

MED Commission Annual Report

20180901-MED President Dr John Ellerton

Dear colleagues

This is my first annual report and I start with trepidation in case I miss an important point or contribution that will cause offence. So, if I do I apologize immediately.

I started in Andorra with the pleasure of seeing 2 iconic Medcom members, Fidel Elsensohn and Ken Zafren, being honoured by ICAR. I feel privileged that they are both committed to supporting ICAR Medcom into the future. I was also delighted that two doctors remained on the ICAR Board as Volker Lischke was voted on as an assessor. It's great to have some medical back up on the executive!

I have outlined my vision in other places. We set about putting this into action as soon as practical. I am pleased to say that Peter Paal undertook the research lead and Natalie Hölzl, the education and IT lead with Jason Williams looking after the secretarial duties of the UIAA-ICAR-ISMM Diploma in Mountain Medicine. We now have a web platform, have tried a number of web-based virtual meetings and started on priorities such as a review of our current, largely-dated ICAR Medcom regulations (Matthias Jacob). Virtual meetings are an interesting development with the potential for greater engagement of members. We found a time that was acceptable to members in New Zealand, through Europe and across to the west coast of Canada!

The Spring meeting in Tromsø, Norway came all too quickly. Julia Fieler and Alex Kottmann did a great job in organizing a complex meeting with both the 6th International Symposium on Accidental Hypothermia and a social event to the cold waters of Norway sandwiching our Medcom work. It was an unforgettable venue and meeting where we were able to attract Prof Beat Walpoth to join us and make friendships that will take the Medcom to heart of hypothermia for many years. We learnt from our Tromsø friends that they take their rewarming device out to peripheral hospitals to treat suitable severe hypothermic patients. We know that getting doctors to know about, and follow, specialist guidelines is hard even in alpine countries as these patients are rare. So, how did this team manage to get sent to the right patient? Part of the answer was a short 3-minute

video on what to do in the time before the Tromsø team arrived. This video had had 40,000 hits so not only was it used as an *aide memoire* but presumably as a training resource. Perhaps we should do an ICAR video along the same lines for the out-of-hospital cardiac arrest hypothermic patient whether in an avalanche or out. This new project will hopefully be completed over the next year.

Our members continue to publish important papers and we are moving to recognize these and, where appropriate, direct colleagues to them. Mathieu Pasquier's HOPE study exploring a scoring system to predict the outcome of rewarming patients with cardiac arrest from severe hypothermia is an important example of papers that fall into this category, addressing issues that are concerning both rescuers and hospital doctors.

On a more mundane note, I have resolved the longstanding ICAR Medcom bank funds. This money was the profits from the 'Time is Life' avalanche DVD kindly donated to Medcom by Hermann Brugger and the other authors. It was to support ICAR Medcom members teaching rescuers in developing rescue systems. (Courses in Nepal, Argentina and Peru were run.) No calls on its funds were made in the entire period of Fidel's presidency! The money has been transferred to ICAR with a *gentleman's agreement* that should the opportunity arise, we can request it for future development courses. The ICAR board have asked us to review and harmonize the Medcom's internal regulations. This is underway and is likely to become a wider ICAR commission template that each of the four commissions (and sub-commissions) will be encouraged to adopt. The main changes are: clarifying the way a president is nominated to the Assembly of Delegates; 'conflict of interest' disclosures; reporting of president's expenses to their commission; and harmonizing periods of office and voting rights. It is good to see the Medcom taking a leading role in modernising the workings of commissions.

Now to our October meeting. We have a strong programme divided into time to develop consensus for ICAR recommendations as listed below, projects that are in their infancy, and short presentations. The latter are often the highlight for many participants and I hope they will match the unsurpassed quality of those organized by Fidel in Andorra. Both in the practical day and at the Congress, I hope our presentations to the whole mountain rescue community will stimulate and inform. Without the help of so many members these events would not be possible and I am indebted to all the hard-working Medcom members who make such meetings so successful.

John Ellerton
President of the International Commission for Mountain Emergency Medicine
(ICAR MEDCOM)

<u>Projects</u>		<u>Status</u>
Review of ICAR Medcom recommendations	Jacob et al.	Ongoing
ICAR Medcom regulations 2004	Ellerton/Sheets	Generic template to Jan. Board meeting
Proposal: Registry of Rescuer Deaths	Ellerton/Tomazin	Call for ideas and support at Congress
Avalanche/Hypothermia Hospital Preparedness Video	Kottmann/Ellerton/Hölzl	Awaiting text
DiMM – 2019 regulations	Williams et al.	To be prepared for the ISMM Nov. 2018
Psychosocial Health of Ski Patrollers/Mountain Rescuers.	Nordgren et al.	Questionnaire to be finalized.
<u>Potential ICAR recommendations</u>		
Medical Quality Improvement for Avalanche Rescue Missions	Kottmann/Pasquier	Final consensus of experts Oct. 2018
Suspension Syndrome: Implications for Medical Management in Mountain Rescue	Brugger/Strapozzon	Awaiting research publication
Determination of Death in the Mountain Environment	Schön et al.	1st draft to be discussed Oct. 2018
Multiple Trauma Management in Alpine Environments	Paal et al.	Scope and progress