

FIRST AID TRAINING MATTERS

promoting quality in the first aid industry



Association of Emergency Care Training Providers Inc.

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NZQA's definition of notional learning hours

Effective from 1 January 2018

NZQA has updated the definition of notional learning hours to: 'all planned learning activities leading toward the achievement of programme or qualification learning outcomes', and comes into effect on 1 January 2018.

The updated definition arose from sector consultation and means that tertiary education organisations (TEOs) will be required to provide details to learners of all learning activities in a programme, including self-directed learning activities, plus retain evidence of the activities for NZQA. For more details see: [Outcome from consultation on updating the definition of learning](#)

2017 Pre Hospital Emergency Care Conference

Our Conference was a success and planning has commenced for 2018 Pre Hospital Emergency Care Conference to be held in **Wellington, 10-4.30pm, Tuesday 27 November 2018**.

Our delegate feedback shows the speakers expertise, the programme variety, adding professional development value and knowledge, and the informative broad approach to our sector issues, were all appreciated (93%). Delegates were also very happy to have the international ANZCOR perspective provided life-support updates "why we do what we do" from opening speaker, Professor Julie Considine, Deakin University, Melbourne. 2018 will again feature a varied programme, an international speaker, and also include emergency services here in NZ, with improved catering for our breaks.

Key points relevant to FA Guideline changes

The NZ Resuscitation Council has listed the following ANZCOR First Aid Guideline changes, as outlined by Dr Natalie Hood, from their First Aid Task Force. Council feedback came from a variety of sources, including AECTP.

- if the person is in shock, lie them down; leg raise is not helpful
- use oxygen as indicated
- use aspirin for myocardial infarction
- use intramuscular adrenaline for anaphylaxis. If not relieved by the first dose, give a second dose
- treat hypoglycaemia with a glucose tab, gel or jellybean/skittles/sugar cubes/orange juice
- where dehydration is due to exertion, give a carbohydrate or electrolyte drink rather than plain water
- there is no good evidence for cervical spine hard collars in first aid. Instead, use manual stabilisation
- bleeding should be controlled with pressure. If this doesn't work, a haemostatic dressing can be used. A tourniquet may be used for life-threatening bleeding from a limb where the bleeding cannot be controlled by direct pressure
- there is no evidence for straightening fractured limbs
- open chest wounds should be left open and not occluded
- burns should be cooled for 20 minutes.
- As always, get help early.

NZQA Peak Body meeting December 2017

NZQA is currently seeking to define what Micro-credentialing means, how that may look and any parameters. This is currently under discussion with workshops and advisory group being set up. Time frames for a release is early to mid-2018. However if a change in legislation is required this time frame will push out to the end of 2018. This is a work in progress, we will report on progress.

2017 Annual Meeting AECTP Rules updates

Membership categories are now: Full and Affiliate members. The term 'Affiliate' replaced 'Associate' members.

Website updates—The NZQA Monitoring and Assessment Team, entitled *Evaluators—Monitoring and Assessment*, will do compliance visits, monitor external moderation systems aged by ITOs and moderate NZQA-managed unit standard.

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Letter From The Chair

2017 comes to end on a good high! Our annual Conference in Wellington a few weeks ago was well attended and a great success. It was pleasing to see so many people engaging with others on matters of common interest. Each year our conferences get better and better, so please note 27 November 2018 in your diary for our conference next year. Better still, invite someone else along so that we can grow our numbers.

The AECTP Board still has a lot to do over the next 12 months, and I can assure you that we have the industry at heart. We want to be proactive and get in front of the issues that face the educational sector within our niche field. We know that so much is not right yet, and we are hopeful that we can make use of our status within the industry to influence change. The stronger we become, the stronger our voice becomes.

May I take this opportunity to wish everyone an enjoyable festive season, safe travelling, and a return to work in 2018 refreshed and committed to ensuring that 'our' students get exactly what they deserve - the very best in first aid training to the highest of standards. After all, it's not about us, it's about giving them the lifesaving skills that ALL New Zealand should have as a way of life. They surely deserve it.

Graham J. Wrigley
Chairman

The Heart Foundation aims to raise awareness of heart attack signs and symptoms

A recent Heart Foundation survey showed that 80% of New Zealander's over 45 don't know that nausea is one of the signs and symptoms of a heart attack. Forty three percent of those surveyed would not immediately call 111 if they thought they were experiencing the symptoms of the heart attack. Two key messages are to Dial 111 if heart attack symptoms are experienced, and early access to a defibrillator is a high priority. This is echoed by the NZ Resuscitation Council Guidelines.

The Heart Foundation study showed that people may be reluctant to call 111 for a number of reasons, including not wanting to waste medical professional's time, deciding their symptoms were not quite right, potential embarrassment if it is not a heart attack, and a belief that they are too healthy to be experiencing a heart attack.

New Zealanders are often not aware they may not have dramatic or crushing chest pain during a heart attack. They may instead experience other symptoms such as chest discomfort lasting 10 minutes or more; pain that spreads to the jaw, shoulders or back; excessive sweating; shortness of breath; and nausea.

The Heart Foundation provides an excellent repository of online information at

heartfoundation.org.nz .

Importantly, trainers within the pre hospital setting will also appreciate the table contained on their website which also lists the Heart Attack warning signs at

<https://www.heartfoundation.org.nz/your-heart/heart-attack-warning-signs>

The Youtube video translations are available in Tongan, Samoan, Māori, Cook Island, Korean, Hindi or Chinese.

Their recent national Heart Attack Awareness campaign, supported by the Ministry of Health and the Milestone Foundation, aims to reduce the 6,000 deaths every year from heart disease in NZ, which is more than one family member every 90 minutes.

The NZ Resuscitation Council reviewed Guideline 9.2.1 in 2016, see

[ANZCOR guideline 9.2.1 - First Aid Management of a Heart Attack](https://www.anzcor.org.nz/guidelines/9.2.1-first-aid-management-of-a-heart-attack)

AECTP Meetings - 2018

Members welcome at Board Meetings

NZQA Peak Body forum meetings:
March, May, July, Oct, WGT

16 Feb—Board Meeting, AUCK

13 Apr—Board Meeting, CHCH

15 June—Board Meeting, CHCH

03 Aug—Board Meeting, CHCH

05 Oct—Board Meeting, CHCH

02 Nov—Board Meeting, CHCH

27 Nov—AECTP Annual Meeting WGT

27 Nov—2017 Pre Hospital Emergency Care Conference WGT

NZ Resuscitation Council

2018 Resuscitation Conference
19-21 April, Te Papa Wgtn, includes a First Aid section—www.nzrc.org.nz

The ILCOR Consensus on science and treatment recommendations which now include first aid as a new topic, represents a vast scope of work where sometimes there is insufficient evidence to enable provision of strong treatment recommendations.

However a lot of work is being completed in this space, including Guideline reviews.

First Aid Management Guidelines are listed by title on the Council's website and provide a guideline of signs, symptoms and treatment which may then be represented in the training providers curricula.

Teaching to the Guidelines is both an important aspect of curriculum development and assessment adequacy. AECTP provided feedback about urgency of topic reviews.

AECTP Inc. Board Business

The Board is working through the first 6 months of the Annual Plan to be reported on early 2018.

2017 Conference delegate feedback will inform 2018 Conference Planning.

AECTP Contacts

<https://www.aectpnz.org>

Secretariat: info@aectpnz.org

Health and Safety

AEDs in schools help communities be prepared for cardiac arrest

A question of safety

Guidance documents for schools aim to help increase the awareness that sudden cardiac arrest can occur at school and CPR training and onsite Automated External defibrillators (AEDs) can help school boards be prepared for these events. Defibrillators are easily used and early defibrillation (within the first 5 minutes) improves survival rates. across all levels of the New Zealand Qualifications Framework.

In New Zealand more than 2,000 cardiac arrests occur annually outside of hospital. Readily available AEDs in public places will improve the outcomes for survival.

In September a partnership between the Ministry of Education and the NZ Resuscitation Council developed a AEDs in schools guidance document to help school boards and leaders with their planning.

This initiative also compliments the World Health Organisation's *Kids Save Lives* initiative encouraging children aged 12 and older to do two hours of CPR training annually. Further information is available on www.nzrc.org.nz.

NZQA—new or changed delivery sites

All tertiary education organisations (TEOs) must apply to NZQA for approval of any new or changed delivery sites. NZQA has different information requirements and approval processes for permanent and temporary sites.

Approval of permanent sites requires an application to be made to NZQA. Site approval for permanent delivery sites is required before delivery occurs at the new site and includes a Site Attestation. NZQA requires notification to [Client Services](#) for temporary sites. Notification is required before delivery occurs at the new temporary site.

Permanent sites (NZQA charges \$150 per hour, GST exclusive, for evaluation of applications for approval of a new permanent delivery site). A TEO can start delivery at a new site after its application has been approved by NZQA. NZQA will evaluate applications for permanent site approval to ensure the new site is appropriate for the delivery of education or training. If required, an NZQA evaluator will make additional inquiries or request more information and may wish to visit the new site. A teaching or delivery site is considered to be permanent when a TEO has a regular and ongoing presence at the site. The TEO is likely to either own the premises or have a lease or rental agreement that provides security of tenure. A site Attestation form is required to be fully completed and signed. 'Regular and ongoing' could mean anything from five days per week for 52 weeks a year, to one day per week for 26 weeks of the year, to several days per month all year. Required information is specified by NZQA.

Temporary sites (There is no charge for notification of temporary delivery sites). A TEO can start delivery at a new temporary site after it has notified NZQA. If NZQA requires further information, it will contact the TEO.

A temporary site would be used occasionally and would not warrant the TEO entering into long-term arrangements for tenure. Typically, a TEO will rent a temporary site on an infrequent basis or for a specified short term and will be able to advise NZQA of a start and end date for the use of the site.

The TEO must have systems in place to ensure temporary sites are checked for suitability as teaching venues and that all legal and health and safety requirements are being met.

FOR MORE INFORMATION ON NZQA FACILITY REQUIREMENTS CONTACT - qaadmin@nzqa.govt.nz

Progress on the NZQF

NZQA rules updates: A number of updates to NZQA rules came into effect from 18 August 2017.

The changes include: further strengthening of [Rule 18 English language entry criteria for international students](#); plus statutory declarations for all tertiary education organisations must be submitted within five months of the end of the organisation's financial year – see [Statutory declarations](#); plus the ability for NZQA to change the scope of an external evaluation and review where concerns are identified that were not part of the original scope – see [Quality Assurance \(including External Evaluation and Review \(EER\)\) Rules 2016 \(PDF, 152KB\)](#) (changes visible as track changes).

Member Q & A

Please update us on the Three-second EpiPens®

NZ Resuscitation Council has notified the following:

Three-second EpiPens® - [ANZCOR Guideline 9.2.7 First Aid Management of Anaphylaxis](#)

The ANZCOR Guideline 9.2.7—First Aid Management of Anaphylaxis references the Australasian Society of Clinical Immunology and Allergy (ASCIA) as the organisation that informs adrenaline (epinephrine) administration by autoinjector.

The following information has been provided by ASCIA. EpiPen® and EpiPen®Jr adrenaline (epinephrine) autoinjectors with the 3 second label can now be found in New Zealand pharmacies. The devices have not changed, just the instructions on the label, which now include:

Reduced injection time from 10 to 3 seconds – this is based on research confirming efficacy and delivery of adrenaline through the 3 second delivery.

Removal of the massage step after the injection – this has been found to reduce the risk of tissue irritation.

All EpiPen®s should now be held in place for 3 seconds, regardless of the instructions on the label. However, if they are held for 10 seconds it will not affect the way that the adrenaline works.

Refer to www.nzrc.org.nz.

The Board wishes you all a very happy and relaxing Christmas, a time to recharge for an enjoyable 2018



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