

It has yet to be decided who will pay for the new course materials for current TNCC instructors. Options include the instructor, their employer or the provincial affiliations of NENA. Provinces may decide to bulk-order materials for all their instructors.

Info for instructor trainers

If you run a TNCC 5th edition instructor course, the instructor candidates must be monitored in a 5th edition provider course. So, unless your area has an immediate need for TNCC instructors, it is recommended that you wait to hold a TNCC instructor course until after you have completed your TNCC 6th edition update. You may want to further familiarize yourself with the 6th edition by teaching one provider course before scheduling an instructor course. Participants of your TNCC 6th edition instructor course must first recertify their TNCC provider status to the 6th edition requirements.


Documents available to download from ENA website: www.ena.org, click on TNCC from left-hand side menu:

- TNCC and ENPC Administrative Procedures October 2007 Revision (U.S. document but can be referenced until Canadian equivalent is available)
- TNCC and ENPC Administrative Procedures October 2007 Revision: Explanation of Changes and Clarifications

- Corrections for the TNCC 6th Edition Provider Manual
- List of Equipment for TNCC 6th Edition Provider course skill stations

Info for TNCC providers

If you hold a current TNCC provider card, it will still be valid for four years after your last course. If you need to renew your provider status, you may wish to wait until the TNCC 6th edition course is available in your area.

Canada has enjoyed 15 years of TNCC and looks forward to many more years of this unique course for nurses! 

References

Rush, C. (1993). **The Trauma Nursing Core Course in the United States, The United Kingdom, Australia and Canada: A Qualitative Case Study.** Unpublished Master's project, University of Calgary.

Websites for more information

Emergency Nurses Association at www.ena.org

National Emergency Nurses Affiliation at www.nena.ca (information on TNCC 6th edition should be available in December 2007).

Outlook

Rural Realities

An unforgettable experience in Iqaluit

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As we flew over Nunavut descending into Iqaluit our first vision was the vast frozen tundra with small communities dotted randomly. Nunavut has 26 communities spread across nearly two million square kilometres of undeveloped space. Iqaluit is the largest community in Nunavut as well as the capital city. We arrived on an early December afternoon. In December, you can expect five hours of daylight between 1030-1530h. By July, daylight hours will average about 18 or 19 hours/day. The average temperature in December is -25°C during the daytime but, by evening, you can expect it to drop down to -43°C! Despite the extreme temperatures, we were warmly welcomed and Rhose Ghalia, our host, gave us a quick walking tour of the capital city. Although the Arctic capital is home to a diverse mix of people, Inuit make up 60% of Iqaluit's population. Iqaluit is located in the

southeast part of Baffin Island, and was formerly known as Frobisher Bay. Even though it's located on the remote Arctic tundra, Iqaluit aims to be every inch a capital city, with the amenities and quality of life to rival any in Canada. The city has five schools, four hotels, three gas stations, two arenas and a swimming pool. The Iqaluit airport runway is 2,621 metres long and an alternative landing site for the U.S. Space Shuttle! The economy, based mainly on government, has expanded rapidly since the city became the territorial capital in 1999. The city's infrastructure is developing at a steady clip, trying to catch up with population growth, despite the harsh climate and challenges that many of us would consider near impossible. As well as being Canada's newest and most northerly capital, Iqaluit is also Canada's fastest growing community with a population of approximately 7,000 people.

Almost every Nunavut community has a health facility. Iqaluit has a hospital, while other communities have a health centre. The Baffin Regional Hospital in Iqaluit has 34 beds. It has an

adult and a pediatric ward, a combined emergency and outpatient department and is open 24 hours a day. It is a fully functional community hospital. It handles most local health care needs and serves patients brought in from smaller Baffin communities. The hospital is fully equipped to care for all patients. They have a two-bed trauma resuscitation bay complete with fluid warmers and ultrasound and a fully operational pediatric area upstairs. The space constraints and problems of transferring patients to an admitted bed on the floors or critical areas are familiar to all of us in emergency departments across the country and these challenges are no different for the staff at Baffin Regional Hospital. The hospital is located on top of the hill where it has a clear view of the RCMP headquarters, which is right next door to one of the popular bars. Thursday promises to be busy when the shipment of alcoholic beverages comes in and brings alcohol-related excitement!

We travelled to Iqaluit after receiving an invitation to come and instruct The Trauma Nursing Core Course (TNCC) for the first time in Iqaluit. This endeavour was also made possible with the support of the Iqaluit Government and The Ottawa Hospital Trauma Services. The team of instructors was composed of clinical nurses from the Ottawa Hospital Emergency Department. Rhose Galia, an emergency nurse from Baffin General Hospital, initiated our big adventure and was also our local coordinator. She took the lead because she felt many nurses had never had the opportunity to participate in the course before and felt it was important. Unfortunately, opportunities for continuing education and training are few for our northern colleagues.

Half of the nurses who had participated in the course came from communities of 500 to 1,500 people and travelled five to eight hours to come to Iqaluit. All were experienced emergency nurses. These nurses staff the small community health centres and are equipped to treat all emergencies and illnesses. Nurses are on duty at health centres during regular business hours on weekdays and on call for emergencies 24 hours a day. Challenges in the smaller communities include lack of resources and manpower. One of the most striking things that was brought to our attention was the resourcefulness of the registered nurse. Sometimes the care required exceeds the resources of the outpost and its staff, creating an increased urgency for transfer. The nurse may often have to use anything available while waiting for a physician who may be several hours away on a fixed wing. One nurse relayed his experience of having to call in a family member to assist with CPR while he established IV access. Another spoke of the injuries sustained to a patient as a result of an unprovoked polar bear attack. Patients requiring more serious medical attention are flown to Baffin Regional Hospital.

The majority of adult patients requiring tertiary trauma care are referred to The Ottawa Hospital, which is approximately 1,250 air miles south. Baffin Regional Hospital also transfers patients to Montreal and Winnipeg. Injured children are transferred to pediatric trauma centres.

Many of the traumatic injuries seen in Baffin Regional Hospital, such as falls and assaults, are familiar to emergency nurses, but animal maulings (especially polar bears) and hypothermia are some of the unique challenges facing a single nurse at an outpost community health centre. Off-road vehicle injuries are also common. Between February 2006 and February 2007, 50% of patients transferred to The Ottawa Hospital had received injuries related to off-road motorized vehicles. Although cars and trucks are becoming more popular, the typical mode of transportation is snowmobiles in the winter and ATVs in warmer weather. It is typical for snowmobiles to travel on the gravel roads (roads are not paved as the climate is too harsh on asphalt), but seldom did we see passengers (children and adults) wearing helmets. Mothers use their Inuit parka or "Amauti" to carry young infants and babies on their back while driving. At first we assumed that this was an isolated situation, but quickly realized that was not the case. The federal government provides subsidies for each family to purchase a snowmobile, however, helmets are not included in this. The price of a helmet ranges from \$100 to \$500. You can also travel by taxi anywhere in town. The only catch: they pick up other customers as they go, until the cab is often chock-full. Seatbelts are not required if the vehicular speed is under 40 kph!

The TNCC course was hugely successful, in large part because the participants were so enthusiastic. As instructors, we learned as much as we taught. Feedback from participants was that TNCC was long overdue and very applicable to their working situation. It provided them with a standardized approach to trauma care in order to identify life-threatening injuries and initiate care while waiting to access the amenities of a larger community. One of the participants stated that it was "important to understand the restraints of the resources in our world as northern nurses," while another stated the course was "long-awaited and should be available to any emergency nurse or community health nurse working in a northern setting."

Sean, Kevin and I would again like to thank all of the participants because it is thanks to them and their enthusiasm that this course was so successful and our first northern experience such an unforgettable one. We would also like to take this opportunity to thank Rhose for taking the initiative to bring TNCC to the north. We would welcome the opportunity to teach again in the north any time and hold the highest respect for those of you that manage with the demands of an isolated community. 