



# NEWSLETTER

## Australian Resuscitation Council

July 2009

Vol 33 No. 2

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### 7<sup>TH</sup> INTERNATIONAL SPARK OF LIFE CONFERENCE

The 7<sup>th</sup> International Spark of Life Conference was held in Hobart, Tasmania on 1-2 May 2009. An opening cocktail reception was held on Thursday 30 April to officially open the Trade Exhibition. Council would once again like to thank all of the following trade exhibitors for their contribution to another successful conference.

- Cardiac Science
- CSL Biotherapies
- Defence Force Recruiting
- Defib Tech
- Endovations
- Fisher & Paykel Healthcare
- Laerdal (*Major Sponsor*)
- LMA PacMed
- Medical Developments International
- Mediquip
- Parasol EMT
- Philips Healthcare (*Sponsor*)
- Physio-Control (*Sponsor*)
- Rapp Australia – NEANN Medical
- Survival Emergency Products
- Weinmann Australia
- Zoll Medical Australia

The attendance at the conference was excellent with a total number of 619 delegates and trade representatives.

The international keynote speakers and invited speakers all gave excellent presentations which were well received by those in attendance.

At the conference dinner the following people were recognised for long standing service to the ARC.

**\*10 YEARS\***

Dr Malcolm Anderson  
Dr Hugh Grantham

**\*15 YEARS\***

Ms Jennifer Dennett  
Mr John Hall  
A/Professor Peter Morley  
A/Professor Jim Tibballs

**\*20 YEARS\***

Mrs Carol Carey  
Professor Ian Jacobs



Back Row L-R: Malcolm Anderson, Hugh Grantham, John Hall

Front Row L-R: Peter Morley, Ian Jacobs, Jennifer Dennett, Carol Carey, Jim Tibballs

**RESEARCH OFFICER**  
**Invitation for Expressions of Interest**

**POSITION DESCRIPTION**  
Australian Resuscitation Council (ARC)

**Salary:** According to appointee, part time, but up to approximately \$15,000 per annum.

**Employment Type:** Part-time contract.

**Current Occupant:** Vacant

**How to apply:** To submit your application, you must respond to the invitation to expressions of interest electronically to the office of the Australian Resuscitation Council ([ARC@surgeons.org](mailto:ARC@surgeons.org))

**Enquiries only contract:** Carol Carey  
Tel: +61 3 9249 1214

**Closing Date:** 10 August 2009

**1 Background**

One of the objectives of the ARC is to develop and publish evidence-based guidelines, which requires the ability to "gather and collate scientific information regarding resuscitation techniques". The skills to develop appropriate search strategies, and to retrieve the relevant articles take time to develop, and even the most experienced clinicians usually require some form of assistance. The ARC has developed a more consistent supporting income stream, and is now in a position to consider appointing a person in a part time position to support guideline development process.

The literature searching and evaluation that underpin the ARC guideline development process is performed by the individuals (or groups) allocated to review the topic, with support provided in an ad hoc manner by other members of the ARC (or ILCOR as appropriate). The lack of a consistent process has hindered the production of evidence-based guidelines.

The appointee will be responsible to the Chair of the ARC for the development of an improved process to support the ARC's evidence based guideline development process. This will include: support for specific literature searches, support for regular updates of previous searches, and support for article retrieval. This may also include the development (and/or delivery) of relevant educational material to support the above processes.

**2 Selection Criteria**

**2.1 General**

The role requires the incumbent to be qualified in a medical or health related field who has, or is capable of developing a good working relationship with administration and council members of the ARC.

**2.2 Essential**

In choosing the appointee, particular attention will be focused on the following attributes:

- Extensive experience in searching the primary and secondary sources of literature, including the saving of searches, and the use of forward searching.
- Extensive experience in the use of bibliographic database software (in particular: EndNote).
- Extensive experience in critical appraisal of the published literature.
- Extensive knowledge of the evidence review process used by the ARC and the International Liaison Committee On Resuscitation (ILCOR).
- Demonstrated organisational and administrative skills and demonstrated ability to work as a member of a team
- A commitment to furthering the role of the ARC.

**2.3 Desirable Criteria**

- Experience in education and curriculum development and delivery.

**3 Special Requirements**

Work outside usual hours may be required during certain periods (Council meetings etc.)

**4. Key Responsibilities**

The appointee will report directly to the Chair of the ARC, who will take responsibility for the prioritisation of tasks.

**5. Accountability**

The appointee will be expected to have performance reviews on a regular period, after a trial period of 3 months. Appointment will be made initially for a period of 12 months, subject to review.

**ALS & ILS COURSES**

**T**he ALS & ILS provider courses are now being run in a number of centres around Australia. For all course dates please refer to the ARC website [www.resus.org.au](http://www.resus.org.au) and click on the ALS/ILS Courses link. Please contact course centres direct for registration details.

**T**he ARC has appointed a course co-ordinator who will oversee the administration and further development of the courses. The course co-ordinator can be contacted via email [ARC.courses@surgeons.org](mailto:ARC.courses@surgeons.org).

## **PRESSURE IMMOBILISATION BANDAGE IN SNAKEBITE**

The ARC has received a number of enquiries regarding appropriate bandages to use when applying Pressure Immobilisation Bandage (PIB) in snake bite. This is in response to a recent publication in Emergency Medicine Australasia by Elizabeth Canale and colleagues on this issue.<sup>1</sup>

The ARC will be undertaking a review of the evidence related to use of PIB in the coming months to determine the need for any changes to Guideline 8.9.1 Pressure Immobilisation Technique and Guideline 8.9.2 Snakebite. In the interim these Guidelines should continue to be followed.

1. Canale E, Isbister GK, Currie BJ. Investigating pressure bandaging for snakebite in a simulated setting: bandage type, training and the effect of transport. Emerg Med Australas. 2009 Jun;21(3):184-90.

### **FAQ 7 – SEQUENCE OF EVENTS (ALS FLOWCHART)**

FAQ No. 7 has been amended to clarify the recommended timing for the administration of adrenaline as follows:

**What is the exact protocol that should be followed for a persistent shockable rhythm?**

The optimal sequence of events that should follow for a persistent shockable rhythm is not known. The sequence cannot be prescribed exactly but the general principles that should be followed are listed here.

- At all times, interruptions to compressions should be minimised.
- After an unsuccessful attempt at defibrillation (using either a single shock or a stacked shock regime), a 2-minute period CPR is recommended before the rhythm is reassessed.
- If when the rhythm is reassessed a shockable rhythm persists, repeat defibrillation (second shock).
- After the second attempt at defibrillation, when the rhythm is assessed after 2 minutes of CPR, if a shockable rhythm persists, administer 1 mg adrenaline, and repeat defibrillation (third shock).
- Adrenaline should subsequently be administered at a rate of 1 mg approximately every three minutes until Return of Spontaneous Circulation. For simplicity, adrenaline could be administered in alternate cycles. A period of at least 1-2 minutes of good CPR is recommended after each dose of adrenaline to help circulate the drug.

- If the subsequent attempt at defibrillation is also unsuccessful, a 2-minute period of CPR is again recommended before the rhythm is reassessed.
- If VF is still present after the administration of adrenaline and one further shock, consider administration of an anti-arrhythmic before defibrillation (fourth shock).
- At any stage if a rhythm is present that should be associated with a pulse, then formal checking for signs of life (including a pulse check) should be performed. If there are no signs of life (including a pulse) then the non-shockable sequence should be followed.

### **NEW AND/OR UPDATED GUIDELINES**

The following new and revised guidelines were approved for circulation at the July 2009 Council meeting.

#### **Blue Border**

#### **Guideline 8.9.4**

Envenomation – Bee, Wasp & Ant Stings

#### **Guideline 8.25 (New)**

Harness Suspension Trauma – First Aid Management

#### **Guideline 9.6.1**

Cross Infection Risks and Manikin Disinfection

### **ARC INSTRUCTOR COURSES**

The ARC Instructor Courses are fully run by the ARC.

#### **2009 Courses**

**Ambulance Service of NSW  
28-29 August**

**Royal Perth Hospital (WA)  
1-2 September**

Information and registration forms are available from the ARC website [www.resus.org.au](http://www.resus.org.au). Additional course dates will be posted on the ARC website as they become available.

**DRAFT GUIDELINES CURRENTLY  
UNDER REVIEW**

**T**he following draft guidelines will be issued to member organisations and State Branches as committee working drafts and will be considered at the next meeting of Council.

**Guideline 8.6**

Priorities at the Scene of a Road Accident

**Guideline 11.2.1 (New)**

Managing Peri-Arrest Arrhythmias

***NEWSLETTER EDITOR  
MRS CAROL CAREY***

***HEART FOUNDATION NEWS***

***'WARNING SIGNS': THE HEART FOUNDATION'S  
STRATEGY TO REDUCE PATIENT DELAY TO  
THE WARNING SIGNS OF HEART ATTACK***

**T**he Heart Foundation has identified 'Warning Signs', a strategy to reduce patient delay to the warning signs of heart attack as one of the key themes of work within its 2008-2012 strategic plan. The Heart Foundation is committed to raising the awareness and knowledge of heart attack warning signs and the importance of promptly calling Triple Zero (000) by allocating significant resources which will ensure an ongoing and comprehensive strategy.

**Outcomes of heart attack**

**M**ore than half of all deaths attributable to heart attack occur before the patient reaches hospital, with about 25% dying within one hour of their first ever symptom. Many deaths and much of the illness that result from heart attack could be avoided if people experiencing symptoms received early medical treatment.

**T**he main cause of delay in treatment, is failure of the patient to call Triple Zero (000) promptly after the onset of heart attack symptoms. Reducing patient delay has the potential to save a large number of lives from heart attack each year.

**Targeting patients with coronary heart disease**

**A**n important component of the 'Warning Signs' strategy is the development of a 'Warning Signs of Heart Attack' action plan for patients diagnosed with coronary heart disease (CHD). A recent Heart Foundation survey found there is no significant difference in the awareness of heart attack symptoms between people with known CHD (those who have a medical history of angina, heart attack or heart failure) and the broader community. The action plan will provide patients with clear and concise information about heart attack warning signs and the steps to follow when symptoms are experienced.

**T**he Heart Foundation will provide institutions with the patient action plans for use as part of the necessary cardiac patient education process that takes place prior to hospital discharge and/or in a cardiac rehabilitation setting. Health professional staff will also be provided with resources to assist them in educating their patients about the warning signs of heart attack.

**T**he 'Warning Signs of Heart Attack' patient action plan is scheduled to be available from early September 2009.

**Be updated**

**D**o you want to be informed of this campaign's launch as well as other Heart Foundation news? Sign up for our health professional e-newsletter by registering at [http://www.heartfoundation.org.au/Professional\\_Information](http://www.heartfoundation.org.au/Professional_Information)

## UPCOMING EVENTS

### AUSTRALIAN COLLEGE OF AMBULANCE PROFESSIONALS (ACAP)

The 2009 National Conference is being held on the 16<sup>th</sup> and 17<sup>th</sup> October 2009 at Skycity Convention Centre, Auckland.

Keynote and session speakers in areas of contemporary pre-hospital practice and cutting edge research are currently being sourced - for conference details, updates, speaker and registration details please go to the College website at [www.acap.org.au](http://www.acap.org.au) and click on the conference advertising banner.

Keynote speakers confirmed to date are:

**Peter Bradley CBE (UK)**

Peter is currently the National Director for Ambulance Services, UK.

**Prof Malcolm Woollard (UK)**

Malcolm is Professor of Pre-hospital and Emergency Care at Coventry University (UK).

The Call for Abstracts is now open and close on 1<sup>st</sup> May 2009. Details at [www.conference.acap.org.au](http://www.conference.acap.org.au)



The banner for 'Resuscitation 2010 ON THE HORIZON' features a large image of a tree on a green field under a blue sky with clouds. To the right, there are four smaller images: a sailboat on water at sunset, a fern frond, the CN Tower in Toronto, and a beach scene. A red diagonal banner in the top right corner says 'FIRST ANNOUNCEMENT'. Below the main image, the text reads 'April 30th - May 1st 2010 • Auckland, New Zealand'. At the bottom left is the logo for the New Zealand Resuscitation Council, with the text 'NEW ZEALAND Resuscitation Council Whakahauroa, Aotearoa' and the website 'www.nzrc.org.nz'. At the bottom, it says 'Conference secretariat: Conferences & Events Ltd | Phone: +64 472 0337 | Email: nzrc@confer.co.nz'.

### 8<sup>TH</sup> INTERNATIONAL SPARK OF LIFE CONFERENCE

*SHERATON HOTEL, PERTH 7-9 April 2011*



Overlooking the Swan River and foreshore parks, the Sheraton Perth Hotel offers a great location.

Updated information will be posted on the ARC website as it becomes available.

Further details:

Mrs Carol Carey, Conference Convenor:

Tel: (03) 9249 1214 or Email: [arc@surgeons.org](mailto:arc@surgeons.org)