

spotlite

SHARING BEST PRACTICE
#11.2016

A SPECIAL MESSAGE

MERRY CHRISTMAS

FROM THE CHANCELLOR OF
ST JOHN AMBULANCE AUSTRALIA



[WATCH VIDEO](#)



St John



National Member Convention
April 28–1 May 2017, Hobart, Tasmania



Correction to *Spotlite* November 2016—
November was issue 10, not issue 9 as given stated.

From the National CEO



As my first year with St John Ambulance Australia (SJAA) draws to an end, I am looking forward to the impending short break to spend time with my family and somewhat recharge the batteries. It has been a big year!

Our Chancellor Professor Mark Compton has released his Christmas message in which he highlighted many of our great achievements (watch the video, [here](#)). I won't run over these again but suffice to say I am immensely proud of the work of our volunteers, staff and Order members.

There were many highlights for me during 2016—far too many to list here. Of special note was the recognition SJAA received in the 2016 survey of most reputable charities in Australia. Up from 7th in 2015, St John was ranked 2nd by the general population, as the most trusted charity (behind our good friends at Royal Flying Doctors Australia). This result is testament to the community efforts of all associated with SJAA.

My thanks to all who have welcomed me to the SJAA family. If your intention was to scare me off it hasn't worked, and you'll be stuck with me for a sometime yet! 2017 is shaping as a big year with many very exciting projects already well underway.

My very best wishes to you all for a safe and enjoyable festive season.

Robert Hunt

St John Ambulance Australia's RTO status

St John's RTO registration has been renewed by the Australian Skills Quality Authority (ASQA) for a term of 7 years through to March 2024. The approval is unconditional with no audit requirement. ASQA is the national regulator for Australia's vocational education and training sector. ASQA regulates courses and training providers to ensure nationally approved quality standards are met.

This is a fantastic result and testament to the excellent work of all our dedicated staff in the training area. There is no doubt that the work we all did with the independent review conducted by Newberry Consulting helped us prepare. I greatly appreciate the hard work the state and territory staff put in to complying with this review. The work of the training team here in the Australian Office was a major contributor to the successful re-registration.

Special thanks must go to the Elle Boel, our RTO Coordinator, who managed the very detailed and lengthy process of re-registration in a highly professional and methodical manner.

Robert Hunt
Chief Executive Officer
National Office

Orders for national publications, merchandise and regalia will resume on **Monday 16 January 2017**.

Medical Advisory Panel

Bulletin September 2016

The 22nd meeting of the St John Medical Advisory Panel was held in Canberra on Saturday 10 September 2016. This bulletin provides information on the major items agreed at that meeting.

It is also available in [Member Connect](#) (search 'Bulletin').

OXYGEN USE

MAP confirmed that a minimum of two trained people are required to provide ventilation when bag valve mask oxygen is used. This is stated in the *Advanced Resuscitation* booklet (p. 8).

THE USE OF PULSE OXIMETRY TO GUIDE OXYGEN ADMINISTRATION

MAP reviewed ANZCOR *Guideline 10.4* and recommends that pulse oximetry be used whenever oxygen is being administered, in order to identify patients most likely to benefit from the of oxygen administration.

If available, oxygen should be administered to patients with an oxygen saturation of less than 94% ($SpO_2 < 94\%$). Victims with an oxygen saturation of 94% or above do not usually need supplemental oxygen unless there are signs of cyanosis (blue colouration of skin), shock, decompression illness or a situation suggesting carbon monoxide poisoning.

A pulse oximeter should only be used by persons trained in its use and interpretation. Teaching about pulse oximetry will be included in advanced resuscitation courses.

NORMAL VALUES FOR VITAL SIGNS

Because there had been different versions of normal values for vital signs used within St John, MAP was requested to clarify what should be used as normal values. MAP endorsed the following as the normal values for vital signs:

Pulse rate	Respiration	Temperature
Adult: 60–90 beats/minute	Adult: 10–20 breaths/minute	36.1–37.1°C
Child: 70–110 beats/minute	Child: 20–30 breaths/minute	
Infant: 70–120 beats/minute	Infant: 30–50 breaths/minute	

IMMUNISATION OF EHS MEMBERS

MAP agreed that EHS members should be reminded about the currently endorsed guidelines for immunisation. The *Infection control guidelines* (p. 36) state that:

Immunisation against the common infectious diseases (diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella, hepatitis and tuberculosis) is encouraged.

Members should ensure that they are vaccinated against tetanus, diphtheria and Hepatitis B.

ANAPHYLAXIS

In response to an enquiry about anaphylaxis management, MAP reviewed the protocol, taking into account ASCIA guidelines. MAP endorsed the following revision to the current text (*Emergency first aid*, page 26). The protocol now reads:

Unconscious patient

- 1 Follow DRSABCD.
- 2 Administer an adrenaline auto-injector immediately if available.

Conscious patient

- 1 If the patient is carrying an adrenaline auto-injector, it should be used immediately.

- 2 Ask the patient if they need your help to use the injector. Only help the patient if they request it. If the patient is unable to give verbal consent, administered an adrenaline auto-injector immediately.
- 3 Do not allow the patient to stand or walk. Help the patient to lie down flat or if breathing is difficult, allow the patient to sit in a comfortable position.
- 4 Call triple zero (000) for an ambulance.
- 5 Monitor the patient. If there is no improvement after 5 minutes, give another adrenaline auto-injector, if available.
- 6 If breathing stops, follow DRSABCD.

RICE

MAP received some requests to clarify the RICE treatment given there has been some discussion about the effectiveness of RICE in treating sprains. MAP endorsed the current protocol with a minor revision (see bolded text below). Also, given that there have been no randomised controlled trials on the whole management, the protocol does not change. (See *Emergency first aid*, Sprain and strain, p. 45.)

RICE management

- 1 Rest – rest the patient and the injured part.
- 2 Ice – apply an ice pack or cold pack for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for **up to** 24 hours.
- 3 Compression – apply a compression bandage firmly to extend well beyond the injury.
- 4 Elevation – elevate the injured part.

DEHYDRATION

At the MAP meeting in February 2016, MAP reviewed [ANZCOR Guideline 9.3.4 Heat induced illness](#), and recommend that carbohydrate electrolyte fluids (any commercially available 'sports drink') be included as an alternative to water for the management of exertion-related dehydration. MAP emphasised that oral rehydration should be guided by the patient's thirst.

MAP had been asked to clarify the optimal ratio of electrolyte fluid to plain water. MAP endorsed the existing protocol without revision, given there have been no randomised controlled trials or evidence related to this comparison.

(See *Emergency first aid*, pp. 53–54)

OTHER MATTERS

MAP agreed that a review be undertaken of the *Advanced Resuscitation* booklet, and the *Clinical Practice Guidelines for Health Care Professionals*.

December 2016

Issue 58



The Link

Sharing news from St John International



Training

'Focus on Assessment' — professional development program

The St John National Office has developed a professional development program titled 'Focus on Assessment'. This program is being conducted as a result of a national validation workshop conducted in July 2016 and an external audit conducted during 2016 to review all aspects of St John operating as a Registered Training Organisation.

Both the national validation group and the external auditor recommended that St John implement a professional development program FOR ALL TRAINERS as an update on assessment practice.

ALL ST JOHN TRAINERS ARE REQUIRED TO COMPLETE THE PROFESSIONAL DEVELOPMENT PROGRAM BEFORE APRIL 30, 2017.

The program can be undertaken through several different methods. For details of how to complete this important professional development program, please contact your State/Territory training manager.



**To all the Cadets attending Nat. Camp in January on the Gold Coast
HAVE A GREAT TIME!**

Priory

Recognition guidelines

A minor change has been made to the *Formal service recognition guidelines* in relation to service medals and bars. This change aims to clarify what can be counted towards 60 hours of service for Cadets (see *Guidelines*, 'Eligibility, criteria (a)', pp. 2–3).

Under eligibility for the service medals and bars, the following has been inserted:

In October 2016, the National Cadet Group endorsed the following interpretation of criteria (a) in relation to Cadets, or members aged 11 to 17 years, to apply from 2017:

In the case of Cadets, or members aged 11 to 17 years, the 60 hours of service may be achieved by attending events and other voluntary community service* such as fundraising activities, assisting with cadet first aid competitions and first aid demonstrations, provided those other hours are in line with their Position Description and the service activity directly contributes to supporting the humanitarian mission of St John or its goals in Australia.

* Voluntary community service excludes first aid training, leadership and/or management training, participating as a learner in proficiency courses, and participating as a competitor in a cadet first aid competition (except where the competition is in the public domain).

In the context of St John Ambulance Australia, what are IP, copyright, and trade marks about?

What's IP? Intellectual property (IP) is our St John Ambulance Australia (SJAA) proprietary knowledge—IP is also referred to as our brand. It is our name, our logo, our print and online ideas, words and text. It is how we present our services to the Australian community.

What's copyright? Copyright is a form of IP that protects our print and online content. It gives us exclusive rights to license others to use our IP.

What's a trade mark? A trademark is our business identity that promotes our products and services. The SJAA logo and name is a trade mark. They are part of the SJAA brand package, and is our most valuable marketing tool as it distinctly identifies SJAA and our care and commitment to the community.

I want to use SJAA branding. What do I do? To ensure that SJAA IP is protected, check first with Gabrielle Lhuede the National Publications Manager (publications@stjohn.org.au, 02 6239 9209) at the Australia office in Canberra. This applies to all St John members, staff and volunteers, as well as public enquiries.



EHS Gazette

Spotlite gazettes Grand Prior Awards, Special Service Certificates, Divisional Registrations and Divisional Jubilees. Officer appointments and relinquishments are published by State/Territory jurisdictions, as is the production of certificates for Warrants of Appointment.

Grand Prior's Award

CONGRATULATIONS **KIAESHA DURIE-FOX** of the Blue Mountains Combined Division in NSW.

You have shown real commitment to building your community through your volunteer work, and to excellence in delivering St John services. This award recognises your dedication and our appreciation. Thank you.

Leadership update

Provides information and tips for leaders and managers in St John

Peter LeCornu

How to get two very different teams to collaborate

It's easy to assume that because two teams are part of the same organisational culture, they share the same norms and values. But teams often have different ways of working, which can make collaboration a challenge. For example, one team may prefer to resolve conflicts as a group, while another may assume that conflicts are best resolved in private. To get two groups to work together effectively, you generally have three options:

- 1** Adopt one approach. For example, the team that discusses conflict privately may begin doing it in meetings if the other team makes a compelling case for their method.
- 2** Integrate both approaches. The teams could agree to initially raise a conflict in private, and then jointly raise the issue with the larger team.
- 3** Compromise. The teams might agree to let each member decide whether to raise a conflict privately or with the team. Compromise should be a last resort, though, as it often leaves everyone feeling somewhat dissatisfied.

Before a difficult conversation, take the other person's perspective

When you need to talk through a difficult issue with a coworker, it's tempting to just get it over with. But don't start the conversation until you've taken the time to see the situation from their perspective. Try to get a sense of what your colleague might be thinking. They have a rationale for the way they've been behaving, so what might that reason be? Imagine you're in their shoes. Ask yourself questions like: What would I do if I were them? Also ask yourself what your colleague is trying to achieve. You'll need a sense of what their goal is if you want to help achieve it. Identify places where you both see eye-to-eye on the issues. This common ground will give you a foundation to problem-solve jointly and will make the conversation go much more smoothly.

Set ground rules for behavior in your next meeting

It's helpful to start a meeting by agreeing on procedural rules, like 'start on time and end on time' and 'put phones on vibrate'. But ground rules that focus on behavior, not just logistics, can help your meeting be even more successful. These rules describe specific actions that team members should take to act effectively. Here are a few to consider:

- state views and ask genuine questions. This rule discourages monologues and arguments, and encourages a conversation in which members seek to understand everyone's point of view
- use specific examples and agree on what important

words mean. You want all team members to use the same words to mean the same thing

- explain reasoning and intent. This allows members to understand how others reached their conclusions and see where their reasoning differs from yours.
- jointly design next steps. This ensures that everyone is committed to moving forward together as a team.

Three good reasons to admit you've failed

As a leader, admitting failure is critical. Many people try to shrug off missteps as things that happen to everyone. Although doing so might seem harmless, there are many good reasons why you should admit you've messed up. Here are three:

- 1 To connect with your employees.** While it's true that employees won't want to discuss their own failures, they are more likely to connect with leaders who admit to theirs. Even if the specific failure isn't applicable to staff, simply talking about it helps you connect.
- 2 To learn.** Failure is only positive when you learn something important from it and make the necessary adjustments. If you don't do this, you cannot learn from outside perspectives and you're more likely to stay in denial.
- 3 To tolerate mistakes in others.** As much as leaders openly say that failure must happen for innovation to be present, many get upset at staff who fail or struggle. That attitude shuts up staff, closes down experimentation, and obliterates creativity. Set an example that failure is OK.