

# ICAR MEDCOM Chamonix 2018



## Minutes

### Welcome and Administration:

---

#### Apologies:

Rowena Christiansen, Australia  
Rik Decker, South Africa  
Viktor Lugnet, Sweden  
Kazue, Japan (for Wednesday)  
Dick Price, New Zealand (teaching on Travel medicine course)  
Theoharis Sinifakoulis, Greece  
Sven Christjar Skaiaa, Norway (at Kilimanjaro SAR)  
Giacomo Strapazzon, Italy (family funeral)  
Dave Watson, Canada (reunion)  
Urs Wiget, Switzerland

---

#### Introductions and register

circulated - see Appendix; please fill in 'status'

---

## Minutes of the Andorra and Tromsø meetings, & Video meeting

All are on <http://icarmedcom.boards.net> platform and were approved.

Non-Agenda items from minutes: Body position in avalanche, Brugger – not published yet.

Zoom worked better than Skype for the video meeting, Jason reported that a 40 minute session can be done for free. University of New Mexico account was available. Next meeting will be in January 2019.

Research suggestions: Blood products in MR (Sven), Pentrox® at different environmental temps (John, Harriet), Psychological study (Marie/Iztok) - Peter Paal to develop next year and to be a topic at the Spring meeting 2019.

---

## President's Annual Report & President's Congress introduction

On platform and in Congress programme respectively

---

## ICAR Commission President's budget

Expenditure to date – MCI paper open access contribution €700, support for Prof Walpoth (€650) and President's expenses to attend Tromsø (~€750), intended support for web system (€ 22, ~€100 potentially going forwards), President's non-reimbursed expenses to ISMM (potentially ~ €800). Total ~ €2100 used to date with potentially ~€900 to the end of the year. Natalie will pass invoice to John for the web expense.

---

## Programme in Chamonix

Practical Day - need for technical equipment, altitude, & workstation volunteers

Parallel session - we have 2 rooms with capacities of 90 & 30, programme on platform - meet all together at start/end. **Who took the minutes?**

Congress presentations - okay? - text to translators please and copyright forms to John [HOPE study (Pasquier); EURAC X-Cube (Brugger); Psychological health of rescuers – ICAR Medcom initiative (Nordgren); Inhalational analgesia: its role in mountain rescue? (Lischke); Proposal to form a registry of rescuer deaths (Ellerton/Tomazin)]

Congress video - Natalie and Peter Paal

---

## ICAR Medcom Archivist

Mike and Kathy Swangard had been contacted - Bruce following up. Gege had an archive from the early days of ICAR Medcom passed on from xxx's family.

He and Hermann would like to join in the group to collect and store photographs and articles. A future book?

---

## Other items

Iñigo - Indian contact for a Mountain Emergency Medicine course ongoing Kilimanjaro SAR - in contact with Gerald Dubowitz and Sven currently there. To be discussed in Kathmandu Nov 2018

Suspension Trauma - moved to Spring meeting when author of paper is present.

Venue for 2021 Spring meeting? A UK based meeting was mentioned and would be taken forward by Mike and Naomi.

Martin Musi was the South America lead with the potential that a course may be run in 2019-20.

---

## Review of 2004 ICAR Medcom Regulations (Ellerton/ Sheets)

These are on the forum. A generic template has been requested by the ICAR board for the other commissions to adapt.

The main areas of change are:

- Definitions of participants - trial wording on register

- Conflict of interest and commercial support addressed

- Finance arrangements

- Elections of President aligned with ICAR - and process clarified

- Updated 'output' 'rules' to conform with ICAR

It was the strong opinion of the Medcom that the president should come out of commission rather than directly from the ICAR member organisations though they should be endorsed/supported in their application by the home organisation.

Workflow plan - 8 weeks to comment - draft goes to the Board in Jan, final draft before Spring meeting. Signed off and to Assembly of Delegates Oct 2019

---

## Review of Recommendations (Jacob et al.)

The action plan was accepted; a formal group was to be established and work would start on reformatting and updating the recommendations ensuring that they were relevant to working mountain rescue health care professionals.

### **Action plan until spring meeting 2019**

- Form the group --> call for writing an e-mail of interest to [matthias.jacob@klinikum-straubing.de](mailto:matthias.jacob@klinikum-straubing.de)

- Define the format of the future standard ICAR MEDCOM Recommendations

- Make a priority concerning the "old" papers we should address first

- Contact the corresponding author of the available papers and the work in progress which have already been or are intended to be endorsed as an ICAR MEDCOM Reco. and ask them to condense the core message into the standard form and to define a responsible person whom "owns" (means: cares for) the reco. in the future

---

## Psychosocial health of ski patrollers and mountain rescuers (Nordgren et al) & results of UK survey (Green)

The organisation questionnaire was going to be assessed by statisticians and a second one for rescuers was being developed. The presentation acknowledged that this was opening Pandora's box (and this was reinforced when a summary was presented to the Congress on Saturday. There was a great deal of interest and encouragement, and a feeling that the topic deserved attention.)

A progress report would be presented at the Spring meeting.

---

## Medicalisation of rescue teams (Nerin)

Longitudinal data was presented and the introduction of medicalisation of the rescue team was discussed in relationship to the trends in the data.

---

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

Corinna Schön presented the first draft of the paper. The paper will include photos that are important to recognise whether a victim is dead. Clinical methods of the determination of death: physical findings; adjuncts (ECG, US). Definite signs of death: liver mortis, rigor mortis, putrefaction etc. need to add sloughing of skin.

Section on pitfalls

Determination of death in special situations

- Determination of death from a distance.

- Determination of death by non-authorized persons

Table: Who is authorised to determine death

Don't: Don't be misled by the situation (eg falling from a certain height)

The paper will continue in its working group until the recommendations are crystallising. They will then need to be presented to the ICAR Assembly of Delegates.

---

## 2019 Bolzano/2018 ISMM Congress (Brugger)

Hermann presented the ISMM World Congress in Kathmandu 21-24 November 2018

The 2019 Spring meeting will be in Bolzano 4-6 April on the occasion of the scientific opening of the TerraXcube at the EURAC Institute of Mountain Emergency Medicine.

There might be a course in point of care ultrasound (POCUS). A poll will be placed on the forum and John will decide if there is sufficient interest to plan an extra day on the Wednesday.

---

### Ketamine 'push' dose sedation in mountain rescue (Scrimgeour, Hopitaux du pays du Mont-Blanc)

Carron discussed his experience with push-dose ketamine for sedation of intubated patients. He uses the same syringe for induction and for sedation in order to simplify the task of intubation and sedation. After induction he can then give push dose ketamine every 15 minutes for sedation.

---

### Advanced airway management in hoist operations (Lischke)

The paper was published in the Scandinavian Journal of Trauma, Resuscitation, and Emergency Medicine. Volker discussed indications for assisted or controlled ventilation in human external cargo extraction. The paper has been endorsed by ICAR Medcom.

---

### Mountain Rescue operations in Ireland (Menzies)

David Menzies presented the operating procedures of Mountain Rescue Ireland, including the scope of practice of various levels of medical providers. These are common to all prehospital medical providers in Ireland. There is an additional set of skills that can be used by prehospital providers in mountain rescue operations.

## Thursday

---

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

Peter Paal presented the paper. He discussed the methodology (PRISMA and PICO questions). Recommendations will be rated by the system of the American College of Chest Physicians and will need to be presented to the ICAR Assembly of Delegates

---

### Practicality of mechanical chest compression devices (Jacob)

Studies claiming to show that mechanical chest compression does not improve survival have methodological flaws. Matthias presented an ongoing mannikin study using various devices in the field. Manual CPR produced inadequate depth of compression and low frequency, while mechanical devices were capable of adequate depth and correct frequency. The study also looked at mechanical CPR during hoist operations.

---

## Extreme Helicopter rescues at high altitude in Nepal (Folini, Italy)

Maurizio Folini presented his work as a pilot in rescues above 5000 m in Nepal. Links to the developing EMS service were ongoing.

---

## Inhalational Analgesia: Pentrox® or Entonox® – which is better suited to mountain rescue? (Lischke, Gordon, Greene, Zagorski)

Volker and Les discussed using Pentrox (methoxyfluorane) and Entonox (nitrous oxide) as analgesics in mountain rescue. There is no difference in efficacy, but there are differences in pharmacological properties, methods of administration and ease of use in the field. There are many contraindications to the use of methoxyfluorane, fewer to the use of nitrous oxide. There are some contraindications to both. Mountain rescue teams should not rely on only one agent and should have an alternative available to both these agents.

---

## Proposal to form a registry of rescuer deaths (Ellerton/Tomazin)

This joint session with the Terrestrial Commission explored the proposal to create a registry of rescuer deaths.

---

## Snow submersion asphyxia (van Tilburg)

Chris gave a presentation on-avalanche snow burial asphyxia. More information is available on the website: [www.deepsnowsafety.com](http://www.deepsnowsafety.com)

---

## Avalanche/Hypothermia hospital preparedness video (Kottmann Ellerton Hölzl)

John Ellerton presented a proposal for a video that would help hospitals be prepared to take care of patients with hypothermia who are transported from the field. We are to start with patient selection and assessment, decision making and survival chances in hypothermia with avalanche as a subgroup. Non-ECMO options should be at least signposted. Other topics such as normo-thermic OHCA and drowning maybe future topics. Defining the audience will require multiply videos (Dispatcher, rescue health care professional, receiving clinicians).

Doug Brown had video; phone and desktop formats.

The ideas were to be developed on the forum and a text looked for in the next 6 months.

---

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

The group involved in developing the QI indicators and the researchers held a face to face meeting over a 4 hours to decide on the final list of indicators. Once the inputs have been assimilated an ICAR recommendation will be produced. This will then be presented to the ICAR Assembly of Delegates.

---

## Education Parallel Session (Williams/Hölzl; minutes provided by Mike Greene - Thank you)

### **ICAR Online Forum. (NH).**

The online forum was demonstrated. NH explained how to enable the notification function and how to set individual [personal profiles. A mobile version is envisaged in the future.

### **ICAR MedCom Website. (NH) [www.icar-med.com](http://www.icar-med.com)**

NH described the various features of the website. Interactive pages have been designed including a photographic competition. Members were reminded of the need to comply with copyright regulations when referring to papers. SR raised the matter of having a suitable domain name and a decision was made to discuss this after the meeting.

### **Instructor Development (MB)**

The instructor development programme that will be run before the ISMM Conference in Nepal was described by MB. The aim is to improve teaching methods and the quality of programme delivery across DIMM programmes. The participants will be coached to delivery content to students and receive developmental feedback on their performance. The emphasis will be on “how rather than “what” to teach.

### **Mountain Medicine Book. (LF)**

The draft cover was presented. The current draft is anticipated to be 900 pages. LF presented an update on progress. This is moving forwards despite some early delays. A review of the current situation and further instructions to authors will be issued soon. Publication is expected in March 2019.

### **Book Mountain Rescue Doctors (IT)**

There was a presentation on the current progress of this publication that will describe the challenges of mountain rescue. It will be written by experienced MR doctors for the lay public.

### **Mountain Medicine in the Andes (MM)**

MM described a Mountain Medicine education programme to be run in the Andes. It will be an expedition based course with collaboration between local

SAR teams and hospitals. The indeed outcomes are both educational, local collaboration and some scientific output.

The programme will be English speaking, there will be some scholarship available and these will be funded by health care providers outside Latin America. It is likely that the venue will rotate between Peru, Bolivia and Argentina. There will 12 -16 participants on each course.

A request was made for members to consider providing help and support for the programme.

### **Medical Aspects of Croatian MR over 60 years (BA)**

A presentation was made describing the history of Croatian MR and recognising the contribution made by many volunteers and medical leaders over 60 years.

### **Diploma Regulations (JW)**

JW gave a brief overview of the previous 2015 Regulations and described some of the changes anticipated for 2018 review. These will presented at ISMM in Nepal.

There are now 19 programmes across the world running on a variety of models. Each is evaluated and re accredited on a 5-year programme.

The overarching aim of the Regulations was described as requiring flexibility and to be able to accommodate local requirements and cultures.

Anticipated changes:

- Change of name to “Foundation Course.”
- A provision to allow for non doctor instructors in specific stated circumstances.
- A provision to allow for non guide instructor to teach certain mountain skills such as specific rescue skills – but programme must still be overseen by Mountain Guide.
- Mountain skills instructors must have the required local national qualifications.
- Entry requirements have been clarified.
- Recertification of individuals. There was discussion over the requirement to “re-certify” every 5 years in order to hold a DIMM. The term recertification has specific meaning in some countries such as the UK and the proposal to link this to a medical “licence” to practice would prove problematic. The need to encourage regular Mountain Medicine CPD and to have this recorded was agreed to be an important principle to remain in the regulations administered by a flexible suitable local mechanism.

A need to use a “standardised “ question was raised but lack of time precluded detailed discussion of how this can be achieved across such diverse programmes.

A brief mention of the arrangements for external assessors and site visits were made.



---

## Arolla Incident (Zen Ruffinen)

This difficult hypothermic multi casualty incident was discussed with a view to considering the medical aspects. 'Phone a friend' led to change in the latter part of the evacuation.

## Friday – The practical day

Our French colleagues provided a spectacular practical day. Despite having to change venue (and country!) in the last 6 weeks, we were whisked up to glacier on the south side of Mt Blanc with military precision. The medical stations included a demonstration of CPR devices, a simulated technical rescue with two casualties, manual immobilisation of the cervical spine during rapid evacuation, packaging of a casualty with spinal injury with differing numbers of rescuers and a simulation exercise focussing on the interaction between the medical team.





## Future Events

### ICAR Congress/General Assembly

2019 9-12th October: Zakopane, Poland (Tatra Mountains) General topic is 'Team work'. Possible 2 day cave rescue seminar beforehand. The Medcom may hold an additional event at the Hypothermia Centre in Krakow on the 8th, Tuesday afternoon preceding Congress.

2020 14-17th October: Thessaloniki, Greece

2021: Reichenau an der Rax, Austria (near Vienna)

2022: ARS, Switzerland

### ICAR Medcom 'April/May' meeting

2019 4-6th April: Bolzano, Italy with a possible POCUS study day on the 3rd April

2020 Provisional dates - 16-19th April: Christchurch, New Zealand (John, and John Apps and Peter Zimmer met and discussed a day at the Polat Institute and a couple of days near Mount Cook.)

2021: UK? Mike and Naomi doing some research

---

## ICAR Chamonix summary

Some facts & figures of this year's ICAR Congress provided by the ICAR Office. In order to assure that we all talk about the same figures, here they are (coordinated/harmonised with the local French Organising Committee): <http://www.alpine-rescue.org/xCMS5/WebObjects/nexus5.woa/wa/icar?menuid=1062&rubricid=411&articleid=15896>

---

### Main Convention Statistics:

TER	129
AVA	73
AIR	58
MED	87
DOG	30
No specific commission	6
Companions	15
Total registered attendees* from 32 countries	383