

spotlite



National news from the Australian Office of St John Ambulance Australia

BEST PRACTICE | SHARED SERVICES

#5 2017

St John

AROUND THE WORLD



**PROMOTIONAL
VIDEO AVAILABLE —
MAKE THE LINK NOW.**

www.stjohninternational.org/sj-world

St John International has launched its video showcasing the good work that St John does worldwide—from first aid and ambulance service, to providing eye care in East Jerusalem, saving mothers and babies in Africa, to providing free first aid training to school kids in Australia.

You are invited to use this video to further enhance the dedication of your members as they carry out the work of St John Ambulance.

Here are some ways you can use the video on social media:

Twitter

Curious about what St John does worldwide? Watch the new video from @stjohnintl. Now available at www.stjohninternational.org/sj-world

Facebook

We are proud of the work we do to save lives in Australia. But St John works in over 30 other countries, saving millions of lives through first aid, ambulance services and community-based care and support.

To find out more, watch the new video from St John International. Now available on www.stjohninternational.org/sj-world —check out our Australian school children learning first aid taught by St John, from 0:28.

MAKING FIRST AID A PART OF EVERYBODY'S LIFE.

St John Ambulance Australia Inc. PO Box 292, Deakin West ACT 2600 www.stjohn.org.au

MEDICAL ADVISORY PANEL

Review of St John's CPGs—your feedback is welcome!

The Medical Advisory Panel has endorsed a review of the Clinical Practice Guidelines for Healthcare Professionals (CPGs).

Event Health Service members are invited to participate in this review by contributing their feedback on the current CPGs. Submissions end **Friday 1 September 2017**.

Your comments will be collated for the attention of the CPG Review Team. Given that we're anticipating a large amount of feedback, we won't be able to respond to your correspondence except, of course, to acknowledge receipt. Thanks in advance!

Please email your comments to Gabrielle Lhuede, Medical Advisory Panel Secretariat: publications@stjohn.org.au | T 02 6239 9209.

MEDICAL ADVISORY PANEL

BULLETIN JUNE 2017

The following items were approved, out-of-session, by the Medical Advisory Panel.

Members with any queries about the following changes to the guidelines should consult their Training or EHS Manager for assistance.

This Bulletin is also available for download on [Member Connect](#) (search 'bulletin').



Important changes to the EpiPen and EpiPen Junior

EpiPen® and EpiPen® Jr auto-injectors, which are indicated for the emergency treatment of anaphylaxis or acute allergic reactions, have received a TGA-approved label change to reduce the injection hold time from 10 to 3 seconds. To coincide with the label change, the guidance to massage the injection site after administration has been removed.

The label change has been approved based on research confirming the efficacy and delivery of the full dose of Adrenaline (epinephrine) from the auto-injector via a 3 second delivery. The removal of guidance to massage the site post-injection is also supported by data showing that massaging the site may cause skin irritation.

Using EpiPen® is now as simple as PULL, PLACE and PUSH for 3 seconds.

Lay person flat. If breathing is difficult, allow them to sit but not stand.

After administration of EpiPen®, always seek medical attention—call 000.

EpiPen® and EpiPen® Jr auto-injectors with the 3 second label will start to become available in June 2017 and will gradually replace the 10 second-labelled pens. There is no change to the actual device—just the labelling. Please continue to carry and, if required, use the existing 10 second-labelled pens. EpiPen® auto-injectors only need to be replaced if used or just before the expiry date.

However, EpiPen® auto-injectors can now be held in place for 3 seconds regardless of the instructions on the device label. There is no need to be concerned if the EpiPen® is held for 10 seconds or the injection site is massaged after use. It won't affect the way the EpiPen® works.

Revision to infant pulse rates

On receipt of comprehensive material from the National Training Program, the Medical Advisory Panel and Expert Panel have agreed that the current range for the infant pulse rates is too low. The proposed revision is reasonable, and conforms to various state and territory information.

The infant pulse rate has been revised to **100–160 bpm**, from infant (0–1 year) pulse rate of 70–120 bpm.

MEDICAL ADVISORY PANEL

FREQUENTLY ASKED QUESTION



SUBJECT Do Not Resuscitate (DNR)

PURPOSE The purpose of this item is to seek clarification on resuscitation where a DNR is in place.

BACKGROUND A St John Event Health Services member has written to the National Office seeking clarification about what should be done if a DNR is in place.

The specific scenario is where a bystander (presumably a member of the family) tells the first aider that a DNR is in place and that the first aider should not provide resuscitation.

DISCUSSION In an out-of-hospital situation it can be difficult to confirm if a DNR is in place. The word of a bystander should not be taken as evidence of a DNR in place. Accordingly, a first aider should provide resuscitation until a paramedic advises not to continue.

QUESTION

Should the first aider provide resuscitation where a family member (the bystander) tells the first aider that a DNR is in place?

SHORT ANSWER

If you are not sure, commence resuscitation and seek the guidance of a healthcare professional.

LONG ANSWER

It is very hard to give a 'one size fits all' answer, as legislation differs across Australian states and circumstances will always be unique.

First, in an event health services setting, patients near end of life are rare attendees. Their care needs usually require hospital, hospice or home care. It is more likely to be a first response issue when a person with significant medical problems has an acute event in a community setting such as shops, public places etc.

As a general rule we should try to respect a patient's wishes. Where they have made their end-of-life wishes known through an advanced care directive, resuscitation plan or palliative care plan and this can be viewed, it would be very appropriate to follow the plan, usually with the support of family and carers who can validate the plan. The plan must relate to the terminal illness; for example, a person with terminal illness who has a fall should receive all care and attention. In this case, their need for urgent care does not relate directly to their terminal illness.

If you are unsure of the patient's wishes or the validity of the plan, it is entirely appropriate to commence resuscitation until the patient's wishes do become clear, or a healthcare professional can assist in the decision-making.

If you are prevented from commencing resuscitation by a third party do not worry; your own welfare and safety is always the primary consideration and any issues of whether resuscitation was appropriate, now rest with that person.

There is no case law on this matter in Australia, however in most states persons acting in good faith, in a reasonable manner, using skills they have been properly trained in, are protected from frivolous litigation.

KEITH AND LYN DANSIE HONoured

After more than six decades of service with St John, Lyn Dansie received a Member of the Order of Australia, just three days after her husband, Keith, was recognised as a Knight of the Order. The pair met through the service when they both attended a course in home nursing, and in April, celebrated their 50th wedding anniversary.

When you're involved in something and can see there are just so many people out there who are actually achieving things, it makes you see life in a different manner.

Read the full article, [here](#) (Coast City Weekly, Michelle Etheridge, michelle.etheridge@news.com.au).



Lyn Dansie, with her husband Keith, at the St John Museum in South Australia.
PICTURE: MATT TURNER

APPOINTMENT OF ACT CEO

Ms Diana Terry has been appointed as Chief Executive Officer, St John Ambulance Australia (ACT).

Diana brings to the ACT Office, extensive experience in the health/community sector. Her breadth and depth of experience includes not-for-profit, corporate and state/federal government roles; leadership of geographically-dispersed multidisciplinary teams delivering health services to expansive remote areas; to establishing extensive national networks for the successful delivery of a major federal government initiatives.

Diana has worked in the corporate, government and not-for-profit sectors with over 15 years' experience in member-based and federated organisations, requiring strong interpersonal skills, advocacy and lobbying, and building effective working relationships.

'I strongly believe that first aid should be a part of everybody's life', commented Diana. 'I will work tirelessly to promote this message across the community at every given opportunity, as well as create innovative opportunities to further promote the message in ways such as partnerships with community groups and corporate partners'.

On behalf of the St John Ambulance Australia (ACT) Board I would like to extend our congratulations to Diana on her appointment and I invite you all to join me in welcoming her to St John as CEO.

Robert (Bill) Bunton
Chair, St John Ambulance Australia (ACT)

QUEENSLAND CADET PROGRAM

The St John Ambulance Australia (Qld) Qld Cadet program has been an important component of activities in a number of Divisions across the State for many years. Like many initiatives that have a long history, there has been a significant change in the level of support in recent years.

As an element of the Board-endorsed Strategic Business Plan SJAAQ, an extensive review of the current Cadet Program was undertaken during 2016. The review was conducted by external consultants, assisted by Julie Norquay, General Manager Community and Volunteer Services, and Clayton Kelly, SJAAQ Chief Advisor Youth – Queensland Volunteer Advisory Council (QVAC).

The SJAAQ Board considered the final report of the review at meetings held in February and March 2017.

Whilst acknowledging the enjoyment and the personal growth experienced by Junior and Cadet members of the program over the years, it was agreed that the current model is not sustainable and does not meet our strategic aim of engaging with as many young people as possible throughout the State. The Board has determined that:

- The Junior and Cadet programs will not be continued beyond December 2017 as they are no longer considered the most effective way to engage with the youth of Queensland. There will be no further recruitment of new members effective immediately.
- A transitional programme for current members will be implemented with supervision by the QVAC:
 - o It is envisaged that current Cadet members that have turned 16 years of age or older as at 1 January 2018 (with parental/guardian consent), will be able to join Adult Divisions with aim to continue a first aid focus and be deployed (with supervision) at appropriate events, wearing the same uniform as adult members.
 - o Juniors and Cadet members will be able to complete their current range of Cadet program studies (should they desire to do so) with program closure in December 2017.
 - o Those Cadets working towards the Grand Prior Badge, will be grandfathered (should they wish to do so) to complete these externally beyond 2017. To be considered eligible, Cadets must have 7 or more completed badges by December 2017.
- SJAAQ will significantly expand its first aid outreach to youth through a “First Aid in Schools” program, in a learning environment more suitable for engaging youth across Queensland and more closely aligned with the objectives St John Australia to maximise the delivery of first aid training to youth.

The decisions were not based solely on economics but also took into consideration the consistency and availability of Cadet programs across the State, and also the capacity of the organisation to continue to meet the governance levels required for training of children without significant additional investment.

St John Queensland is committed to developing young people to meet the future needs of the organisation and the community, and contributing towards our objective of saving lives through first aid, while at the same time presenting the opportunity for personal development. This objective will be achieved by recruitment of young adults between the ages of 18–25 years with program initiatives within our Event Health Services. This programme will provide the opportunity for youth volunteerism and development in the field of first aid and will build community and individual resilience and contributes to St John’s service to our community.

A Questions & Answers email is available at QandA@stjohnqld.com.au

Alex Hutton
Chief Executive Officer

USE OF THIRD PARTY MATERIAL SURVEY

All staff and volunteers who use third party material are urged to complete this survey <https://www.surveymonkey.com/r/H2WBQFY>

What's third party material? Third party material is any source not created by yourself and St John Ambulance Australia. It might be text and images from newspapers, journals, magazines, databases and media monitors, the internet!

DO YOU make pdf copies for printing and hand-out? Print screens of internet sites? Post third party material to St John social media sites, or on St John intranets? Store third party material on your work hard drives or in St John Cloud platforms? Transfer third party material via ftp to a division or St John member, volunteer or staff member?

DO YOU read print and digital material for research to write internal presentations, reports, training resources, documents and newsletters?

You're using somebody else's intellectual property, and that needs to be formally acknowledged, and sometimes money has to be paid and formal permission granted by the owner.

Having Education and Commercial licences will ensure our use of third party material is compliant with the Australian *Copyright Act 1968*. These licences will allow us to legally copy, distribute, reuse and store words, images and other content. An annual fee to hold the licences will allow us to use and distribute third party material, without fear of breaching federal laws. Until then, if in doubt: apply straight to the copyright owner for formal permission.

OUR BRAND keeping it strong, recognised, respected and trusted.

The most important element of our St John Ambulance Australia branding is our name and the red logo.

Neither element may be used for any personal reason, or in any kind of activity that is not directly associated with St John, and may not be used without written permission.

Some 'do not's' might include:

- being used as part of your personal email address, website url, blog name, Facebook page, Twitter account name, or any other social medial site
- use on any commercial merchandise or product
- use on anything for an external organisation, club or group that you might be associated with.

If you want to use the branding—play it safe. Send an email, detailing how you wish to use the name and logo, to Gab Lhuede, National Publications Manager, publications@stjohn.org.au, T 02 6239 9209.



The Grand Council of the Order met for their annual meeting in Cape Town, South Africa on 23 and 24 May 2017.



PNG'S FIRST PARAMEDIC PROGRAM TO BE LAUNCHED

Original article by Michael Arnold, PNG Post-Courier June 13, 2017. <http://postcourier.com.pg/pngs-first-paramedic-program-launched/>

St John Ambulance PNG, with renewed support from the Ministry of Health, are undergoing preparations to launch PNG's first-ever paramedics program.

The paramedic course will start on July 10 and will run for six weeks. Training will include an initial two-week placement in Port Moresby General Hospital in the obstetric and maternity wards, the emergency department and the operating theatre.

"We've got some senior intensive care paramedic educators coming over through St John to assist with that program here", said St John Ambulance Chief Officer, Matthew Cannon. "We've recruited a number of health extension officers who will be transitioned across and receive higher level paramedic training, which will be delivered here at our St John Ambulance headquarters and will be delivered by July 8."

Furthermore, St John has announced a first-ever emergency medical technician intermediate (EMTI) qualification, tailored to the specific needs of the PNG health system. This will be delivered in partnership with the medical fraternity and Port Moresby General Hospital.

"The teams worked very hard over the last couple of years on a national strategy that is going to provide the same level of service and support to the wider Papua New Guinea community outside of Port Moresby and Central Province", said St John Council PNG Vice-Chairman, Ian Clough. "I'm really excited about the potential for St John to provide fantastic care right across the country just like they do here (in NCD). There are thousands of people in this community who would benefit from this support in the months and years ahead."



NATIONAL CADET CAMP

NatCamp is an exciting opportunity for cadet members 11+ years and their leaders to come together in a safe environment to develop and network.

To register...

Mylor Adventure Camp

4 - 11 January 2018



1300 78 5646

stjohnsa.com.au



LONG-TIME QUEENSLAND VOLUNTEER DIES AT 104

Tribute to Doris Price DStJ (1913–2017) for 50 years of service to St John

The Board, staff and members of St John Ambulance Queensland acknowledge the passing of our esteemed member, Doris Price, and extend our deepest sympathy to her family.

Many staff members and volunteers attended Doris' service on Monday 12 June at Bridgeman Downs. We acknowledge the passing of one of our long-standing members, Doris Price DStJ, fondly referred to as 'Dot'.

Dot joined St John Ambulance (Qld) in 1953 and helped form the Nundah Combined Division and the Nundah Divisional Training Centre. Nundah Division remains a very active Division, contributing to the much-in-demand Event Health Services. It has been the home division of some significant contributors to the development of first aid services in Queensland over the years.

Dot attended a countless number of duties and provided support in many ways during her 50 years of service as a First Aider and later on as a Community Care volunteer. Her reliability and commitment were well known. For a long time, Dot was responsible for roster planning of volunteer first aiders. This included being responsible for the recruitment of first aid volunteers internationally when St John was chosen by to provide first aid at the Commonwealth Games in 1982.

Dot's contribution and commitment to St John was first recognised when she was made a Member of the Order (MStJ) in 1966. In 1992 she was invested as a Dame of Grace (DStJ)—the highest available Grade.

Following her retirement from EHS (formally the Brigade and Operations Branch) as a First Aider in 1979, Dot was invited to become Vice-President of Nundah Combined Division, a position she held for many years.

Her next endeavour was within the formation of the Community Care Branch. Dot Price was a foundation member, and active in the visitation work established by St John at the St Andrew's War Memorial Hospital in Brisbane, where she continued as Coordinator for several years.

In her later years, Dot always remained interested, and a contributor where possible, to her beloved St John. In recent years she lived in residential care in Beaudesert and, while still in good health, she celebrated her 100th birthday in May 2013—a great achievement.

Over her long years, Dot Price would have observed the many challenges of societal change to which St John Ambulance has been required to respond.

There are more complexities, compliances, higher training and performance standards and competition now, which are part of the service demands on current volunteers and the management which support them. As a great, but humble role model for the St John tradition of Service to Humanity, I believe that Dot would be justly proud of the quality service currently delivered by our EHS and Community Care volunteers.

St John is fortunate to have had Dot's wonderful long time service, and she will be sadly missed by us all.

Shirley Watson, Chair

St John Ambulance Australia Queensland Limited



Dot Price celebrating her 100th birthday.



We the ladies of 'St. John',
Whose husbands think that we have gone,
Yes, gone in the head you might well say,
On to the Casualty Ward to stay.

'May I go on duty dear?'
The kindly wife will say in fear,
'What! Duty again, ah! well go ahead,
But don't forget, I'm going to bed.'

To bed he goes with peace of mind,
His wife is really very kind,
But does he know what hours she keeps?
While he, the loving one still sleeps.

In the early morn she enters in,
And so as not to make a din.
She stealthily removes her shoes,
No, she has not been on the booze.

The Casualty Ward was very busy,
The Doctors and Nurses were really dizzy.
And our kind St. John personnel,
'Were there to help all things go well.

Have you heard of one keen member
Loyal, true, her nature tender,
Her husband wonders how we existed,
Before she, his wife, so ably assisted.

'TO OUR MALE FOLK'

Then there is the other one,
Who does so much work for 'St. John',
She goes on duty secretly,
Perhaps a little fearfully.

Off to Downey Park she flees,
With a conscience not quite free.
And then to make her day complete,
She runs his car into the concrete.

When her husband she did tell,
All things ended very well.
But take warning my dear friend,
You never know where she might end.

We have someone within our midst,
Who doesn't mind to baby sit.
But if he has to change a nappy,
Oh! dear, this makes him most unhappy.

Now, don't think you are the only one,
Who has to suffer for 'St. John',
We have the wife of our Instructor,
And the loved ones of our Doctor.

To all who've helped us through the year,
We give to you three hearty cheers.
And hope for your continued co-operation,
Hoping there'll be no complications.

If at times you feel rejected,
Remember you'll not be neglected.
Being a member of 'St. John',
She can always be relied on.

So to all our men folk who might grumble,
Just think what could happen when you tumble,
Perhaps break a limb, or sever your fingers,
Or else get a pain in the tummy which lingers.

Your loved one is there to give you attention,
The bleeding she'll stop, and watch respiration,
The limb she will immobilize,
Attend to shock 'till the ambulance arrives.

Nurse you carefully if you take ill,
Take temperatures, pulse, and give you a pill.
Prepare you for the Doctor's arrival,
Make you comfortable for quick survival.

All joking aside, to you we are grateful,
Fathers, Brothers, and Husbands so faithful.
To you we say 'Thank you' for all you have done,
Throughout the year for the members of 'St. John'.

Written by MRS. D. PRICE.

AYAN

AUSTRALIAN YOUTH ADVISORY NETWORK



We aim to communicate and consult with young people nationally and understand their point of view.

JOIN US—AYAN IS NOW RECRUITING

The Australian Youth Advisory Network is now recruiting superstar Marketers and Event Officers!

Event Officer

Do you want to be the mastermind and driving force behind our national youth summit, Boundless? Do you have a passion for event management? Do you have a passion for professional development and consultation?

Well, we have the perfect role for you! AYAN is now recruiting for an Events Officer to coordinate and manage our online and face-to-face events.

Marketing & Communications Officer

When you post that epic Instagram post... We're on the look-out for some who knows how that feels, and who dreams of using their passion for social media and communicating with young people.

If you have a passion for social media and promoting amazing opportunities, then we have the perfect position for you!

For more information about both roles head to <http://ayan.org.au/about/volunteer-careers/>



LEADERSHIP UPDATE

Provides information and tips for leaders and managers in St John

Show empathy for your team

There's no doubt that people want to feel appreciated and listened to at work. As a leader, it's your job to create an empathetic environment where everyone feels valued. Here are a few simple things you can do to show empathy for your team.

- Observe, listen and ask questions. Stop assuming that you know what people are thinking and feeling—you probably don't. There's always more to learn if you're quiet and curious.
- Stop multitasking. If you're writing an email to one person while talking with another, neither one is getting the best of you. Put your phone down and give your full attention to the person in front of you.
- Don't give in to distractions. There's always a deadline looming, a crisis to deal with, or an annoyance to put to rest. It's important to slow down and take a step back from all of this stress. Practice mindfulness, and encourage your employees to do the same. Let them know it's OK to take some time for themselves.

After a difficult conversation, reflect on what you learned

You've made it through a tough conversation. Perhaps you asked your boss for a raise, or gave tough feedback to a coworker. Now what? You may just be happy to have the conversation over with. But before you move on, take time to think through how it went.

Ask yourself: Do you feel proud of how you managed the conversation? Or do you feel embarrassed or let down? Did you meet the goals you set out for the discussion? Do you feel differently now about the person or the problem? What do you wish you had done differently? This reflection will give you a sense of what you should do next (perhaps you need to go back to the person for a follow-up conversation), and will help you better prepare for future discussions.

Adapt your leadership style to the situation

Different work situations call for different leadership styles, and most managers use one of two approaches: dominance or prestige.

When you lead through **dominance**, you influence others by being assertive and leveraging your power and formal authority. This approach works best when your job is to get everyone aligned and moving in the same direction. When there is a clear strategy for a new product launch, for example, and the challenge is in getting your team to enact that vision, dominance is an effective way to create a unified front.

Prestige, in contrast, means influencing others by displaying signs of wisdom and expertise, and being a role model. This approach works best when you're trying to empower the people who report to you. If a marketing team is charged with creating an innovative advertising campaign, for example, a prestigious leader can release the constraints on team members, and encourage them to think outside the box.

Maturing as a leader means being able to diagnose what type of leadership is needed and deploying the strategy that is likely to work best.

To handle a work disagreement, do nothing

Some people might tell you that the only way to manage a work disagreement is to straighten things out right away. But that isn't always true. Sometimes, your best option is to do nothing—let the comment go or simply walk away.

Doing nothing isn't a cop-out. In fact, we do it all the time without even realising it. It's a smart choice if you don't have the energy to invest in preparing for, or having, a difficult conversation; or if you suspect the other person might be unwilling to have a constructive discussion. Letting the issue go will keep the relationship stable. But this approach won't work if you stew about the disagreement, making you more likely to have an outburst later, or if you start to act passive-aggressively toward your counterpart. Only do nothing if you can put the conflict behind you.

Peter LeCornu KStJ