



International Commission for Alpine Rescue

ICAR – International Commission for Alpine Rescue + [www.alpine-rescue.org](http://www.alpine-rescue.org)  
Office + c/o Swiss Alpine Rescue SAR, Rega-Center, P.O. box 1414 + 8058 Zurich-Airport + Switzerland phone +41-44-6543554 + fax +41-44-6543842 + mobile +41-79-9574169 + [office@alpine-rescue.org](mailto:office@alpine-rescue.org)

## INTERNATIONAL COMMISSION FOR MOUNTAIN EMERGENCY MEDICINE (ICAR MEDOM)

### *Minutes of 2016 Spring Meeting Cape Town, South Africa May 2 – 7 2016*

Held at South African Mountain Club Cape Town.

**Present:** Brugger H (IT), Reisten O (CH), Tomazin I (SI), Greene M (GB), Greene K (GB), Roy S (CA), Strapazzon G (IT), Sumann G (AT), De Decker R (SA), Hoffmeyer R (SA), Schiffer J (GE), Hölzl N (GE), Fieler J (N), Lischke V (GE), Tölken G (SA), Agazzi G (IT), Elsensohn F (AT)

**Apologies :** large number of apologies

**Wednesday May 4 2016.**

The programme was presented for two days of discussion.

#### **ICAR Board Meeting.**

The President reported on matters arising from the recent ICAR Board meeting. The proposed ICAR framework for developing recommendations was explained.

The group agreed that the aim of any recommendation should include the sharing information and education. Therefore the method of implementation should be part of the recommendation.

Although the general aim of developing a common and co operative structure were accepted as good practice the following items were proposed:

- There should be clear time lines for sharing and responding to proposals from other commissions to avoid work losing momentum and failing to progress.

- There was a proposal that the time
- to respond to a commission for comments should be 60 days.
- The absence of a reply after 60 days should be taken as a acceptance of the paper.
- There should be a clear description of the line of responsibility for presenting and replying to commission communications on recommendations.
- It was agreed that a process of consensus was the best method to achieve agreement in the content of recommendations.
- It was suggested that in the case when consensus could not be reached it should be the responsibility of the Presidents of the relevant commissions to achieve this as soon as possible. The latest should be a joint meeting of concerned parties at the GA.

### **ICAR Conventions.**

There has been as significant increase in the number of delegates attending the conference such that it is reaching full capacity. This is placing some strain on the facilities provided for individual commissions.

MEDCOM wish to continue with current style of consensus decision-making and to use interactive discussion during the meeting. The facility provided must reflect that need with sufficient space and IT facilities.

### **Interpreters.**

It was noted that the Board has reversed the decision to move towards a single language (English). At the next conference the hosts will have to meet the cost of interpreters but the Board has specified that this must be through the Swiss translation service used at previous meetings. There was considerable discussion on this topic:

- It was agreed that this appears to be retrograde step in the development of ICAR.
- It was agreed that the use of a common English language would help ICAR promote mountain rescue across a wider and growing international ICAR community.

- There were questions asked about the legality of insisting on a single provider without competitive tender.
- There was a concern that the implications of currency exchange rate in using a Swiss provider placed significant additional costs on the hosts.

#### **ICAR Office.**

The group discussed the costs of providing an ICAR office based in Switzerland. There were concerns that such an arrangement may not represent good value for money and that the member organisations may wish to ask the executive to review this arrangement.

#### **MEDCOM Budget.**

The President described the budget position and confirmed that we remain in balance and would expect a surplus at the end of the year.

#### **Multiple Casualty Paper.**

The remainder of the day was spent in discussion and editing the MCI paper.

#### **Thursday May 5 2016.**

##### **Present:**

##### **MCI Paper.**

The morning session was used to continue with the MCI paper.

The final draft was completed.

There was discussion on the most suitable journal for future publication and it was concluded that “Resuscitation” might be appropriate.

## **Short Presentations.**

### **International Avalanche Registry.** (Herman Brugger)

The proposal for the CRF was presented.

This document has been designed from existing avalanche forms.

The registry will be aligned with the Alpine Trauma Registry.

Inclusion criteria: all avalanches with humans involved.

Injured and uninjured cases are included (carried down by the avalanche).

The data fields were discussed in details and suggestions from the group were recorded.

### **Research in MR Research in South Africa.** (Ross Hofmeryr.)

There was a suggestion that the ICAR Guideline on Intubation and Ventilation could be revisited.

Ross described how the ICAR Pain guideline might not be best suited to MR in South Africa. He presented a paper describing a model for pain management to be used by different rescuers in SA.

A proposal for research into the use of MF at altitude was presented.

### **Developing Wilderness Medicine In SA.** (Ross Hofmeryr.)

Overview of the development of WM in SA.

### **Conflict Crisis and Capacity** (Rik De Decker)

This presentation described the evolution of MR in SA in response to an increase in accidents in SA partly related to an increase in tourism. This may act as a model for other developing rescue services in countries with limited resources.

### **Case reports in MR.** (Rik De Decker)

Rick presented a case involving a case of psychiatric illness that involved an extensive search. The patient was located with the help of specialist help from a local psychiatric consultant who, by way of taking a detailed history, was able to help focus the area of search and eventually lead to location of the casualty.

### **WHO Check List. Is there an application to Mountain Rescue?** (Gela Tolken)

The result of a critical case analysis identified a number of potential errors in the rescue process. An adaptation of the WHO check list was described that mapped out work streams in a rescue and how communication and decision making might be improved in an MR situation. The discussion proposed a series of questions used during “time out” sessions, which might ultimately improve the team’s performance.

**Proposal for a personal dissertation.** (Jocelyn)

A retrospective review of terrestrial and water based rescues in SA.  
Developing contents of back backs for MR responders in SA.

**Informal Training in South Africa.** (Rik De Decker)

Informal training for rescue team in SA. “Don’t Just Do Something Stand there”;  
Is a booklet, which describes scenarios, used to generate discussion in training sessions. This methodology has been extended to help club members leading walking trips to cope with accident situations.

**Future Programme for ICAR MEDCOM.**

**Programme for Telluride ISSM.**

- Pain management – using different access routes.
- The management of resources in prolonged rescue.
- Topics in MR a European perspective.
- MCI in MR

A shortage of speakers to facilitate some of our sessions was identified.

**ICAR General Assembly 2016** - in Samokov Hotel Bulgaria October 18 -23 2016.

Registration is open.

**Short Presentations.**

The President made a request for short presentations from members. Structure for meeting - there has been a increase in short presentations - this is welcome and enables sharing of information across our community. Two hours will be set aside for this purpose in Bulgaria.

**Workshop for Bulgaria.**

The preconference workshop will welcome a contribution from MEDCOM.

The theme is : Rapid Assessment of the Patient and Improvised Evacuation without Harming the patient.

Natalie and Julie agreed to lead on the workshop. A format using a limited number of 20 min scenarios with smaller groups were suggested.

Suspension trauma was one possible topic.

**Suggestions for future work in MEDCOM:**

- Revision of previous papers published by ICAR MEDCOM.

- There is a requirement for a easily accessible list and fully referenced list of MEDCOM papers. This would enable our work to be located and disseminated more widely.
- Application for a new paper. Pre clinical diagnosis of hypothermia. Is the Swiss scale still valid? Mathieu Pasquier to lead. **Agreed.**
- Decision for ECLs in hypothermia stage 4. Prognostic makers for avalanche victims. A systematic and statistical review of the evidence. **Agreed.**
- EURAC Suspension trauma. Experimental model developed in Europe. Pooling or vasovagal – vasovagal effect demonstrated. **Supported** as a paper in which we have an interest.  
(Sven and Iztok nominated as ICAR MEDCOM representatives)

#### **Any other business:**

##### **Wilderness Medicine elective** (described by Steve Roy)

Four sites were visited over one month.

Request for ICAR for approve the content for the accreditation a Wilderness EMS director. There is currently no system for making such an approval. It was suggest that programme be placed on MEDCOM website and for open discussion and this should be taken as an item at fall meeting.

##### **Development is Wilderness Medicine Application.** (described by Steve Row)

Resource: printed and electronic resource for for wilderness problems. An off line resource and that can be accessed at point of care. Compilation of guidelines rewritten from multiple sources providing information on prevention, treatment and diagnosis. Steve made a request to use ICAR logo within the product. This is a commercial venture. It was suggested that he make an application to Board for approval of use logo within this product.

#### **Closure.**

The presidents thanked our hosts for the invitation to hold our meeting in South Africa and for the hospitality we have enjoyed.

The meeting was closed at 18:00.

<b>Cape Town 2-7 May 2016</b>		<b>MORNING</b>	<b>AFTERNOON</b>	<b>EVENING</b>
Monday	2 May	<b>MOUNTAIN MEDICINE WORKSHOP (MCSA &amp; WSAR)</b>		
Tuesday	3 May	<b>A DAY ON THE MOUNTAIN</b>		<b>Wild Fig Dinner</b>
Wednesday	4 May	<b>MEDCOM WORKSHOP</b>		
Thursday	5 May	<b>MEDCOM WORKSHOP</b>		
Friday	6 May	<b>MEDCOM WORKSHOP</b>		
Saturday	7 May	<b>RESCUE DEMONSTRATION</b>		<b>MCSA 125<sup>th</sup> ANNUAL DINNER</b>

