

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

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9 March 2011

Coroners Court of Victoria
Level 1, 436 Lonsdale Street
MELBOURNE VIC 3000

Attention: Emma Choy, Coroner's Registrar

Email: cpuresponses@coronerscourt.vic.gov.au

Dear Ms Choy

Re: Kara Compton, Court Ref: 0441/06

I am pleased to respond on behalf of the Australasian College for Emergency Medicine to the Coroner's recommendations to the College in relation to the above inquest finding:

Coroner's recommendation:

2. *Emergency Department medical and nursing staff, should attend a scenario based paediatric course along the lines conducted by Dr Krieser.*

It is common practice for all emergency departments to have in place protocols and procedures to initiate trauma calls, Medical Emergency Team calls, etc. The Australasian College for Emergency Medicine would enthusiastically support and encourage the development of these protocols in any department that did not have such procedures in place. However, the ultimate responsibility for these response and escalation procedures lies with individual health services.

IO procedures and other resuscitative procedures are taught as part of emergency medicine training. Most registrars will also be rotated through paediatric and neonatal terms to improve their paediatric skills. Ideally, scenario based training, simulation medicine and skills training should be part of an emergency doctor's training and education. However, this raises two issues that still need to be addressed:

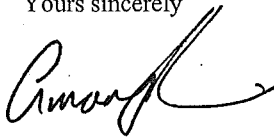
1. Not all hospitals have access to the training facilities, equipment and expertise to teach these skills. Outside facilitators and training courses are available, but can be financially prohibitive. Financial support from health services or the Department of Health to enable all emergency registrars, residents and CMOs to attend such courses would certainly make this training more accessible and more likely to become a standard practice;
2. No scenario training will replace actual experience, or completely prepare ED medical and nursing staff for this type of situation. Having more senior staff available for extended hours in all facilities where critical patients may be received will aid in solving this issue.



The physiology behind paediatric responses to trauma, blood loss, sepsis, etc., is taught as part of emergency medicine training. Again, turning knowledge into action in times of extreme stress is the difficulty. Understanding the compensatory mechanisms may not prepare for action on these when recognised. Saying that you will put an IO in during scenario training is very different to actually doing this to a real patient in real trouble.

The two issues raised in this letter are aspects of wider problems faced by emergency departments. Ensuring experience, support and the presence of appropriately credentialled staff to enable expert care 24 hours a day, would assist in addressing these two areas, but the full range of issues also requires discussion to generate appropriate solutions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Judkins', with a stylized flourish at the end.

SIMON JUDKINS
CHAIR, VICTORIA FACULTY