"The QAS response to incident ratio - a measure of efficiency and effectiveness - has improved from 1.26 in 2007-08 to 1.18 in 2008-09" Mr Roberts said.

"Recent clinical advances implemented by QAS paramedics over the past few years have been spectacular," he said. "Our intensive care paramedics now deliver clot-busting heart drugs to patients in their own homes or in the community - previously these drugs were only available in a hospital environment. No other State provides this level of service."

Increasing the duration of chest compressions leads to better cardiac arrest survival

Increasing the time that rescuers spend on chest compressions while performing cardiopulmonary resuscitation (CPR) could lead to increased survival in patients in cardiac arrest, according to results of an observational cohort study reported online September 14 in *Circulation*. Survival from out-of-hospital cardiac arrest is variable and often less than 5%.

Although chest compression fraction (CCF, the proportion of time spent performing chest compressions) is a vital part of quality CPR, interruptions during the compressions are common.

The investigators sought to estimate the independent effect of CCF on survival to hospital discharge in patients with out-of-hospital ventricular fibrillation or pulseless ventricular tachycardia. They examined data from the Resuscitation Outcomes Consortium Cardiac Arrest Epistry, a group of 11 clinical centers with separate emergency medical service (EMS) agencies in the United States and Canada, formed to study out-of-hospital therapies for cardiac arrest and traumatic injury. A total of 506 patients (mean age, 64 years; 80% men) were enrolled from 7 sites and 78 agencies. All patients had confirmed ventricular fibrillation or ventricular tachycardia prior to EMS arrival between December 2005 and March 2007.

In addition, 34% had a cardiac arrest while in a public location, 71% were witnessed by bystanders, and 51% received bystander CPR. The presence and frequency of chest compressions for each patient were measured with automated external defibrillators.

Overall, 117 of the patients (23%) survived to hospital discharge.

A return to spontaneous circulation was achieved 58% of the time when the CCF was 0% to 20%, 73% when the CCF was 21% to 40%, 76% when the CCF was 41% to 60%, 73% when the CCF was 61% to 80%, and 79% when the CCF was 81% to 100%.

Survival to hospital discharge occurred in 12% of the patients when the CCF was 0% to 20%, and increased to 22.9% when the CCF was 21% to 40%, 24.8% when the CCF was 41% to 60%, and 28.7% when the CCF was 61% to 80%. However, it dropped slightly, to 25%, when the CCF was 81% to 100%.

The authors explain that this slight drop, which they call "a curious finding," was likely due to the small sample size and wide confidence limits. Another possibility is "a true plateau effect of [CCF] above 80%."

The study concluded that higher chest compression time before the first defibrillation is associated with better survival in patients with out-of-hospital cardiac arrest and relatively simple changes to resuscitation training and practice are likely to improve survival if implemented.

Ambulance service apologies to impaled woman

Ambulance Victoria officials have met with a woman who waited for 47 minutes for an ambulance after being impaled on a fence in north eastern Victoria.

Kim Broadbent was injured after trying to climb over a steel fence on a friend's property at Yarrowonga on Tuesday. She had no pain relief and waited 47 minutes paramedics to arrive because there was no ambulance available in Yarrowonga.

She was discharged from the Alfred Hospital December 17. The chief executive of Ambulance Victoria, Greg Sassella has apologised to Ms Broadbent, and says the matter will be fully investigated. "We'll then know exactly why the delay was incurred and then we'll take whatever action we need to do," he said. He said they handle 2,000 cases every day. "This is an isolated case, but nonetheless it's not good enough."

Health Minister Daniel Andrews has also apologised and says Ambulance Victoria must learn from its mistakes.

"The incident in Yarrowonga is an unacceptable performance by Ambulance Victoria and I've made that clear to Ambulance Victoria," he said.



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"What's important is that we thoroughly review what went on and that we better understand the facts of this matter and that we learn from those facts," he said.

Heather Broadbent, the woman's mother, is angry that her daughter had to wait so long. "All I can think of is if someone had a heart attack, they'd be dead before an ambulance got from Wangarratta over to here," she said.

Sales specials @ FRA



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D7000 Retrieval Backpack

This is a professionally designed and specified back pack. It is versatile with different pouch sizes available inside and five individual pockets on the outside. The backpack harness is robust with additional chest strap and waist belt to make the pack comfortable with a full inventory.

• Height 630mm • Width 490mm • Depth 260mm

\$ 390.00 (PLUS GST)

NORMALLY \$490.00



CONTENTS NOT INCLUDED

D6000 Mini Transport Backpack

This backpack has removable pouches with a selection of three pouch sizes available.

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- * RESQPOD
- * All brass multiflow regulator
- * IGEL Airways (3 sizes)
- * Bag Valve Mask Devices - disposable including masks, tubing and reservoirs
 - Adult Size Bag Valve
 - Child Size Bag Valve
- * Therapy Masks (adult/child)
- * Set of 3 Oropharyngeal Airways
- * V-Vac Suction Kit with spare cartridge
- * X-Collar Cervical Spine Splint
- * Instructions for Use

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