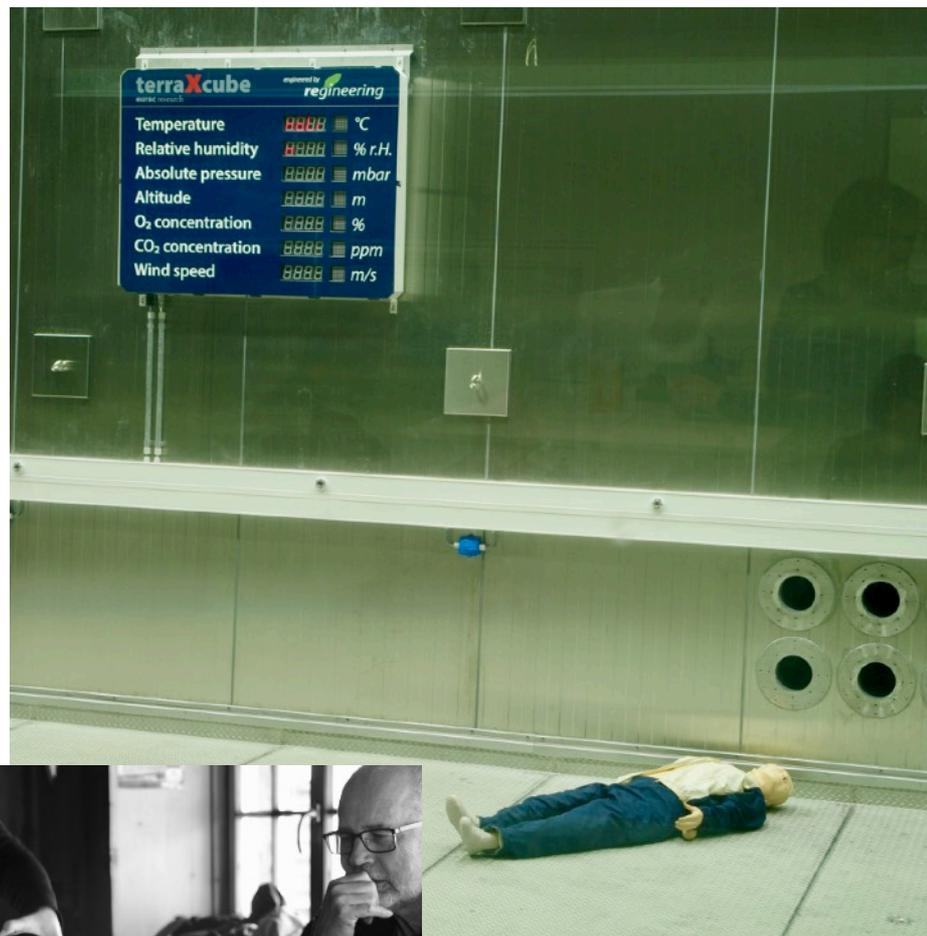


# ICAR MEDCOM Bolzano, Italy 2nd - 6th April 2019

Dear All; here is the information and draft minutes of the meeting.



Waiting for a resuscitator?



A President perhaps!

## **Workshop Day (09:00- 18:30; 3rd April 2019)**

**Venue: TerraXcube, in via Ipazia 1, NOI TechPark, 39100 Bolzano**

**Lunch provided in foyer at 13:00. Thanks to EURAC**

Welcome and Administration

Sponsors/Conflict of Interest declarations

### **A) POCUS**

This session will focus on transferring POCUS from the ED department to the austere environment of mountain emergency medicine (MEM). It will not be a basic course on ultrasound. Our instructors are all very experienced practitioners.

**Aims:** To understand the purpose of POCUS and how might it help in MEM. To see what the equipment looks like. To look at the pitfalls and limitations. To receive expert tips on getting the best out of prehospital POCUS.

**Instructors:** Andrea Orlandini, Didier Moens, Lorenza Pratali, Marc Kaufmann?

**Coordinator:** Simon Rauch - [simon.rauch@eurac.edu](mailto:simon.rauch@eurac.edu)

### **B) TerraXcube simulations – Simulation in the simulator:**

During three different medical simulation scenarios, participants will experience the challenges of emergencies in the environment of a climate chamber. They will manage different medical emergencies, which can happen during a simulator study. The scenarios will be videotaped and are the basis for the debriefing after the scenarios. The simulations will be a chance for the TerraXcube team to test the setting in the chamber and specific emergency protocols that have been developed for TerraXcube.

**Coordinator:** Monika Brodmann and Anna Vögele, EURAC

### **Dinner: “Braceria”, restaurant/pizzeria – individual pays**

*Both sessions were well organised and we had chance to try a number of ultrasound devices suitable for mountain rescue and experience what it might be like to manage an emergency in the ‘cube’. We hope our input into the emergency protocols will be of help to EURAC, and we are very excited about the prospects for research in the terraXcube. A working group is being formed by our POCUS instructors to make recommendations about the use of POCUS in mountain rescue.*

*May I thank the instructors and EURAC for their time, knowledge and use of equipment.*

## ICAR Medcom Discussion and Development Day (08:30 - 17:30, 4th April)

**Venue: TerraXcube, in via Ipazia 1, NOI TechPark, 39100 Bolzano**

**Coffee break at 10.30**

**Lunch provided in foyer at 13:00. Thanks to EURAC**

**Tour of the TerraXcube at 14:00**

### Administration

Register: see Appendix (38 persons, 20 delegates, 4 non-delegate, 3 Honorary, 8 Observers; 14 countries; 19 ICAR members.)

Apologies: Volker.Lischke, Marc Blancher, Haris Sinifakoulis, Rowena Christensen, Naomi Dodds (in Greenland), Mike Greene, Sven Christjar Skiaa (avalanche training), Julia Fieler, Pranawa Koirala, Inigo Soteras, Jason Williams, Greg ZenRuffinen, Fabien Argenone. Emails from Urs Wiget, Ramón Chioconni, & Tore Dahlberg were shared

Sponsors: EURAC, Bergrettungsdienst Südtirol, CNSAS

Conflict of Interest declarations: none

Secretary to take minutes: Ken did a sterling job as always - Thank you

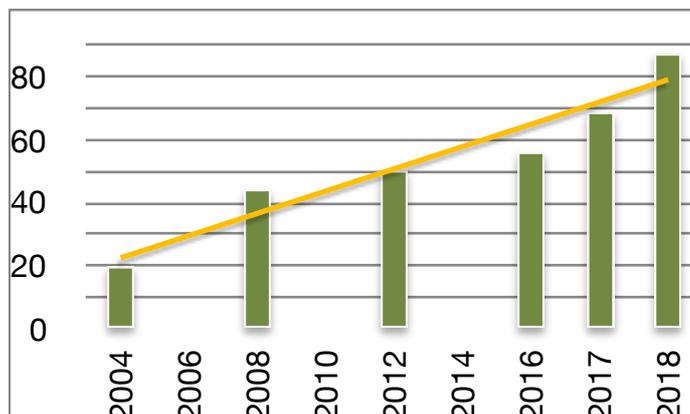
### Minutes

Chamonix 2018 meeting, and notes from the informal Kathmandu 2018 meeting (both on discussion area)

Corrections: There were no corrections or comments

Points from the ICAR Executive meeting Jan 2019 not covered elsewhere

ICAR finances +ve by €24.7k in 2019 including €8.333k from Medcom. A 50% increase in Office time is being considered. MSI bylaws and TOPR intervention had been discussed. Seems ICAR logo has been removed from the MSI website. Taiwan follow up continues as their fire service dedicates itself to a mountain rescue unit. A discussion about increasing numbers of persons at commissions must be discussed. The provisional graph showing numbers of attendees at the Medcom meeting was shown. The problem was introduced; discussion take place in Zakopane.



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## Non-Agenda items from minutes:

Body position in avalanche Brugger – not yet published

### **Archive project (Gege, Bruce Brink, Hermann, Fidel)**

Our warmest regards were sent to Mike Swangard who is having a rough time with Parkinson's Disease. The project will gather pace and will focus on the 'gallery' of new ICAR Medcom website (see below). Let's see if we can get 4-8 pictures of each meeting to illustrate the persons present and the activities of the commission.

### **ICAR Medcom internal Regulations**

These have been discussed at the Executive board and a final draft has been placed on the forum. No comments have been received. There is a requirement for the regulations to be harmonised with the other technical commissions. The final draft will go to the fall meeting for adoption by the Medcom and the Assembly of Delegates. **At the fall meeting we will nominate 1 or 2 Vice-Presidents.** Candidates have to be members of ICAR Medcom as defined in the regulations and have support of their ICAR organisation. Informal discussions with the President are encouraged.

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## President's Report

Kilimanjaro SAR and 4 other contacts (Nepal, India, Bhutan, & Australia) in Kathmandu, change in DiMM regulations accepted; Jason now fully installed as administrative secretary. Our Chamonix feedback has been given to the Executive board. Possible collaboration with the United Nations disaster response team (in development) via contacts at EURAC.

ICAR Commission President's proposed budget for 2019: Open access contribution €1500 - no requests yet; use of €500 to support MCI paper was considered very successful. Determination of death is the closest to publication; other sources for open access funding and requests to the editor to waive the fee should be considered in every case. Intended support for web system (potentially ~€100), President's non-reimbursed expenses to Bolzano (potentially ~€500), Non-ICAR instructors travel/accommodation (up to €500). € 400 not allocated.

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## Progress reports on active projects

### **Review of Recommendations (Jacob et al. 30 min)**

Challenges include implementation of the guidelines and a process for updating existing guidelines. There are 36 existing recommendations with 9 papers being published in peer-reviewed journals. There are 27 "classical" recommendations. Questions about the best review process (internal vs journal). Panel recommends an internal review panel prior to journal submission.

New "Standard Format" for papers, including expiry dates and formal rating of evidence (using the system of the American College of Chest Physicians)

ICAR MedCom Panel reviews the paper prior to approval by the full commission before submission to a journal. Regular update process of the standard form on the website. There is now a priority list of existing recommendations to be updated. Recommendations for field treatment are high priority for updates.

President's note – 'We have a process and have a 'review panel'; introducing an old recommendation (management of moderate and severe pain) showed that standard form needs a few additions for the review panel to quickly come up to speed. (The original and proposed updated recos and references.) The aim of the recos is clear - practical advice for mountain rescuers and their organisations. Each reco needs to be significant, up to date and 'best practice'. We have not discussed the content where it changes significantly from the original. For example: 'opioid is the mainstay' to 'opioid or ketamine is the mainstay'. Is the review panel a replacement for peer-review either by the wider ICAR Medcom or a journal? The consensus is both are ideal.'

### **Psychosocial health of ski patrollers and mountain rescuers (Nordgren,)**

The questionnaire for organisations will be our priority going forward. One response per ICAR member organisation or affiliated semi-autonomous rescue organisation. Statistical help has been secured.

Questionnaire for first responders has issues with ethical approval and support for respondents. Remains a primary research goal.

An update on programs in USA and Sweden was given.

What's out there? The second priority is to collect 'best practice' examples from organisations, and appropriate literature/education

### **ICAR Medcom recommendation: Determination of death (Schön)**

Corinna presented a summary of the current version of the paper.

There was a general discussion.; the paper is getting near to submission. It would be good to produce the standard recommendation form for this paper so it can be presented to the Assembly of Delegates in Zakopane for approval.

### **ICAR Recommendation: Multiple trauma management in alpine environments (Paal)**

The paper is in progress with a full draft expected in Zakopane

### **Registry of rescuer deaths (Ellerton/Tomazin)**

This was enthusiastically received at the ICAR board. Process approved and data issues addressed. Next stage is a form - a pdf - to inform the reporting person of the steps involved and to collect the information. A draft will be ready for Zakopane. The registry will be limited to "mountain rescue activity" including ski patrol and broadly defined in terms of death as contributed by mountain rescue activity. For example it envisaged to include deaths whilst driving to an incident, deaths from suicide partly attributable to stress from mountain rescue activity. A retrospective pilot of cases in 2016, 2017 and 2018 is being considered. A person from the terrestrial and avalanche commission needs to be identified. The next steps will be adding near misses and morbidity, designing a memorial page.

### **Avalanche/Hypothermia hospital preparedness video (Ellerton)**

There was no time to discuss this project. Please look at the outline on the forum and fill in a section and suggest additional topics/points to be made.

### **ICAR Medcom recommendation: Medical quality improvement for avalanche rescue missions (Kottmann/Pasquier)**

Feedback was given on the Consensus meeting held in Chamonix, which has produced a list of 23 quality indicators that are spread out over the timeline of the incident. A manuscript is going to be prepared.

### **ICAR Medcom website and forum: (Hölzl, Schön added as 'deputy')**

The site is not yet active but has been developed. The URL will be [www.icar-med.com](http://www.icar-med.com) There is also an e-mail address: [icarmedcom@gmail.com](mailto:icarmedcom@gmail.com) that will receive the queries. Corinna will join Natalie as webmaster. A link to the forum would be clearly displayed. Populating the pages is required and the archive project incorporated into the gallery pages. Photos to Natalie please to dilute the helicopters!

The process to identify forum members is completed so we have certainty that we know who has access.

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### Proposed projects:

#### **Rescuer first aid competence document (Oshiro/Greene)**

Core competencies have been defined. Kaz presented the proposed timeline shown below.

President's note – Received on the 2nd of April. Clear start at providing a list of competencies. Timetable and working group proposed appropriate. I would like to see a discussion on importance of competencies/teaching method and the relevant education theory as well as the list

#### **POCUS in mountain rescue (Orlandini/Moens/ +)**

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### Management of PTSD (Milani/Emanuela Nittoli SASA 20 min)

(Davide De Carolis' parents not able to be present)

Abstract: In the last years, attention to rescuers' post traumatic stress has been increasing, as is also evident from the recommended criteria about psychosocial interventions to carry out in natural and anthropic disasters.

Post Traumatic Stress Disorder (PTSD) is a "prototype" on a *continuum* where many post traumatic stress responses, before or without ever meeting all the necessary criteria to configure a specific diagnosis, impact mental functioning, decreasing the quality of life of the person.

As the World Health Organization, in its constitution, defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", the management of post traumatic stress in rescuers

aims to relieve them from the psychological consequences of their activities and to improve their mental health, so that they can realize their own potential, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to their community.

To reach these goals, CNSAS (Italy Corp) has adopted the SASA (Abruzzo Corp) “Davide De Carolis Project - The Psychology and Psychotraumatology Service for CNSAS Rescuers”, a pilot-project designed to protect the rescuers from post traumatic stress and to promote their post-traumatic growth, in memory of the “EC-KJT” slain friends.

Notes: Use of Eye Movement desensitization and reprocessing  
Challenge the traumatic memory with bilateral stimulation (ocular/tactile/acoustic). Allows brain to process traumatic memories in an adaptive way  
PCIS Post Critical Incident Seminar, Peer group/psycho-education about trauma/EMDR There is also a large research component.  
Post-traumatic stress and post-traumatic growth

There is support to consider a workshop in the future.

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## Suspension Trauma

### **Presentation of 2 cases (Roger Mortimer, USA)**

Ellison’s Cave - Walker County, Georgia USA – 2 people stuck on rappel in a waterfall. Last spoke 45 minutes after getting stuck. Rescuers reached them 3 hours later. They were declared dead. The autopsies did not show a cause of death. The cause could be hypothermia or suspension syndrome. No core temperature was measured. Opinion divided as to which was most likely!

### **Proposed ICAR Medcom Recommendation: Medical Management of Suspension Trauma (Strapazzon/Raunch)**

These have been drawn up on the new recommendation form. To be finished and circulated prior to Zakopane. Hopefully will be able to go to the Assembly of Delegates for ICAR approval.

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## Research suggestions

There was no time to develop ideas nor time for members to feed back from the scientific opening of the terraXcube. Blood products in MR (Sven/John)- will be discussed in Zakopane. Defibrillation of a hypothermic patient - Peter to develop.

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## Patron of the International Hypothermia Registry (Walpoth ~4pm)

Beat would like ICAR Medcom to become a ‘patron’ of the registry. We will discuss this in Zakopane and John will discuss with the Executive.

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## Future Events (30 min)

### ICAR Congress/General Assembly

2019: 9-13th Oct; Zakopane, Poland (Tatra Mountains)

8th Oct; Pre-conference meeting at the Hypothermia Centre, Krackov  
Peter will confirm our interest and ask for a programme for Tuesday afternoon leaving us time to travel to Zakopane for the start of the Practical day.

Practical Day - these topics will be offered to the terrestrial commission:  
“Stop the bleeding/maintain intravascular volume” Jacob  
Caving topic, Soteras

Congress presentation:  
“Simulation in Mountain Rescue 2.0: the future has begun”. (Jacob)  
Bergwacht Bayern  
Determination of death (Schön)  
Register for rescuer’s deaths. (Ellerton)  
Suspension trauma? Strapazzon/Rauch  
Best practices in psychosocial health  
(QI avalanche rescue in Greece.)

2020: 14-18th Oct; Thessaloniki	Greece
2021: Reichenau an der Rax	Austria (near Vienna)
2022: ARS	Swiss
2023:	?BRD-AVS South Tyrol, Italy/Norway

### ICAR Medcom ‘May’ meeting

2020: 16-19th April; Christchurch	NZ
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2020 2-5 June Interlaken, CH. World Congress of Mountain Medicine (ISMM)

2021: ?UK  
*Naomi Dodds: Glenmore Lodge would also provide the lecture room/facilities, lunch, tea/coffee and cakes. There is good bus and rail links to Aviemore from the Scottish airports and we could easily organise transport to/from Aviemore for everyone. We run the RCPSG International Diploma in Expedition and Wilderness Medicine mountain and cold environment module at Glenmore Lodge in April, so one idea could be to link in with that for the educational day. Would you like to have a topic to focus on for the day? It may be nice to showcase the excellent work we do in the UK surrounding trauma, especially as the mountains are quite different from other international areas and despite seeming quite small we see a lot of trauma and fatalities.*

2022: ? Americas perhaps combined with the ISMM World Congress  
**Dinner: Restaurant ‘Anita’ sponsored by the local mountain rescue organisation, Bergrettungsdienst Südtirol.**

## Scientific opening of the terraXcube (Friday, 5 April 2019) NOI Techpark, Seminar room 1

Innovation in mountain medicine research - from simulation to real-life application  
Burning questions and new possibilities

<b>Preliminary programme</b>	
08.00 - 08.45	Registration
08.45 - 09.00	Welcome notes
09.00 - 09.20	Introduction: Facility's functions
09.20 - 10.00	Keynote: Reproducibility crisis
10.00 - 10.30	Coffee break
<b>Mountain Emergency Medicine</b>	
10.30 - 11.30	Cold injuries
11.30 - 12.30	SAR and HEMS in challenging environments
12.30 - 13.30	Education, training & performance
13.30 - 14.30	Lunch Break
<b>High Altitude Medicine</b>	
14.30 - 15.30	Hypoxia and climate combinations
15.30 - 16.30	Clinical perspectives of hypoxia
16.30 - 17.00	Human physiology in hypoxia and future opportunities
17.00 - 17.30	Climber's speech
17.30 - open ended	Aperitivo terraXcube

## Mountain Activity Event (Saturday, 6 April 2019)

Coordinator: Giacomo Strapazzon



**When:** departure early morning on Saturday 6<sup>th</sup> April, return in the afternoon on the same day. Lunch will be with all participants together

**Where:** Gruppo del Sella/Sellagruppe and Alpe di Siusi/Seiser Alm (destination may change according to weather and snow conditions)

**What:** ski tour / hike /

**Who:** ICAR MEDCOM delegates and speakers/attendees of the terraXcube scientific opening

*We tried our best to get some outdoor activity! The rain/snow of the previous 36 hrs limited the options and the sky remained grey with intermittent snow showers. The ski group managed the Sella rondo on pistes, with only a couple opting out of the final descent down the world cup track! All survived. The walking group unfortunately got divided and ended up in at least two different valleys. Apologies for this. Road closures added to the planning and changes at the last moments. The snow was characterised as nearer water than snow. Nevertheless one party made it to the Sanon Hut for lunch. This is the origin of the 1st Helicopter rescue base in the Dolomites and we had a magnificent lunch courtesy of the CNSAS. One of the 4 coffee stops was in Saint Christian where we had chocolates at Prof Walpoth's cousin's cafe. Excellent. Thanks to the organisers for making something happen.*

## Participants in ICAR Medcom meeting

Monika	Brodmann	D	Bern	CH
Hermann	Brugger	D	EURAC	IT
Natalie	Hölzl	D	Bexmed	DE
Matthias	Jacob	D	Bergwacht Bayern	DE
Alex	Kottmann	D	Rega/ARS	CH
Viktor	Lugnet	D	SMGA	SE
Mario	Milani	D	CNSAS	IT
Didier	Moens	D	CMH	BE
Roger	Mortimer	D	NCRC	US
Maria Antonia	Nerin Rotger	D	CUEMUM	ES
Marie	Nordgren	D	SVEFRO	SE
Kazue	Oshiro	D	AMMR	JP
Peter	Paal	D	Austria	AT
Dick	Price	D		NZ
Oliver	Reisten	D	KWRO/OCVS	CH
Corinna	Schön	D	SGGM	CH
Alison	Sheets	D	MRA	US
Giacomo	Strapazzon	D	?	IT
Günther	Sumann	D	OGAHM	AT
Iztok	Tomazin	D	MRAS	SL
Jonathan	White	D	MRE&W	UK
John	Ellerton	H	President	UK
Fidel	Elsensohn	H		AT
Ken	Zafren	H		US
Giancelso	Agazzi	ND		IT
Emanuela	Nittoli	ND	SASA, Italy	IT
Andrea	Orlandini	ND	CNSAS	IT
Dale	Wang	ND		US
Giacomo	Citton	O	Italy	IT
Ivo	Ragli	O	EURAC	IT
Simon	Rauch	O	EURAC	IT
Steve	Roy	O	ISMM	CA
Piepaolo	Scarpuzzi	O	Italy	IT
Matteo	Stella	O	Italy	IT
Michiel	Van Veelen	O	NL	NL
Diego	Veccia	O	Italy	IT
David	Hillebrandt	U	UIAA	UK
Poul	Kongstad	U	Sweden	SE

