



Western Cape
Government

Health

BETTER TOGETHER.

Emergency
Medical
Services



Siren Issue 8 November/ December 2012



After much controversy in the newspaper and media, Dr Robertson gives a detailed report on the Miroshga Incident that took place in Hout Bay and the role the Greens played on the day:

On 13 October 2012 the Miroshga, a passenger vessel carrying 39 passengers off the coast of Hout Bay, took a wave over the stern and lost power in both motors. A distress call was sent out, but soon after rescue boats arrived on scene, the Miroshga capsized, throwing the passengers into the sea.

The weather conditions were harsh, with a water temperature of less than 10 °C, a strong south-easterly wind, swells of up to two metres, and an uncomfortably choppy water surface.

The rescue boats recovered 35 passengers, of whom one was an unconscious senior gentleman on whom resuscitation was attempted but unsuccessful. The passengers, including the deceased, were recovered to Hout Bay NSRI Station 8, where a mass casualty station was set up on the first floor. Multiple

emergency agencies responded to assist. Services included ER24, Netcare 911, Hout Bay Volunteer EMS and Emergency Medical Treatment (EMT). EMS put their well-rehearsed Plan Delta into action (a disaster medicine plan for mass casualties), responding to NSRI Station 8 with ten ambulances, two response vehicles, a diving rescue boat and two mass casualty emergency equipment vehicles (EEVs).

Once on land, the 35 passengers were treated for hypothermia and minor injuries. Four doctors and paramedics assisted with the Triage, to assess and manage the patients and identify those who needed to be taken by ambulance to hospital. In line with Plan Delta, the patients destined for hospital were allocated and transferred to several public and private Cape Town hospitals. – Distributing the emergency load evenly across hospitals minimises the strain on hospital capacity; it allows the routine processes in each hospital to function as normal, so that the resuscitation and management of individual patients remain optimal.

GREETINGS FROM THE DIRECTOR OF EMS



So 2012 has come to an end! And a lucky 2013 lies ahead!

I commented at the annual graduation ceremony on the 13th of December 2012, that what makes the Greens special is not that they are better, have bigger brains, are more intelligent, have more qualifications etc. but that they have humanity and heart! And in Estelle's words that makes you a 'stand out' organization!

Well done to all the Greens in 2012, you deserve a stand up ovation!

From my desk a very sincere thank you for leading health in the concept of systems thinking and for being the best that your patients could want you to be!

Have a safe and peaceful season into a new year full of opportunity and promise in the service of all the wonderful people in the Western Cape.

All the best.

Dr Cleve Robertson
Senior Medical Manager

**EMS MANAGEMENT
WISHES YOU AND
YOUR FAMILY A
JOYOUS AND SAFE
FESTIVE SEASON**

THE ROBERTSON SHOW

The start of this great event started with a dedicated team from the Southern Sector (Langeburg Sub-district). The enthusiasm displayed by this team was



outstanding from the start. The exhibition displayed all components of EMS and was user friendly to the general public. One of the highlights was the CPR station where the public were given the opportunity to do CPR. The art director, Mr Gallant made some models that were fantastic e.g. the AMS helicopter and the crash scene. After one phone call to our director Dr Robertson - he was on his way.

This dedication shown by the Director meant a lot to the Cape Winelands greens. He was totally blown away by the display and I am sure he felt very proud at that moment. EMS' display received a silver medal.

I would like to express my heartfelt gratitude to everyone for their hard work and dedication. I am a proud District Manager.

Mark Webster, Cape Winelands District Manager

We, that is my staff members and I started with a meeting in the Southern Sector, putting our minds together to create a "wow" display. My managers started building show display items out of scrap. We had no funds at our disposal but we worked non-stop and created wonders with what we had. We introduced Emergency Medical Services to the community and taught them how to do CPR. All staff had a say in the layout of the display area for



"BETTER TOGETHER"

Times are changing in the Western Cape Government (WCG). We're embracing internet technology and social media to involve everyone in the new "Better together" campaign. An initiative based on working together, be it with NGOs, businesses or the communities to achieve one common goal that makes progress possible for the communities of the Western Cape. Emergency Medical Services has always been at the forefront of technology providing the best possible resources in the communications and operational environments that help us increase service delivery to the communities.

For many of us change is not easy but it will catapult the service in more ways than one and put us in the lead to deliver service in a way that it has not yet been delivered through the government. This includes embracing social media and distributing the Siren online / through email, intensifying the rate at which we share news. Though we may sadly say goodbye to what we are used to, let us not forget that if we don't change anything, our result will always be the same.

In 2012/2013, you will learn more about working hand in hand to benefit society and you will be proud at the end of the day to represent a brand that speaks of quality, integrity and progress. This is the first online/eNewsletter version of the Siren



- soon you will receive hard copies of a magazine called the Jonga and Better Together Magazines, which will educate you about your work environment. I hope that you embrace the changing times - it can only be of advantage to our clients and society as a whole which include our families, loved ones and most importantly the future of our children. We have much to celebrate in this Siren: Dr Robertson reports on the much talked about "Hout Bay incident" (Front page); We discuss patient refusals (p.8); We look at work from a different perspective (p.9) and celebrate the official opening of 3 Rural District EMS stations (p.11).

Season greetings to all!

Keri Davids (Communications Officer)

Join us on:

Facebook: Western Cape Government Health

the show. The highlight for me personally was when my supervisor, Mr Webster got involved and dirty with the preparations. Dr Robertson also attended the show and proved that Emergency Medical Services is not about the show but the integrity of staff.

I would like to thank everyone who was involved and everyone who took the time to show support.

John Davids, Cape Winelands Rescue Manager

What stood out for me was the growth in staff support over one year (manpower, financial and general support); expansion of new ideas and management support. The initiative was driven by Mr Sidwell Damons and Ms Joshlin Johnson, two ECP practitioners based in Robertson with the support of their manager, Mr Ebrahim. Mr Damons and Ms Johnson took educating their community about our tasks, capabilities and functions to another level. With the support of Mr Gallant, Mr Claassen and several other colleagues, that emphasized success through cooperation, loyalty, mutual respect and personal commitment. Departmental

support aided in the personal enthusiasm, hence the pride experienced during the show and interaction with the public and visitors.

Planning and discussions for improvement in 2013 had personnel exited and they are looking forward to reach a broader community through similar activities.



Fadeel Ebrahim, Cape Winelands Subdistrict Manager



The body of the deceased gentleman was taken away by Forensic Pathology Services.

Trapped in the Hull

Back at sea, three passengers were still missing: once a tally of passengers was done and eyewitness accounts confirmed that one crew member had drowned after disappearing completely into the water, three passengers remained unaccounted for.

NSRI rescue swimmers climbed onto the upturned Miroshga and established by banging on the hull and voice communication that there were still three passengers trapped in the starboard hull of the Miroshga.

Dr Robertson, arrived on NSRI Rescue 8A to assess the scene. He confirmed the entrapment of the patients and requested a diving rescue response from Hout Bay.



Rescue divers Fabian Higgins, Elvin Stoffels, and Kogalien Moodley arrived on a private boat, the Whitmore. Dr Robertson briefed the divers and, acting as the diving supervisor, sent Fabian Higgins and Elvin Stoffels underwater while NSRI rescue swimmers and Kogalien Moodley stood by on the boats. Fabian dove underneath the upturned hull of the Miroshga. He navigated himself through debris, canvas, ropes, the passenger boat's superstructure and cabin doors, all heaving to and fro in the rough water. He managed to locate the first passenger sitting in the forepeak of the starboard hull.

With a series of signals Fabian managed to convince the passenger to accept a secondary air supply from his scuba rig, to breathe from it and descend with him two metres down to get free from the vessel. While they were underneath the vessel, the structure suddenly dropped heavily from a swell, hitting Fabian on the head. Despite his injury he managed to surface with the patient, swimming her to the safety of Rescue 2.

Dr Robertson instructed Rescue 2 to proceed to Hout Bay immediately because of the harsh conditions at sea and the lack of space to adequately treat the patient on the boat. Each boat would have to convey a patient, for which Rescue 8A and

Rescue 3 were kept in reserve.

Elvin and Fabian returned to the Miroshga but could not find a way to get to the two remaining passengers. When they started running out of air, they returned to the rescue boats. NSRI confirmed the presence of two passengers in the hull and noted that the urgency of their extrication was increasing. At this point South African Police Services divers arrived at the scene in a second private boat. They were Captain PJ van der Merwe (Supervisor), Captain Eben Lourens, Warrant Officer Gert Voigt, Warrant Officer Douglas Jones, Sergeant Merwin Nel, and Constable Heino Uhde. Fabiaen briefed them on the location of the patients and Captain Van der Merwe deployed four divers into the water, with WO Jones acting as surface swimmer support.

Captain Lourens found a hatch which could serve as an entry into the starboard hull, but the space was too confined for him to pass through. He handed

over to Constable Uhde who, after removing his scuba equipment, could climb through into the hull and talk to the two women trapped inside.

The two women were by now moderately hypothermic and exhausted, though still fully conscious. Constable Uhde convinced first the one and then the other to go down under the water, a daunting task when you're hypothermic, stressed and exhausted. The first patient was brought alongside Rescue 8A, loaded, and immediately transport-





ed to Hout Bay. The last patient was first loaded onto a private semi-rigid inflatable (17:10) and then transferred to Rescue 3.

The wet clothes of the patient in Rescue 3 were immediately removed, and the team covered her in several layers of dry blankets while a crew member (a medical student) huddled close to her to provide active warming through body heat. Bringing the last patient safely to shore, the cabin of Rescue 3 became so warm and snug that the skipper had a hard time keeping watch through the misty windows!

The rescuers called it a day when the last patients were brought to shore cold, grateful and tired. They were taken to Groote Schuur and Constantiaberg Hospital and were discharged the next day.

Recovery

On Sunday 14 October officials met again to discuss the recovery of the missing crew member.

Dr Robertson, a regular diver in the area, briefed the navy and police divers on the underwater topography and likely location of the missing Miroshga crew member. Having assessed the sea conditions, he advised that it was unsafe to dive.

The SA Navy nevertheless proceeded to the scene, and using their unique "blob" diving technique, located the missing member. Under the prevailing conditions, they did an outstanding job.

**Report written by EMS Director Dr Cleve Robertson
(All photographs supplied by the NSRI)**

THANK YOU GREENS!

Thanks again for the excellence service Worcester Hospital received from EMS on the morning of 11 December 2012. Moving all patients in 60 minutes from BKH B1 to Worcester Hospital, 'dit wil gedoen wees!'

Please thank your staff for their friendliness towards the patients during the moving down-it contributed to an excellent patient centered experience during this whole event.

'Dankie dat ons altyd op jul knoppie kan druk vir goeie diens!'

Kind regards

**Gerda Barnardt
Patient Flow Manager
Worcester Hospital**



**THANK YOU FOR
A JOB WELL DONE
GREENS AND
COLLEAGUES IN
EMERGENCY
SERVICES!**

BETTER TOGETHER WESTERN DIVISION STAFF & EMERGENCY AGENCIES ON THE CAPE TIMES DISCOVERY BIG WALK



Nick Sales (ILS), Ashley Sutton (BLS) and Marsane Neuhoof (NDip 2nd Year CPUT student) gathered a “green” team and walked the 20 km walk from Milneron to Mowbray on Sunday 11 November 2012. They saw a few familiar faces along the way.



Community Service at the Volunteer Wildfire Services 2012 Open Day



Ashley Sutton, Jethro Adams, Marsane Neuhoof and Nick Sales provided medical standby at the Open Day. It was a perfect opportunity for the practitioners to educate the young visitors about the purpose of an ambulance and the service we provide to the community.



What: Fundamentals of Emergency Care

When: 22 - 23 February 2013

Where: UCT Skills Lab

Organisation: Institute of Emergency Care

More information: <http://www.eci-sa.org/>

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EMS BLOOD RUN
1 December
2012
Youngsfield
Military Base



CYCLING FOR A HEALTHY LIFESTYLE

The Eden District had the privilege of hosting a health project called the Better Together Cycle Tour.

The aim of the tour was to promote a healthy lifestyle in the province, but also to deliver bicycles to community workers.

The tour started in Plettenberg Bay from where the group cycled to George, Mosselbay, Albertinia and Riversdale. From there the tour made its way to Khayelitsha.

What made this tour so special was not only the fact that our Premier, Ms Helen Zille, took part, but also our EMS Director, Dr Robertson. During a meeting in George, the director said that all staff should be encouraged to cycle to work. This will not only assist with the green footprint of the country, but will also improve the health of staff.

The message thus: "Let's get cycling for a healthier lifestyle". To support this idea, the Eden District will be hosting a cycle tour for its staff in the near future. A second BT cycle tour took place in the Cape Winelands District, District Manager Mark Webster and Rescue paramedic Zane Zane Johnson participated as the medical team on standby.



BEWARE OF PATIENT REFUSALS

I have written this article in order to address the best practices with regards to the documentation required when patients refuse care or transportation in the pre-hospital setting. The information provided is designed to protect the Emergency Care Practitioner but the employer as well. There are many real life examples of patients who suffered no injuries in, for example, a motor vehicle accident, and subsequently refused treatment, only to later claim that they were injured on the scene but the ambulance crew refused to examine or treat them.

When a patient refuses treatment or transport from on-scene EMS personnel, many difficult situations may arise that place the patient or the Emergency Care Practitioner at risk. One of the most reliable records of what has transpired between an ambulance crew and a patient is accurate documentation on the patient report form (PRF). Not only is the PRF an important link for health care providers who may be involved in the patient's continuum of care, it is also a key piece of documentation that a court of law may use to reconstruct the events of the call. These two points make it quite clear that when a patient refuses treatment or transport, documenting only that "patient refused transport and/or treatment" is legally insufficient as it fails to document the events that transpired while the Emergency Care Practitioner was in contact with the patient. This may expose the Emergency Care Provider to potential claims of negligence or abandonment.

A PRF that fails to document a patient's level of consciousness (used to determine the patient's decision-making capacity), a physical assessment or document that the patient made an informed decision to refuse care or transportation despite the possible risks associated with refusing such care, does not verify that the standard of care was met. Essentially, claims such as abandonment or negligence made by the plaintiff would be reduced to a "my word against your word" situation. Since information closest to the date of the event is generally viewed as the most credible, a defence containing "after the fact" memories about a patient's condition decreases the defendant's (which in this instance may be you) own credibility and impression of competency.

It must also be considered that many patient refusals of treatment and/or transportation are obtained for non-eventful situations. Therefore,

Emergency Care Practitioners may not be able to recall the event or patient, months or years after the call, if called to testify in a court of law.

Failure to obtain documentation to serve as proof of the events of that particular call will more than likely reflect negatively on the practitioner.

It should be considered best practice that all patient refusals be accompanied by a written release that, at minimum, contains the following:

1. That the patient refuses treatment and/or transport (dependent on their consciousness),
2. That the *patient understands and has been informed* of his/her possible medical condition/diagnosis,
3. That the patient *understands and accepts the risk* of refusing treatment and/or transportation,
4. The patient *releases WCG HEALTH EMS (both employee and employer) from any liability,*
5. The patient's **signature** or that of a parent or legal guardian.

This written release can be documented on the actual patient report form (PRF).

Completing an accurate written refusal of care/transportation on your PRF can be tedious, but may prove vital in protecting the Emergency Care Practitioner and the employer from possible future lawsuits. Remember that accurately documenting patient refusal is not for the protection of the patient, but is designed to PROTECT YOU.

Michael Lee
Quality Assurance Manager
Western Division



A RESCUE PERSPECTIVE ON THE SILO

Definition of silo: A circular tube, mostly kept on wheat plants, in which wheat is stored until sent to a factory for manufacturing into a consumable.

A typical Silo is a grey concrete or metal structure wherein wheat is stored, not allowing for the wheat to be destroyed by pests, manufacturers place pesticide on the wheat. Once the wheat is removed from the silo, it is usually used to produce flour, bake bread or make wheatbix.

If you use the silo as a metaphor to describe our way of thinking or beliefs, the concrete/ metal tube could be the skull, the wheat inside our brain and the pesticide negative thoughts that could lead to reactive ways of thinking. In a usual circumstance, as long as we focus on ourselves, everything appears to be okay but when we have to work together, we start to react negatively.

This reactive approach could be referred to as the "silo mentality" and the reasons we find negativity when working with others could be due to:

- Taking life day by day and just "doing my work";
- Not feeling motivated enough;
- Feeling that I am being treated unfairly in my work place;
- Not feeling as if I can trust my colleagues or my supervisors at work
- Worrying about being back-stabbed hurt, being ill-treated or embarrassed by my colleagues and supervisors
- Not enough discipline in the work place
- Lack of respect
- Being rebellious and not following leadership
- Being despondent and questioning "why must I"
- Feeling like you don't want to go the extra mile

All these concerns become negative and do not produce proactive ways of dealing with them. In the above scenarios, the wheat in the silo has become contaminated with poison.

It is very important to realize that time does bring change, people change, skills increase and develop and we only live once. Open the silo and allow air to freshen the wheat, remove it from the tube and use it in a positive manner, such as baking bread provide sustenance for the next person.

These proactive actions are being able to say:

-That I am alive: How many people have we each given an extra day to live? Why not be thankful for

the lives we live and the work we do being able to save lives every day. How many people can say, "Today I got up went to work, and saved a life?"

- I enjoy my work.
- I respect others and their opinion.
- I do what I have to, to the best of my ability and I am proud of the quality of work that I provide.
- I will look at my role as a team member. How do I contribute to the success of the service?
- I will be motivated.
- How do I start to use the skills, knowledge and talent that I have to improve my work life and the success of the EMS service?

We all have choices in life. We have the power to choose. Some will say that their work is a bad place, they are not happy in the workplace. The reality is that we have the power, the power lies with us. There is a famous quote by Ghandi, "Be the change you want to see in the world". So if there is something you are not happy about, you can choose. Why do something you don't like? There are two options. Make the best of your situation or go and find somewhere else where you will be happy.

In today's economic environment, who can question the blessing of having a job. There are so many people looking for work to support their families. Am I in a comfort zone at work? We all have choices, now is the time to make yours.

Get over the negativity and concentrate on the positive. Stop focusing on yourself and start focusing on the collective. A position does not make you a leader instead know that leadership needs to be earned. Take stock of your life and your role in the work place. Think of what is needed to create a pro-active workplace, focus on what "we" can do. How "we" can solve it or how "we" make decisions together to improve the service.

Enjoy life. Enjoy what you do. Be proud of what you do every day and who you are. Be responsible for the decisions you make and the life that you live, so that you may enjoy it. Become like bread. Everyone needs a basic meal to sustain them; and become someone that is a light to others in the workplace. Motivate each other. The community needs us to work together to provide an excellent service. Be kind to yourself and stop being judgmental of yourself and others.

Neville van Rensburg

HIGH LINE URBAN LEGENDS

I recently attended a workshop presented by French Rescuers. One of the topics that came up was high lines (suspension systems). Immediately the "incredible forces" on the anchor points were mentioned. This was not a new topic, because when people talk about high lines they always talk about the forces, which are so great, it is scary.

I did not agree with the statement/ urban legend that forces are that great. Due to the potential forces on the rope it is standard practice when building a high line system to have a built in redundancy system on the main line. This system is usually two triple rap prussic cords or a Controlled Rate Descended (CRD), which will both start slipping at approximately 600 kg. I have never seen a main line slip through the redundancy system and because of this, the forces on the main line are not as great as stated.

I conducted a study where I rigged a simple suspension system with a static kernmantle rope. The main line was 25 meters long with a load cell connected between the anchor point and the main line. I tensioned the main line with a three to one advantage system with four people pulling (as recommended). After tensioning the system (100kg) and started to move it along the main line. Every 5 meters I took a reading on the load cell. Once on the other side, I pulled the load back to the start and lowered the main line with one meter and repeated the exercise again.

The results are displayed in table 1. The first thing that was interesting to see is that the maximum force on the anchor pint was not as believed. The maximum force was 307 kg. As slack was given in the main line, the forces on eht anchor pint became a lot less, indicating that a redundancy system will work effectively. It was also interesting to note that the force in the anchor point was less than the weight

on the main line when the main line was lowered by 2 meters. This has to do with some of the force on the system being displaced into the sides of the two buildings from where the system was rigged.

To summerize, the results showed us the following:

- The force on the anchors when rigging a high line system is not as big as sometimes said.
- The closer the load gets to the centre of the high line, the more force on the anchor points (which is in contrast with the 60 degree angle principal for rigging load sharing anchors)
- The force in the anchor point is reduced cosiderably by giving slack on the main line.

	5 metre (m)	10 m	15 m	20 m
Force on the system maximum pull	270kg	297kg	307kg	278kg
Force system 1m drop	93kg	139kg	145kg	121kg
Force on system 2m drop	67kg	96kg	99kg	78kg

Table 1: Results of the force on the main line system during different settings.



The highline tensioned at maximum force with the load at the 5m mark.

Written by Rudi Menkveld

**HEALTH PROFESSIONALS,
ENSURE THAT YOUR 2012
HPCSA REGISTRATION FEES
ARE PAID TIMEOUSLY.**



A TRIBUTE TO WOMEN

A woman's heart is an ocean
All her secrets hidden away
Only those who look closely might get a glimpse
from a distance

She loves unconditionally
Even though her heart gets ripped out from time to
time
She always finds a way to sew it back carefully and
intensively

In wars her breasts are being cut off by warriors
Claiming to be fighting a battle to serve a purpose
How will she manage to nurture her babies to-
night?
When her soul food has been ripped away
Yet she falls on her knees and pray
Begging God to send her a way

She is beaten with all rods of the world, being
questioned and terrorised
But she remains calm and collected keeping her
options and opinions optimised
What they don't know is the more intense the pain
she suffers
The stronger she becomes

A woman is a nurturer
Even though she might not have any offspring of
her own
She nurtures others as if they were
Loves them, teaching them, singing them lullabies
when they have difficulty in sleeping at night, kiss
their pain away when they're hurt

So today all you beautiful women, be empowered
and loved
Cause whoever you are whatever you do
You are the jewel of this world
You are the colour in the rainbow
You are the light within our souls
You are the taste in our food
You are our safe house
So be proud
And be that woman

Written by: Shamanay Bond

STATION OPENINGS

Theuns Botha, Western Cape Minister of Health, officially opened the EMS Ceres, Leeu Gamka and Vredendal Stations over the past quarter. Each station will provide services to communities that would otherwise not have received immediate Emergency Medical assistance.



From left: Helen Lemoela (DA Member of Parliament), Theuns Botha (Western Cape Health Minister), Joyce Phungula (ANC Councillor), Pumzile Papu (EMS Ambulance Chief), Stefan Louw Mayor: Witzenberg) celebrate the new Ceres EMS base.



From left: Theuns Botha (WC Health Minister) and Pumzile Papu (Ambulance Chief) unveil the plaque to commemorate the opening of the Vredendal EMS station.



From left: Theuns Botha (WC Health Minister); Professor Craig Househam (Head of Health); Dr Saadiq Kariem (Chief Director Emergency Services); Dr Beth Engelbrecht (DDG Health) & Goliath Lottering (Mayor: Prince Albert) officially open the Leeu Gamka station.

HOW LONG WAS I GONE?

On Friday 21 September 2012 staff from the Oudtshoorn Emergency Services visited a patient, a month after they saved his life after he had a heart attack, to find out how he was doing. Mr. Brian Anderson from De Rust only had one question: "How long was I gone for" he asked the crew? Mr. Anderson (68 years old) told his life savers that he is completely active again, walking every day, doing yoga 3 times a week and woodwork as a hobby. He could still not believe what happened to him.

On Saturday 25 August 2012 Ms Annie Fourie (Intermediate Life Support Practitioner) and Mr Clarence

Stefaas (Basic Life Support Practitioner) were called out to a patient who was complaining of severe chest pain. Mr Anderson was at home when he started getting the pain. "It felt as if someone had placed a belt over my chest and was pulling it tight" Mr Anderson said. He went to rest on his bed in the hope that the pain would stop, but it did not. As the pain did not get better Mr Anderson phoned two retired nurses, Diana and Truikie who all rushed to Mr Anderson house. On arrival they found Mr Anderson still on the bed complaining of severe chest pain and struggling to breath.

His fingers were cold, he had a cold sweat and complained of having no strength and feeling dizzy.

As he got into the ambulance the crew could see that something was wrong. Ms Fourie did a quick look paddles and saw that Mr Andersons heart had stopped, he was in Ventricular Fibrillation. She used a defibrillator to shock his heart and was relieved to see that his heart rhythm returned to normal. Mr Anderson said he could remember seeing Annie and the next minute he was gone. For a time he felt very at peace and then opened his eyes again and saw Annie looking down at him.



On the way to hospital Mr Francios Conradie, an Advance Life Support Paramedic,

joined the crew and assisted with the transportation to Oudtshoorn hospital. According to a friend of Mr Anderson, a cardiologist from Cape Town, the ambulance crew saved Mr Andersons life. He also mentioned that the treatment from start to finish was textbook treatment, which lead to the quick recovery of Mr Anderson. Mr Anderson cannot stop to thank the EMS and hospital staff for their friendly service.



RESCUE SEMINAR 2012



EMS hosted their 2012 Rescue Seminar for Western Cape and South African Rescue professionals, at the new emergency medicine facility on the premises of Tygerberg Hospital.

Rescuers spent two days listening to industry leaders on a range of topics within the emergency rescue environment. WCG EMS managers Dr Shaheem de Vries, Dr Wayne Smith, Dr Almero Oosthuizen and Neville van Rensburg were the audience favourite speakers.

Dr Wayne Smith presented an interactive discussion on how to respond to a nuclear emergency, whilst Dr Almero Oosthuizen wowed the crowd by

showing them which household tools can be used in case of a medical emergency.

Rescuers were awarded Continuing Professional Development (CPD) points (as per HPCSA professional accreditation), encouraging them to continue strengthening their expertise and to be conscientious in their discipline.

The programme included simulated training activities with the Air Mercy Service (AMS) rescue helicopter and the EMS Rescue Diving unit. This educated the attendees of the future of rescue and simultaneously provided practical training of new and innovative ways of performing their daily duties.



COMMUNICATIONS ANNOUNCEMENT

It been a very difficult couple of months for everyone in all 6 communication centers around the province and the challenge has been immense to achieve those required response times. So please allow me this opportunity to thank everyone for their hard work during this period. It was great spending some time on the "floor" in Tygerberg to see what some of the challenges are and I'm sure you'll agree when I say that P1 for children under 1 years old and maternal related calls has kept us busier than normal.

Workloads have almost tripled in some of our centers, crews are feeling the pressure and our crew mandates haven't changed. These challenges are immense and I can guarantee you that we are raising this at every important meeting. As a management team we understand the challenge and en devour to fight for a solution that benefits all of us.

Soon I can promise we will have a solution to the mayhem being experienced now, but I want to thank all of you out there who comes to work to give 100% or more.

Thanks again

Dexter Timm
Provincial Communications Manager

EMD VS CHILDREN

Over the festive and holiday season there is an increased amount of children making hoax calls. However, it poses a big problem when the call taker assumes that every call made by a child is a potential false call.

Here are some points to keep in mind when dealing with a child caller:

There's always a chance that the child making a hoax call really does have a problem, so always listen to what they have to say. Treat their call as you would any other, but when it becomes obvious that the caller is not genuine, explain to them that they are blocking the lines for emergencies or any other person who really do need to get through.

Hoax callers tend to call back over and over again, and sometimes it's very tempting not to answer the next call, but doing that might mean that a person who genuinely needs assistance will not be helped.

Children when faced with a crisis, often appear to be very calm; this is because they generally do not understand the gravity of the situation.

Remember, you should not judge the severity of the call by the level of emotion expressed by the caller.



Children are very capable of answering questions and following instructions. You just need to ask questions one at a time so as not to confuse the child. It may be necessary to repeat and rephrase your questions to simplify them for the child and to be sure that the child is not answering "yes" out of reflex to a figure of authority.

In non-English-speaking families, the schoolgoing child may be the most fluent in English and may have been chosen to be the translator. Always ask if there are any other adults present.

Should you discover that there is any child abuse taking place, refer the caller to Childline on **08000 55 555**

Mark de Villiers
Tygerberg Call Centre

THANK YOU GREENS!

Dear Anwaaz

My name is Tess and I'm the daughter of Vivienne Mallett who was injured in a fall on the mountain about seven weeks ago. I got your details from Tim Cronin of the U3A walking group and I just wanted to extend a massive THANK YOU for everything you did to literally save her life when getting her off the mountain in the AMS/ WCG EMS Rescue helicopter.

I'm very happy to be able to tell you that she is now out of hospital, having spent 6 weeks in ICU and is staying with me while we get her stronger and fatten her up a bit!! She doesn't remember anything about the accident (which is wonderful, actually!!) nor about her helicopter ride. She did make us laugh, though, when she came round and was able to talk and she said; "It's such a waste really, I've always wanted to ride in a helicopter and I can't remember anything about it!!"

She has no permanent injuries, apart from needing to build up her strength again, and she's improving every day.

Thank you Anwaaz from all my family – we're eternally grateful for the rescue work you do, and did, to get Mum to ICU in a stable condition and without losing consciousness.

Take care.

Warm regards

Tess

BETTER TOGETHER ON SEARCH - & - RESCUE CALL

Hi Cleeve

I was recently able to witness a mountain rescue in Franschoek which took place earlier this year.

The operation was a tricky one in that there were many variables and the search area was vast.

To say that I was impressed would be somewhat of an understatement.

I was able to meet and observe a wide variety of people from:

- Wilderness Search and Rescue
- Delta
- Mountain Club of South Africa
- Cape Nature Conservation
- AMS
- WCG Health EMS
- Sniffer Dog Unit
- SAPS Franschoek

I saw black, coloured and white South Africans working together to achieve one goal.

I saw a variety of teams pulling in the same direction.

I witnessed people giving of their free time and

potentially placing their own lives at risk, to help someone they had never met!

I saw tired professionals who kept their sense of humor even when being tested regularly.

I witnessed de-briefing sessions where feedback was honest and criticism was taken on the chin as a learning curve to make future missions even more effective.

In short, I have never felt more proud of being a South African.

In particular I would like to mention Deon Rossouw of Cape Nature and Donovan Dunn of WCG Health EMS/Wilderness.

My wife and I have decided that no matter which career path they choose, we will encourage our two daughters to get involved in Search and Rescue once they leave school.

I will explore the option of a Search and Rescue presentation being done at my kids' high school to encourage young people to get involved.

I salute you and the teams under you.

Thanks for your time.

Dean Elliott



AMBULANCE HYGIENE PART 2

GENERAL CLEANING / DISINFECTION / SANITISING FOR EMERGENCY MEDICAL SERVICES VEHICLES, MEDICAL AND PERSONAL EQUIPMENT – PART 2 OF AMBULANCE HYGIENE

In the previous Siren Newsletter, we spoke of the importance of ambulance hygiene and how to clean an ambulance. Part two is the continuation of the first, explaining how to correctly clean hard surfaces inside the ambulance, personal and medical equipment.

Hard Surfaces

- Clear away all debris and spoilage first. Select the appropriate dilution according to contamination risk: use disinfectant for body-fluid spills, for soiled and high-risk areas.
- Spray disinfectant onto, and wipe down, all surfaces. Allow to dry, or wipe off with a clean cloth.
- Contact times for effective disinfection will vary according to surface cleanliness. Disinfectants are effective against most bacteria on contact or after one minute. Five minutes on clean surfaces will be sufficient for the more resistant organisms, depending on the disinfectant used.

Equipment can be soaked in a solution

- High Risk and Low Risk for 20 minutes
- Rinse after soaking and dry with a clean cloth or paper towel.

Clothing and Uniforms

- Spray uniforms or overalls with disinfectant, leave for 20 minutes. Rinse if possible.
- Soak fabrics in a solution of disinfectant for 10 minutes and line dry, or they can be washed in automatic washing machines - 50 ml per 4 kg load during a normal wash cycle.

Boots and Shoes

- Soak in disinfectant solution for 30 minutes and rinse. Leather footwear may require soaking for 40 minutes, and rubber or composition footwear for 15 minutes.



Helmets

- Spray helmets with disinfectant and wipe with a damp cloth – or use disinfectant wipes and air dry.

Nylon Harnesses and Ropes

- Can be disinfected at normal user dilutions for 20 minutes and left to dry.

Note that these directions are general and may vary from brand to brand.

Gavin Sutton
Be Safe Paramedical

WELL DONE TO
THE EMS
TRAINING
COLLEGE
GRADUATES OF
2012

WELL DONE EMS!



Welcome back to the team that participated in the International World Rescue Challenge 2012 hosted in London

Don't solve problems. Pursue Opportunities.
~ Peter Druker

Send us all your ideas, article leads (tips), stories and photographs to:

Keri Davids
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AMS Rescue Demonstration

Rescue Seminar 2012



Alistair Christians gives a short practical talk on the role of the Diving Rescue Unit and their mode of operation.



Dr Almero Oosthuizen shares practical tips on extremity injury management.



Staff chat during a lecture break.



We're on Twitter:
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