

VOL. 3 NO. 1

APRIL, 1990



OUTBACK AMBULANCE



*St John's Gate
Headquarters of the Order*

Official Journal of
ST JOHN AMBULANCE AUSTRALIA
NORTHERN TERRITORY

AUSTRALIAN FIRST AID

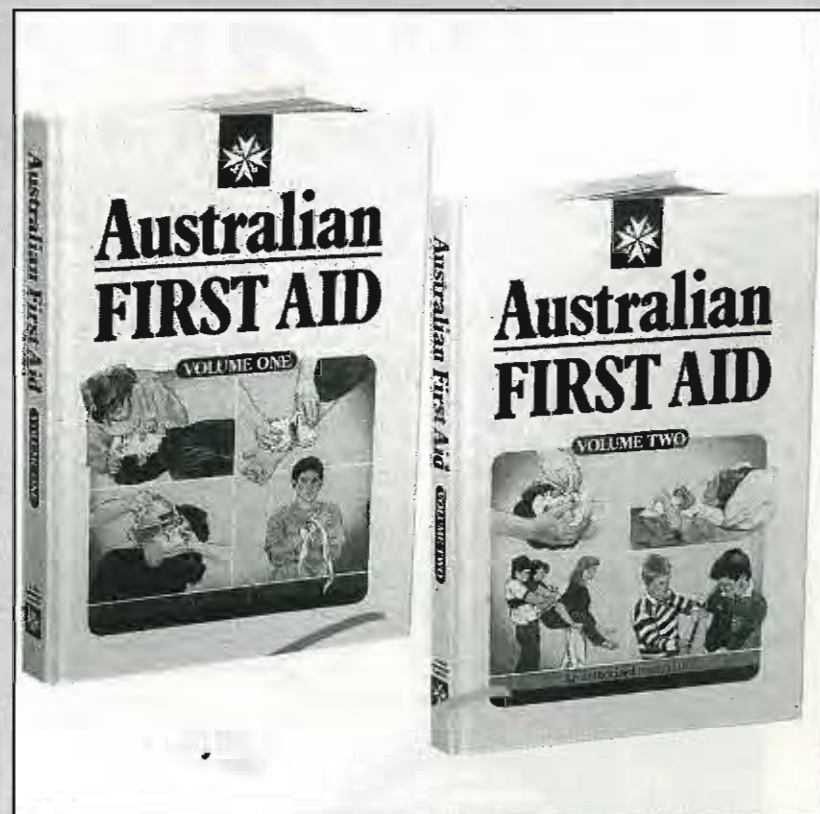
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OUTBACK AMBULANCE

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EDITORIAL

There is an Arabic proverb that states that 'on the day of victory no fatigue is felt'.

At the recent National First Aid Championships held in Hobart, Tasmania, indeed there was a victory for our cadet team although, there may have been just a little fatigue from the joyous celebrations.

Jarrod Kovarik, Andrew Grey and Manoli Roussos representing the Territory, made a clean sweep of the Team event and with the addition of team member Trudy Fuller will be travelling to New Zealand for the Commonwealth competitions. We wish them all well and may there be more victories.

Publishers for this edition of the magazine are the Darwin Desktop Publishing firm, InHouse Publications, and we are delighted that the magazine can be fully published in the Territory. Involvement by advertisers and contributors is vital to the success of the magazine, as is the feedback and articles on first aid, ambulance officer training and general interest. Editors do not write a magazine! It is a means of communication between our readers in and out of the organisation, between Operations Branch and Service and a means of sharing educational material worthy of wide dissemination.

Editor

Backpatters

Mr Bruce Cullan
St John Ambulance
P O Box 2609
Alice Springs NT 0871

Dear Sir,

On behalf of the members concerned, I advise receipt of your letter of appreciation of 16 February 1990 concerning the incident which occurred at the Kunta Camp on 15 February.

Your expressed appreciation is well received in view of the fact police officers are engaged in what is often perceived as a difficult and thankless occupation. Expressions of confidence such as yours go a long way in restoring faith and confidence in the officers concerned.

Your comments have been passed to the members involved.
Yours faithfully,

M V Burke
Commander
Northern Territory Police Force
Alice Springs

Mr P J Butler
Manager
St John Ambulance Australia (NT)
Inc
P O Box 40221
Casuarina NT 0801

Dear Mr Butler

I write to thank you for providing an ambulance and staff on our recent Open Day on 15 October 1989.

The continued support of St John Ambulance at Government House functions is much appreciated.

Yours sincerely,

Michael Barrett
Official Secretary
Office of the Administrator of the
Northern Territory

The Director
St Johns Ambulance
Casuarina NT

Dear Sir,

Re: Fatal MVA Stuart Highway
Manton Dam area on Thursday 21st
December 1989

As you are no doubt aware a number of your crews attended a serious head-on motor vehicle accident on the Stuart Highway near Manton Dam on the evening of Thursday 21st December, 1989.

I would just like to express my admiration at the professional and caring conduct of the Ambulance officers at the scene. All personnel, and in particular the Paramedic, Sue, were working under difficult circumstances. So often the St Johns staff get little thanks for their work.

1989 has been a busy year for both Police and the St Johns volunteers in Batchelor, and I doubt 1990 will be any quieter.

Please pass on my appreciation to your staff and my best wishes for 1990.
Yours faithfully,

Stephen M Hayworth
Senior Constable No 1223
Officer in Charge
Police Station
Batchelor

TETANUS

AND THE AMBULANCE OFFICER

Tetanus is an acute infectious disease caused by the bacterium *Clostridium tetani*. The bacteria are spore-forming and anaerobic. This means in the spore stage the bacterium can survive for many years, will not be destroyed by boiling water and is resistant to antiseptics. As the bacteria are anaerobic they will survive and multiply in environments without oxygen.

Tetanus bacteria can exist harmlessly in the intestinal tract of both animals and humans. The spores exist in soil, dust and both human and animal excreta.

Tetanus spores enter the body through a break in the skin, and puncture wounds are particularly susceptible because of the injection of the tetanus spores deep into a potentially anaerobic environment. Tetanus may follow trivial as well as overtly contaminated wounds, depending on the reduced oxygen potential of the injured tissue. Although the incidence of tetanus is rare due to continuing immunization, in up to 60% of un-immunized persons it is fatal, usually within 10 days of onset. When symptoms develop within 3 days after exposure, the prognosis is poor.

SIGNS AND SYMPTOMS

The incubation period varies from more than ten days to under two days in severe tetanus infections.

After the tetanus bacteria enters the body it causes local infection and tissue necrosis. However it is the exotoxins produced by the tetanus bacteria that cause the major problems of tetanus infection. These toxins circulate through the lymphatic and circulatory systems and attach to nervous tissue.



Tetanus immunization is important for adults as well as children

The ensuing toxic effect on nervous tissue produces the common symptoms of tetanus.

The most frequent symptom is stiffness of the jaw (hence the common name of lockjaw). Other early symptoms include difficulty in swallowing, stiffness of the neck, arm or legs, restlessness, irritability, headache, fever, chills and convulsions. Later the patient has difficulty opening their jaws, spasm of the facial muscles and arched back rigidity. Intermittent

tonic convulsion lasting several minutes can occur and can be set off by slight disturbances such as noises, drafts of cold air and movement.

TREATMENT

Ambulance care mainly involves maintaining an open airway, providing oxygen and ensuring that transport is smooth and quiet, similar to a spinal transport, and that the patient compartment is darkened. Loading and unloading of the patient should be

carried out smoothly, ensuring there are no unnecessary bumps which may send the patient into spasms.

Within the first 24-72 hours after a wound, a patient presenting with no previous history of tetanus immunization first requires tetanus immunoglobulin or tetanus antitoxin, to confer temporary protection. The patient then needs active immunization with tetanus toxoid. A patient who has received tetanus immunization within 3-5 years needs a booster injection of tetanus toxoid. It is important this treatment is not delayed, as once the tetanus toxin is fixed to the nervous system, it cannot be neutralized by tetanus immunization and all the symptoms previously mentioned will progressively occur.

PREVENTION

Continuing immunization is the most adequate preventative measure against tetanus. Children are usually covered from 2 months until they are 5 to 6 years old with regular diphtheria and tetanus toxoid injections. Adult diphtheria and tetanus toxoid (ADT) injections are given at age 15-16 years and this may be the last time some patients receive a tetanus toxoid injection. Although ADT immunization usually gives protection

up to 10 years, the Accident & Emergency Dept. at Royal Darwin Hospital will routinely re-immunize patients who present to them after a three year interval.

The implication for ambulance officers is two-fold. They should be aware of their own responsibility in maintaining active immunity against Tetanus, and they should be aware of their responsibility in advising patients to take the preventative measure of tetanus immunization in even minor wounds that appear contaminated with dirt. They should similarly be aware of the potential dangers of puncture wounds contaminated with dirt.

Three drugs for tetanus immunization have been mentioned. These are listed below in order of preference for treatment

Tetanus Toxoid - a sterile preparation of chemically treated Clostridium tetani which actively stimulates antibody production.

Tetanus Immunoglobulin - A sterile preparation of a protein of human origin with known antibody activity against tetanus.

Tetanus Antitoxin - A sterile solution of antibody globulins refined from the blood serum of horses.

Of these three drugs, as mentioned, Tetanus Toxoid is given to patients

with active immunity to tetanus (less than 10 years since previous immunization) to increase their immunity. Tetanus Immunoglobulin may be given to patients who have no effective immunity (more than 10 years since their last immunization) especially if there is a real risk of tetanus infection. The immunoglobulin provides immediate antibody protection and a further injection of Tetanus Toxoid will stimulate antibody production. Tetanus Antitoxin has a similar action to immunoglobulin in providing antibodies for immediate protection. It is similarly followed by Tetanus Toxoid. However immunoglobulin is used in preference to Antitoxin because of the potential for anaphylactic reactions to animal proteins common with this latter preparation.

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DORLAND'S POCKET MEDICAL DICTIONARY 23rd Edition pp 50, 350, 673, 687.

THE MERK MANUAL 14th Edition pp 113-115. Miller and Keane

ENCYCLOPEDIA AND DICTIONARY OF MEDICINE NURSING AND ALLIED HEALTH 2nd Ed p 989

Nurses Reference Library DISEASES 1984 pp 320-321

U.K. Liability Judgement

In November last year an English High Court Judge handed down a judgement that represents an important step forward in the protection of volunteer first aiders and also carries with it an important message for all those who are involved in St. John first aid work, whether in Training or Operations Branch.

A youth who suffered a spinal injury from a fall during a motor cycle scrambling event at Elstow, near Bedford, brought an action against the St. John Ambulance Brigade on the grounds that his injury was made worse by the negligent way he was treated by St. John Ambulance volunteers who assisted him after his fall.

In finding for the Defendants, the judge indicated that St. John first aiders in question had acted in accordance with the ordinary skill to be expected of a trained St. John first aider.

A key element leading to his finding was that clearly the casualty has in this case been treated 'by the book', that is, the steps laid down in the St. John first aid manual for the handling of possible spinal injury cases had in fact been taken by the officers giving first aid.

Interestingly, this in itself was seen by the judge as a sound defence even though there was some medical evidence to the effect that the manual may have been at fault in regard to the steps that it prescribed.

In other words, the principle protecting St. John volunteers in this instance was that they had done what their authorised training manual

had taught them to do.

Had they adopted some alternative approach to the casualty, even if it could have been argued to have been a better approach, they would have run the risk of being found to have been negligent.

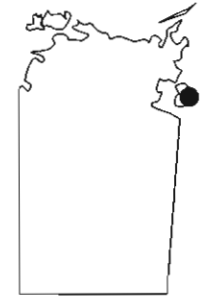
There is some likelihood that Australian legal interpretation in such matters would follow the British model.

There is therefore a message in this for all of us, both in Training and Operations Branches. Clearly it is more important than ever before that the first aid procedures that are taught should be seen to represent a single, national, duly authorised standard.

Courses, their curricula and texts need to be approved by the Director of Training and to be followed as a national standard. All training must be consistent with the content of Australian First Aid.

Whether at State, Territory or local level, we must resist the temptation to "do our own thing", not only for important legal and insurance reasons, but also for the peace of mind of our individual members.

ALYANGULA ON THE LINE



Alyangula on Groote Eylandt is situated in the Gulf of Carpentaria. The division was established in October 1988 and today has 12 volunteers (out of a population of 1200 residents!).

As the community is very isolated and in keeping with Territory lifestyle, much of the leisure time is spent playing sport and pursuing outdoor interests. Events attended regularly by the volunteers include touch football, rugby, aussie rules, volleyball cricket and martial art shows. The largest functions are the Picnic Day, Regatta Day and community fetes. At these latter events, displays and demonstrations are put on and first aid is provided and surprisingly, there is often a great demand for this service. The girl guide camps also see our volunteers in action with demonstrations in CPR and bandaging (some are at the least unique if not very functional!).

Over the next few months a community recruitment drive is to be undertaken and perhaps further discussions will be taking place with a view to holding more first aid courses for the residents of the town.

Michael Schailer
DIVISIONAL
SUPERINTENDENT



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We now have pedal powered electricity



Saint Peter?!?



Open your mouth or we'll have to play aeroplanes



Let's play happy families!

Caught in the Act



I think I preferred the old way of saluting, not this new bush way!!



You should see what she is doing with her other hand!



Of course I'll respect you in the morning!



Who bought Severin??

Barkly Regional Report

Since the last issue of Outback Ambulance, two officers have commenced work in the region and we welcome Sonya Kloeden and Paul Holmes to the hot centre of the Territory. With the arrival of Sonya and Paul, the region again has a full complement of officers namely, Michael Brookes, Darren Nelson, Rod Geri, Sonya Kloden and Paul Holmes.

Often the commitments of in-service training, relief work at other centres and the usual annual leave commitments means the rotation of officers is a common occurrence, however, be this that it may, a stay in the Barkly Region undoubtedly contributes to a better understanding of all types of ambulance work as the variety is often greater than in a major city area.

For reasons that haven't been completely ascertained, the level of 'track jobs' has increased substantially over the last few months. Long trips north (towards Darwin), south (towards Alice Springs) and east (across the Barkly Highway) have been increasing in number and some have even involved 'off-the-track' driving!

Support for the permanent location of a four wheeled drive ambulance at the Barkly centre is gathering speed and we could be involved in some furious lobbying in the not too distant future on this matter.

Work around the town is steady and the case load has its usual peaks and troughs. As aircraft flights in and out of the town have been minimal since the pilots dispute, there have been more 'rendez-vous' with Alice Springs ambulances.

Congratulations to Rod and Helen on their recent exchange of nuptial vows. A delightful wedding and a radiant bride and groom!

First aid Kits sales have been steady along with the restocking of first aid kits. Some CPR courses have been conducted and negotiations are currently underway for CPR courses to be held for the Fire Service and the Power and Water Directorate.



Rearranging the Centre's sign complete now with a red insignia

Sometimes the lot of an ambulance officer is not an easy one and more so the lot of a superintendent. In one month alone, the fax blew up, the typewriter broke down, the photocopier wouldn't photocopy and the telephone diverter wouldn't divert as it should!!! Perhaps next month will see fortune smile upon the Barkly Region? Cheers!

Graeme Rayson
SUPERINTENDENT
BARKLY REGION

If you're reading this,
then you should be here

X

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HUMAN RESOURCES

Personnel News

Entrances: Warwick Allen Qualified AO, Darwin
Leone Wilson Admin., Darwin
Exits: Robert Mariotti SAO, Darwin
Ian Saunders SAO, Darwin
Transfers: Bruce Cullan Admin Officer to Ambulance Officer, ASp

Graduates

The following students are due to graduate in the Associate Diploma of Applied Science (Emergency Care) on 10th May 1990:

Alice Springs

E. Calway-Pridham
B. Walker
M. Walker

Tennant Creek

D. Nelson

Katherine

J. Prosser
R. Fabian

Darwin

P. Blyth
P. Taylor
E. Wright
C. Obersteller
P. Hoschke
W. Dillon
R. Tremethick

Training News

Apart from a few minor hiccups the 1990 Inservice program is now underway, with Patient Care/Medical Emergencies the first cabs off the rank. Graeme Rayson will be managing the PC element, with the Operations Department/Training covering Medical Emergencies.

By now all staff would have spotted the most recent initiative in Ambulance Officer training, that is, an attempt to vastly upgrade the level of formal input into AO training by the Operations Department. Administrative and resource support will continue to be provided by Training, as will the ongoing work on unit "packaging" and the re-accreditation process, in preparation for 1991.

For the time being Robert Tremethick and Ross Forbes have been specifically tasked to get things "off the ground" and running smoothly, but I encourage all Officers to seriously consider the offer of secondment to Training to assist in this critical area of your employment.

On the Public Education side of the fence, Alison Verhoeven, National Training Officer from Canberra, recently visited Darwin to assist in explaining the concept and rationale behind publication of the new "Australian First Aid" texts.

The new text is in two volumes, with Part 1 covering First Aid to the Senior level, and Part 2 for Advanced and Medallion students.

Training Branch conducted both an "AFA" workshop and an Instructor Accreditation workshop recently and although this article was prepared prior to their conduct, I am confident both will be extremely successful and valuable for participants.

General News

With most people away over the Xmas period not a great deal can be reported on, however, as you will know from the Staff Bulletin, the policy on attaining/renewing First Aid qualifications for all staff has been re-affirmed and, as it is at no cost, make sure you avail yourselves of the offer. Actual arrangements for attendance should be made with your Department Head. Congratulations due to Phil Blyth on attaining ALS status, well done Phil.

Congratulations also to those Officers who have now completed all of the requirements of the Associate Diploma, viz Brenda Walker, Mick Walker, Jasmin Prosser, Bob Fabian, Darren Nelson and Phil Blyth.

In my absence it was heartening to see a general staff meeting in Darwin, and a proposal for the establishment of a Staff Committee to advance opinions and submissions from operational staff to decision point. However, it was somewhat discouraging to later discover that little interest in participation had actually been expressed.

The one way to guarantee your voice will not be heard is not to participate in the decision making process, so I urge all staff to consider formation of an active Staff Committee. As the Electoral Commission has been telling us ad infinitum,if we can't hear you.... we can't act.

Without appearing to be too optimistic, I have a feeling 1990 is going to be a big year for everyone. Positive and constructive developments in Training, Operations, Cheers,

David Baker
Human Resource
Manager

Australian First Aid Championships

On 2nd January 1990, a contingent of 14 from Darwin left for Hobart to attend the Australian National First Aid Championships held at Fort Direction.

The NT team comprised: Cadets Manoli Roussos, Andrew Grey and Jarrod Kovarik; Individual Competitor - Mark de Souza and Cadet Leader Michael Petrelis.

While at the camp, many activities were planned and the good weather was turned on (down to 8°C one night), some activities included a trip to Port Arthur, a trip to Mt Wellington, a trip to Mt Field National Park and on site activities.

On 6th January 1990, the National Competitions were held which included a series of events to test the skills of the following competitors. The results were as follows:

Individual	Team	Cadet Leader	Champion District
1. SA	1. NT	1. WA	1. SA
2. TAS	2. VIC	2. SA	2. TAS
3. NSW	3. TAS	3. VIC	3. VIC
(NT 4th)		(NT 7th)	(NT 6th)

With the winning of the team event, the NT will be representing Australia in the Commonwealth Competitions held in Auckland in early May 1990. The four-member team to represent Australia will be Manoli Roussos, Andrew Grey, Jarrod Kovarik and Trudy Fuller.



The winners; Jarrod, Andrew, Manoli and COC Joan Patterson.



On Parade

The team will be competing for the New Zealand Army Cup and Commonwealth Cadet Shield, in Hamilton, New Zealand. A profile of the team members follows:

Andrew Grey

Aged 17 (Competitor - Team member number 1)

Andrew has been involved with Cadets since 1984 and is currently a corporal in Darwin Cadet Division.

His achievements include:

- Adult First Aid
- Adult Patient Care
- Extended Patient Care
- Proficiency Award Badges:
- Home Nursing
- Canoeing
- Road and Home Safety
- Cycling
- Knowledge of the Order
- Camping
- Animal Care
- Hygiene
- Child Care/Child Welfare

Andrew has been involved in competitions since 1988 and has been representing the Northern Territory in Australian Cadet Competition ever since.

Manoli Roussos

Aged 17 (Competitor - Team member number 2)

Manoli has been involved with Cadets since 1985, he is currently a corporal in Darwin Cadet Division.

His list of achievements include:

- Adult First Aid
- Adult Patient Care
- Extended Patient Care
- Proficiency Award Badges:
- Home Nursing
- Canoeing
- Road and Home Safety
- Cycling
- Knowledge of the Order
- Camping
- Child Care/Child Welfare
- Interpretership
- Physical Recreation
- Animal Care

Manoli has been representing the Northern Territory in Australian Cadet Competitions since 1988.

Jarrod Kovarik

Aged 17 (Competitor - Team member number 3)

Jarrod has been involved with Cadets since 1986, he is currently a corporal in Darwin Cadet Division, his achievements include:

- Adult First Aid
- Adult Patient Care
- Extended Patient Care
- Proficiency Award Badges:
- Home Nursing
- Road and Home Safety
- Cycling
- Handyman
- Animal Care

Jarrod has been involved in competitions since 1987 and in 1990 for the first time represented the Northern Territory in the Australian Cadet Competitions.

Trudy Fuller

Age 16. Trudy has been involved with Cadets since 1986 and her list of achievements includes:

- Adult First Aid
- Proficiency Award Badges:
- Home Nursing
- Cycling
- Road and Home Safety
- Handyman
- Animal Care
- Handicrafts

Trudy has been involved in competitions in 1989 and came 4th in the individual event.



Individual scene - Mark de Souza



Team scene



Northern Territory team in Hobart



Hugh Hefner's next centrefold



Don't worry, he's always like this after nightshift!



As soon as we untie our hands we are going to get you!!



Di just loves men in blue shirts.

Caught in the Act



I tell you it was this big!!!



The Colgate ring of confidence.



Gavin tickling the girl's fancy!!

GANGRENE

Gangrene is the death of body tissue, generally associated with loss of vascular supply and followed by bacterial invasion and decomposition. Usually gangrene affects the extremities but sometimes it involves the internal organs. Treatment includes correcting the causes and is often successful with medication and surgery. There are three types of gangrene, moist, dry and gas gangrene.

Moist gangrene is caused by the sudden stopping of blood circulation to tissue. This can occur from burns by heat or acid, severe freezing, a tourniquet that has been left on too long, a physical accident that destroys tissue, or a clot or embolism. Tissue affected by moist gangrene at first has the colour of a bruise, is swollen and often blistered. The gangrene is likely to spread with great speed with the toxins produced by the affected tissue being absorbed by surrounding tissue.

Dry gangrene occurs gradually through a slow reduction of the blood flow in the arteries. It occurs only in the extremities, may affect patients with arteriosclerosis, old age or through vascular insufficiency with advanced Diabetes Mellitus. The affected tissue becomes cold, lacks a pulse and gradually shrinks, turning brown and then black. The dry and shrivelled tissue has no bacterial decomposition associated with it. Usually a line of demarcation occurs between the gangrenous tissue and tissue with an adequate supply of blood.

Gas gangrene results from local infection with the bacteria *Clostridium perfringens*. *Clostridia* are anaerobic, spore forming bacteria that exist widely in nature, in dust, soil and the gastro intestinal tract of humans. Only a few of these bacteria are potentially pathogenic (disease causing) in humans, *C. tetani*, causing tetanus, *C. botulinum* causing botulism and *C. perfringens* causing gas gangrene. *C. perfringens* spores contaminating a wound will only become vegetative and multiply when the surrounding tissue has a reduced oxygen supply, a low pH and a high concentration of lactic acid. This abnormal anaerobic environment may develop with severely reduced arterial supply, or after severe penetrating or crush

injuries. It can also develop in internal organs of the gastro intestinal tract with intestinal perforation or obstruction. The usual incubation period for *C. perfringens* is one to four days, but can vary from 3 hours to 6 weeks. Once it invades soft tissue, it causes tissue death, blockage of surrounding blood vessels and localised oedema. The necrosis, or death of tissue releases both carbon dioxide and hydrogen, producing gas bubbles beneath the skin in the interstitial spaces between the surrounding tissue. The presence of gas gangrene also produces inflammation of the surrounding muscle tissue.

The main sign of gas gangrene is crepitation; a dry crackling sound or sensation under the skin. Other indications are severe localised pain, swelling and discolouration. As the skin over the wound ruptures, it will reveal the affected muscle which may be dark red or later grey green or mottled purple with a brown, foul smelling, watery or frothy discharge. In addition to these signs, gas gangrene causes early symptoms of toxæmia as the toxins are spread through the bloodstream to all parts of the body. This causes a mild fever, with low blood pressure and increased heart rate and respirations. However the patients

affected are usually alert and fully orientated. In extreme cases gas gangrene can progress from initial injury to infection, muscle tissue necrosis and death within one to several days. Internal gangrene occurs when the blood supply to internal organs is compromised. This may occur for a variety of reasons, eg. when a loop of intestine is strangulated and when areas of tissue die due to infection. The latter may occur with Appendicitis. Gangrene in its three forms is not usually a problem encountered by Ambulance Officers. It may present postoperative, or post trauma in some patients, and in the aged and patients with advanced Diabetes Mellitus. It will be treated in hospital with anti-biotics, surgery and sometimes hyperbaric oxygen to attempt to oxygenate the tissues and halt the spread of the infection. The recovery rate for patients with gas gangrene is usually good if it is identified and treated early.

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IMPROVED WATER STORAGE SYSTEMS

Creeks Metal Industries is the largest manufacturer and supplier of rainwater products in Australia, and sees the Aqualok Water Storage System as an exciting addition to its wide range of quality products.

For over a year now, Creeks own research and development staff have been studying ways of improving this unique water storage system. When you consider that the original concept won an "Australian Design Award", this has been a challenging task, but like all good ideas, there is always room for improvement.

In this case improvements come in the area of strengthening the tanks.

Creeks have now developed a light strong frame which supports the roof, surrounds the tank and is simple to assemble.

The roofing material now comes in heavy duty knitted "shademesh", which will provide many years of good service - and there is an extended warranty, from 18 months to 60 months.

Erecting a new tank was in the past a difficult and often complicated procedure, especially in windy conditions. Now with Aqualok, it's a breeze. Requiring only two people, your Aqualok tank can be erected in any weather conditions.

The 10° slope of the roof eliminates the accumulation of leaves etc. which caused problems in the past with flat roofs.

Creeks are proud of their Aqualok Water Storage System which is certainly one "Out of the Box", and can be located at any site where you can drive a utility or tractor.

Creeks are sure that you'll find the Aqualok system a step ahead of any other tank on the market, and will be as excited about the future prospects of this totally Australian made product.

For further details please contact Peter Damen at Creeks Metal Industries on their toll free number: 008-33 5208.

Business as Usual

VJY New Consoles, Receivers, Transmitters

Part of the plan to take over VJY from Telecom in 1988 involved the total upgrade of its equipment from its Receivers and Transmitters, to highly technical VOX operated consoles for the operators. The change-over reached conclusion with the handover of equipment taking place on 17th March 1990.

So what's a VOX? Simply translated, VOX means that the call is voice operated. When you speak on the radio, the VOX controls the call to take the telephone so that when you stop speaking a small delay takes place and the VOX automatically switches over to the telephone caller who can then speak and be heard by the person on the radio.

Previously, the callers would have to say "over" after each transmission so that the VJY operator would know to manually switch the other party in for their response.

This requires not only a bit of skill by the operators, but also constant monitoring of each conversation that goes through VJY.

And that means each operator can only do one call at a time. With the VOX operating, operators will be able to handle more than one call at a time, as the calls will not need to be monitored.

This sounds good, but it will take some getting used to by the VJY regulars - let alone people who are not familiar with the system. The problem is that after each transmission, the caller must wait for a second or so before the other party can respond.

If the caller does not understand this, they may keep on talking initiating the VOX and preventing the other party from speaking. The other party will then try and speak but because the caller has initiated the VOX, he will not be heard.

The answer is to speak clearly, with no gaps in your transmission, and when you have finished allow a two second break for the other party's response to begin.

The Operators

For those of you who use VJY regularly, I don't have to tell you just how dedicated the operators are. With every roster starting at 7:00am and going through to 8:00pm every day, with Saturday and Sunday mornings covered, the four girls do a great job.

Supervisor	Maria Wahlqvist
Operator/Assistant Supervisor	Maureen Thompson
Operator	Maureen Andrews
Operator	Liticia Walling

After coming over from Telecom, the VJY service settled in very well at St. John and I hope with our new equipment and the excellent staff, the service will continue to provide professional communications for our more remote Territorians for many years to come.

More Business as Usual.

Peter Rutter

Business Manager



Two of our dedicated operators



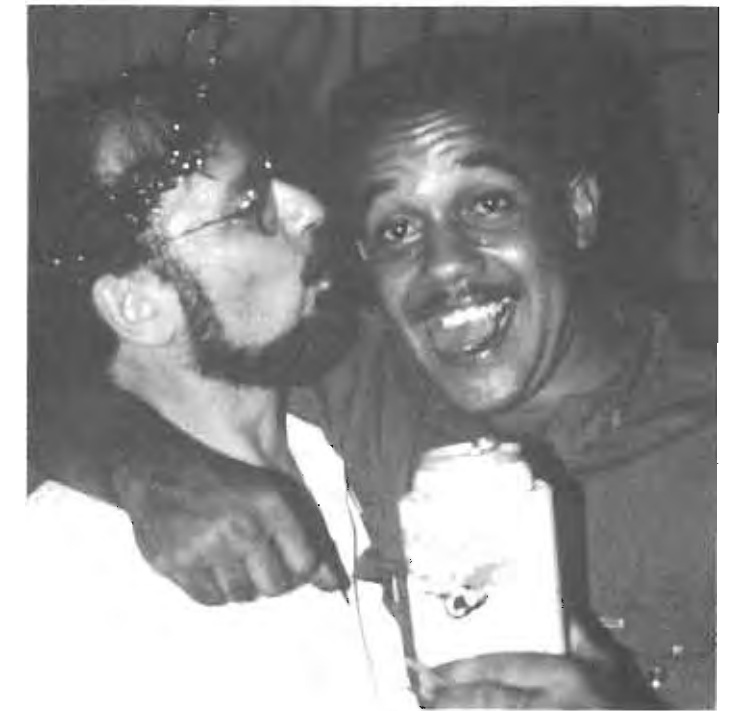
I had mumps and the swelling hasn't gone down.



Four years in Alice Springs hasn't affected me!!



You want me to do what with my knees??



This one is mine!!

Caught in the Act



Load testing a VJY chair



Corporate sponsorship and customers may use Bankcard!!



Do you think you can handle both of us??

Operations Branch News

Three Operations Branch members have completed their Associate Diploma in Emergency Care. Congratulations to Chris Obersteller, Eddie Wright and Peter Hoschke. Cadet Robert Ashby has completed the requirements for the Grand Prior's badge. Well done and congratulations.

The Palmerston and Rural Division have recently completed a Patient Care course and a further course commenced on the 25th January which has 17 participants. It is envisaged that the three divisions will combine for training sessions this year although planning in this regard is still underway.

We were extremely pleased and proud of the cadet competition team that was so successful at the Nationals held in Hobart. Team members were Andrew Gray, Manoli Roussos and Jarrod Kovarik. Although other team members did not finish in the top three, they more than acquitted themselves in the competition and a summary of the Nationals appears elsewhere in this issue.

Following application, Chris Turner was selected to the team that travelled to New Zealand for public duties at the recent Commonwealth Games. This was a first for the Territory and an honour that was well deserving for Chris. A belated congratulations to Chris and I hope that she has a speedy recovery following her accident (in NZ, skiing we are told!) and the broken leg won't slow her down too much.

A cabinet for the Colour has been completed and is located at HQ at Casuarina. Many thanks to Eddie Wright and to the Divisions and other members who helped towards the cost of the cabinet. A small ceremony is scheduled in the near future to formally place the Colour in the cabinet.

Priory is in the process of reviewing uniforms for female officers with a view to making it more practical and bring it into line with current styles of dress.

We are pleased to advise that St John NT has been appointed to be the host for Priory 1991. The annual conference extravaganza is to be held in Darwin mid-June and will involve many officers from both the Operations Branch and the Service.

Congratulations to volunteer Craig Humphrey who has been commended for his actions during a rescue and resuscitation incident in 1989. It was indeed a praise-worthy effort and an inspiration to us all.

Lesley King

DISTRICT SUPERINTENDENT

APPOINTMENTS

DISTRICT

R. Tremethick D.S.O. (Cadets) Gr. II
G. Rayson D.S.O. (Admin) Gr. II

CORPS

F. Haydock C.S.O. Gr. IV
A. Hodges C.S.O. (Admin)
F. Alcidi C.S.O. (Cadets)

DIVISIONAL

J. Evans Superintendent Darwin Combined Cadets
G. Denmeade Divisional Officer Casuarina Adults
E. Wright Divisional Officer Darwin Division
T. Gullefer Acting O.I.C. Palmerston Adults
E. Wright Acting O.I.C. Darwin Adults

N.C.O.

G. Pole Corporal Darwin Adult Division
T. Hart Cadet Leader Darwin Combined Cadets
J. Maxwell Corporal Palmerston Adult Division
S. Swan Corporal Palmerston Adult Division
T. Russell Corporal Casuarina Adult Division
C. Humfrey Corporal Casuarina Adult Division
J. Orrock Corporal Casuarina Adult Division
K. Day Corporal Casuarina Adult Division

RESIGNATIONS

C. Cuff Corps Superintendent, Northern
D. Briggs D.S.O. (Cadets) Southern
P. Taylor Divisional Officer Katherine
N. Bartlett Corps Staff Officer Alice Springs
N. Turner Divisional Superintendent
Palmerston Cadets
Y. Fenwick Divisional Superintendent
Warrego Cadets

RELINQUISHMENT OF RANK

G. Whatley from Superintendent Palmerston Cadets
L. McGill from Divisional Nursing Officer
P. Poole from Superintendent Darwin Division

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Cadet Robert Ashby has completed the requirements for the Grand Prior's badge. Well done and congratulations.

ANTISEPTICS

As instructors we are often asked questions about which antiseptic is effective, especially for abrasions and open wounds. Unfortunately we are at times ill-informed or mis-informed about the use and effectiveness of various antiseptics.

Antiseptic literally means "against infection". It embraces those drugs that kill or prevent the growth of bacteria, fungi, viruses and other micro-organisms as well as those that can be applied topically to the body.

Serious wounds, either accidental or surgical, are not well protected against infection by any known topical antiseptic. They do not penetrate living tissue effectively, they are often destroyed by the body fluids, and they can damage the tissue they touch. Antibiotics are today the most satisfactory "antiseptics".

However, there are three good reasons for the use of topical antiseptics. First, they can prevent infections by micro-organisms that are resistant to or unresponsive to antibiotics. Second, they can be used for less serious injuries and thus spare antibiotics and reduce the threat from the emergence of new resistant bacteria. Finally, they can be self administered.

The following chart describes some of the more common antiseptic compounds.

DRUG	ACTION	THERAPEUTIC USE	SIDE-EFFECTS
Iodine	Anti-viral Anti-bacterial	Topical use Kills most micro-organisms	Poisoning is possible by ingesting large amounts. Rare allergic reactions. Minimised with Povidine-Iodine. Only a small proportion of iodine remains as a reservoir to replenish the active, free iodine. Hence low irritant potential.
Povidine Iodine (Betadine) (Savlon Dry)	Anti-fungal	Disinfects Skin	
Mercurachrome	Anti-bacterial	Former topical use Halts some bacterial growth Weak anti-bacterial action	Poisoning is possible by ingesting large amounts (eg. 2 litres). However, the mercury salts in Mercurachrome are not readily absorbed. Ineffective bactericide against most bacteria.
Gentian Violet	Anti-bacterial Anti-fungal	Former topical use Mildly anti-bacterial	Has been banned in Britain on open wounds. From studies with animals, potentially carcinogenic.
Hydrogen Peroxide	Anti-bacterial	Clearing wounds and mouthwash Mildly anti-bacterial	Germicidal action brief and relatively weak. Painful for patient. Can cause tissue damage.
Acriflavin	Anti-bacterial	Topical, halts some bacterial growth	Slow acting, weak bactericide. Hypersensitivity in some people.

From this chart it can be seen that Povidine-iodine as in **Betadine** is the topical antiseptic of first choice. The "Mims Annual" indicates its use for "cuts, wounds and abrasions, blisters, impetigo, boils and tinea". It is a particularly effective antiseptic in tropical regions because of its anti-fungal property, as well as its broad spectrum anti-bacterial and anti-viral properties.

References: *A dictionary of Drugs R. Fisher & G. Christie*
Mims Annual 1987
Poisons Information Services

PUBLIC RELATIONS

Mr. Murphy, that well known maker of laws, compiled a set of laws for public relations for example, the first time you take a long and well earned lunch hour in four weeks is the time the manager /chairman is looking for you urgently, or, the intelligence of the reporter assigned to do a story is inversely proportional to the complexity of the subject.

The rest of the laws follow in the same vein however, one law that stands alone, above all others and that is the law relating to artwork, proofing and the importance of detail. The bottom dollar can be bet on until the cows come home that the total and final success of a project that has involved considerable number of artwork changes is definitely inversely proportional to the amount of money involved in the project! And curiously, it will inevitably involve a supplier who lives and operates interstate with no office or agent in the Territory. Such was the case recently for St. John in the NT with a particular promotional item which has in appearance fallen a long way short of what was requested.

Promotions and displays planned for the first half of the year include the Top Health Fair, Fred's Pass Show and the Darwin Expo. A comprehensive advertising programme has also been planned with bookings on both radio and television. The advertisements will be heard and seen across the bulk of the Territory.

First aid kit sales have been steady, however, there has been a marked interest in the restocking service and to this end, additional promotion and publicity will be sought to boost the service even further.

St. John are frequently asked to conduct tours of their centres and to be involved in educational based programmes such as work experience. On Thursday, 8th. March, Eleni Hagzigergiou attended the Casuarina centre as part of the

Shadowing Women in the Workforce Programme. This concept was devised by a working party of relevant interest group concerned with women's issues and as support for International Women's Day. It was also an opportunity for high school students to spend the day with women in the workplace.

On Friday, 16th. March, John Pickett attended St. John Casuarina centre as part of the Mathematics Teacher's Association of the NT "Interfaces" Programme. Whilst at St. John John spoke to staff members about their work and in particular was interested in how maths is applied in their work. This is the second year that St. John has been involved in this programme and the exercise has proved mutually beneficial to both parties.

Already considerable publicity (this time all good!) has been generated for St. John since the new year. Features have appeared in the NT News and the Litchfield Times regarding volunteers and cadets and there have been articles on the first aid courses and preventative first aid. During the last week of March, Alison Verhoeven, National Training Officer from Canberra was in town to promote the new Australian First Aid resource package and conduct interviews on local radio. At the time of writing, a newspaper feature is planned for late March which will promote the new three tiered course structure, the restocking service and the new first aid books.

Kezia Purick
Public Relations Manager

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ST JOHN AMBULANCE AUSTRALIA

OPERATIONS BRANCH

CADET MOVEMENT

St. John wish to thank the following for giving their generous support to the Northern Territory Cadet Team who will represent Australia at the International First Aid Competitions in Hamilton, New Zealand.

QANTAS AUSTRALIA N.T.

NIGHTCLIFF PHARMACY AND PERFUMERY

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

MR AND MRS MELLIOS

MR AND MRS ROUSSOS

MR AND MRS POULOS

All members of St. John who have assisted the team with training during the last three months.

