

Dr Nick Crombie talks on ASPA with Jerry Krejzar – March 2019

I am sitting with Nick Crombie talking about the formation of ASPA. First of all Nick let's start with the meeting in Thredbo in 1971 when George Freuden was elected President, and started working for the patrol in about 1973.

That's when George had lectured at the annual St John's First-Aid course, and about that time I went down at George's invitation to lecture at the course which was run by the UNSW and the result of that was that it became obvious from the point of view that the sort of work that the ski patrol had to do; that course was just a 'Mickey Mouse' course, which was no more than very basic first aid and I explained to George at the time that it had to be upgraded because you couldn't get an ambulance up a ski slope – so the people taking the injured off the slopes had to be at least of the level of a basic 'ambulance man'.

About that time I met with a Canadian ski patroller at one of the first-aid stations at the UNSW course. Having a beer with him afterwards at one of the pubs in Randwick, I said to him it was a Mickey Mouse course. He had been trained in the Canadian patrol system; and we worked out then, the basic bones of a first aid course based on the Canadian first aid course, just roughly over a couple of beers. I then went to George and said to George, 'this is the sort of thing we had to do'. At that time he had become a great friend of Mark Labow who was or became head of the Canadian Patrol System and through that we got a copy of the Canadian Ski-Patrol Manual; and the course that we worked out between George and me and others who were interested was based on the Canadian ski-Patrol Manual, and that's how it developed.

When Steve Breathour took over the Medical Centre in the mid 1970's, and as we got on very well, I recruited Steve and introduced him as one of the instructors on the course. Steve became so interested that in time he elected to write our own manual by himself with input from senior patrollers and myself. That is where it applied to things that were happening in Thredbo, in Australia, rather than in Canada.



Dr Nick Crombie – Medical Centre early 1970's

Let's go back one step when you ascertained that the Red Cross, was not sufficient compared to what we really needed; talked about as the advanced snowfields first aid course, the basis of ASPA. What about the setting up of these actual protocols, how did they come about?

What we did we borrowed and stole the protocols that were used by the Canadian Patrol, and modified them to suit our weather conditions, local rules, etc.

I believe John Zelcer came in around that time.

John Zelcer came in around that time, because what happened there was, probably at or before the formation of ASPA, George and I and Alan Terence from Victoria, and a couple of other people whose names I have forgotten. George arranged a meeting in Victoria, with the Patrol; sometime around when the Victorian patrols and the Perisher patrol were trying to take over the world and we had a meeting in Albury and at that meeting John Zelcer and Alan Terrens were invited to come up to our 2nd or 3rd first aid course, to look at that. And I was invited down to look at their first aid course down in Melbourne, and it was way ahead of ours. It was one I had been aiming for if you like, because it was up to the level of an ordinary ambulance man, senior first aid level from the point of view of St John's. From that we made the same examination course in both Victoria and NSW. Having got to where we had the course in both states we then started off with the National Patrol system - where people who became certified became National Patrollers. Rob Montgomery might have started the National Patrollers ski test by then.

Nick Thredbo pioneered the treatment of hypothermia, would you like to point out how this came about; which had something to do with the girl who died in Stanley's Gorge.

When we talked about that; George was interested in hypothermia at the time. The reason she found herself in Stanley's Gorge was that she was disorientated with hypothermia. Thinking that the best way was to go downhill down the wrong side.

Outside the area boundaries.

The creek down there, she fell through a snow bridge and couldn't get out, and could not let anybody know, and eventually died. That started off the thought that people may be suffering from mild hypothermia that we did not know about. First we started measuring people who seemed to be a 'bit off', we measured their temperature in the various patrol huts and we found quite a lot of people suffering from mild hypothermia with a body temperature of 34 or 35 degrees centigrade. Hypothermia occurs when the core temperature of the body drops below 36 degrees centigrade.

We should add that in Thredbo we are often faced with a combination of high winds, high moisture and low temperatures in which, exposure, can easily lead to hypothermia.



Like the Sports and Recreation people; and a lot of these we found were learners who had never been skiing before dressed in jeans and a T-shirt, something like that, falling all over the snow getting damp and wet, cold and freezing up and they were not quite sure what the weather would be when they came.

Hypothermia Kit

The result was that George wrote to the Sports and Recreation Department inducing them to bring their people up properly dressed and not in jeans and a T-shirt. That was a good thing that came out of it.

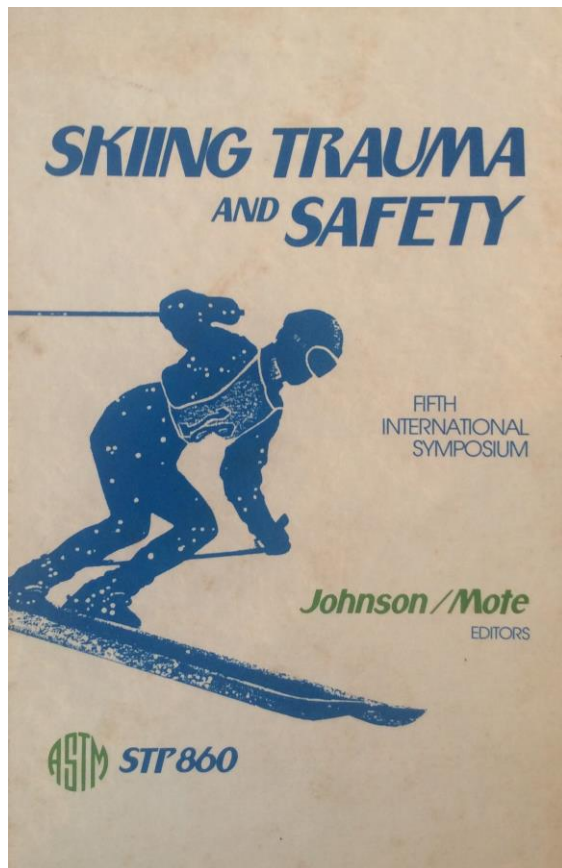
How did the manufacture of the particular 'hypothermia kit' come about?

What happened there was, George heard about this professor and a 'core re-warmer'.

It was Canadian again and George thought we should get one which we did, for people who did have hypothermia. We could put them on that in the ski patrol huts, which we did, and they could breathe that (humidified warm air), and get warm again. And from that, and what this professor was saying, George and I got together and discussed how the patrol would deal; with people who were found to be hypothermic; or lost and disorientated; or out on the Main Range and we would go out for a search and rescue, that sort of thing. And we worked out a protocol which the basis of the protocol was not to go out and have 2 or 3 hours bringing them back, in an akja, but to take the basic re-warming kit with us, in a pack, and start re-warming immediately. This is based on what the avalanche rescue teams did for many years, where they used to pick up the casualties and take them to the hospital; but now they take the gear and take it to the casualty. They are not moved until stabilized and then they take them to the hospital. Do you remember a girl called Hathaway who was killed by a shark in Middle Harbour a long time ago? Well that was where the ambulance got stuck, and could not get up the hill – and she was left there, virtually just with a bandage and nothing else. And that started the idea of bringing stuff to the patient rather than the patient to the equipment, and we applied the same principle in taking the basic re-warming equipment to the patient, rather than taking the patient to the equipment. That's where the hypothermia kit came in, and became accepted in a lot of places. At one of the FIPS Conferences, it may have been at the ASTM meeting in Keystone; I propounded the idea that you should treat the patient on the spot, getting them warm before you moved them. With lots of technical reasons (medical)? why that is a better thing to do. So that development came from Thredbo; and the funny thing was that I heard nothing from overseas about that and I went to a FIPS meeting in Rijkgransen in Sweden which would have been in 1989 and there in the northern tundra area in Sweden and Finland they have a dedicated aerial rescue service for people that get into trouble in the tundra and the snow and they came across to Rijkgransen and gave us a demonstration of what they did and the guy who ran it came up to me and said 'you were the guy I wanted to talk to because you had the idea of moving the equipment to the patient' and I said 'wonderful'! That is the first I had heard that the idea had been picked up by some other first aid rescue unit which organized patient retrieval.

So it was not the hypothermia kit itself but the idea of making it portable and to take it to the patient; and formulate a proper protocol for hypothermia which was non-existent at the time.

Well it was, and I am not sure whether it is at now, but it sure was at the time. Until then the emergency treatment of hypothermia was to get into bed with the patient!



SKIING TRAUMA AND SAFETY: FIFTH INTERNATIONAL SYMPOSIUM

A symposium
sponsored by
ASTM Committee F-27
on Snow Skiing and by
the International Society
for Skiing Safety
Keystone, CO, 1-6 May 1983

ASTM SPECIAL TECHNICAL PUBLICATION 860
Robert J. Johnson, University of Vermont,
and C. Daniel Mote, Jr., University of
California, editors

ASTM Publication Code Number (PCN)
04-860000-47



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Accidental Hypothermia and Its Treatment in the Field

REFERENCE: Crombie, N., "Accidental Hypothermia and Its Treatment in the Field," *Skiing Trauma and Safety: Fifth International Symposium*, ASTM STP 860, R. J. Johnson and C. D. Mote, Jr., Eds., American Society for Testing and Materials, Philadelphia, 1985, pp. 469-479.

ABSTRACT: The incidence of mild and moderate accidental hypothermia in the Australian snowfields was not recognized until attempts were made to measure temperatures in possible subjects. Australia is generally considered to be a temperate-subtropical area. However, our ski fields sometimes provide almost ideal conditions for the development of accidental hypothermia.

This paper describes the development of methods used by the ski patrol in Australia to manage these patients, based on the concept that active rewarming must be begun as soon as possible in the field.

KEY WORDS: accidental hypothermia, immediate hypothermia treatment, skiing safety, skiing trauma

The delegates heard a most interesting presentation by Professor Berni Einoder, a long-serving medical officer and life member of the Ben Lomond Ski Patrol, whose professional interest in the emerging discipline of Sports Medicine was awakened in the early 1970's. Berni had formulated the original Ben Lomond Ski Patrol manual back in 1973, where the unusual nature of the geomorphologic terrain, the isolation and weather largely dictates the retrieval and method of patient care and rescue at Ben Lomond. Therefore the focus of patient care and retrieval at Ben Lomond is very much more patient 'treatment orientated' compared to more developed 'ski town' based resorts.

The existence of this early manual raises an intriguing question; the manual may well have been the basis of the original one developed by the Victorian Ski Patrol. It was understood that Dr John Zelcer, who was Professor Einoder's registrar for a time, was a major contributor to the development of the manual for the Victorian Ski Patrol Association. We know that Dr Nick Crombie collaborated with Dr John Zelcer early on to compile the original version of the ASPA (Australian Ski Patrol Association), 'ASPA Advanced Emergency Care Manual'.



Prof. Bernard Einoder A.M

Over later years Dr Steve Breathour collaborated with Dr Nick Crombie and used the Canadian Ski Patrol Manual also - as the basis of the edited version, which Steve later compiled. This manual became the officially recognized 'ASPA Advanced Emergency Care Manual' in 1986, and is utilized as the basis for on-the-hill patient care and retrieval by all Australian Ski Patrol's to this day.

Were one to assume that a fair amount of '*cross fertilization*' between medical practitioners took place, those practitioners who contributed with their expertise throughout the formative years of ASPA; the development of the final version could well have been '*a work in progress*' for quite some time.

Taking this history into account, perhaps ASPA should honour all of the above named physicians: as co-contributors - with the formulation of the 'ASPA Advanced Emergency Care Manual'.