

FIRST AID TRAINING MATTERS

promoting quality in the first aid industry

AECTP



Association of Emergency Care Training Providers

Volume 5: Issue 3: December 2016

Examples from 2016 Conference feedback included:

- Excellent as usual, like the seating arrangement
- So valuable to have real life experiences; diverse speakers
- Very useful, H&S Act interesting; interesting topics, thank you
- First time I've attended this conference and found all presenters and topics excellent; well presented; day moved very fast
- Thank you! All of interest. Amazing speakers clear purpose
- Particularly enjoyed the teaching skills—was great
- Excellent; Cardio was amazing; fantastic
- Very interesting and wide ranging presentations
- Well organised; amazingly ran and organised as usual
- Stroke was incredibly interesting; AKO; Suicide very interesting.

2017—Provide time to answer more questions; short breaks

- A wide variety of topics have been suggested including Diabetes NZ; Poisons; Allergy NZ; Skills again; Burns, Brain injury; Epilepsy; psychiatric; illness/medical.

2017 Annual Meeting & First Aid Conference

Registrations will open by March 2017 via our registration portal online through the website.

2017 ECIL2 Annual Recertification — As there were no attendees booked in for Nov 2016, this will need to be re-evaluated.

2017 Annual Meeting, 8.30am, Tuesday 28 Nov —the Board confirms our Annual Meeting will be held immediately prior to the First Aid Conference 8.30am—9.30am as previously.

2017 First Aid Conference 10am-4.30pm Tues 28 Nov is again confirmed to be held at the Brentwood Hotel, Wellington, watch for further details early in 2017 —

www.aectp.org.nz/

Our speakers will again include both technical and educational aspects for the First Aid industry.

NZQA's Tertiary Evaluation Indicators

As reported in our last Newsletter NZQA introduced the 'enhanced' Key Evaluation Questions in July 2016. Subsequently NZQA has continued their enhancement work by reviewing the Tertiary Evaluation Indicators.

The Indicators are a key tool in the evaluator's toolkit and are therefore a core component in the evaluative quality assurance framework which directly relate to how the review team arrive at their conclusions.

In reviewing the Tertiary Evaluation Indicators, NZQA aimed to finish up with a more useful set of Indicators which would be both appropriate and would support the new Key Evaluation Question developments and their EER processes. The review was timely as the indicators were last reviewed in 2010 and since then there is a newly added question and existing questions have been fine-tuned.

The NZQA working group is considering feedback and input from the various educational sectors whilst still aiming to send a clear message of their commitment and support for the need for all education providers to note their obligations and responsibilities to their self assessment processes.

Whilst the new Indicators show there are high expectations of providers, it is important to note that every TEO must embed and use the Key Evaluation Questions and not simply see them as an add-on which is addressed because their EER is pending.

Once released, it is anticipated that the new Tertiary Evaluation Indicators will be more user friendly than previously.

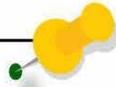


Conference 2016

NZQA Guidelines for listing assessment standards and consent and moderation requirements on the Directory of Assessment Standards—Were released in October 2016

in this issue

- 2016 Conference feedback
- 2017 AM and Conference
- NZQA-Tertiary Evaluation Indicators
- Letter from the Chair
- Board Meetings
- NZ Resuscitation Council
- AECTP Incorporation
- NZ Resuscitation Council—From Science to Sensibility -Guidelines 2016
- Skills—National Moderator, interview from Conference
- NZ Resuscitation Council, Guidelines Co-badged updates 2016
- AECTP Contact details



Letter From The Chair

Words from the Deputy Chair:

Members

Eric (Chair) is still recovering, but getting better by the day and in the New Year we will see how we are going from a Chair of AECTP perspective. Meanwhile everyone on the board has filled gaps and taken on additional responsibility to make things happen.

The recent AECTP Conference went ahead as planned, but was obviously impacted by the Kaikoura Earth Quake. Many in the industry had to focus on support into the response to that event. Poor timing and terribly inconsiderate of nature to put the additional barriers in our path, but a big effort by the organising committee and AECTP team ensured that the conference went ahead. Big thanks to AECTP members who stepped into roles and ensured it all happened. Our thoughts go to those who have been impacted by the recent earthquake and we all know that this act of nature will take some time to sort out and that things won't be the same again for those directly impacted.

AGM: The result of the AGM produced the changes to the constitution necessary to progress the incorporation of AECTP, a move that is positive and appropriate for the association. Thanks to those who have worked diligently behind the scenes to make that happen.

The makeup of the Board remains the same and provides a steady platform for further development and the support provided in the administrative area has allowed us to progress initiatives that would otherwise not have happened. The Board has shown good stewardship around the finances and we are currently in a positive financial position as we continue to focus on and support quality delivery of first aid into New Zealand.

I would as always like to thank and acknowledge all the Board Members, past and present, for their hard work and the personal time they dedicate in the interest of the Association and I want to thank those members whose ongoing support allows us to have an organisation which represents quality initiatives in the first aid industry area.

All the best to all of you for the Festive Season and Happy New year.

Cheers, Julian Price, Deputy Chair AECTP



AECTP Meetings - 2017

Members welcome at Board Meetings

- 10 Feb—Board Meeting CHCH
- YTBC —Board Meetings
- Feb/Mar—NZQA Peak Body forum, WGT
- June—NZQA Peak Body forum, WGT
- Sept—NZQA Peak Body forum, WGT
- 27 Nov - ECIL2 Refresher, RCouncil WGT
- 28 Nov - AECTP Annual Meeting 8.30am
- 28 Nov-2017 First Aid Conference, WGT
- Dec—NZQA Peak Body forum, WGT

NZ Resuscitation Council

www.nzrc.org.nz

- *In the New Year, Council will be working to release a new revised and updated resource for the first aid sector. It will replace their previous booklet "Saving Lives" and will help to address the ongoing training of teaching personnel.*
- *The Board is currently providing feedback for the final draft of Guideline 9.1.1 First Aid for Management of Bleeding which ANZCOR plans to release in the first part of 2017.*
- *ANZCOR plans to update 9.2.2 Diabetic Emergencies early in the new year.*
- *Following the Kaikoura earthquake the Council will draw up a new process for contacting Councillors if required in an emergency.*

AECTP Incorporation

The Board has now forwarded the new 2016 AECTP Rules to our legal advisor to apply for Incorporation. We expect this to take about 4-5 weeks to process.

AECTP Contacts

<http://www.aectp.org.nz/>
Secretariat, AECTPNZ@gmail.com

NZ Resuscitation Council – Questions on Guidelines

“From Science to Sensibility—Guidelines 2016” —Kevin Nation, Acting General Manager NZ Resuscitation: Summary of presentation 2016 National First Aid Conference, provided by Yvonne Gray

Please list the Acronyms?

- **CoSTR** - Consensus on Science and Treatment Recommendations
- **GRADE** - Grade, Recommendations, Assessment, Development, Evaluation
- **ILCOR** - International Liaison Committee on Resuscitation
- **ANZCOR** – Australia and New Zealand Committee on Resuscitation

How does CoSTR translate to Training Materials

In simple terms, the CoSTR science documents suggest “may do”, which are in turn translated into the Council Guidelines which provide a practical translation of “should do”, which in turn are translated into Training Materials which empower people to provide the best care to be provided in a first aid situation.

Were ‘Best Outcomes’ the basis for the 2015 Guidelines?

Developing science today is considerably more comprehensive than it was earlier, using a process whereby taskforces spend a lot of time prioritising a favourable outcome. Prior to 2015, the system was to look at validity of the individual papers and look at the science of the information gathered.

In 2015 a new outcome centric GRADE process was used. The different studies are reviewed for the quality of the evidence and strength of the recommendations were outcome based, and where GRADE looks at all the studies and how to pitch for the *best outcome*. Using the comprehensive GRADE processes, evidence reviewers look at constancy, validity, scientific reviews, debate the science papers for data quality and effects of the intervention.

What about ILCOR 2015 Taskforces?

ILCOR had 7 Taskforces for the 2015 review, namely included Acute Coronary Syndrome, Basic Life Support, Advanced Life Support, Paediatric Life Support, Neonatal Life Support, Education, Implementation and Teams, and First Aid. Taskforces use the GRADE process, a comprehensive systematic review process to evaluate the current evidence available for specific questions and subsequently each developed their treatment recommendations based on best resulting outcome.

Does Data Quality Predict Outcomes?

Applying GRADE processes provides more accurate levels of confidence for our Guideline intervention recommendations.

High	We are very confident that the true effect lies close to that of the estimate of the effect
Moderate	We are moderately confident in estimate of effect. True effect likely to be close to estimate of effect, but possibly substantially different
Low	Our confidence in the effect is limited : True effect may be substantially different from the estimate of the effect.
Very low	We have very little confidence in the effect estimate: True effect likely to be substantially different from estimate of effect.

What are the Recommendations using GRADE?

Strong recommendation – “We recommend”

Weak recommendation – “We suggest” (plus rationale why).

How are Guidelines developed? - Following the release of the ILCOR Publications, ANZCOR takes the scientific statements and develops them into Guidelines which are subsequently badged when each of the two Councils (Australia and New Zealand) agrees that the Guidelines are appropriate for their country.

Following the October 2015 CoSTR releases, consultation was sought and over 100 submissions with feedback were considered, prior to technical sign-off in Dec 15, final release on 13 January 2016.

Guidelines may be further updated from time to time in response to both ILCOR science changes or in response to feedback.

Where do I find Basic Life Support and First Aid updates?

Refer to: <http://www.nzrc.org.nz/guidelines/>

How often are Guidelines updated?

When needed and generally at least every five years.

If you have any further questions, please send them in to our AECTP secretariat.

An Interview with a National Evaluator (Moderator)



Brett, you are a National Evaluator in the Emergency Services and First Aid fields. What experience do you bring to this role?

I have been involved in the education areas of these fields for over 30 years as part of an ambulance service. I have managed commercial and internal first aid/clinical training operations and have been an operational ambulance officer. My experience includes a long involvement with NZQA and ITOs in a variety of roles and I have assisted in the development of unit standards and qualifications in these fields. Specifically in the moderation area, I have worked with NZQA in the past as a moderator and my work as a National Evaluator with Skills goes back two years.

Why site visits rather than postal moderation?

Postal moderation is important, but with site visits we can more easily discuss any problems or discuss how material might be enhanced. It is also nice to be able to say “well done”! in person. Site visits provide a much better understanding of the overall quality of a provider and how an individual provider works. With postal moderation, the evaluator can only go by the evidence posted in. It’s not possible to discuss gaps or misunderstandings whilst completing a postal moderation, but with a site visit understanding is easy to find because the evaluator can talk directly with an assessor.

How many visits do you do in a year?

Skills funds around 20 visits per year. This means over a period of 4-5 years, all providers will be visited. Skills covers the costs of these visits so it is really a “win, win” for both Skills and the provider.

What do you do at a visit?

Usually I work with an advisor from Skills. We spend the first part of the visit just chatting about how the provider works, any problems the provider has, assisting with any questions, and finding out if there is anything Skills can do to enhance support for the provider. Then I moderate assessment samples. Before we go, we get together with the provider and debrief. We like to work on a “no surprises” approach, so the debrief will basically explain what the final moderation reports will say.

Do you take a “big stick” approach?

Definitely not. I am not a policeman! I like to think we are in a coaching role. We want to see providers being successful so we help in any way we can. If we find a gap then we talk about how we can fill the gap. Where there are errors or inconsistencies we can provide advice on how to remedy the situation. Consistency is what it is all about. If we can ensure all providers are assessing unit standards consistently we will be in a much better place as an industry.

What changes have you seen since Skills took responsibility for first aid standards from NZQA

The biggest change is that Skills is interested in the first aid industry and genuinely is keen to ensure consistency and support. Although pre-moderation of assessment material has always been part of the CRM, NZQA never really attended to this. Skills sees pre-moderation as very important and so do I. If your material is pre-moderated then you can be reasonably certain that your post-moderation results will be positive (unless you have an errant assessor!!). Skills always explains the “why” and as an evaluator my role is to provide good customer service, a high level of support through moderation and be engaging with providers. All the changes I have seen are positive.

What are your common findings with pre-moderation of assessment material?

Very few providers have had their first aid or PHEC assessment material pre-moderated. This has meant that there is quite a bit of inconsistency out there. No one has intentionally done things wrong, but many providers have interpreted different aspects of unit standards in different ways. This means we are not all on an even playing field. In most cases the inconsistency is small and is easily fixed by the provider. Some very minor things such as incorrect titles or version numbers are common – and although small can be very confusing when there have been changes between versions. Over assessment is very common. For formal assessment towards a unit standard, you should only assess what is required by the unit standard. Many providers have interpreted range statements etc. differently and end up really increasing the assessment workload for students and assessors.

What are your common findings with post-moderation?

In the majority of cases post-moderation outcomes are good. The assessors out there are doing a fantastic job. Where things fall down is when pre-moderation hasn’t been done and so the assessment material is not right. The assessor does exactly what is required of them (as detailed in assessor guides, model answers etc.) but the material has something wrong.

Member Q & A

Which co-badged Resuscitation Council Guidelines were updated in 2016 and which are pending?

In 2016 the following co-badged First Aid Guidelines were updated. You will note that, to enhance clarity, there is now a more streamlined approach to the title: First Aid for Management for XYZ, providing convenient referencing.

In early 2017, 9.1.1 First Aid for Management of Bleeding and 9.2.9 First Aid Management for Diabetic Emergency is being reviewed. AECTP provides feedback for the updates.

1.1	Aims and Objectives	9.1	Trauma
1.2	Guideline decisions of ARC	9.1.1	Principles for control of bleeding
1.3	Process for developing Guidelines	9.1.3	Burns
1.4	Principles and format for developing guidelines	9.1.4	Head Injury
2	Managing an emergency	9.1.6	Spinal injury
3	Recognition and first aid management of the unconscious victim	9.1.7	Management of a crushed victim
4	Airway	9.2.1	Recognition and first aid management – Heart attack
5	Breathing	9.2.2	Stroke
6	Compressions	9.2.3	Shock
7	Automated external defibrillation in BLS	9.2.5	First aid for asthma
8	Cardio pulmonary resuscitation	9.2.7	Anaphylaxis first aid management
		9.3.2	Resuscitation of drowning victim
		9.3.4	Heat induced illness, hyperthermia
		9.4.3	Envenomation from tick bites, bees, wasp and ant bites



Conference 2016

AECTP Contact Details: PO Box 217, Christchurch 8140. Email: AECTPNZ@gmail.com. Website: www.aectp.org.nz

Board Members

Eric Little, Independent

Kate Nickson, Independent

Yvonne Gray, New Zealand Red Cross

Graham Wrigley, New Zealand Red Cross

Graham Dennis, PECANZ

Ann Gill, PECANZ

Julian Price, St John

Shirley Kerr, St John

Contact Details

Chairman: Ph: 0274 174 853. Email: etlittle@clear.net.nz

Treasurer: Ph: 0272474477. Email: k8tie@xtra.co.nz

Ph: 03 339 4661. Email: yvonne.gray@redcross.org.nz

Ph: 03 339 7111. Email: graham.wrigley@redcross.org.nz

Ph: 0274 174850. Email: graham@actionsforsurvival.com

Ph: 211 2699 ext. 8725. Email: ann.gill@sit.ac.nz

Deputy Chair: Ph: 03 353 7110 ext. 3219. Email: julian.price@stjohn.org.nz

Ph: 03 474 3216. Email: shirley.kerr@stjohn.org.nz