



OUTBACK *Ambulance*

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Investiture and Graduation 2007

Official Journal of
ST JOHN AMBULANCE Australia
(Northern Territory) Inc



St John Ambulance Australia
Northern Territory

First Aid Training

Public Training Course List

Junior First Aid	For young people who would like to know a little bit about first aid. Ideal for those between 9 and 13 years who would like to know about how the body works and basic learn some first aid. Offered during school holidays. 1 day
Accident Action	A 'see it do it' short course to assist with the emergency care of the sick or injured. This course is not the equivalent of a Senior First Aid course but offers hands-on training for commonly encountered emergency situations. Ideal for security personnel, sporting club members or any person in a workplace who wishes to gain basic knowledge and skills of essential first aid. 6 hours
Caring for Kids	Ideal for first time parents and guardians of infants and young children. 1 day or 2 x 1/2 days.
Senior First Aid	Covers important emergency first aid topics. This course has theory and practical assessments. Certification is generally recognised by Industry for 3 years from date of successful completion. Recommended for anyone over 14 years, especially workplaces where the need for First Aid Officers is identified under legislation. This course can be completed under various formats and now includes a CD option which includes a 1 day practical workshop and assessment.
Senior First Aid (Refresher)	Reviews and re-validates the skills attained during the <u>full</u> Senior First Aid program. Updates participants on changes to casualty care which may have occurred since their last course. Ideal for those who want to keep up with their first aid skills. 1 day.
Advanced First Aid	For those who may be required or may be expected to provide more than basic first aid to the sick and injured. Ideal for designated workplace first aid officers or those wishing to advance their knowledge and skills after completion of the Senior First Aid course. 1 day
Advanced Resuscitation	Ideal for first aiders with access to advanced equipment in the workplace such as oxygen resuscitation devices, oral airways, aspiration (suction) equipment and automated external defibrillators. 4 hours.
Occupational First Aid	Offers an extension of the skills covered in the Senior First Aid course. It aims to equip participants with the skills and confidence to undertake first aid duties within an industrial environment. Ideal for 'senior workplace first aid officers', and persons operating first aid rooms; or those with an Industry First Aid or Emergency Responder function role. 5 days
Remote Area First Aid	For people travelling to places where immediate access to a medical facility is not available. Ideal for those planning to travel remotely: tourists; tour guides; remote area industry workers or those involved in 4 wheel drive clubs. 2 days
Industrial Paramedic	An intensive program designed for workplaces where highly skilled personnel are required to respond to workplace incidents. Skills and procedures introduced throughout this program may require medical officer approval to initiate. Ideal for Site Emergency Response Team members, those with (or planning to offer) advanced casualty care responsibilities in the workplace. 10 days.

For more detailed information about the courses mentioned here, or for information about recognition or assessments, please contact the Training Department, Darwin
(ph) 8922 6228/8922 6221 or by email to training@stjohnnt.asn.au



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Chief Executive Officer's REPORT

As Top Enders embrace another magnificent Dry Season, our mates in the Southern Region will brace themselves for another cold spell. But in either case – it's all good.

With the continuing pressures that have been placed on us this year, as we attempt to resolve funding and contractual issues for 2007 and beyond, I cannot repeat often enough my appreciation to all staff and members, who have displayed incredible patience and loyalty during this period of review. I think I mentioned in the last edition of Outback that I gave up a long time ago trying to perfect the art of crystal ball gazing and that really does appear to have been a wise move, given so much of what has happened of late.

Following hot on the heels of the September 2006 announcement by the Chief Minister of additional resourcing and funding for St John, was more welcome news in the form of the 2007-08 Budget. This budget contained the full year effect of initiatives introduced the previous year and also gave us a boost in capital expenditure. Even more pleasing was the announcement that further budgetary growth could be expected in 2008-09 and again in 2009-10. This certainty is welcome news for all at St John I am

sure and I look forward to working constructively with everyone to move St John forward.

Obviously the next piece of work to be completed is the actual form of the contract that will formalize the partnership between St John and the Department of Health (DHCS) and as I write this Communiqué, that body of work has commenced.

Central to the contract will be an agreed provision to recognize growth in demand and the need to

"...I look forward to working constructively with everyone to move St John forward."

meet any such growth. This will be accomplished by the inclusion of an active time/available time formula, whereby we calculate active time as a percentage of available time and if it exceeds 60% for a minimum period of 4 months, then this will trigger a submission to Government for additional resources to meet the measured growth in demand.

Another exciting initiative currently being scoped by St John, is the possible implementation of the VACIS electronic patient care recording system, currently in use in MAS, QAS, TAS and ACTAS. St John has an



exciting opportunity to join what will hopefully be a national grid of users and the available data will prove invaluable, particularly in terms of reporting capability.

Our thoughts too at the moment are with those employees who could be enjoying better health and our prayers are with them as we look forward to their speedy return.

Surely this is the Year of the Magpie!

Cheers

David Baker OAM OStJ
Chief Executive Officer

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Implementation of AQTF 2007

For some time now a detailed review of the current Australian Quality Training Framework Standards (AQTF) for Registered Training Organisations (RTO) has been occurring. The review is now nearing completion and it won't be long before the current AQTF Standards are replaced by AQTF 2007.

The standards will be reduced from the current 12 down to 3 (with sub sections) and without doubt will present some new and exciting challenges for all RTOs. In early April 2007, 5 members of St John Ambulance (NT) – Training Department attended an AQTF 2007 workshop in Darwin to learn more about what will be involved for us as we plan our move to the new AQTF 2007.

In this report I aim to provide you with an insight as to where St John (NT) are heading in regard to the new Essential Standards for Registration. At the direction of Council of Australian Governments (COAG), AQTF 2007 is to be ready for implementation for all new and renewing RTOs as of 01 July 2007. While the recent success of our external audit 'technically' means we are not due for another until 2012, the smart money is on yet another audit (this time against AQTF 2007) sometime in the next 6 – 12 months.

1. Introduction

It is important to acknowledge that Industry is the major driving force behind building national competency standards which are then taught through Australia's Vocational Education and Training (VET) system.

It is through 'networking' that Industry - at a national level - are able to identify essential skills and knowledge required in their specific workforce area. From this, national units of competency/qualifications in a particular field/industry are developed and only RTOs who are deemed compliant against AQTF standards and who have the industry expertise and resources are able to provide training and assessment in those areas ... provided that these appear on the RTOs Scope of Registration.

Participants/learners successfully completing national qualifications and/or units of competency are awarded with a national Qualification and/or Statement of Attainment portable throughout Australian States and Territories. In saying this, it is important for all RTOs to recognise that some learners have varying training and assessment needs and they are encouraged to respond to these needs by providing flexible and innovative services.

Registration is a nationally recognised 'stamp of approval'. Only RTOs:

- can issue qualifications and statements of attainment that are recognised nationally
- can use the Nationally Recognised Training (NRT) logo
- are listed on the national register, the National Training Information Service (NTIS)

- can be approved to award VET qualifications and statements of attainment to overseas students studying in Australia (approved providers are listed on the Commonwealth Register of Institutions and Courses for Overseas Students – CRICOS) and students studying at an approved RTO outside Australia
- are eligible to tender for public funding for vocational education and training.

An RTO (like St John [NT]), is only required to register in one State or Territory by contacting their relevant Registering Body in accordance with the relevant legislation in that jurisdiction and in accordance with the AQTF 2007 Standards for State and Territory Registering Bodies. Registration has national effect however Registering Bodies must receive appropriate notifications by an RTO should they be planning to deliver in another state or territory including abroad.

While St John (NT) remains an RTO, it is important to acknowledge that along with this status come responsibilities of:


- meeting national standards that require us to focus on industry requirements specifically in relation to Ambulance Paramedic and First Aid training
- ensuring we are capable of meeting the needs of all of our clients; and
- continually improving our internal/external systems to ensure we achieve quality outcomes.

It is anticipated that AQTF 2007 will aid us in achieving these outcomes.

Users Guide to the Essential Standards for Registration

Currently a DRAFT publication has been produced titled 'Users Guide to the Essential Standards for Registration'. The publication aims to assist RTOs to interpret and apply the national standards to their own operations. The guide identifies that an 'organisation' may use it as a reference to apply for registration as well as 'RTOs' being able to use it as a guide to their internal audit/self assessment. The guide does not prescribe how an RTO should manage its' operations,





nor does it identify/mandate 'forms of evidence' that should be presented. It is simply left to each RTO to consider the 'type of evidence' that best suits their operations to prove compliance against the standards. This has been identified as a more flexible approach for all RTOs and has also taken into consideration their scale of operations.

2 AQTF 2007 explained

AQTF 2007 aims to be a quality framework in which both RTOs and Registering Bodies will operate within. The framework will provide an RTO with the option of applying for and working at a higher level - titled 'Excellence' - however in the first instance all current RTOs must achieve the 'Essential Standards for Registration'.

While Registering Bodies will work with this framework, they too will operate under their own nationally agreed standards and guidelines.

Essential Standards for Registration

Basically the 'Essential Standards for Registration' specify the requirements for an 'organisation or current RTO' to be registered and to maintain registration. The Essential Standards comprise of:

- Three standards, which focus on the quality skills outcomes and services expected from RTOs. These cover 1) training and assessment to industry standard; 2) client services; and 3) management systems.
- Under each of the standards are 'elements' that detail aspects of that standard. There are 14 elements in total, each critical to the particular standard.
- AQTF Quality Indicators.
- Conditions of Registration which are set out in a declaration to be signed by the Chief Executive of the RTO which bind it to operating in accordance with the Essential Standards for Registration.

Outcomes focus

The 3 standards and their associated elements specify key requirements to be met by each RTO. The standards are orientated towards an RTO achieving the essential outcomes which focus on systematic approaches to management and continuous improvement.

Quality Indicators

Quality indicators have been incorporated into the AQTF 2007 document, to support the 'outcomes focus' of the 3 standards. These provide measures which are considered valid in regards to an RTO's performance. At the initial registration, a training organisation will not be able to provide evidence of their performance against the standards, hence they will be assessed on the basis of their capability to deliver quality skills outcomes and services.

Quality indicators form a part of the Essential Standards and will be used by an RTO to evaluate the extent to which it meets the standards and achieves quality outcomes. They will also be used to identify areas for improvement within an RTO.

Any data collected in relation to the quality indicators, (inclusive of other information as considered important by the Registering Body) about an RTO's operations, will be considered when determining the scheduling, frequency and scope of audits for the RTO.

Systematic approach

A systematic approach is required by RTOs to ensure compliance with their registration requirements, this is specifically important in regards to the planning and delivery of their services. While St John (NT) is not considered a one person operator, it certainly isn't considered a large RTO either. For the purposes of AQTF 2007, the Standards will remain the same for any size RTO, however the amount of evidence required to prove compliance against each of the standards will depend on the size of each RTO and its' scale of operation.

It has been determined that where an RTO has a specialist function, such as an assessment-only approach, they will not be expected to demonstrate compliance with elements or aspects of elements that are not relevant to its operations. All RTOs are therefore encouraged to view the evidentiary requirements in the context of their operations, and this will also be taken into account during audits by their registering body

Continuous improvement and Quality Indicators

While I have mentioned 'continuous improvement' previously in this report, it is vital that St John (NT), as an RTO, continues to review and make reasonable adjustments to our operations and services. Our aim will be to meet the changing and emerging needs of clients and industry, while the VET sector will aim to ensure an RTO achieves its' quality outcomes.

It is essential for St John (NT) to continue to collect, analyse and act on data. In regards to AQTF 2007 this will also include acting on data stemming from the Quality Indicators and to ensure we are monitoring and improving our operations so that we are able to reach our outcomes and where possible, identify opportunities which may benefit us as an RTO.

Access and equity

The AQTF 2007 Essential Standards (like the previous 12 Standards) will still focus on ensuring training and assessment practices are as inclusive as possible for clients/ participants and do not unreasonably prevent them from accessing an RTOs services.

Conditions of Registration

Once St John (NT) achieves RTO registration under the AQTF 2007 Essential Standards, it will be up to all of us to be actively involved in promoting this to our clients/customers.

Simply by being an accredited under AQTF 2007 and/or achieving registration under the new standards will identify that an RTO is committed to providing quality services



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inclusive of both training and assessment (in the case of St John (NT), in the areas of first aid and paramedic studies). It should also confirm to our clients/customers that we:

- have arrangements in place that meet the requirements of the national VET sector
- have a contractual agreement titled 'Conditions of Registration' with our registering body that address our obligations to:
 - o have arrangements in place that, provide for consumer protection, such as financial management, insurances, etc.
 - o operate according to the national requirements of the VET system, for example, observing the protocols for national consistency in issuing AQF certification, national recognition of AQF certification issued by other RTOs, etc.

Excellence criteria

As mentioned previously, training organisations who wish to remain as an RTO under AQTF 2007 standards must prove compliance under the Essential Standards. They may elect to further themselves by applying for and working towards a higher level of registration currently referred to as 'Excellence'. It has been determined that applications for assessment against the 'Excellence' criteria, are purely voluntary and will be considered made under a separate application process from that of the 'Essential Standards'. RTOs applying for and gaining 'Excellence' will still be required to meet ongoing compliance of the 'Essential Standards' criteria during audits.

Like many RTOs, St John (NT) is currently waiting for further information to be provided on the 'Excellence' criteria, in anticipation that we will travel this path.

Annetta Albanese

Deputy Manager, Education & Training Services.

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Hats of to Katherine Volunteers

We have had a very busy year in Katherine. In April the township was inundated with floodwaters as the River again burst its banks. Again St John Volunteers were at the forefront with their assistance to the Katherine People during the subsequent evacuation of the township to shelters in the eastern part of town.

These volunteers worked tirelessly over 4 days making sure that medical coverage was provided at the evacuation shelters. Some of them were cut off from their families and houses for 3 days and were unable to get home. They stayed and offered assistance.

There were others who not only manned First Aid Points but went home and cooked and washed for those who could not access their homes. Commissioner Peter Poole visited Katherine after the floods and presented the volunteers with a plaque expressing the appreciation of the Division. I would like to just thank the volunteers once again for their efforts

Paul and Michelle Vella
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Simone Kleinig
Bill Backhouse
Eugene Boisvert
Lucy Buckland

This year has also seen us presenting a training night every Thursday as opposed to every second Thursday like in the past. Part of the reason for this is the commitment that the volunteers have shown in wanting to train in all aspects of Ambulance and First Aid work.

The volunteers high level of commitment and skills also means they have been able to assist in helping out the ambulance side of things during very busy times. Thanks go to Geoff Lohmeyer as Divisional Training officer who works tirelessly to develop presentations for each week training, not to mention traveling an hour and half each way to get to training.

A big thanks also to each Ambo/ Paramedic at Katherine Station for being patient and supportive to the volunteers in their endeavours to learn more about ambulance related stuff. It is great to see Operations and Service working so closely together to support each other. Thanks also to Martin Scaife as OIC for helping us to facilitate a lot of the training.

We have recently done two lots of training in extrications from vehicles with the assistance of the local Firies. We have cut open vehicles and were able to extricate patients from vehicles. This has happened twice in the past month, and the volunteers have gained a lot of knowledge from this. It is an excellent learning opportunity and it helps allow the vollies to experience some of the aspects of road accident rescue.
(see some of the attached photos)

Again a HUGE thank you to the division, you are a true asset to the Katherine region and you have made my job very easy this year. Thank you for your commitment.

Matthew Pearce
Divisional Superintendent
KATHERINE



Paramedic Training College Courses

Over the past 18 months our Paramedic Training College has been very busy.

With all Centre's being represented from across the Northern Territory we have had new trainees starting, and students attending courses as they progress through the Paramedic Diploma. Many friendships formed, lots of laughs, and maybe a few stressful tears in some, there are always memories from our course days... good or bad!



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Manager, Education & Training Services

It seems to me that each time I sit down to write an Outback report it would be reasonable to commence it with words such as, "Training Department continues to be faced with a number of on-going challenges to the way we do what we do.", or something similar - and it is no different this time!

I will leave it to individuals to read the Deputy Manager's report about AQTF 2007 but will say that the further the Vocational Education and Training (VET) system moves to enhance and improve its' credibility to end users and employers, the more challenging and detailed it becomes. This is not a bad thing as it is all about providing the best service possible.

What is being required of all RTOs wishing to operate within the national VET system is that individually, each of them must now make a serious and considered commitment to VET, the Australian Quality Training Framework (AQTF) and it seems to me those training

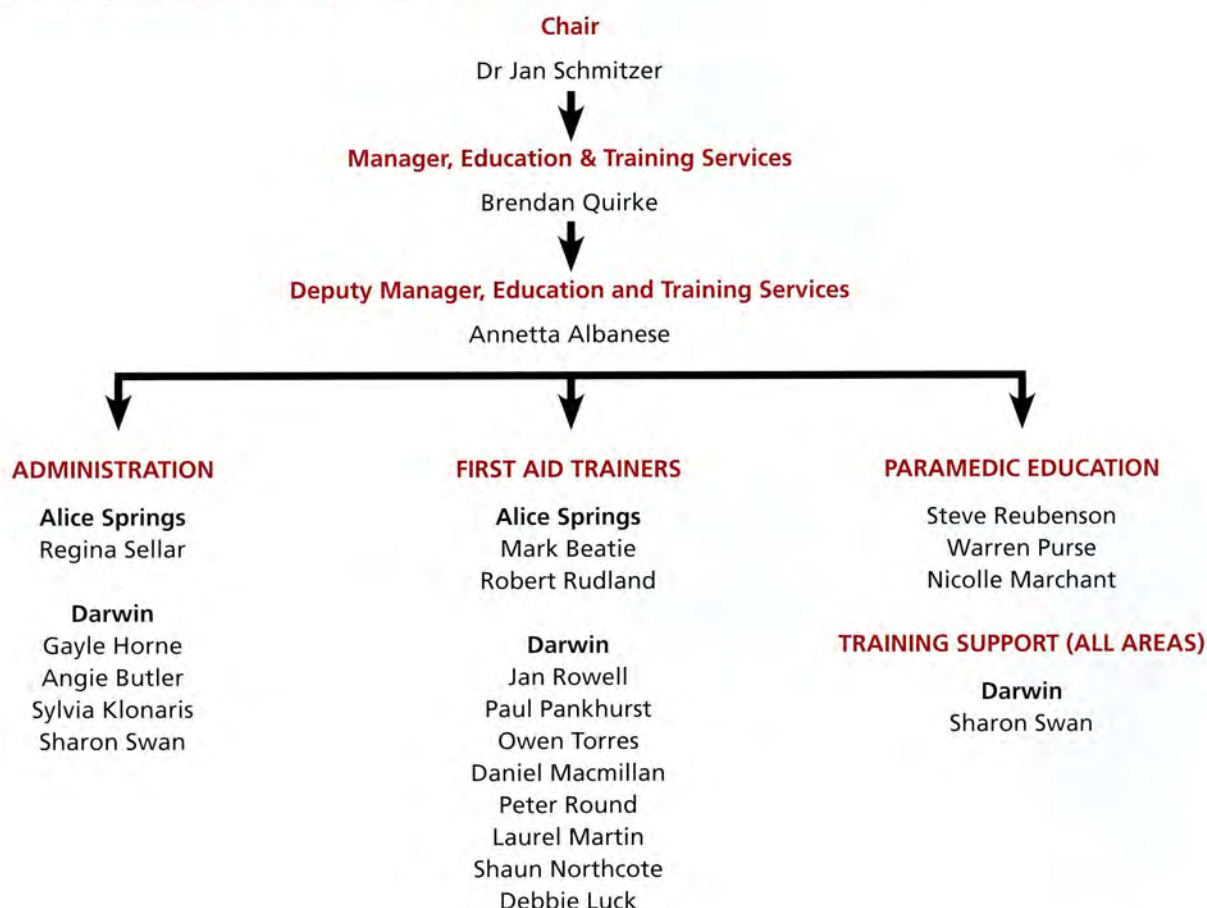
organisations who are not serious about education and training are not welcome. I am sure that St John (NT) is serious about learning and assessment and will continue to remain so. We have been an RTO (in various forms) in the NT since about 1991 and have been accredited through a number of formats. AQTF 2007 will be another format to add to the list and I for one am looking forward to the challenges it will throw up at us.

Aside from our full-time members, we are also very fortunate to have the valuable support of a number of others who in various ways (big or small) contribute to the ongoing operations of the Training area including;



Sessional, Part-Time and Associate Trainers; a variety of staff from across all Departments including the Workshop and a number of others from outside of St John (NT). I would like to take this opportunity to sincerely acknowledge everyone for their assistance in helping us 'do what we do', with a particular

Our current Training Team (full-time appointments)



mention to our Chief Executive Officer, David Baker and our Manager- Corporate Services, Ross Coburn

Paramedic Education

Aside from the everyday activities, Paramedic Education has been/is faced with two substantial challenges in 2006....

First of these was the request received from the Ambulance Service in late 2005 that a range of Diploma units were needed to be offered twice a year each year. To aid us in facilitating this request our CEO gave his support to the direct appointment of a 3rd Paramedic Education Officer (Nicolle Marchant) and this took effect earlier in the year. This meant that Paramedic Education was better able to prepare itself to meet this additional demand and continue to provide a quality service to program participants.

The 2nd challenge is yet to confront us. This will be the move between HLT02 (the Health Training Package developed in 2002 which included various Paramedic qualifications) to HLT07, the HLT02 successor. This enhancing of the Health Training Package will include a number of revised/renamed units in just about all paramedic qualifications as well as the removal of some units and the inclusion of others. While the actual delivery is not going to involve a significant change to our current approaches to learning and assessment, there is going to need to be some thought put in to how we arrange the 'transition' between the old and the new qualifications for those who are already enrolled.

Until the transition arrangements are finalised it is simply not possible to give anyone any further information but rest assured I will be aiming to make the transition period as smooth and painless as possible and those who are likely to be impacted on will (1) be kept advised and (2) will not be unfairly disadvantaged

First Aid Training

We are currently working through a training contact with the Katherine West Health Board. The average return distance for each of the course 'blocks' we are delivering for KWHB is about 1,600km and it has

been terrific to have the enthusiastic support of all First Aid Trainers involved in the delivery. We continue to deliver DEET funded courses to a range of groups throughout the NT as well as the programs we have been involved with through the Federal Department of Health and Aging and their Office of Aboriginal and Torres Strait Islander Health (OATSIH). It is worth mentioning that successful participants in each course with deliver for OATSIH also receive a first aid kit and this also aids in putting the St John (NT) name forward in many otherwise untapped areas. Of course, our standard Public Education courses continue and it is pleasing to see that based on quarterly figures out average class sizes (all courses combined) continues to rise.

I will also take this opportunity to welcome both Debbie Luck and Robert Rudland to the Training Team. Both Debbie and Robert commenced with us on April 23 and are currently working through their Trainer certification before being let loose to deliver courses as 'solo' Trainers. It is worth mentioning the fact that all of our new First Aid Trainers are supported through the certification process by all available full-time trainers as they prepare for their solo delivery. It would be remiss of me not to acknowledge our full-time staff who work so professionally with new members in this area. It is comforting to know that the standards we like to 'hang our hat' on are so ably passed on from one trainer to another. As importantly, there is some comfort in knowing that the quality standards we pride ourselves on are so successfully passed from Trainer to Trainer. Expertise, when used in this way, ensures our newer staff are given a great grounding which allows them the opportunity to work on their own individual delivery styles.

General Departmental matters

Work? There is a huge amount of behind the scenes work happening in Training at the moment, most of it to do with our preparations for the

introduction of HLT07 and ensuring our learning and assessment resources are all they need to be. If any member of the team has managed to evade this preparation work thus far they should rest assured 'they can run but they can't hide!'

Resources. We (Training) are starting to accumulate a significant amount of resources and these resources are becoming more and more costly. It is also noticeable that others in St John (NT) are aware of this as we are receiving more and more requests to 'borrow' equipment. This level of interest is not only something I encourage (particularly among our Paramedics) but it is something I commend. But please be aware, those who 'borrow' training equipment need to know that they will be responsible for it – no matter who else they might lend it to – and it will be up to them to ensure it is returned on time at the time they advise us when picking up the equipment and in an undamaged condition.

Trainer danger!

Owen Torres (car 08) was recently training in Pine Creek and an overnight storm uprooted some well established trees. The end result? Readers can see for them selves. Fortunately Owen was not sleeping in the car at the time! Just as fortunate, he was able to access his equipment and the training continued on as scheduled that day.

Paramedic Graduation. On behalf of the Paramedic Training College may I convey our best wishes and congratulations to all graduating Paramedics. The Graduation Ceremony was held at Government House on 30 May. I encourage



all graduating Paramedics to not simply look at this time as the end of their learning, rather to look at it as the closing of just one phase in the carrier long opportunity to continue to improve on what they do best ... the emergency care of the sick and/or injured. Diploma graduands should now strive to successfully complete the Advanced Diploma – our Intensive Care Paramedic program – and to do that every patient in every case should be looked as presenting a learning opportunity.

We've trained everywhere (well nearly everywhere). So far this year, First Aid Trainers have delivered in Nhulunbuy, Groote Eylandt, Ramingining, Yulara, Jabiru, Timber Creek, Kalkaringi, Legune Station (near the WA border), Pine Creek, Tennant Creek, Katherine, Lajamanu, Gapuwiyak, Yarralin, Mt Sandford, Delamere Station, the Granites, Robinson River and many places in between and we're only five months into 2006. Trainer and equipment travel has been by road, boat, and plane and from all indications there will be plenty more to follow. One of the main reasons why we tend to 'win' so much remote area travel is our willingness to travel to these regions and the support this Department is fortunate to receive from all of our Trainers. The Trainer's willingness to 'go the extra mile' for St John (NT) is recognised and appreciated

New first aid client. Training Department have been fortunate to have been selected by the new Australian Technical College (ATC), based in Stuart Park, to provide first aid training to students enrolled at the College. This early invitation to be part of the new ATC is an exciting opportunity given the projected growth rates it is anticipating. As I'm sure many Outback readers will be aware, the Stuart Park ATC is just one of a number which have been established throughout Australia by the Federal Government as another approach to address the current skills shortage, specifically in the 'trades', in Australia. We wish the ATC continued success in all of its' endeavours

National approaches to First Aid Training. Now that St John Ambulance (nationally) is a Registered Training Organisation (the NT and WA are retaining their own status due to

our needs to deliver Paramedic programs), there is a substantial emphasis being placed on ensuring our training is consistent across the country, an approach which is to be applauded. This approach means that not only will St John Ambulance First Aid courses be structured consistently across Australia but, more importantly, we will all be using the same basic approaches to developing course resources. Any move which has at its' heart the promotion of consistency in learning and assessment for all participants is, I think, a real advantage for St John Ambulance everywhere and I congratulate the National Training Manager, Peter LeCornu, for his commitment in achieving this national approach, as well as all of our colleagues in the other States and Territories for their support and contributions. This approach goes a long way to making St John Ambulance a truly national Training Organisation

"Any move which has at its' heart the promotion of consistency in learning and assessment for all participants is, I think, a real advantage for St John Ambulance everywhere..."

Compression only CPR. It's been spoken about for some time now, more so after the most recent ILCOR proposed, ARC endorsed and St John Ambulance accepted CPR changes in April 2005. This approach is currently being considered by the ARC but already there are some papers which have been published on the subject including this from the Resuscitation Council (UK) and published in the much respected Lancet on 17 March 2007.

The authors of an observational study undertaken in Japan have concluded that compression-only cardiopulmonary resuscitation (CPR) by bystanders is preferable to conventional CPR (chest compressions combined with mouth-to-mouth ventilation) for out-of-hospital cardiac arrest. Of those treated initially with chest compressions only, 6% made a good recovery – this compared with 4% in those treated initially with conventional CPR. Survival rates for

those given no CPR by bystanders were significantly worse than both the other groups at just 2.2%.

Some previous studies of out-of-hospital cardiac arrest have reported similar survival rates when comparing compression-only CPR with conventional CPR. This information was considered carefully during preparation of the existing resuscitation guidelines in 2005 by CPR experts from all over the world.

Although compression-only CPR may be adequate or even preferable for the first few minutes after cardiac arrest that is caused by heart disease, mouth-to-mouth ventilation will be required after cardiac arrest of longer duration or if caused by lung disease, drowning or trauma, or in children. In the Japanese study, the duration of CPR before arrival of the paramedics was short compared with average times in the UK. This study was undertaken in 2002-3. The 2005

resuscitation guidelines introduced several changes, including the provision of more chest compressions. We do not know if the results of this study would have been different if laypeople had given conventional CPR using the 2005 guidelines.

The existing **Resuscitation Council (UK) guidelines** indicate that chest compression-only CPR should be used after out-of-hospital cardiac arrest if the rescuer is untrained or unwilling to give mouth-to-mouth ventilation. The guidelines also indicate that interruptions to chest compressions should be minimised. For the time being, we do not plan to change our guidelines until the planned international review of resuscitation science in 2010. Individuals who have been trained in full conventional CPR should, ideally, continue with this technique. However, if unwilling to give mouth-to-mouth ventilation, they should give chest compression-only CPR.



The Japanese study showed clearly that any CPR is better than no CPR.

Dr Jerry Nolan

Chairman, Resuscitation Council (UK)

And this EMS article which appeared in Jems.com on 17 November 2006. from **Compression-only CPR found to triple survival rates in Phoenix**

The "New CPR" — developed at the University of Arizona — has tripled survival rates for cardiac-arrest patients rescued by Phoenix paramedics, a preliminary study shows. This is the latest in a mounting body of evidence suggesting that the "new CPR" — doing chest compressions only — can save more lives than the old CPR, which includes mouth-to-mouth breathing. However, the evidence has not persuaded the American Heart Association — the group that issues national guidelines for cardiopulmonary resuscitation — to fully adopt chest-compression-only CPR for victims of sudden cardiac arrest. But the Heart Association did issue new guidelines last year that called for significantly more "hard, fast" chest compressions and fewer breaths when attempting to revive these victims. "Rescuers will be taught to push hard, push fast, and minimize interruptions in chest compressions" reads a section of the new CPR guidelines issued by the group in 2005.

The brainchild of a cardiac research team at the University of Arizona Sarver Heart Centre, the new chest-compression-only CPR — better known as cardio-cerebral resuscitation or CCR — was unveiled three years ago in Tucson. Ever since, the team has worked to get the new system adopted worldwide. Concerned that survival rates for victims of sudden cardiac arrest occurring out of the hospital have remained dismally low for decades — at about 6 percent — the UA researchers studied what was really going on when people attempted CPR. They found that bystanders — untrained people who saw the victim collapse — often were reluctant to perform the mouth-to-mouth breathing required by the old CPR, and so most often did nothing other than call 911. Even trained paramedics were found to spend far too much time doing mouth-to-mouth breathing in between the vital,

blood-pumping chest compressions. "Getting the blood flowing again to the heart and brain is most critical in saving these lives, and that's what chest compressions do," said Dr. Gordon Ewy, director of the Sarver Heart Centre and one of the leaders of the "new CPR/CCR" effort. "If you stop doing these compressions for anything — even for breathing — it damages the brain."

In brief, the new CPR/CCR requires chest compressions only, at the rate of at least 100 a minute, with no mouth-to-mouth breathing, if done by untrained bystanders. If done by trained paramedics, it calls for constant chest compressions first, for at least two minutes, before attempting intubation or a shock defibrillator, which used to be the first priority. It is that protocol, now used

"The "New CPR" — developed at the University of Arizona — has tripled survival rates for cardiac-arrest patients..."

by six Phoenix-area fire departments, and that jumped the survival rate from less than 3 percent to 9 percent in a study of 1,000 cardiac arrest victims treated by paramedics in the field. The results are similar to a Wisconsin study released in April that showed a 300 percent increase in out-of-hospital cardiac arrest survival rates when paramedics in two counties used the new CPR.

The Tucson Fire Department also is seeing increased survival with the new CPR, Ewy said, but is not ready to release its data. Anyone using the much simpler and more easily learned chest-compression-only CPR/CCR must be careful to use it only on victims of cardiac arrest, and not on those suffering respiratory arrest.

"If you see the unexpected collapse of an adult, and that person is not choking or drowning, you can be pretty sure it is a cardiac arrest, and then you do chest compressions only," Ewy said. "If the person is choking or drowning, or if the victim is a child, it is likely respiratory arrest, and then you do the old CPR, with two mouth-to-mouth breaths after 30 chest compressions."

That is the universal CPR guideline still advocated by the Heart Association, partly because their experts doubt untrained people can accurately tell the difference between cardiac and respiratory arrest.

What to do in an emergency

How to perform the "new CPR," also known as cardio-cerebral resuscitation, or CCR:

- Ask someone to call 911, or make the call yourself.
- Put the patient on the floor, place the heel of one hand on the centre of the chest (between the nipples), with the other hand on top of the first.
- Lock your elbows and perform forceful chest compressions at the rate of 100 a minute. Lift your

hands slightly after each push to allow the chest to re-expand. Take turns with another bystander until paramedics arrive.

- If an automated external defibrillator (AED) is available, attach it to the patient and follow the machine's voice instructions. Otherwise, keep pumping.
- Gasping does not mean normal breathing or recovery. Start and continue chest compressions even if the patient gasps. For cases of suspected drowning, choking, drug overdose, or collapse in children, do standard CPR — two mouth-to-mouth breaths for every 30 chest compressions.

Carla McClain

*The Arizona Daily Star (Tucson)
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Business News*

Without doubt, there will be more to come on this obviously very contentious matter and I will do my very best to make sure everyone is kept in the picture
Until next edition, best wishes to all

Brendan Quirke

Manager, Education & Training Services



LARAPINTA 2007

The year 2007 has brought many changes to my role as School Divisions Coordinator with Marrara Christian College running a St John Ambulance Cadet program through the Year 9 curriculum. In addition, Marrara College has a division running on Thursdays straight after school finishes. Preschool and school visits and talks; with an ambulance on hand for them to look at afterwards have also come under my umbrella.

At the start of this year students in Year 9 were given a couple of "taster's" of the St John Ambulance and Australian Army Cadet programs. From these they had to make a choice and participate for the rest of the year.

Year 9 students at Marrara recently attended a two week school camp in the Alice Springs area staying at two camping sites; Ormiston Gorge and Simpson's Gap. This is part of the Larapinta Trail (a hiking/camping trail that covers about 200 kms). Due to the number of St John Cadets and adult helpers we needed the college's coach bus. The Army Cadets took a Marrara coaster and the 'St John bus' (huge thanks to the Macmillans).

We left the school at 1030 Monday the 23rd of April after a speech and prayer for a safe journey from the Principal. We had a brief stop at Katherine 3 hours later to buy chicken, salad and rolls for our evening meal at Bitter Springs (just outside of Mataranka). Some ventured into the water for a swim and then we all ate and continued our journey south. With a few more fuel stops we travelled through the night to arrive in Alice Springs at 0630 and proceeded to Maccas for breakfast. At about 0900 we started to prepare for the Cadets to go to their different campsites. St John Ambulance Cadets heading to Ormiston Gorge and the Army going to Simpson's Gap. I had a brief delay at the hospital (6 hours!!) with a boy with a hand fracture. He had hurt it on the Friday, three days

before the camp.

Ormiston Gorge campsite was a picturesque place with a Pound walk (8km) that had extremely cold, refreshing waterholes throughout to cool us down and revive us all. The camp site had untreated water, a toilet block and 3 showers (sometimes these were warm!). We woke very early on ANZAC Day (0530) and held our own Dawn service. The cadet read some stories, the "Ode" was recited and we finished with the "Last Post".

The main focus of the camp was to participate in day and overnight walks and for the students to strive to walk over 100km. The cadets also did activities to meet the requirements of the Camping Badge. Some included cooking and preparing food, locating the Southern Cross and other constellations and setting up tents and the kitchen. A few days after arrival at our camp we met up with the Army Cadets to do a joint walk up Mt Sonder. A few days later on the Sunday we swapped camps and again set up camp at Simpson's Gap.

This camp site was close enough to Alice Springs to have town water and the one shower that needed to have a fire lit for heating up the water. Our toilets were of the 'drop' variety. So certain smells come to mind not to mention the FLIES.

From this camp site we had walks to Standley Chasm, Simpson's Gap and

the Telegraph Station. Monday the 30th April was spent in town visiting the Desert Park and the Cultural Precinct with a pizza lunch to follow. Wednesday night saw another visit to the local hospital (this time only 3 hours) for a very painful torn hamstring. The cadet left with a set of crutches. Thursday morning saw another (luckily the last) visit to the hospital. We had an appointment with the fracture clinic for the broken hand and an emergency room visit for a badly sprained ankle. After x-rays on both boys, one left with a lower arm cast and the other had a backslab placed on his foot and lower leg as he had shifted his growth plate on his lower fibula. So that meant another set of crutches.

We departed from the Telegraph Station that evening at 1800 for the long trip back to Darwin. During the early hours we had a long stop to clean up the after effects of Gastro that had decided to just affect the adults of our contingent during the last half of the camp. I came down with it as we reached Mataranka. I wouldn't wish this on my worst enemy. After a long stop and swim for a brave few we again headed home. We arrived at the school around 1300 with the kids and adults very, very happy to be home. Thanks to staff for timing the camp to finish on a long weekend as those three days were certainly needed for rest and recuperation.

Kelly Raven
School Divisions Coordinator



Kuddles the Koala

Monica O'Reilly and I were at the fires in the Western District of Victoria mid December 2006. A fire crew came in with a koala they had found on a track, and handed us one of their jackets all rolled up, and asked us to release it near a gum tree. When we saw this little koala not moving or reacting to anything we did to it, we knew there was something wrong.

We decided to put it on some oxygen to see if it would help. After setting up, I went to the office to get some info of vets in the area.

After ringing a few places, we finally got hold of a vet who gave us a phone number of the wildlife rescue organisation, WIRES, but it would take about an hour to get to us.

We had named the koala Kuddles and started to drop some water into its mouth, as there did not look like there were any other injuries. We had used a mask for the oxygen, but when we started to give it the water we just held the tube towards its face. It really started to lap, but did not move much at all. We filled in an OB12 and waited.

After about two hours we found a box to put it in as it was starting to pick up and we realised just how big it really was, and how big and sharp its claws were. The girl from WIRES came and gave the koala more fluids and said she was a female with a pouch. After another half hour and more fluids, Kuddles Koala was taken away to hospital.

We have since learnt that Kuddles has made a full recovery and been released around the same area she had been found in. The fire commander became interested, as what had started out as a joke had become a rescue. Even the fire crews wanted to know how the koala's progress was going and to take its photo. They made sure we had left the WIRES rescue number on the command board in case they found any other wildlife.

As First Aiders, we are not limited to who and what we treat, only that they need our help.

Pam Henderson

Wyndham Division, Werribee, Victoria



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MLA 008



Chest Pain. Call 000 - Every Minute Counts

Chest pain. Call 000 - every minute counts is a campaign developed by the Heart Foundation that aims to reduce the amount of time people wait between the start of heart attack warning signs and calling triple zero for an ambulance.

Heart attack is a life-threatening event. Coronary heart disease (mainly heart attack) is the underlying cause of the death for almost 25,000 Australian men and women. Of great concern is that more than half of all deaths from heart attack occur before the person reaches hospital. Importantly many of the deaths and much of the illness that results from heart attack could be avoided if people who experienced the warning signs of heart attack got to hospital quickly to receive medical treatment.

What are the warning signs?

There is a common perception that heart attacks happen as they do in the movies or on television. That is, that the person suddenly experiences severe crushing central chest pain.

The reality is that many people who have a heart attack don't have 'severe' chest pain – instead they experience moderate or even mild discomfort. Some people who have a heart attack use terms like tightness, heaviness, fullness or squeezing to describe their discomfort. Others use descriptions including 'like a steel band tightening around my chest', 'like an elephant sitting on my chest' or 'like a red hot poker in the centre of my chest'. Also, rather than the discomfort or pain coming on suddenly, many heart attack survivors say that their symptoms start slowly, coming on over minutes.

Many people who have a heart attack may not experience chest pain at all! Almost one half of patients who have a heart attack may not have chest pain – instead, experiencing discomfort in the neck or throat, the jaw, shoulders, the back, either or both arms and even into the wrist and hands. Some people who have had a heart attack say that their arms felt 'heavy' or 'useless'. Others say they had a 'choking feeling' in their throat.

Some people who have a heart attack experience chest pain or discomfort followed by discomfort in other parts of their upper body. For example they may experience chest discomfort that spreads into their shoulder and down their arm and into their wrist or hand; or they may experience discomfort in the centre of the chest that spreads to their back.

Many people do not know that as well as the symptoms of pain or discomfort, people who have a heart attack may also experience difficulty breathing, nausea or vomiting, feel dizzy or light-headed or break out in a cold sweat.

What should a person do if they experience the warning signs of heart attack?

The first step is to immediately stop what they are doing and rest. This is very important as it reduces the heart's requirements for blood and oxygen and this may increase the person's chance of surviving a heart attack.

The second step is that if they are with someone they should tell that person what they are experiencing. Research shows that in Australia, the other person usually takes charge of the situation.



The third step is to call triple zero (000)* and ask for the ambulance service. They should call triple zero if the symptoms are severe, get worse quickly (that is if the discomfort starts out as a mild discomfort but becomes severe) or if the symptoms last for 10 minutes.

It is important not to hang up until the triple zero operator tells you to. The operator may need to ask you some questions or give you advice on what to do before the ambulance arrives.

***If calling triple zero (000) does not work on your mobile phone, try 112.**

Why is it important to act quickly?

With heart attack, every minute counts. Getting to hospital quickly can increase the chance of survival and reduce the amount of heart damage from heart attack.

Immediately after a heart attack starts, there is a risk of cardiac arrest (that is the heart suddenly stops beating effectively and is unable to pump blood around the body). This can be treated with a device called a defibrillator that passes a controlled electric shock to the person's heart that may make it start pumping effectively again. All ambulances in Australia carry a defibrillator and all hospitals have them too, but treatment must be given within minutes of cardiac arrest to be effective.

In hospital, modern treatments and clot-dissolving medications are available that can stop a heart attack from happening and prevent serious heart damage and long term illness from heart attack. The treatments work best if given as soon as possible after the heart attack begins – the effectiveness declining as each minute passes.

How can people help save the lives of the 470 Australians who are dying from heart attack each week?

1. Know the warning signs of heart attack.
2. Know what to do if you or someone you are with experience the warning signs.
3. Know why it's important to get help fast.
4. Learn CPR.

For further information on the Chest Pain Campaign and the Heart Foundation in general, contact Heartline on 1300 36 27 87

Or contact the Heart Foundation - NT Division 08 8981 1966

Clean up Australia!

On Sunday the 4th of March, the Cadet Band Division participated in Clean Up Australia Day by cleaning up the block from St John Casuarina Centre up to Casuarina Square covering both Dripstone Road and Rowling Street. We collected about 150 kilograms of rubbish including 44 gallon drums, a car tyre and battery, lots of food wrappers, cigarette butts and even a needle and syringe.

Although it was monsoonal weather, we had 15 Cadet Band members participate in the Clean Up. Even with umbrellas and raincoats we were still soaked by the end. The Cadets, Juniors and adults involved did a great job. Not only is Clean Up Australia a great opportunity to do something for the environment, it is a wonderful team-building exercise that benefits both the individual and the group as a whole.



We're already looking forward to Clean Up Australia 2008!



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MLA 002

MAJOR INCIDENT RESPONSE

SODIUM CYANIDE SPILL STUART HIGHWAY 2007



Initial Road Train Rollover – Northbound



Decontamination and Medical Post Setup (1)

And so it Began

On the 7th February 2007 a road train carrying 40 tonnes of Sodium Cyanide pellets left the Stuart Highway and didn't make it back on...

We heard about it later that night and were informed that the driver was fine and that the Ambulance was not required. Life at the Tennant Creek Ambulance Station went on as usual.

At 0900 hours the following morning, (8th February) we received a phone call that put our small little

station into a whirl wind. "Personnel will be required to go to the scene and provide medical support and monitoring while the Fire Service is up there working under breathing apparatus, it may take a few days so pack some clothes".

Some time passed and the buzz of excitement and the level of Adrenaline died down and reality started to intrude: Where would we sleep?; there are a lot of mosquitoes around at the moment; walking out in the bush with a shovel and a roll of toilet paper; ants in your swag; no long hot showers

and lots of sitting around and limited staff meant that we would all have to shoulder the load.

I was to be the initial St John Officer assigned to the task, so I packed the ambulance with what I thought I might need, checked the condition of the toilet roll, and reported to the Fire Station Emergency Services mustering point. As part a convoy of vehicles (NT Emergency Services, NT Fire Service and St John Ambulance) we traveled to the incident site approximately 130km north of Tennant Creek.



A Fire Approaches



The Initial Command



The Last Day Group



A Mutual Wash



Marcel and Bridget Take Time Out



Fire Personnel Resting

The Incident Response Unfolds

When we had arrived at the scene there was plenty to be done setting up the personnel decontamination zone, eating facility and medical support areas (encompassing a monitoring area and treatment post). Our duties were to be mostly to assess baseline vital signs of personnel entering the "Hot Zone" and re-assess them on their exit. A cyanide spill is not really a spectator sport, so when no pulses needed palpating, I watched and waited as the Fire Officers in their chemical splash suits and canister masks, moved into the area to inspect the extent of the spill.

During this first day, preliminary logistics for cleaning the site safely were worked out and with the arrival of the experts from Orica Chemicals

(the company which manufactured the Sodium Cyanide for industrial/mining use) and the Freight company (IFE) representatives the efforts were started in earnest.

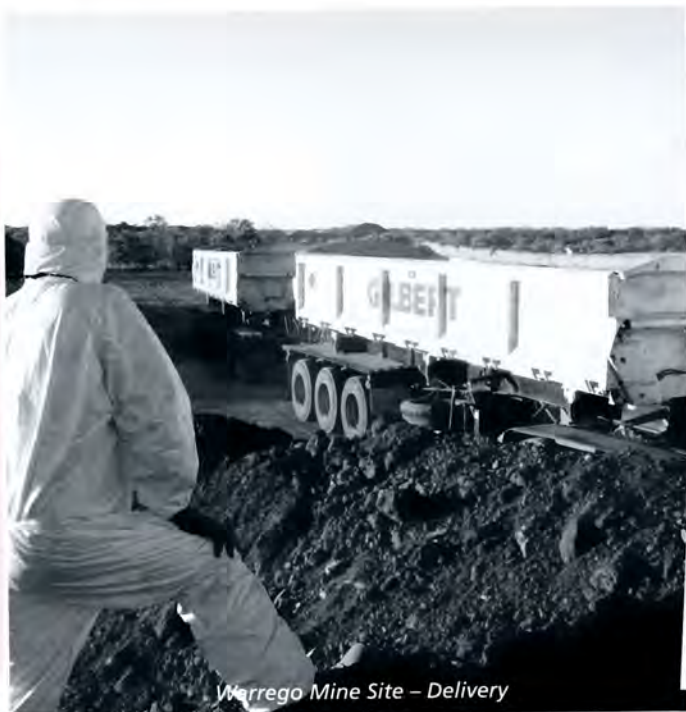
The spillage of Sodium Cyanide pellets onto the highway and adjacent water course had a high potential to cause damage to the environment (fauna & flora), public (road users and community confidence) and economy (from closure of the main arterial highway through the NT). As a result, the clean up needed to encompass safe working practices, hazardous chemical management, environmental impact reduction, access restriction and media liaison. The combined efforts of experts in Cyanide management, Emergency Service providers, Industry representatives

and Local and State authorities created a multi-level response.

During the course of the clean-up an added concern was a developing bush fire in the region. Had this fire entered the incident zone it would have created a potentially dangerous situation and increased the risk of greater environmental and personal risk.

Our Job

From the point of view of St John Ambulance, rotating ambulance personnel, level of coverage and inter-service liaison was required. All of these activities had to be undertaken both at the scene of the incident and remotely to provide adequate and appropriate resource allocation out of what is a "small" Station. We assessed personnel as they entered



Warego Mine Site - Delivery



Warego Mine Site - Disposal



"I Wait..."



Firies Enter the Hot Zone



Chris & Marcel Working Again

and returned from the incident site after they had been through a staged decontamination process.

Additionally, the special requirements for the emergency medical management of any personnel who may become contaminated with Sodium Cyanide required the introduction of a non-standard protocol for us – the use of a special Cyanide Antidote Kit (which essentially consists of a huge dose of vitamin B12) and the need to ensure instruction and liaison with Health Services in Tennant Creek were available in the event of an exposure.



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We worked, rested and worked again

Two people did require treatment and transport to Tennant Creek Hospital during the course of the clean-up. Neither of the two were thought to have become extensively exposed to Cyanide. As a result, one was conservatively managed with oxygen and observation, and the other was treated predominately for dehydration. Both recovered well.

There were no other reported cases requiring further medical management and all personnel remained well and rested well when they needed.

Over the next 10 days more personnel were tasked to fulfill the roles assigned to their respective organizations. Some 60 personnel were utilized throughout the

duration of the incident. St John Staff came from Tennant Creek, Katherine, Alice Springs and Darwin to provide services during the day. At night the site was secured and staff were able to return to Tennant Creek, ready to do it all again the next day. A second medical monitoring program was required when the lower grade Cyanide contaminated debris was transported to the Warrego mine site for appropriate disposal. (Warrego was the site of a pre-existing mine and as such had facilities suitable for the disposal of chemicals such as Cyanide which is used extensively in the Gold Mining Industry). The bulk of the Sodium Cyanide was transported to a mine site north of Katherine for use/disposal.



The Road to Recovery



Warrego Mine Site – Second Post



You're All Right Mate

Epilogue

In total, the staff required from St John to provide medical monitoring / emergency medical care and continue to maintain ambulance services to the community of Tennant Creek and the Barkly Region was 'the dirty dozen'. The roll call reads like a football team line-up:

Kevin Blake; Marcel Clark; Glenn Campbell; Fergus Calder; Natalie Clarke; Bridget Oudeman; Chris Wilson; Rachael Walker; Monica Staunton; Amanda McNeil; Ron

Owen; and Matthew Cowie.

As the incident response came to a close, the road now clear of debris the crews returned to Tennant Creek. My experience of this Major Incident Response was positive, with co-operation and effort put into ensuring that the spill was contained, that personnel were safe and that



Top Job

the end result would favor the return of the environment to its former condition. I had the opportunity to see first hand a multi-agency response in a remote location.

2007 Avant Hit and Giggle – Charity Golf Day

A date has been secured for the 2007 Avant Hit and Giggle Charity Golf Day. This extremely successful and well attended event is scheduled for Friday 14 September 2007 and will celebrate the theme of Mardi Gras - ensuring another year of fabulous costumes and entertainment!

St John Ambulance NT Volunteers have once again been selected as Avant's partner for this event, receiving all proceeds raised. A total amount of \$10,000 was raised in 2006, which has supported the valuable work of St John Ambulance NT Volunteers over the past year.

Over 70 businesses donated goods, services and cash towards the cause and participants helped to raise further

funds through raffle, karaoke and a few "surprise" events.

Thanks to all major sponsors, **Sterns Leading Edge Jewellers, Alliance Realty** and **Airnorth**, participants had the chance to win a South Sea pearl and diamond pendant, a property listing to the value of \$6000 and two return airfares from Darwin to Broome, amongst many other raffle prizes. Significant contributions were also

received from Fosters, Mix 104.9 and Australasian Jet.

We sincerely appreciate the support from every sponsor and participant, and look forward to building further community spirit at the 2007 Avant Ladies Hit & Giggle Golf Classic on Friday 14 September 2007. If you would like to be a part of this great event, call Avant Personnel on 8941 2299 or email marketing@avantpersonnel.com.au

Avant Personnel Annual Charity Golf Day

For the past eleven years, the team at Avant Personnel, under the expert guidance of Alison Hucks have been host to a number of extremely successful Charity Ladies Golf days. All proceeds raised from the day being donated to the Charity of their choice.

Last year St John Ambulance Volunteers was fortunate to be the chosen Charity, with a grand total of \$10,000 being donated to assist the 500 plus volunteer members who provide First Aid at public events such as sporting, entertainment and community events held throughout the Northern Territory.

The event is months in the planning, with the team at Avant rallying local business and key local identities for their support by way of donations and in-kind support. Places on the Teams, entered by local business', are highly sought after with last year 22 teams hitting it out on the day. Some

ladies booking their place on a team for the following year, before even completing their round of golf!

Lars Holm has kindly allowed the Ladies to show their skills (or not) at the Gardens Park Golf Links each year. Last year he was inundated with over 100 very enthusiastic budding golfers. Who don't always leave the greens as presentable as they arrived! But as the saying goes 'what happens on a ladies golf day, stays on a golf day' some things are best not repeated! Although if some photos were to be released there may be some slightly embarrassed ladies! However, jokes aside, the aim

of these ladies getting together is to raise as many dollars as they can for the chosen charity and they are certainly generous with their funds, especially as the day goes on. Thank you to all the ladies who participated in last year's event and helped to raise the \$10,000.

Local business is also very supportive and each of the ladies who play, depart with a bag brimming with goodies. In their 'show bag', are some of the donations and vouchers from local business as well as a few extras if they are fortunate enough to win one of the highly sought after raffle prizes.



The annual event is a great opportunity for businesses to market their product with many of the ladies who attend are key corporate staff from major firms.

If you would like the opportunity to join this exciting event and become one of the sponsors, or even to enter a team for the day, direct your enquires to Cheryl Martin via email on marketing@avantpersonnel.com.au or give her a call on 8941 2299

We would love to have you on board. The date has been set for this year as Friday 14th September, so please mark your calendars and start getting organized. St John Ambulance have again been fortunate to be offered the proceeds of this years event.

The major sponsors for last year's raffle were Sterns Leading Edge Jewellers – thanks go to Dora Andreou for donating the main raffle prize of a stunning South Sea Pearl and diamond necklet. Thanks also go to the other major sponsors, Alliance Realty and Airnorth for donating some wonderful prizes.

A huge thank you to all the other support and donations from the following sponsors:

A2Z Business Machines, Airnorth, Alliance Realty, Andrew Bridge, Golf Professional, ANZ, Arnhemland Progress Association, Australian Harbour Cruises, Australasian Jet, Avant Personnel, Baker Young Stockbrokers, Banyan Tree Café, Belle Models, Biznorth, Body Sanctuary,

Cabling, Karen's Kitchen, La Beach, McDonalds Darwin, Merit Partners, Mirambeena Resort, Mitchells Adventure, Nirvana Restaurant, Northern Gateway, Northern Territory Broadcasters, Office fo the Chief Minister, Palms City Resort, Paspaley Pearling Co. Pty Ltd, Perkins Shipping,

The annual event is a great opportunity for businesses to market their product with many of the ladies who attend are key corporate staff from major firms.

Bridges Personal Investment Services, Carpet Choice, Casuarina Shopping Square, Chamber of Commerce NT, Coca Cola Amatil, Cold Rock Darwin, Colemans Printing, Crocodylus Park, Crowne Plaza, Curves, Darwin Central Hotel, Darwin Computers and Networks, Darwin International Airport, Darwin Sailing Club, Darwin Trailer Boat Club, Domino's Pizza, Downtown Duty Free, Fernwood Women's Health Clubs, Fosters, Freedom, Garden Park Golf Links, Gardens Tennis Complex, Go Sushi, In and Outboard Marine, Infocus Money Management, Jape Furnishing Superstore, JR Communications and

Power and Water Corporation, QBE Insurance Australia, Quick Print, Sky City, Sportsco, St John Ambulance NT, Starshots Glamour Photography, Sterns Leading Edge Jewellers, The Arch Rival Bar and Restaurant, The Good Guys, The Investors Club, The Pot Shop Darwin, TIO, Wisdom Bar and Café, Workpac.

I would like to take this opportunity to thank all those who participated in last year's event, in whatever way and ask that you again consider being a part of this fun event, by contacting Cheryl and the team at Avant Personnel.



AFL in Alice Springs

Members of Alice Springs Cadet and Adult Divisions combined resources with two Service Branch crews to look after the crowd at the Adelaide Crows and West Coast Eagles AFL match at Traeger Park.

The crowd was down this year with only 10,000 in attendance, but with 4 paramedics and 13 volunteers in attendance it was a reasonable night with only 17 casualties all night.

Thanks to Kay, Nathan, Sean and Adam from Service Branch for the backup throughout the night.

The conditions were hot, humid and dusty, we were located in front of an over-flowing public toilet and not far from the public beer tent – how cruel!



Cadet Cassie Iggleden tends to a lacerated foot with assistance from Caitlin Tjung while District Officer Paul Maybank and Territory Officer Ian McKie look on.



Mr Warren Snowden MHR always has time to come and say Hi when he sees the volleys out and about.

L to R – Caitlin Tjung, Cassie Iggleden, Warren Snowden, Barbara McKie and Gavin Henderson [who dyed his hair in support of Shave for a Cure].

Other Alice Happenings

March 24th and 25th saw Kate Anning, Jake Pietsch, Rebecca Jones and Barbara McKie complete an Officer's Course.

March 31st and April 1st Alice Springs Cadets held their Preliminary First Aid weekend and sleepover.

May 5th and 6th the ASP Cadets Divisional Camp at Hamilton Downs Youth Camp.

The Cadet Division has recruited nine new Cadets and

about the same number for Juniors.

Alice Springs Adult Division has successfully defended their title and won the Northern Territory First Aid Competitions, which earns them a trip to Canberra to compete in the National First Aid Competitions in June. Well Done to both the team and individual competitors and Good Luck in Canberra!

At the time of writing this article, training and preparations are underway for the 2007 Finke Desert Race, which you will hopefully hear more about in the next edition.

Alice Springs Divisional Inspection

The last few years has seen Alice Springs Divisional Inspection get pushed back later and later each year, so this year we decided to get in early. March 21st saw 35 members from the Cadet Division, 5 from the Adult Division and an array of Territory Officers lead by District Superintendent Mr Steve Peers.



Presentations on the night;

3 year Service Ribbon to Barbara McKie and Melissa Golding

6 year Service Ribbon to Rebecca Jones

Promoted to Cadet Corporals were Cassie Iggleden and Christina Walker

Promoted to Cadet Sergeants – Caitlin Iggleden and Michelle Ellis

Melissa Golding was announced to fill the role of Acting Cadet Leader.

New Cadets Kahya Hentschel and Victoria McRae were inducted into Cadets by Territory Officer Cadets Noel Talbot.



From Top L-R: Michelle Ellis and Caitlin Iggleden receive there promotions from Alice Springs new Divisional Medical Officer.

TOC Noel Talbot inducts Kahya and Victoria in Cadets. Well Done and Welcome girls!

Barbara receives her 3 year Service Ribbon from Territory Superintendent Steve Peers.

Rebecca Jones [L] receives her 6 year Service Ribbon from fellow mischief and long time friend Kate Anning.

Cassie receives her promotion from Territory Officer Allan Caust.

Not one of the Alice Springs members who received promotions were actually told about them until they were announced on the night.

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TIWI ISLAND GRAND FINAL 2007

April the 1st this year was the day another eager and excited band of volunteers (3 adults and 6 cadets) flew over to the Tiwi Islands for the culmination of a season of skilled and lightning fast football. The weather was perfect; not too hot and not too wet. The flight was smooth and the pick up at Nguiu airstrip was quick and delivered us straight to our site to set up.

The day started off with entertainment from local dancers, a skydiving show and an under 18's clash with teams from Katherine and the surrounding Islands. An ex-Kormilda cadet Nick Stassi played an excellent game for the local boys. Our elected photographer for the day, Terry Brown, worried us all when he jumped out in front of the 40 odd young players on their victory lap to ask them if they would stop and have a photo with us. Whether they were obliging enough to let that happen or maybe they were just too tired to argue we will never know!

The main game started on schedule and was as fast paced as ever. The excitement when a goal is scored is always loud and colourful and the game takes a bit longer to start up again as the young kids need to be

moved off the oval after running around the goal umpires and hugging the goal scorer with streamers and banners waving.

Our major excitement for the day was when we were approached in the last quarter to treat one of the Magpie players. He was brought to us with a large laceration to his head after a heavy clash. We all sprang into action – we actually have someone to treat!! I have been going to Tiwi for 3 years and this was our first ever 'real' casualty. It took a while to stop his bleeding and clean him up but with four steri strips, a pad, bandage and with the suggestion he shouldn't play again

as he needs stitches; he was taken back to his teammates on the side lines. Not long after treatment all you could see (though we didn't want to) was this huge white bandage running around the oval!

Another quick pick up at the end of the game and the presentations by a local bus operator saw us again back at the airstrip at around four o'clock. Due to air space congestion our flight was delayed and we arrived back in Darwin at around eight o'clock that evening.

Kelly Raven





Lake Bennett Camp 2006

On the May day long weekend, the cadets of Darwin Cadet Division went on their annual camp to Lake Bennett.

After setting up camp we spent the rest of the day lazing by the beautiful and picturesque Lake Bennett. The cadets spent several hours' sun baking on the pontoon, snorkeling and swimming.

Dinner was a treat with the cadets responsible for preparing, cooking and cleaning all meals. On the menu was marinated chicken wings, beef sates' and our very own open fire fried rice.

After dinner out came the decks of cards with speed, 500 and cheat being the most popular card games. The final game was a mega version of cheat involving 2 decks of cards and at least 12 players. The idea was to eliminate the two losers in each round and end up with grand champion but the first game took nearly 1 hour and a half and even then most people gave up!

Day three was our big adventure to Buley rock hole. After a nice swim we stopped at the termite mounds for lunch, where we enjoyed our salad sandwiches and fruit.

After loading up the vehicles with cadets the last job was to put the hoist in Car 65 back into position. After several attempts Stuart, Carolyn (our mini bus driver) and I discovered a leak in the hydraulic fuel line leaving the hoist disabled. We tried the manual approach to no avail so Stuart and Carolyn took the other bus and all the cadets back to Bachelor to ring comms for advice. An hour and a half later back they returned armed with engine oil.

Once we filled up the reservoir we were set and ready to go. By the time we got back to camp it was almost 6 o'clock, luckily dinner was marinated steak, sausages, rissoles and our very own camp mashed potato.

One of our cadets had fallen ill and needed to be transported to RDH. Stuart and I drove as far as Old Bynoe Road where we met the Palmerston Ambulance crew. Travelling back to camp, we were turning into the entrance to Lake Bennett when out hopped a mid sized wallaby (according to the driver it was 50 feet tall!!) which impacted with the vehicle. After motivating the wallaby to get back on its feet and move off the road we nicknamed him "Lunch".

On arriving back at camp the cadets were enthralled by our travelling stories and begged us to take them to see if "Lunch" had survived. Lo and behold on our raucous approach "Lunch" hopped away merrily none the worse for his misadventure.

After missing concert night Stuart and I begged the cadets for a repeat performance which encouraged a few more inventive skits. We had a disturbing adventure with the fork and straw skit, the two clowns of lake Bennett, the robot singers and animal sound games. After the adults fooled the cadets with their animal games the cadets decided to come up with game. The adults were blind folded, a chair at either end and cups in the middle. The object was to put the cups on the

legs of the chairs. My team won of course but everyone had a ball!

The final skit of the night was a game called "Thursday". The cadets had to stand in a line with their fingers on their nose and a day of the week to recite. The last person standing was to win 5 gold coins for the Auction to be held the next morning.

The cadets proved tough but were outwitted by the adults who kept the excitement up by changing from days, to numbers, to months and finally to spelling. After almost an hour the final four contestants were asked to spell the letters G U M B Y with an adult saying "I'm a" before each attempt (try it with a friend). The results had everyone in stitches! In the end there were four winners.

After pancakes for breakfast we packed up our tents and prepared for the auction of a life time. The cadets had been rewarded for good deeds on camp with gold coins. Those coins were used to bid for some very exclusive items including chocolate bars, fairy wands, a deck of cards, bouncy balls and butterfly magnets. After some mad bidding and some haggling all cadets were satisfied with what they had bought.

So after a final swim in the lake it was back to camp and home holding a life time of memories and friendships.

Sheryl Rossiter (and friends)



National Cadet Camp Darwin 2007

After over 12 months of hard work and a similar amount of frustration this years National Cadet Camp was held in Darwin at the newly renovated Kormilda College from the 12th to 19th January. From all over the nation they came; 125 enthusiastic members, young and old. They started arriving late Thursday night and very early Friday morning.

The heat and humidity was a huge talking point for much of the camp. Many participants were also wondering if there was a time limit on showers. Most of the states were on water restrictions!

Friday - Day One: the camp participants were welcomed and handed their camp backpacks with an assortment of freebies and room allocations. This was followed up in the afternoon with activities organized by the Northern Territory Youth Council (NTYC). The evening was finished off with the official camp opening and a Welcome to Country by Koolpinyah Barnes, Chairman of the Larrakia Development Corporation.

Saturday - Day Two: the contingents were split up into different groups. It was a great way to meet people from every state and territory. With buses and drivers allocated to the teams, we set out on a day trip to the Northern Territory Museum and Art Gallery, Fanny Bay gaol and the Military Museum. We even made time to visit the Rapid Creek markets.

Lunch was eaten at the Parap Ambulance Centre.

Sunday - Day Three: this was the day some of the cadets were dreading; National Cadet First Aid Competitions. The competitions were held at the Charles Darwin University. Band Cadet member, Claire Chandler, took out 2nd place in the Cadet Individual. Later that night everyone had a great night dancing at the "Grease" themed Formal Dinner which was held at Kantilla's.

Monday - Day Four: The State and Territory Cadet Officers held a meeting in the morning with free time for the rest of the camp. The afternoon was set aside for a Camp Challenge again organized by the NTYC.

Tuesday - Day Five: most of the day was spent at the Territory Wildlife Park. A quiz night was the night's activity.

Wednesday - Day Six: another day out with a visit to the Adelaide River Jumping Crocs and Windows on the Wetlands. The afternoon was set aside for visits to a number of shopping centre's. The evening was a

success with the Camp Concert.

Thursday - Day Seven: The final excursion saw a trip to Litchfield National Park. The weather was very wet and so was the swimming at the various holes and rock pools. The evening and camp was finalized with a Camp Auction. Camp Dollars had been issued throughout the camp by staff to pay for good deeds, fines, bribes and slave labour. The contingents then spent their hard earned dollars on mystery lots.

Friday - Day Eight: this was 'goodbye' and clean-up day. It was sad to see everyone go but the staff were in need of some rest and much recuperation.

National Cadet First Aid Competitions, the results of which were:

CADET INDIVIDUAL

1st	ACT Lance Gray
2nd	NT Claire Chandler
3rd	NSW Dayanna Grageda

Cadet Leader

1st	Tas Brent Cashion
2nd	NSW Christian Kunde
3rd	Vic Rachel Green

Team

1st	NSW Lucy Johnston Charlotte Robinson Andrew Dagger
2nd	Qld Cindy McKenzie Maree Leis Renae Leis
3rd	ACT Veronica Harms Emma Johnson Jack Boessler



Investiture and Graduation 2007

On Wednesday 30th May, we held our Annual Investiture and Graduation Ceremony, at the fantastic venue of Government House in Darwin, the home of our Deputy Prior Mr Ted Egan AO and Patron Ms Nerys Evans. Thank you for allowing us to use your beautiful venue.

As we only held an Investiture Ceremony in 2006, this year was a very large affair, with several Graduating students and Service Bar recipients as well as a large number of members being admitted and promoted within the Order of St John.

The Investiture Ceremony commenced at 5.30pm, with Graduating students and members of the Order commencing the procedures with the Academic and Capitular procession. The presentation s began with Promotions within the Order of St John, followed by Admissions to the Order and the presentation of a Priory Vote of Thanks to two members for their contributions to St John and the Order of St John.

Admissions:

Roland Chin
Michael McKay
Richard Skinner
Sonya Arnold
Gwyn Balch
Debbie Downs
Kay Gargett
Jan Schmitzer

Promotions:

Ross Coburn
Roslyn Jones,
Brendan Quirke

Priory Vote of Thanks:

Paul Berry
Greg Payne

The Graduation Ceremony followed, with 1 member receiving their Advanced Diploma of Paramedical Science (Ambulance) and 7 members receiving their Diploma of Paramedical Science (Ambulance), not all recipients were able to be present to collect their Diploma, but a warm Congratulations goes to all those who were eligible.

Advanced Diploma of Paramedical Science (Ambulance)

Warren Purse

Diploma of Paramedical Science (Ambulance)

Sharon Browne
Natalie Clarke
Richard Jones
Steven Mansfield
Lynda McMeekin
Bridget Oudeman
Louise Winter





HISTORY CORNER

A few stalwarts are slowly banding together to form an historical group here in the NT and will hopefully eventually have ties with our national body the St John Ambulance Historical Society.

Taken at Parap Centre 1978. Our 6 wheel Em-care Ambulance.

From an ambulance service perspective we are only some 30 years old but in truth our volunteer days go back much further. Early records in Alice Springs have been faithfully "saved" and stored thanks to the terrific efforts of Pat McQuillen who eventually turned out a book that was launched at our national conference in Alice Springs in 2004.

Some of our other records however, such as those held in Darwin are in a very fragile state and need to be preserved and catalogued. St John has a proud heritage in the NT and it is through our history of photos and early records that we can attest to this fact. Future historians can gain a wealth of factual knowledge about

"us" and our beginnings by having access to properly cared-for and preserved material.

So we are seeking interested and like-minded people to join our ranks to be a part of preserving our history or perhaps simply, would like to be associated with an NT historical group.

At present Pat King is compiling a data-base of names and if you are interested we would love to hear from you.

Preserving our history is everybody's business and you don't have to be hitting 90 to be a part of it all!

Taken at Parap Centre 1978. Our 1 tonne Holden.

We have a small mystery on at the moment and someone might have some information. What ever

happened to our "time capsule" that was laid under the great stone when Casuarina HQ was opened back in 1978? From memory, it was to be opened in 2000 and I remember it contained newspapers of the day, lists of volunteer members and staff and Council records. If anyone has any information please contact Gwyn Balch or myself.

So, if you would like to be a part of our NT History group then either give Gwyn Balch, our Operations Branch Volunteer Co-coordinator a ring on (08) 89226205 or email myself at nursec@smartchat.net.au here in Alice Springs. It is hoped that History Corner will be a regular feature with early pics, anecdotes and all good things about our past.

Alan Caust OSTJ





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