

# FIRST AID TRAINING MATTERS

*promoting quality in the first aid industry*

**AECTP**



Association of Emergency Care Training Providers

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## NZQA updates

**Keep reporting Non-compliance to Requirements**—The Board continues to provide evidence of ongoing FA training provision which contravenes the FA Requirements. NZQA have requested us to forward any evidence which comes to hand as they are committed to quality provision. Specific evidence is essential so please forward to the Secretary .

**PAG**—AECTP representation continues with progress for framing the new 6400 US now progressing quickly and effectively. Finals are due to be released in early 2015.

**The Skills Organisation TRoQ**—Currently no further action is required for the Emergency-Trauma (First Responder) learning pathway until it goes through NZQA. AECTP will continue to be represented when it reconvenes in the new year.

## NZQA Moderation Conference Presentation

### Sue Harraway outlines FA onsite moderation visits

2013 pilot identified assessment practice was variable. Onsite moderation visits were supported by the first aid sector and provided assurance of the quality of practical assessment practice. Also the opportunity to discuss assessment practice with NZQA/ Moderator and staff development opportunity.

#### Observations

- Moderators confident they were observing “normal practice”
- Number of learners being assessed impacted on how well learner performance was recorded
- Minimal reference to the checklists during assessment
- Sometimes a blurred line between training and assessment
- Not all assessors had a good understanding of the link between assessment and moderation
- Overall some good assessment was observed and some providers with room for improvement

#### Hints and tips for providers

- Ensure clear lines between learning and assessment
- Peer observation? Remember the assessor must have final sign-off and be confident of individual learner performance
- Don't prompt during assessment
- How are you assessing individual competence?
- Scenario based assessment -
- Manikin: learner ratio recommended is 1:4
- Checklists of actions need to be detailed
- Use the NZQA guidance documents
- Implement your own 'live moderation' internally

## ECIL2 Recertification, AM and our 2015 First Aid Conference

**2015 ECIL2 Annual Recertification**— this year the ECIL2 refresher course was again taken up by members who appreciated the input and updates provided by Steve Jenkins, NZ Resuscitation Council. This Refresher will be available again at **5pm 19th Oct 2015, Wgt.**

**2015 Annual Meeting**— this year, as usual, the AM was fast and efficient and held prior to our First Aid conference as previously. Does this time still suit you or do you prefer us to consider a different or slightly later time?

**2015 First Aid Conference, scheduled 20 Oct 2015**—as the 2014 programme was mostly well received and evaluations showing the majority of replies rating it a 3&4 we see that we can be successful again in 2015. 10am—4.30pm Tues 20th October, Kauri Room, Brentwood Hotel, Kilbirnie, Wellington. [www.aectp.org.nz/](http://www.aectp.org.nz/)

**Asthma question at Conference** — Alice Paul writes ... we had a quick discussion following the presentation on Asthma at your AECTP conference. There was some concern around the use of Ventolin in emergencies and a gentleman in the audience conveyed that he had 4 instances of people being allergic to Ventolin. We had a look at multiple articles and I'll attach one which would indicate that all pressurized spray asthma inhalers (MDIs) are lactose free. This may be of some interest. Of course if there is a person who has asthma and is allergic to any of the ingredients in Ventolin e.g. albuterol sulfate should hopefully be wearing a medic alert bracelet.

**NZQA's TEO Background Checks project** - The Board thanks those members responded to the NZQA data gathering questionnaire which focused on current practices. Thank you for your participation. The information will assist NZQA to ensure learner safety and frame ideas around appropriate policies and practices to address this issue.

### *in this issue*

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# Letter From The Chair

Hello all, from the Chair - Christmas Message.

Firstly it was great to see the turn out for this year's AGM / Conference. The early start AGM may be difficult for some, so we will certainly give 2015 AGM more thought and perhaps look at a slightly later start which is likely to coincide better with flight schedules.

What a great release by NZQA – removing those not so fit for purpose 2600 series unit standards; this was certainly a feather in our caps and a very big “pat on the back” for AECTP. Dr Karen Poutasi did announce that AECTP was recognised as a “Peak Body” within the industry, and what an honour it was to have Richard Thornton, DCE Qualifications Division actively come to our conference to announce that the 6400 series was to remain and the 2600 series become non-existent from 2015, as well as Jane von Dadelszen (DCE Quality Assurance) attend as opening speaker at our Conference. We are happy with the promptness NZQA has displayed in going to the public with the announcement.

The aforementioned came about as a result of the PAG pursuing the thought and feelings of the First Aid Industry, AECTP's representative on this group is Graham Wrigley but we also have the privilege of having other board members who represent their own organisations (PTEs), and all supporting the need to move forward. Congratulations PAG, you have done well and we are convinced that you will continue to represent the best interest of the New Zealand First Aid Industry with the establishment of “fit for purpose” material for the future development of these unit standards and the retention of the 4 credits.

TRoQ has been another area that AECTP has had a very big input, our representative Julian Price has been keeping the board informed with progress to date, as we move forward, we will endeavour to keep you all informed via our newsletters and web page.

At conference we obtained the needed 15 financial members to sign our *INCORPORATION FORM* for us to continue onto the next phase of the AECTP Incorporation. It was very pleasing that not one of them hesitated to sign, so this now allows us to move forward.

The AECTP Web page was introduced and has become a source of providing information to our members. I would like to take this opportunity of reminding our financial members that you are encouraged to have your company listed on our Web page. We have a “*REQUEST TO PUBLISH FORM*” that must be completed by the principal of your company, this will enable us to have your company added to the members list on the web page. We currently have 16 members listed, and would like to have more names there in the future.

As members of AECTP, I would ask that you try to encourage other PTEs out there to become members, we are working very hard behind the scenes to get quality and consistency of how First Aid should be taught in New Zealand, to continue with structured persistence, our membership needs to grow to show other groups that we have momentum and we believe in what it is we are striving to achieve.

I would like to thank the AECTP Board Members – **Red Cross** Yvonne Gray, Graham Wrigley, **St John** Julian Price, Shirley Kerr, **PECANZ** Ann Gill, Graham Dennis, and **Independents** Kate Nickson for your continued support..

Kind regards , Eric

AECTP Chair

**The Board wishes you and your families best wishes for a relaxing and fun filled festive and holiday season. We look forward to a great 2015.**



## AECTP Meetings

January 2015—May 2015.

Members welcome at Board Meetings

*13 Feb 15, Board Meeting, Wgt*

*Early Feb 15, First Responders TRoQ likely to resume*

*18 Feb 15, NZQA Peak Body, Wgt*

*2015, NZQA PAG Meeting, YTBC*

*Board/Planning Meetings, Wgt/CHCH*

*20 Oct 15, AM & FA Conference, Wgt*

*26 Nov 15 NZQA Peak Body forum*

## AECTP 2014/15 Annual Plan

*The annual plan will take us to the end of financial year and our Strategic Planning cycle. Please let us know if you have any feedback or things you wish to have addressed.*

## Incorporation

*The required 15 Member sign off has been completed so progress to **INCORPORATED SOCIETY** status is steady. We expect confirmation in early 2015.*

## 2015 First Aid Conference

- *8x people requested to have conference in Oct or early Nov. We will trial 20th Oct for 2015*
- *Support for conference included suggested speakers to be used*
- *Conference Registrations will remain electronic*
- *Programme release by Sept 15.*

## AECTP Website

<http://www.aectp.org.nz/>

*If you have not yet done so, please complete your agreement for us to place your website links and details onto the AECTP website so people can see you are member.*

*Just email it through to Secretary, AECTPNZ@gmail.com*

## Member Q & A

**Member's question:** Please comment on why there are some First Aid protocol differences taught by FA training providers?

**Synergy sought**—AECTP is working hard to gain increased synergy between the First Aid protocols taught by FA training providers in NZ to make it easier for the learners. Asthma is just one example.

**Solution**—To get around the various protocols which might be taught and to ensure fair moderation of assessment, NZQA requires providers to name their primary reference (some providers use overseas references).

### To illustrate some differences

Alice summarised their protocols (listed). Asthma New Zealand guidelines can be found on their website <http://www.asthma-nz.org.nz/All+About+Asthma/How+to+Handle+an+Emergency.html>).

The NZ Resuscitation Council's recently updated First Aid for Asthma Guidelines (9.2.5) advise an asthma First Aid plan, where the patient has no plan of their own, as follows: "Without delay give four separate puffs of a "reliever". The medication is best given one puff at a time via a spacer device. If a spacer is not available, simply use the puffer. Ask the person to take four breaths from the spacer after each puff of medication". These can be found on their website: [www.nzrc.org.nz](http://www.nzrc.org.nz). The NZ Ministry of Health guidelines (copied directly from their website <http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/asthma>):

Sit upright. Leaning forward allows your chest to expand more easily.

Use your **reliever** asthma inhaler (eg, Ventolin).

Follow the instructions you've been given by your doctor or in your action plan.

If you're not sure of the dose:

Take **6 puffs** (adults and children), 1 at a time, through a spacer.

Take **5 or 6 breaths** after each puff.

**Repeat** the whole sequence of 6 puffs after **6 minutes**. If there's no improvement in symptoms, you need to see a doctor immediately.

Continue to give 6 puffs every 6 minutes until help arrives or until you arrive at a hospital or GP.

Generally speaking AECTP endorses the NZ Resuscitation Council as it is the Standard Setting Body recognised by NZQA for BLS and the Council's co-branded Guidelines (Australia/NZ) are endorsed by the member groups.

## ASTHMA—Brief from Conference

Alice Paul, Asthma Nurse Educator, Wellington

The word asthma derives from the Greek word for panting or breathlessness.

Asthma is a chronic respiratory disorder, often of allergic origin, characterised by difficulty in breathing, wheezing, and a sense of constriction in the chest.

Asthma is a very under rated and understated disease which effects 1 in 4 children and 1 in 9 adults in New Zealand. It disproportionately affects Maori and Pacific Island people, and those from lower socio-economic groups.

### 4-step Asthma Emergency Plan

1. Sit the person upright, and loosen any tight clothing. Stay with the person, remain calm and provide a reassuring attitude to help avoid panicking.
2. Without delay give 6 separate puffs of a reliever (Ventolin or Salamol). The medication is best given one puff at a time via a spacer device. Use the puffer on its own if you don't have a spacer. Ask the person to take 6 breaths from the spacer after each puff of medication.
3. Wait 6 minutes.
4. If there is little or no improvement, repeat steps 2 and 3. If there is still or no improvement, continuously repeat steps 2 and 3 whilst waiting for the ambulance.

(The Asthma Foundation NZ 'Use the person's own inhaler if possible. If not, use a First Aid kit inhaler or borrow someone else's. (Remember to give just 1 puff at a time'.)

Prevalence of asthma in NZ

1 in 4 under 14 year old children have asthma

1 in 9 adults have medicated asthma

Asthma is more common, severe and fatal in Maori across all age-groups

Asthma can occur at any age for the first time.

**NZQA requires that providers name the Primary Reference used for each course.**

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### Board Members

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Kate Nickson, Independent

Yvonne Gray, New Zealand Red Cross

Graham Wrigley, New Zealand Red Cross

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