



THE BOMBAY CITY AMBULANCE CORPS

(FOUNDED 1930)
(Registered under Acts XXI of 1860 and XXIX of 1950)
BRIGADE GAZETTE

GRATIS

No.666

November, 2019

PART - I

NOTIFICATIONS

Instructors' Courses

The next Specialist Instructors' Course in First Aid to the Injured (January-June 20 term), in English medium, will be conducted under the aegis of Jamsetji Tata Ambulance College from Monday, January 6, 2020 for 2 hours in the evening on Mondays and Thursdays.

Admission is open to teachers, factory supervisors, and approved social workers. Graduates with high academic qualifications and aptitude for teaching are preferred. Enrolment will be at the sole discretion of the Commandant of the College. Those desirous of enrolling in the course should call in person at the College office between 6 and 8 p.m. from December 1 to 28, 2019.

Members and Well-wishers are requested to do wide publicity of the course.

NEWS

NEW AMBULANCE CAR 13



New ambulance Maruti EECO car was booked with Fort Point on February 8, 2019. The delivery of the ambulance car was uncertain, as manufacturing of ambulance car production stopped long since.

Hence we have purchased TATA Winger, high roof, dual AC, 3200 WB in last week of August 2019 for basic cost of Rs.12,27,320/- . With TCS, RTO expenses, Insurance and CRTM the total cost was Rs.13,11,237/-. We have equipped the ambulance with Trolley stretcher, Scoop Stretcher, Folding stretcher and Oxygen Cylinder. It will be provided with AED for adults and children at cost of around Rs.85,000/-.

Informal Ceremony of putting the new ambulance car on service was performed on Thursday, September 5, 2019 at 5 p.m. when few members of the society, students of First Aid Instructor's and Basic courses were present. Pooja of the ambulance was performed.

Formal inauguration and Dassera Pooja was performed by our President Dr. Suresh Mehtalia in presence of Members and well wishers of our society on Dassera day, Tuesday, October 10, 2019 at 4.30 p.m.

As locals calls for ambulance services are few, the ambulance services have been extended beyond Greater Mumbai Limits.

89th Ordinary General Meeting

The Eighty Ninth Ordinary General Meeting of the Members of the

ALL OUR SERVICES ARE FREE, BASED ON VOLUNTARY DONATIONS

NOTE: Our alternative Telephone No.66334897 is disconnected

Society will be held on Saturday, the 16th day of the November, 2019 at 4.30 p.m. in the Dr. Moolgavkar Memorial Hall at the Registered Office of the Society (21 New Marine Lines, behind Government of India Offices, Mumbai 400 020).

Public Duty

Ambulance Car 12 (MH-01-CV-6683) with trained staff and equipments such as First Aid box, extra stretcher, oxygen cylinder etc., was posted at Football Ground for football matches as under during September-October 2019 :

Sr. No.	Organizer	Date 2019	Time
1	HDFC Ltd.	October 9, 2019	3.30 to 5.00 pm
2	Mumbai Hockey Association	September 18 & 19 September 20, 21, 24,25,26,27,29 & October 1	4.00 to 6.00 pm 2.00 to 6.15 pm
3	Football Saran Presents	October 12 and 19	9.00 am to 6.00 pm

Seminars of FA/CPR

No.	Date 2019	No. of Participants	Participants from
S/19/CPR/7	October 12	1	Safe Pro Pune
S/19/CPR/8	October 19	7	F. A. Instructor's Course II/247
B/19/FA/5	October 12	8	Safe Pro Pune

Earmarked Donation

We have received with thanks on September 9, 2019 Rs.3,00,000/- from Sun Pharma Laboratories Ltd., for New Ambulance Car Fund. We also thank our President Dr. Suresh Mehtalia for the effort put in by him to get the donation

Donations to General Fund

We have received the following donations to the General Fund of the Society :-

Date 2019	Amount (Rs.)	Donation received from
September	21,000/-	Aatmabodh Academy of Yoga
October 1	21,000/-	Aatmabodh Academy of Yoga

Donations to Station Fund

We have received the following donations to the Station Fund of the Society :-

Date 2019	Amount (Rs.)	Donation received from :
September 5	5,000/-	Mr. Balkrishna D. Satam
October 3	1,000/-	Mr. Lawrence Crasta
October 10	10,500/-	The Mumbai Hockey Association

PART II

RECOVERY POSITION

The recovery position refers to one of a series of variations on a lateral recumbent or three-quarters prone position of the body, in to which an unconscious but breathing casualty can be placed as part of first aid treatment.

An unconscious person, a person who is assessed on the Glasgow

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Coma Scale (GCS) at eight or below, in a supine position (on the back) may not be able to maintain an open airway as a conscious person would. This can lead to an obstruction of the airway, restricting the flow of air and preventing gaseous exchange, which then causes hypoxia, which is life-threatening. Thousands of fatalities occur every year in casualties where the cause of unconsciousness was not fatal, but where airway obstruction caused the patient to suffocate. This is especially true for unconscious pregnant women, once turned on to their left side, pressure is relieved on the inferior vena cava, and venous return is not restricted. The cause of unconsciousness can be any reason from trauma to intoxication from alcohol.

It is not necessarily used by health care professionals, as they may have access to more advanced airway management techniques, such as tracheal intubation.

The recovery position is designed to prevent suffocation through obstruction of the airway, which can occur in unconscious supine patients. The supine patient is at risk of airway obstruction from two routes:

- ★ Mechanical obstruction : In this instance, a physical object obstructs the airway of the patient. In most cases this is the patient's own tongue, as the unconsciousness leads to a loss of control and muscle tone, causing the tongue to fall to the back of the pharynx, creating an obstruction. This can be controlled (to an extent) by a trained person using airway management techniques.
- ★ Fluid obstruction : Fluids, usually vomit, can collect in the pharynx, effectively causing the person to drown. The loss of muscular control which causes the tongue to block the throat can also lead to the stomach contents flowing into the throat, called passive regurgitation. Fluid which collects in the back of the throat can also flow down into the lungs. Another complication can be stomach acid burning the inner lining of the lungs, causing aspiration pneumonia.

Placing a patient in the recovery position gives gravity assistance to the clearance of physical obstruction of the airway by the tongue, and also gives a clear route by which fluid can drain from the airway.

The International Liaison Committee on Resuscitation (ILCOR) does not recommend one specific recovery position, but advises on six key principles to be followed:

- The casualty should be in as near a true lateral position as possible with the head dependent to allow free drainage of fluid.
- The position should be stable.
- Any pressure of the chest that impairs breathing should be avoided.

- It should be possible to turn the victim onto the side and return to the back easily and safely, having particular regard to the possibility of cervical spine injury.
- Good observation of and access to the airway should be possible.
- The position itself should not give rise to any injury to the casualty.

History of Recovery Position

The earliest recognition that placing unconscious patients on their side would prevent obstruction of the airway was by Robert Bowles, a doctor at the Victoria Hospital in Folkestone, England. In 1891 he presented a paper with the title 'On Stertor, Apoplexy, and the Management of the Apoplectic State' in relation to stroke patients with noisy breathing from airway obstruction (also known as stertor).

This paper was taken up by anaesthetist Frederick Hewitt from the London Hospital who advised a sideways position for postoperative patients. This thinking was, however, not widely adopted, with surgical textbooks 50 years later still recommending leaving anaesthetised patients in a supine position.

First aid organisations were similarly slow in adopting the idea of the recovery position, with 1930s and 1940s first aid manuals from the British Red Cross and St John Ambulance both recommending lying a patient on their back. The 1938 British Red Cross First Aid Manual goes so far as to instruct "place the head in a such as position that the windpipe is kept straight, keeping the head up if the face is flushed, and in line with the body if it is pale". By contrast, the St. John manual advocated turning the head to the side, but it was not until the 1950 40th edition of the St. John Manual that it was added "if breathing is noisy (bubbling through secretions), turn the patient into the three-quarters prone position", which is very similar to a modern recovery position.

A large number of positions were experimented with, mostly in Europe, as the United States did not widely take up the recovery position until its adoption by the American Heart Association in 1992. Positions included the "Coma Position", "Rautek's Position" and the "HAINES (High Arm IN Endangered Spine) position".

In 1992, the European Resuscitation Council adopted a new position where the arm nearest the floor was brought out in front of the patient, whereas it had previously been placed behind the patient. This change was made due to several reported cases of nerve and blood vessel damage in the arms of patients.

ILCOR made its recommendations on the basic principles for recovery positions in 1996, but does not prescribe a specific position, and consequently, there are several in use around the world

— Curtsey : Wikipedia

SERVICE STATION STATISTICS		
Year 2019	September	October
Calls Registered	NIL	05
Removal Services	NIL	05
Services for which NO donations were received	NIL	NIL
Donations received on account of :		
Removal Services	₹ NIL	₹7,000/-
Donations to the Station Fund	₹ 5,000/-	₹11,500/-
Run of Ambulance (Car No.13)	99 Kms.	569 Kms.
Total services rendered till date	80,780	80,785

An Appeal

Since use of our Ambulance Service is very poor, Members and well wishers are requested to give publicity of our Free Ambulance Service.

Suggestions for improvement of our services are welcome.

Donations for the FREE FIRST AID AND AMBULANCE SERVICE STATION FUND will be appreciated.

KINDLY SEND YOUR OPTIONS TO RECEIVE BRIGADE GAZETTE ON WEBSITE (bcac.co.in) OR BY E-MAIL (send your email id)

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BOOK - POST

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