



NEWSLETTER

Australian Resuscitation Council

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PROFESSOR GORDON ALFRED (DON) HARRISON AM 1931-2007

'An extraordinary ordinary man'



A memorial service for Professor Don Harrison was held on Wednesday 24th October in Sydney following his sad passing on Wednesday 10th October 2007. Our Executive Officer, Carol Carey attended on behalf of the Australian Resuscitation Council and presented the following:

Don became a Council member in 1987 representing the Faculty of Anaesthetists and remained an active member until 1999. In 1989 he accepted the position of National Chairman and served as Chairman until 1993. There have been very few who have contributed as much as Don to Resuscitation in Australia. During his time as Chairman he extended the membership of the Council to many groups such as Intensivists and Cardiologists. This allowed him to introduce Advanced Life Support to the Council which he did by Chairing the Committees which wrote the first ALS policies for the ARC. As in other fields his education expertise was put to use when he authored the teaching and training manuals which became the unofficial text book for this in Australia.

The Spark of Life International Resuscitation Conference was Don's idea and he followed up by ensuring that it occurred during his Chairmanship. It was the most successful resuscitation meeting ever in this country.

In 1992 Don introduced Australia to the Resuscitation world at the American Heart Association, commencing the pre-eminent role of the ARC in the International Liaison Committee on Resuscitation and in the writing of World Guidelines. He was invited to the First Utstein meeting on research in resuscitation. Don was nominated to the ARC roll of honour in 2000.

Don was the father figure for the Council during his 12 years on Council. His wise counsel was appreciated by many and the Chairman who followed him, Professor Vic Callanan, has admitted on many occasions that he was glad to have Don to give him advice on many aspects of resuscitation and governance of the ARC.

Don was a good man, and he was also a gentleman and a gentle man. He was always polite and he treated everyone with respect and was interested in his or her story or opinion. Those of us who knew and loved Don, know that he will receive high praise and blessings for all of those good things that he has done, for above all else Don Harrison was a GOOD man.

Don will be sadly missed by all associated with the Australian Resuscitation Council and many international colleagues. On a personal note, I was fortunate enough to work with Don during his entire term on Council and witnessed first hand his passion for the ARC and the enormous amount of work he did for the Council. Don was a dear friend and he will be sadly missed. Our love and condolences is extended to Suzie and her extended family.





Dr David Komesaroff, MBBS, DA, FFARCS, FANZCA, died on 14th July 2007, after battling a serious illness for some months. David was a physician of many skills and talents, and leaves a legacy of significant contributions to medicine in Australia.

David was the father of effective ambulance pain relief in Australia. His Pentrox® medication and associated inhaler have brought relief to many tens of thousands in pain and suffering from illness or injury in ambulances. He was a highly ethical and dedicated man, a valued colleague, and a close and valued friend for over thirty years.

David had a belief in helping others, an ever-enquiring mind, and his ability to develop new ideas was still in evidence days before his death.

David Komesaroff was a man of immense energy, a meticulous researcher, an innovative thinker, and a voluntary contributor to anaesthesia, ambulance and resuscitation. He was a member of many learned societies, served on many committees including the Australian Resuscitation Council, and Australian Standards committees.

Extract from Obituary written by Dr Harry Oxer, FANZCA (Past Chairman of the Australian Resuscitation Council)

7TH INTERNATIONAL "SPARK OF LIFE" CONFERENCE

Hotel Grand Chancellor, Hobart
30th April – 2nd May 2009



Located right on the waterfront in central Hobart, Hotel Grand Chancellor provides the ultimate in accommodation with majestic views over the Derwent River, Mt Wellington and the city.

Three or four international speakers will be invited to present at the conference. Updated information will be posted on the ARC website www.resus.org.au when available.

PERFORMING CPR – PHYSICAL LIMITATIONS

The ARC have received a recent enquiry regarding assessment of CPR where a trainee is unable to demonstrate performance of CPR on a victim on the floor due to physical limitations.

The ARC has a philosophy that any resuscitation is better than none and this should underpin any assessment of CPR competency. Where a trainee is unable to perform CPR on a manikin on the floor it is appropriate for the assessor to modify the assessment, for example place the manikin on a table or stretcher.

In these circumstances any certification issued to the student should reflect that the assessment has been modified and in what way.

ALS INSTRUCTORS & COURSE DIRECTORS

Many will be aware the ARC now administers the Advanced Life Support and Immediate Life Support courses in Australia. These are co-badged courses between the ARC and the Resuscitation Council (UK). Over the past few years these courses have been conducted in Perth but the ARC is keen to see an expansion of these courses throughout Australia.

The ARC is aware that there are many clinicians working in Australia who have completed these courses in the UK. As such, the ARC would be keen to hear from individuals who have attained ALS instructor or Course Directors status from the Resuscitation Council (UK) and are interested in participating on these courses in Australia.

If you are interested and would like to participate, please email the ARC (ARC@surgeons.org) with your contact details.

ILCOR – CoSTR 2010

At the most recent ILCOR meeting held in Orlando in November 2007, the evidence evaluation process for the 2010 “Consensus on Resuscitation Science and Treatment Recommendations” (CoSTR) was discussed. The following goals and timeframe was agreed:

May 2008 – Ghent

Proposed to have 25% of worksheets completed.

Nov 2008 – New Orleans

Proposed to have 35% of worksheets completed.

May 2009 – Japan

Proposed to have 40% of worksheets completed

Nov 2009 – Chicago

Proposal to have 60% of worksheets completed

February 2010 – Dallas

All worksheet authors will be invited to the meeting to present.

May/June 2010

The CoSTR document will be published in Circulation and Resuscitation.

November 2010

Revised ARC guidelines will be published.

An important component of the C2010 process will be the posting of the evidence worksheets on the internet allowing comment on the findings. We are of the view that this is an excellent mechanism by which we can engage the wider resuscitation community. The ARC will provide further information as worksheets are posted.

Council agreed with the proposal and by foreshadowing this proposal member organisations would be able to plan for any changes which would be released by the ARC in November 2010. The ARC will provide regular updates as the C2010 process unfolds.

NEW AND/OR UPDATED GUIDELINES

Yellow Border - Index of Guidelines -Pages 1-4

Blue Border - “New” Guideline 8.24 Stroke

NEVER TOO YOUNG TO LEARN



Mum Renae and baby Raydyn participating in a CPR demonstration in Andamooka, SA.

DRAFT GUIDELINES CURRENTLY UNDER REVIEW

The 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.

Glossary of Terms

- Guideline 3.3 Positioning an Unconscious Victim
- Guideline 8.1 Principles of Control of Bleeding for First Aiders
- Guideline 8.5 Burns
- Guideline 8.6 Priorities at the Scene of a Road Accident
- Guideline 8.8 Hypothermia: First Aid and Management
- Guideline 8.10 First aid Management of a Seizure
- Guideline 8.15 First Aid for Asthma
- Guideline 8.16 Heat Induced Illness (Hyperthermia): First Aid Management
- Guideline 8.19 The First Aid Management of Hyperventilation Syndrome
- Guideline 8.18 Management of Suspected Spinal Injury
- Guideline 8.23 Anaphylaxia – First Aid Management
- Guideline 10.1.2 The Use of Oxygen in Emergencies

New FAQ

FAQ 12 COMPRESSION ONLY CPR

Many may be aware of a recent Japanese study that examined the outcomes of cardiac arrest patients who received compressions only. The authors concluded that compression only CPR was preferable than conventional CPR with survival rates being 6% versus 4% for compression only and conventional CPR respectively. For those not receiving any CPR the survival rates were significantly worse compared with those receiving any CPR.

This was an observational study which means there is some inherent weakness in the study purely associated with the study design. In addition the study was conducted in 2002 – 2003 before the compression:ventilation ratio changed from 15:2 to 30:2 which results in a significant increase in compressions. It is unknown if the results would have been different if lay people in the study had given conventional CPR using 30:2.

Although compression only CPR may be adequate in the first few minutes following the onset of cardiac arrest caused by heart disease, ventilation is required in those cardiac arrests having longer duration or if caused by drowning, drug overdose or in children.

The ARC guidelines recommends compression only CPR for out of hospital cardiac arrest where the rescuer is unable or unwilling to give mouth to mouth ventilation. It is also recommended for ambulance services when providing CPR instructions over the phone. This is because "any CPR is better than no CPR". The guidelines also recommend that interruptions to compressions be minimised. Accordingly, those trained in full conventional CPR should continue with this technique.

The science of resuscitation is an ever advancing field. The ARC continually evaluates this science as this is published in the peer reviewed journals to ensure that our guidelines are based on the best scientific evidence available.

Reference

SOS-KANTO Study Group. Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO): An observational study. *Lancet* 2007;369:920-26

A full list of FAQ's can be obtained from the ARC website

Contact details for the ARC National Office:

Mrs Carol Carey, Executive Officer
Australian Resuscitation Council
C/- Royal Australasian College of Surgeons Spring Street,
Melbourne Vic 3000 Tel: (03) 9249 1214
Fax: (03) 9249 1216
Email: ARC@surgeons.org

UPCOMING EVENTS

ARC WESTERN AUSTRALIAN BRANCH ANNUAL SEMINAR 2008

Date:

Saturday 8th March 2008

Venue:

University Club, University of Western Australia

Topics:

Teaching Resuscitation
Legal issues surrounding competencies
Resuscitation Science Updates
Clinical updates including trauma, amphetamines, stroke, respiratory conditions, the sick child and much more!

Invited Speakers:

Clinical Assoc Prof Peter Morley (Victoria)
Dr Hugh Grantham. (South Australia)
plus a number of clinical experts from Western Australia.

Please refer to the ARC website www.resus.org.au for further details when they become available.

ARC VICTORIAN BRANCH

4th STATE CONFERENCE

Date: Saturday 2nd August 2008

Title: Hot Topics: Resuscitation and Emergency Care (to include a case/panel gun shot trauma presentation of pre-hospital/hospital resuscitation).

Venue: Charles LaTrobe Lecture Theatre Function and Convention Centre, Royal Melbourne Hospital Grattan St Parkville 3050.

Confirmed Presenters: Professor Loane Skene, Associate Professor of Surgery Russell Gruen.

Please refer to the ARC website www.resus.org.au for further details when they become available.



**MERRY CHRISTMAS AND A HAPPY
NEW YEAR**

**NEWSLETTER EDITOR
MRS CAROL CAREY**