



HATZOLAH

PULSE

O N E T E A M

O N E P U L S E

ELUL 5782

SEPTEMBER 2022



POWER OF THE
VOLUNTEER

THE **CALL**

THE PULSE IN CONTEXT



MEDICAL RESCUE

CARING FOR LIFE

TRAINING FOR LIFE

Dis-Chem
PHARMACIES



**A partnership
that cares.**

**Saving lives
together.**



Hatzolah Medical Rescue | Treatment Excellence | Unsurpassed Response Times

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MESSAGE

FROM THE CHAIRMAN

What motivates the amazing men and women who make up team Hatzolah is quite simply a desire to serve and make the world a better place.

With this desire comes an innate drive to assess the community's needs and address these needs where possible. This has resulted in an organisation that is continually innovating and improving.

Many people in the community got their first real look at what the team is capable of during Covid. But long before the pandemic, without fail, people who visited Hatzolah for the first time were blown away by what goes on behind those metal gates that can't be seen from the road. And so, for me, it came as no surprise to see what the team pulled off when faced with a once-in-a-century pandemic.

What is more astounding about the team is that even with Covid behind them, there was, of course, no time to down tools and take a break: people still unfortunately suffer life-threatening accidents, heart attacks, strokes, etc. So while others may have had a chance to kick back and relax, our team carried right on with their work of saving lives. Even on the High Holy Days approaching, teams will be on duty and ready to respond while others take off time to focus on the holiday period.

When we arrive on scene at an emergency, one of the first things we do is check for a pulse. It is a sign of life. And for our organisation, our life force - our pulse - is our people, the dedicated men and women who give of their time and effort to ensure that we offer the best treatment in unsurpassed response times. That we take care of the various medical needs of our community.

To our incredible team - I salute you for your phenomenal efforts day in and day out. It truly is astounding to witness!

To our special community, thank you for extending your ongoing support without which we could not do what we do!

This new look magazine welcomes you into our world, to try and give you a small glimpse into the strong pulse of our organisation, above all else the awesome people that comprise the team - one Team, one Pulse!

On behalf of all at Hatzolah, we wish you a *Shanah Tovah U'metuka*, a good, healthy and sweet new year!





LANCE ABRAMSON

“We make a living by what we get. We make a life by what we give.”

“When speaking about volunteering, we are speaking about people, and there would be as many different reasons why people would volunteer as there are people,” explains Darren Basserabie, clinical psychologist and executive coach. “The reasons could be very nuanced and personal, fulfilling an array of needs and achieving a multitude of dreams. There are potentially some themes that could bring together these personal reasons.”

that we don’t need to prove it,” he says. “Yet for most people this is not the case, so volunteering is a productive way of feeling that value.”

He continues: “When a person volunteers, they usually align their deepest values and passion with the purpose of the volunteering and this is incredibly motivating and satisfying.”

However, it doesn’t always start off that way and people can be drawn

POWER OF THE VOLUNTEER

A MOMENT OF YOUR TIME PLEASE - THE VOCATION OF THE VOLUNTEER

Although the words of Winston Churchill could be readily applied to a wide array of charitable endeavours, there is little doubt that they are profoundly pertinent to the giving of one’s most valuable asset: time. The commodification of time has wrought enormous changes on our society and realigned many of our priorities, but one group of people perhaps understands the qualitative value of time more than any other and strives to make the life Churchill envisioned. These are volunteers.

What drives people to become volunteers, swimming against the tide of a global society which champions the belief that “time is money” and which often takes a dim view of those who waste it on other people? How can we account for such altruism?

Basserabie emphasised that we live in a fast-paced world where we often feel obligated in so many dimensions. “Volunteering is accessing choice separate from my life of obligation (even if I feel obligated to volunteer),” he says. “It is the ultimate way of stepping out of the mill of obligation and choosing to do something.

“Choosing in this way seems like activating the Divine spark within us, in that we activate a sense of autonomy, will, independence and we get to make the world a better place.”

According to Basserabie, people want very much to feel productive and that they are contributing, not least because this provides a sense of purpose and of value.

“It should be a given that we know that we are valuable and

into volunteering for other reasons, such as because it is fun, their friends are doing it or because it seems like a positive thing to do. Over time, they can learn to understand the purpose of the organisation or the value of volunteering in a far deeper way.

“People have a need for a sense of belonging,” Basserabie says.

“When we volunteer together with other people, have the same vision and sense of purpose, we establish a sense of belonging. When an organisation has a culture that supports this sense of belonging, the connection to the volunteering is magnetic.”

Beyond this sense of belonging, the act of volunteering offers a host of other profound benefits. Basserabie explains that volunteering often presents opportunities to grow that are never envisioned at the beginning of the volunteering process.

He says: “People often develop skills way beyond what they otherwise would have developed. They gain knowledge that they may otherwise never encounter; they could develop social skills and other people skills; they develop relationships and a group to belong to; or they could be exposed to parts of life and the world that they may never have seen. It really opens up vistas for people.”

On a personal level, volunteering offers an opportunity to learn deeply about one’s self, what is really important, as well as how one responds and reacts to various situations, including high pressure scenarios. “In the same vein, one learns how to work together with other people, to manage differences and possibly work through conflict,” says Basserabie. “Often one must subsume oneself to the purpose of the organisation and in so doing, learn to manage how one does that. One can give oneself over to a mission.

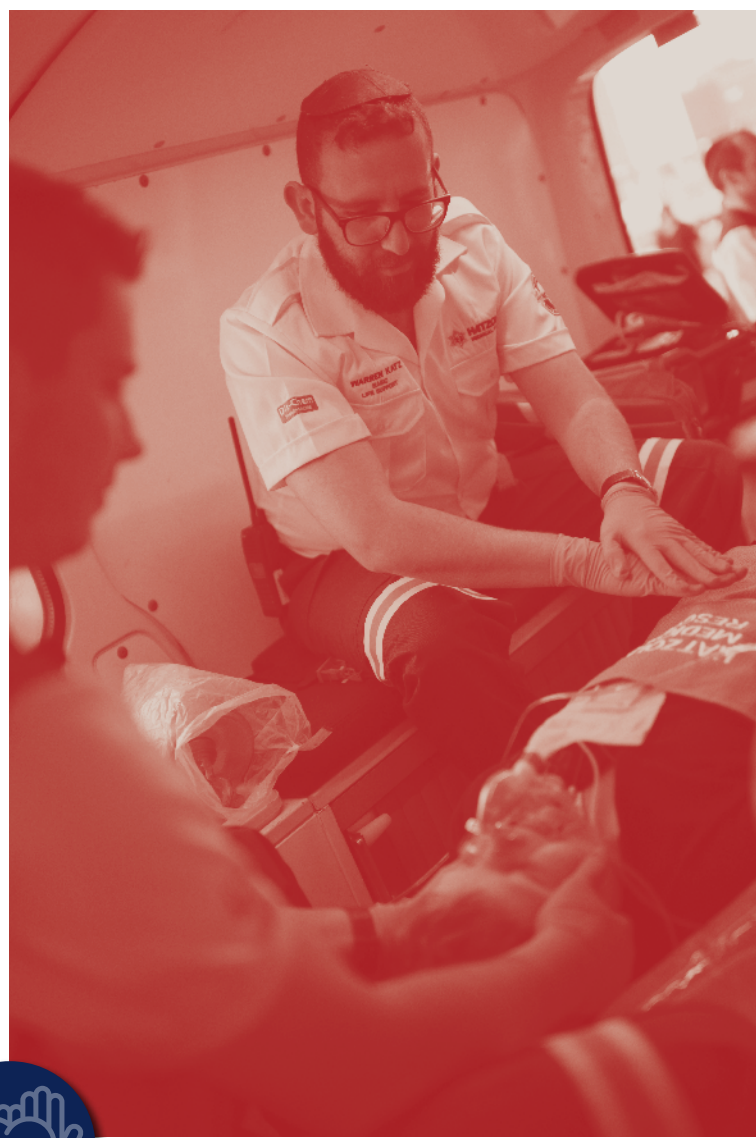
“As Viktor Frankl says, meaning comes from transcending oneself and dedicating oneself to a cause bigger than oneself.”

On a physiological level, volunteering offers all the internal chemical benefits of increasing serotonin and dopamine and eliciting greater levels of oxytocin. Consequently, one grows confidence, a sense of accomplishment and achievement, and these can have a strong knock-on effect as they impact on the rest of one’s performance in life.



When talking about the traits of an ideal volunteer, Basserabie would be cautious to type someone, adding that when people are passionate and connected to their values, they can transcend many limitations and achieve beyond expectations. “It is more important to achieve an alignment of values and passion,” he says. “This may not be automatically there, but can grow with time.”

Moreover, there are many different roles and aspects to volunteering, and different traits would be more valuable than others for the different roles. Certain mindsets are especially valuable, says Basserabie. He explains: “An ability to manage one’s own triggers, recognise them, grow from them and learn to respond instead of react, to choose the most valuable course



POWER OF THE VOLUNTEER (CONT.)

of action instead in the circumstance. To be able to connect with others, to help others feel heard, valued and to generate psychological safety. To tame their reptilian brain so that they are able to bring the best of themselves.”

Others include the ability to possess a growth mindset, to have a learning mindset, to be open to be teachable, to work through mistakes, to set aside one’s own agenda to ensure what is best for the volunteering organisation.

Basserabie stresses that the culture of a volunteer organisation is essential in the way that it facilitates the development of all of the above in its volunteers. “A volunteer organisation should always understand its own culture and be conscious of how it crafts its culture to achieve its outcomes and to enable its volunteers to achieve the best that they can for it. This should be obvious and yet it sometimes difficult to do. Organisations can often get in their own way in trying to achieve an optimal culture.”



He concludes:

“Our South African community has a number of incredible opportunities to develop and experience all of the above. Many of them are lifesaving and life-changing.”

Written by Jordan Moshe

Hatzolah has been running since 1998. It’s success can be attributed to the incredible men and women who volunteer their time, their skills and more to ensuring that the Jewish community of Johannesburg has unsurpassed response times with treatment excellence.



THE LAWS OF THE PULSE

It is, as always, a great privilege and honour to share a few facts about Hatzolah.

Hatzolah operates as a registered non-profit company, duly incorporated in terms of the Companies Act, and has been so constituted since 2003.

Hatzolah prides itself in working in accordance with the best governance principles and functions as a democracy insofar as any person who is intimately involved in the organisation and plays a role by contributing to our numerous different branches of activity, is entitled to vote for the election of our board of directors and thereby have a say in the operation of the organisation. We also constantly interact with our volunteers and staff to ensure we understand the needs on the ground.

We pride ourselves in upholding the highest standards of patient and community confidentiality, while always being ready to assist those who require information relevant to calls we may have attended, where it is legally permissible to release the requested information.

We have and continue to invest resources to ensure compliance at all levels, including the professional sector within which we operate. Our team works tirelessly to ensure that all necessary licences and authorities are obtained and maintained, which entails regular audits of our base, vehicles and equipment. With the assistance of professional persons within the community and the enormous effort our full-time and volunteer teams provide, we are happily compliant with all relevant laws and regulations.

Hatzolah strives to look after its members and workers and see that they are protected, allowing them to fulfil their purpose while at the same time ensuring that they are accountable for their actions and uphold the highest ethical and legal standards.

Standard operating procedures are constantly reviewed to improve the effectiveness of the work we do, keep pace with prevailing legislation and other dynamics and uphold our constitution with the respect and responsibility that the community places in us.

We thereby hope to fulfil our duties and ensure that our members and community are proud of Hatzolah and that our Hatzolah retains its place at the cutting edge of emergency medical service worldwide.



HOW DID HATZOLAH SA GET ITS PULSE?

THE HISTORY OF HATZOLAH SOUTH AFRICA

FROM CONCEPT TO A WORLD-CLASS RESPONSE SERVICE



“At the start, everyone thinks you are dreaming. When it becomes a necessity, people look back and say, ‘how did we live without it?’ These words of Tomer Levy, one of the initiators, encapsulate the very feeling the Johannesburg Jewish community has towards Hatzolah.

Hatzolah was conceptualised for Johannesburg around 1997/1998 when Glenhazel was experiencing a number of hijackings and shootings, and the provincial ambulance service was not arriving in time, could not handle the number of callouts and was no longer a viable option.

Tomer contacted one of the rebbetzins in the community, and they discussed how they could bring Hatzolah here. The rebbetzin, who prefers to remain anonymous, had previously heard about Hatzolah overseas. A cousin who lived in London had died of a heart attack shortly before, and it worried her that Hatzolah had not been called out to assist. Not long after, a member of the Johannesburg Jewish Male Choir had a heart attack at a rehearsal, and another member who happened to be a doctor, rushed him to hospital and saved his life. It was then that she realised: “That’s what Hatzolah does: they come rushing to help people in medical distress.”

Once the seed was planted in her mind, she appealed to every rabbi in town for support, including then Chief Rabbi Cyril Harris z’l. Calls were made to David Shapiro, who was part of Hachovesh (neighbourhood rescue organisation) in Har Nof, for fundraising appeals, as well as Hatzolah in NY for guidance. “It was a lot of work initially, and we didn’t know what we were doing, but everyone agreed that it was important.”

At an initial meeting, there was some communal resistance to the idea. Tomer said: “I gave the first push. The beginning is always difficult, especially when you are going against the grain. I knew it would take off once the community understood the need for it.”

Through word of mouth and posters placed in the shuls, the idea spread through the Jewish community and there were numerous volunteers eager to be trained. Young doctors, and those who “gapped it”, joined immediately. Tomer had the premises, and so he offered the space for the first three training sessions. Dr Ephraim Kramer had experience with emergency medicine, so he trained the first group of volunteers. Instead of turning people away, some were trained as dispatchers, some as secretaries and administrators, and people were assigned according to the initial needs of the organisation.

Although Tomer assisted in kick-starting the organisation, a couple of months later he made aliya, so he handed over the reins to his brother. Hatzolah was ready to become operational. As Tomer states: "I set it in motion. Gilly Levy took it from a concept to something real." Since Gilly was involved in the training, it was natural that he should take over. With sponsorships of R50 000 to buy paramedic kits and train 20 young adults, Tomer "begged for that memorable number", he laughs. "It's very rewarding for me to see how Hatzolah has grown from strength to strength over the years. I happened to be in the right place and I did what I could."

After Hatzolah had been launched, Brian Jude took over the leadership. Money was the first major challenge and he recruited the expertise of Phillip Jacobson, who took over the fundraising. This was "like turning on a switch" as his connections were paramount to access much-needed funding. Early on, the Jude's home became the Hatzolah base. Day and night, Shabbos and Yom Tov, responders and volunteers would be in and out of the house. According to Brian: "It was our life - a family business... we lived, ate and breathed Hatzolah." A few years later, the premises moved to Yeshiva Maharsha,

where the storeroom was kept, but the dispatch still centred around the Jude's home. The turning point was in 2012, when Natie and Frances Kirsh donated the much-needed new premises in Durham Street.

Brian says that his "dictatorial" management style worked well for the growth of the organisation. Their core mission was responding to medical emergencies, and there wasn't the manpower or facilities to institute new initiatives. He never wanted to lose sight of the goal.

Both Brian and the rebbetzin have been beneficiaries of the ambulance and medical responders: "I'm overwhelmed with gratitude for their services and support," he exclaims. "BH it's there if we need it." And what of the next generation? Brian sees it as "more democratic" and with exciting new initiatives in place. "It speaks to a good management team. Hatzolah sees the needs in the community and responds to them." His son is a very active responder. The rebbetzin's family are also involved, and, she says: "I took it from a thought from Hashem and put it into action. I feel it is a tremendous privilege to have been part of its inception."

Written by Susan Chalom



That's what Hatzolah does: they come rushing to help people in medical distress.



A 20-YEAR PULSE

DEDICATED DISPATCHING DOVBER UNTERSLOK

The evolution of Hatzolah can no better be reflected than through the experience of Dovber Unterslak. For the past 20 years, Dovber has selflessly offered his time and expertise as a dispatcher for the organisation. As a dispatcher myself, I have a pretty good understanding of what it's like to have your night continually and randomly punctured by major and minor emergencies, arriving at dawn semi-deflated, yet having to continue to glide through the day less than buoyant.

Now imagine repeating this weekly, including Shabbos, voluntarily for 20 years. Additionally, Dovber is Hatzolah's permanent second divert dispatcher. This means that Dovber, for more than 10 years, has carried his Hatzolah phone with him, morning and night, everywhere he goes, to answer the extra volume of calls that spill over daily from the main Hatzolah phone. It's a sacrifice that no one else can know. Yet he shoulders the responsibility driven by his commitment to our community.

The task has improved since he first started. "I was 23 years old and my brother, who was studying medicine at the time, was volunteering as a responder," explains Dovber. "I never had an affinity for blood so when he told me that Hatzolah was looking for extra volunteer dispatchers, I thought that perhaps I was better suited for that task. At the time, Hatzolah had no ambulances of their own, so we relied on other private ambulance services to respond to our calls. We had only one main dispatch phone and radio that were stationed at the Jude's house in Glenhazel. So night dispatchers had to collect and return the phone and radio after every shift. We would fill in the call sheets physically on paper, that were returned, along with the equipment in the morning. As we only had a few dispatchers, we were on shift two to three times a week, and were not always guaranteed to have a team of responders as there were so few volunteers at the time."

This is a complete contrast to the world-class organisation that Hatzolah has advanced into, with its own ambulances and consistent team of responders. Dispatchers are provided with their own Hatzolah phone, radio and tablet to upload forms that merge with the responders' correlated form. It has

revolutionised the way that Hatzolah is able to service the community and is something that Dovber, now the Hatzolah Board's Operations Director, can truly be proud of.

"Being a dispatcher for so many years is definitely a sacrifice," says Dovber. "There have been many a Shabbos that I cut the challah, and that's the last my family see of me for the meal. After hearing the fear and pain in people's voices over the phone for so many years, you start to compartmentalise it so you can cope with the trauma. Covid put an additional layer of stress on already stretched dispatchers. I remember one night dealing with three Covid patients and two days later going to Westpark Cemetery and seeing all three of them buried next to each other in a row. It can be heart-breaking but also so uplifting when patients pull through and survive," describes Dovber.

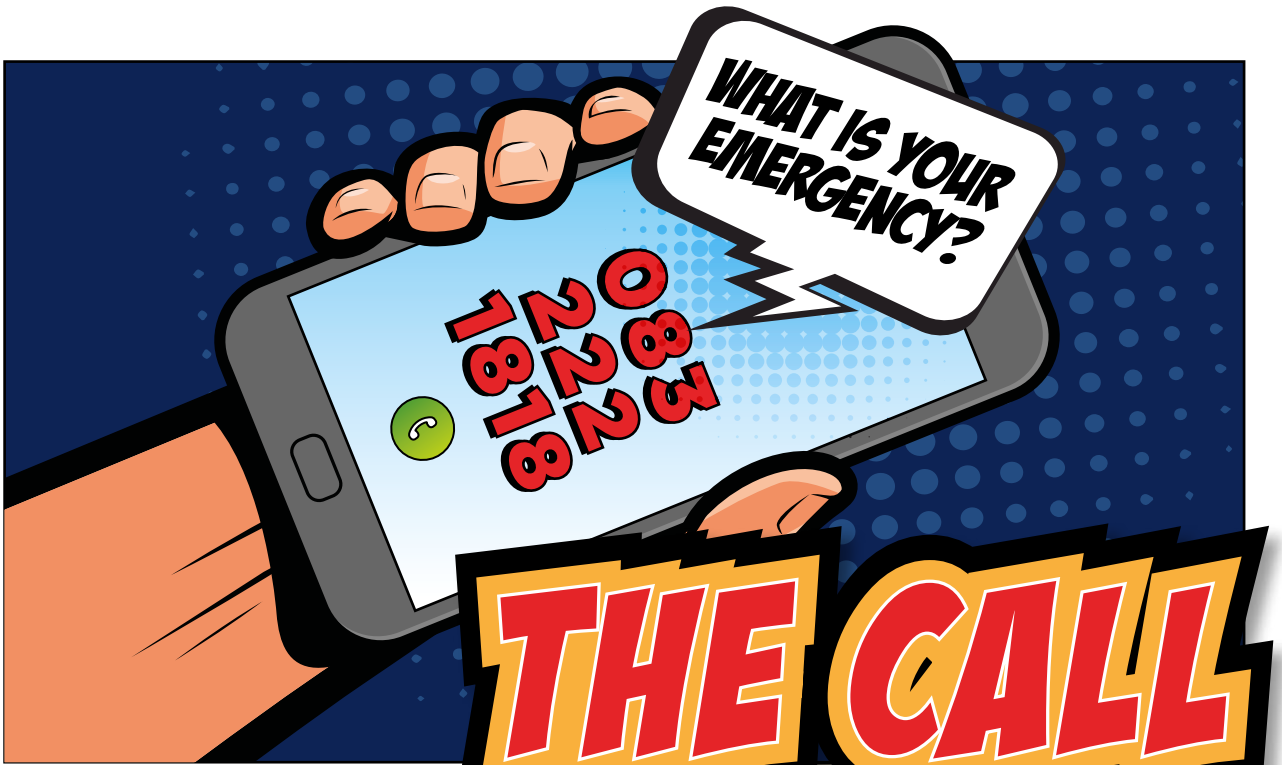
"From my perspective, my Tati has always been a dispatcher," says Rachel, Dovber's 16-year-old daughter a Hugo's Heroes graduate. "Growing up, my siblings and I would often pretend play dispatcher, imagining how best we would respond to the emergency call, emulating our Tati," she laughs. "My family and I see the daily sacrifice he gives to the community, but we wouldn't have it any other way. Dispatching is infused into his being and we are so proud of him," smiles Rachel.

There are moments that Dovber has considered stopping to dispatch. But then he remembers his late father, Dr Rodney Unterslak's advice, who too gave so much to his community. "My Dad would tell me that my work is too important to quit," recalls Dovber.

"If you have the time and the will to give, it's too hard to give it up."

Written by Robyn Shapiro





THE CALL

20:30 GAME NIGHT...



20:30



20:31



SUPPER TIME...



20:31



Call coming out in Highlands North...

20:31



Jason responding.

**WE HAVE A
MOTOR VEHICLE
ACCIDENT IN...**



I'll be back.



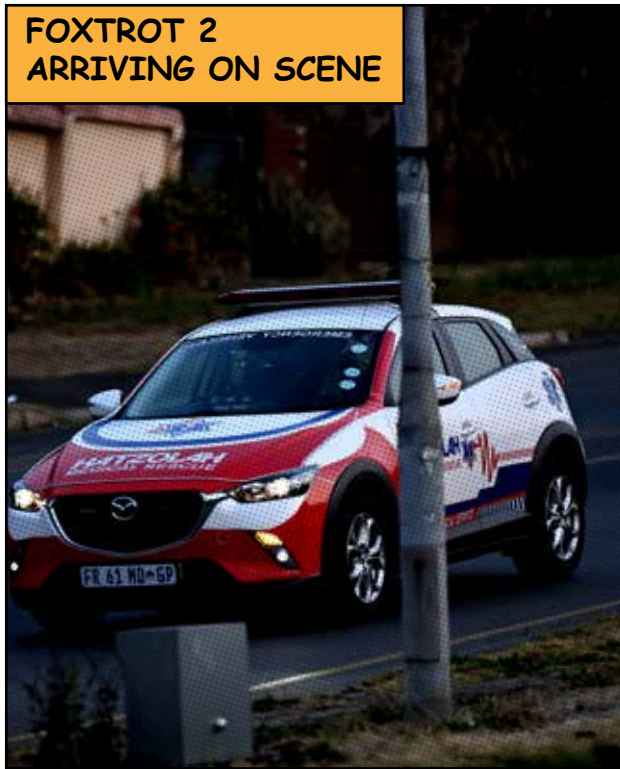
Is it a resus?
What will I find when
I get there?



**TIME IS OF
THE ESSENCE**



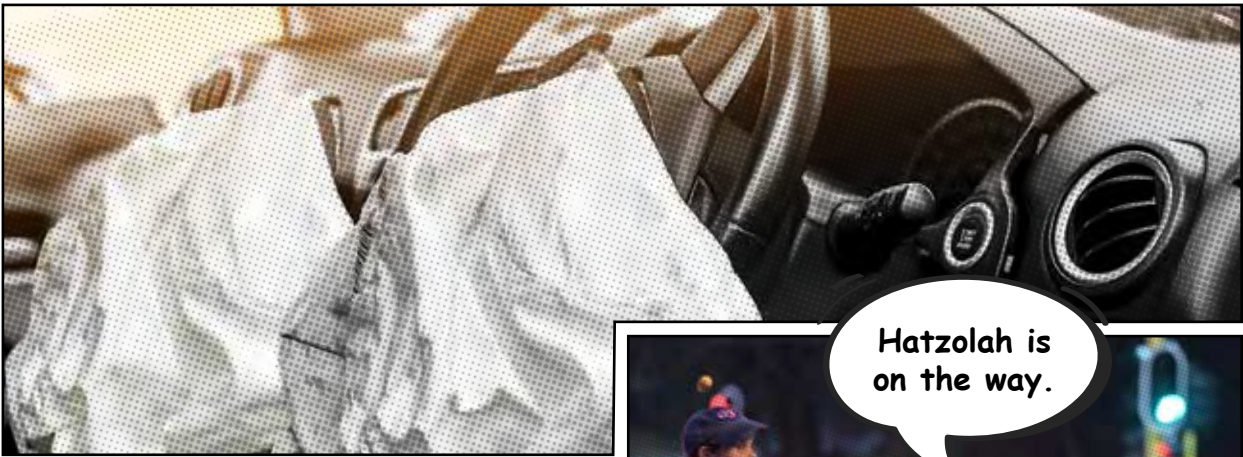
Alpha 12
on scene.



**FOXTROT 2
ARRIVING ON SCENE**



**MEIR ARRIVING
ON SCENE**



Hatzolah is on the way.

20:33 SCENE SAFETY FIRST



Please fetch extraction & immobilising equipment from the ambulance.



WE NEED CRU*!

Sheri responding.



I'll be back.



CRU ON SCENE...



I am here for you.



* CRISIS RESPONSE UNIT

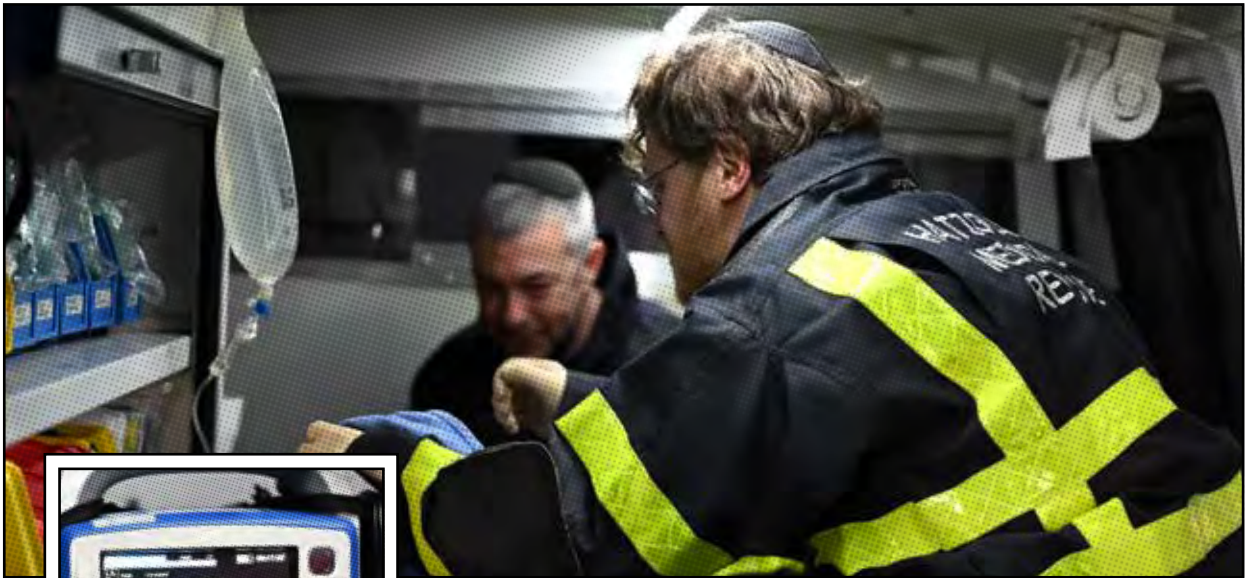
20:49 LOADING THE PATIENT



20:51 DEPART THE SCENE TO MILPARK HOSPITAL



DEBRIEF ON SCENE...





21:05 ARRIVE AT MILPARK



HANDOVER TO MILPARK ER



21:46 DECONTAMINATION BACK AT HATZOLAH HOUSE



RESPONDER RESTOCKS AMBULANCE

22:43 FINALLY HOME...



AVAILABLE FOR FUTURE CALLS!



CARLY HURWITZ PATIENT

Carly Hurwitz's recollections of her day on Friday, 23 October 2020 are distinct. It was a busy day as she was making preparations for Shabbos and her daughter's upcoming bat mitzvah. She remembers what she did, where she went, what she bought, ate and drank. Though, she has no memory of the pinnacle turning point of the day that changed her life irrevocably.

"I was at an appointment in the afternoon and started to feel unwell," recalls Carly. "I have no memory of what happened next, but I'm told that I lay down on a couch and passed out." Hatzolah was immediately rushed to the scene and began to resuscitate the then 36-year-old. "I will forever be indebted to Hatzolah. The 'resus' took almost two hours. Because of their extensive knowledge and training, the responders realised

that what had happened to me was not normal and that I was not having a heart attack that caused my heart to stop, but I was having a cardiac arrest. They knew exactly how to treat me and what information needed to be relayed to the emergency room at the Milpark Hospital when I arrived, so I could receive effective treatment as soon as possible. "It is because of Hatzolah that I am alive today."

Carly stayed in the Milpark Hospital ICU for 12 weeks, followed by ongoing, continuous therapies and rehabilitation to regain her life back. It's understood that she was poisoned by organophosphate, used as a pesticide in fields and in rat poison, and which goes by the street name 'Two-Step'. Readily available and cheap, its effects are deadly. Carly doesn't have definite answers as to how or when she was poisoned and who poisoned her, but she has a "good suspicion of the culprit". However, she has made a conscious decision not to pursue prosecuting the person, but rather focus her energies on regaining her health and living with positivity and gratitude.

"I would lie in the hospital bed for days that blurred into weeks and months, *davening* to Hashem to be healthy enough to return home to my family and my four beautiful children, and be a mommy to them. My miraculous recovery is due to Hatzolah's rapid response, which reduced the damage caused to my brain due to lack of oxygen. I still had to learn how to walk, talk, write and regain most of my basic functioning. But my survival would never have happened without Hatzolah. They and my doctors are all conduits of Hashem and the work they do is holy. "I am eternally grateful to them that I am alive."

GETTING BACK THE PULSE THE CARLY STORY



LAUREN SMITH - DISPATCHER

As a full time dispatcher, I have experienced many different kinds of calls. So, when I received a call about a young lady who was having difficulty breathing after eating a salad, I was taken aback. But we have dispatch criteria to follow, and I sent out the call. I was therefore extremely shocked to hear that when our responders arrived on scene, the patient was not conscious or breathing. From then on, it was a whirlwind of

emotions and facts. Even now, I find it hard to recall details of that time. Would she be ok? When we got her to hospital, there was some relief in knowing she was in the best place possible. But the concern remained long after the call was officially over. This call remains a constant reminder of how we can never know the way a call will evolve. We must follow the protocols and hand over to Hashem.



WARREN AKA WAZZA KATZ RESPONDER

The call came out as a female patient in her thirties who had collapsed. This is not an unusual emergency in a day at Hatzolah Medical Rescue. However, when an update came through that this call had become a resuscitation, I knew this one was different. At that time, during the pandemic, I was working on the Covid Wellness Programme and I was not on the road as a full-time responder. It was a Friday afternoon, and I was having my family for supper that night. Despite all this, I jumped in my car and rushed to scene. When I arrived I felt thrown to see a religious 30-something-year-old woman not conscious, not breathing - in full cardiac arrest. We all knew what we had to do and moved seamlessly into our unique roles for the 'resus'. The history just didn't make sense - the patient was fine and then suddenly, she wasn't, but had no previous medical issues. I went straight onto chest compressions, pushing hard and pushing fast. I remember Uriel, our ALS, arriving on scene, as well

as Dr Setzer. After some discussion, Uriel intubated the patient. As instructors in the Hatzolah training centre, we teach the rule that the person doing compressions should not check for a pulse; their adrenaline is going, their heart is beating fast from exertion, and there is a chance they could feel their own pulse and not that of the patient. I remember at that time doing a pulse check and saying, "I think I feel a pulse," but asking the team to repeat the pulse check. It was confirmed that the patient had a pulse, but it was weak, so we continued CPR and we got ROSC - return of spontaneous circulation. We treated the patient accordingly, monitoring her and maintaining the pulse while we transported her to hospital. While we celebrated this moment, we still had much work to do. I joined Uriel at the back of the ambulance, and while we continued treating, we began discussing what was going on. What could be the cause? What are we missing?

Going from head to toe, exploring all possibilities of what could be. Trying to identify what could have put the patient into cardiac arrest. Trying to eliminate all possibilities while heading to Milpark Hospital. The symptoms were leading to organophosphate poisoning. Following the protocols, Uriel administered medication and when we arrived, we handed over to emergency department staff. Arriving home after Shabbos came in, to an uncooked chicken, my family had a tuna salad for Friday night supper. It was definitely a call to remember.



GETTING BACK THE PULSE (CONT.)



DAVID JOFFE RESPONDER

It was a 'normal' warm Friday afternoon and I was popping out to get some last minute Shabbos goodies.

I had my Hatzolah radio on and I recall there were two active calls on the go.

While driving, I heard the dispatcher, Lauren, put out a third emergency over the radio and ask if anyone was available to respond. I was in the area so I replied over the radio that I was responding.

I remember the call coming out as a female patient in her thirties, being unwell and negative for all Covid questions; a pretty standard call that usually results in a transport to hospital or an RHT (a form filled out by a patient who does not wish to be transported to hospital). However, this call turned out to be anything but standard! Within a minute or two, I had arrived at the address of the emergency. I parked my car making sure I left sufficient space for the responding ambulance. I retrieved the relevant equipment from my boot and was donning my PPE (personal protective equipment) as I walked into the premises. I must add that due to Covid, our PPE protocols were very strict. At that point, I was expecting to find

an unwell patient and assess from there, so the PPE was a gown, N95 mask and a visor. I was met by a woman, who seemed fairly calm, said the patient was not feeling well and pointed me to the room where she was.

On entering the room, I saw the female patient slumped on the couch and she did not respond to my calling her while I approached her. I immediately noticed that she was centrally cyanosed. I checked for breathing and a pulse and found neither. At that point, Rael (another responder) walked in, as I was letting dispatch know that the patient was not conscious or breathing, and that a resuscitation was in progress.

Rael and I moved the patient from the couch to the floor and I started chest compressions while Rael prepared the monitor and other protocols for a 'resus'.

Rael and I continued the 'resus' until the rest of the team and the ALS (advanced life support) paramedic arrived. Uriel, the ALS, took over running of the scene. His knowledge and experience, coupled with the medical interventions carried out by all the responders on scene, created a positive outcome.

As mentioned previously, this was not our standard call; we have been trained to deal with most situations and what stands out clearly is that you never know what to expect. All you can hope for is that your actions make a difference in someone's life and potentially save that life.

That was my experience this Friday afternoon; we managed to save a life and this call will always be one that I remember.

Your feelings and emotions on the day are always suppressed so you can get on with what needs to be done for the betterment of the patient. It is only after these calls that you try and process what has occurred. This can take weeks or even months, especially as one follows up on the patient's wellbeing and recovery process, which in this specific case, was many months.

So many factors came into play which resulted in a positive outcome. These include the excellent training that Hatzolah provides, quick response times and equipment that allows ALS to implement their exceptional training, experience and skills in order to get the best outcome possible.

This will always be a day I remember, to expect the unexpected and be prepared.

URIEL ROSEN ALS PARAMEDIC

It's Friday afternoon. I'm not scheduled for shift, but working in the office preparing our Covid Wellness Programme for Shabbos. It's a quiet day; only 48 Covid patients require a nurse visit over Shabbos. We have two ambulances manned by full-time staff and one advanced life support (ALS) paramedic on call.

At **12:26** the primary team respond to a call for a 44-year-old who is very unwell and slipping in and out of consciousness. This is the third callout since 09:00 in the morning. They arrive on scene, and I hear over the radio that the patient is stable.

At **13:04** a second concurrent emergency comes out; a 40-year-old female involved in a motor vehicle accident and unconscious. The second full-time team responds to this call. The scheduled ALS responds from the previous call. A few moments later I hear over the radio that the patient is critical.

13:51. I hear a third concurrent emergency for a 37-year-old female complaining of severe nausea and vomiting, experiencing blurred vision and intense weakness. The radio waves ignite with volunteers coordinating who is fetching an ambulance and who is responding directly to scene. I decide to go and service this incident.

On scene, the other responders and I don our PPE; mask, suit, visor and gloves. Two responders are ready first and rush inside. I grab my equipment, walk into the house and someone directs me to the patient.

The nausea and vomiting emergency has now become a full resuscitation; the responders are performing CPR. It takes a few moments to take in the scene, try understand what caused this cardiac arrest. I am confused. What has caused such a young person to die? I can't see any obvious signs.

I lean down by the patient's head and start directing responsibilities. "Guys! She has a chance, push on the chest and don't stop, I'm going to intubate," I say. After 10 minutes of CPR, a responder says: "We have a pulse!" I feel for a pulse and find a strong, bounding pulse. I breathe a sigh of relief but know she's not out of the woods just yet. The question of what caused this cardiac arrest is burning its way through my brain. We continue to stabilise the patient enough to move her, then

carry her to the ambulance.

In the ambulance I notice some strange symptoms and, discussing this with one of the responders, he suggests the possibility of organophosphate poisoning. It's like the lights coming on after loadshedding; a strange presentation of organophosphate poisoning, but it fits and we administer the reversal agent on the way to hospital.

We call ahead to ensure the emergency department (ED) staff know we're en route and are prepared for a very sick patient.

When we arrive, I hand over details of the entire event to the ED doctor and the patient is moved onto the hospital bed. After a while, the team leaves the hospital to get home in time for Shabbos, but I feel compelled to stay and ensure the multidisciplinary team has the full picture, to best manage and treat the patient's condition.

I remember talking to the family outside the ED and for the first time hearing my patient's name as Carly Hurwitz, a mother of young kids. It adds a different dimension of emotions putting a name to a face, hearing what she was doing moments before everything changed. At this point I recall saying a little prayer: "She'd better make it, for the sake of her kids and family!"

I got home after 19:00 on Friday night, sweating in PPE after a five-hour call, but feeling hopeful about a chance of recovery. At 22:00 the physician treating Carly called to clarify some details, confirmed our suspicion of organophosphate poisoning with a blood test result and that early treatment with the reversal agent was probably the reason Carly made it to hospital. I could

not stop thinking of the incredible team of responders on that scene, the mutual respect among us, the excellent teamwork and, most importantly, the "Hashgacha" (Divine providence).

It's 169 days later, my cell phone pings with a voice note from an unknown number. "Hi Uriel, it's Carly Hurwitz, you probably remember me. Thank you and the team for saving my life." Hearing Carly's voice, I felt gratitude to Hashem for affording me the opportunity to have a hand in saving her life.

**“כל המציל נפש
אחת כאילו הציל
עולם ומלואו”
“Whoever
saves one life
saves the entire
world.”**





THE SPIRITUAL PULSE

BLESSING FROM RABBI YECHAZKEL AUERBACH ROSH HASHANAH 2022

“As one person with one heart.”



When our patriarch Jacob, prior to his death, wanted to give a *brocha* to his children, the verse states: “Gather together and I will tell you what will befall you in the end of time.” Although he went on to address each of his children independently, he gathered them all together.

Likewise, when Hashem gave our nation His most treasured and valuable gift – the holy Torah – at Mount Sinai, the verse states in the singular: “Israel camped at the mountain.” Our sages teach us that the Jewish people were united “as one person with one heart”. Hashem would only give us His cherished gift when we, as a people, were prepared to care for and support each other with remarkable dedication and friendship.

Rabbi Sholom Schwadron, the famous Maggid of Jerusalem, once asked a young man to go to a recently widowed woman's home on Seder night and lead the Seder for the unfortunate woman and her many young children.

On the way home from shul, he stopped by to make sure that everything was going as planned. To his dismay, he realised that the young man had not turned up. The widow and her children were sitting around the table and crying.

He immediately decided to join the dejected family and make the Seder for them. He made Kiddush and went through the entire Seder, singing with the children all the familiar songs and bringing joy to the home.

When he finished, he hurried home to begin the Seder for his own family, who were patiently waiting for him. He rushed to eat the Afikomen before midnight and then went on to complete the rest of the Seder until the early hours of the morning. His family, incredibly, understood that the needs of the mourning family came before their own...

Rav Gedalia Schorr zt'l, the first American born Torah personality, was heavily involved in the Va'ad Hatzolah. The orthodox rabbi made intensive efforts to save the Jews in Europe during the Nazi inferno. On Shabbos, he would go from shul to shul, begging people to donate their life savings to help this great cause.

He himself had almost nothing. The one valuable possession he did have was a set of Talmud, which he had inherited from his father, who had inherited it from his father before him. It was a beautiful Vilna Shas, which Rabbi Schorr treasured and used every single day.

He sold the Vilna Shas and donated the money to the Va'ad Hatzolah. To help save the Jewish community in Europe was more important to him than owning the precious pages of his own set of Talmud. We are all one.

The success of our precious Hatzolah has been the extraordinary involvement of many different people from all walks of life, gathering together to contribute their time, energy, knowledge and financial resources for the most noble ideal of saving and healing Jewish lives.





f

We thank all the members of Hatzolah and we are grateful to our dear South African community for their ongoing dedication and devotion to this honourable organisation. May all who do so be granted the Almighty's bountiful blessings for many years to come.

”

QUESTIONS

BACK IN THE DAY



Q: Name?

A: Tanya Joselowsky

Q: Role(s) in Hatzolah?

A: Dispatcher, Crisis Response Unit member, Hatzolah Wellness Programme caller

Q: Year joined?

A: 2002

Q: Why did you join?

A: Someone who was involved in the organisation suggested I get involved. Every shift invigorates me. I feel that I'm making a difference to our community, literally saving lives. The *chessed* within our organisation never ceases to amaze me. It's the calls that go unnoticed; like when someone who lives alone can't get up after a fall. Our responders get out of bed so willingly to go help in the early hours of a cold winter morning. Hatzolah gives to me as much as it gives to the community. That's why I'm still doing this, 20 years later.

Q: Best memory of the organisation?

A: Kurt Darren arriving on stage at the Hatzolah appreciation dinner last year.

I also vividly remember the day we moved over from the dreaded, detailed handwritten forms that we had to fill in and fax to the Hatzolah office. We became digital and received our tablets. It made a huge difference to the efficiency of the dispatch process. Hatzolah keeps evolving with state-of-the-art equipment, protocols and training like no other.

Q: Most difficult call and why?

A: My most difficult call is a personal story. A girl I was really close to, a recovering addict, overdosed and passed away on my shift. Despite following every protocol and dispatching in the correct way, I remember running through that call in mind over and over again. The truth is, calls are not difficult when we apply protocols and manage to stay objective. We are there to take down the facts, mobilise our teams and provide a fast response service. But we can never forget that there is another human being on the other end of the call. And that makes some calls just that much harder.

Q: Message to future volunteers.

A: Hatzolah is like no other organisation. It is a privilege to work with such a dedicated team. I feel blessed to see the results firsthand – selfless volunteers responding to people in need, with really quick response times and a lot of genuine love and care for the patient. I am so grateful to be part of the Hatzolah family.



Q: Name?

A: Doryn Myers

Q: Role(s) in Hatzolah?

A: Responder

Q: Year joined?

A: 2003

Q: Why did you join?

A: Option 1: Climate change and a fascination with whether dinosaur CPR would have made a difference.

Option 2: Car accident outside my apartment block where the car had flipped onto its roof and was blocking the entrance.

I went to investigate the scene, which was quite chaotic. There was an elderly man trapped in the overturned vehicle with the driver - his drunken son - stumbling around. I was frustrated that I had no ability to meaningfully assist with the rescue operation / treatment of the patients. This frustration led me to join Hatzolah shortly thereafter.

Q: Best memory of the organisation?

A: Confidentiality issues prevent disclosure of the best ones.

However, a really memorable one was a successful 'resus'. We responded to a 'collapse' call in Berea, negotiating hectic traffic and some ace taxi drivers. As the lift opens on the 8th floor of the building - we are greeted by a dramatic: "He's gone, he's gone." My partner ran ahead with the ECG monitor while I brought the rest of the equipment.

As I entered the apartment, I witnessed a man slumped in his chair, not conscious and not breathing.

We commenced CPR. We checked the ECG monitor, which indicated a shockable rhythm and proceeded to shock the patient. The monitor was printing an ECG strip prior to, during and after shocking him. The ECG showed an initial fibrillating rhythm, followed by the electrical shock delivered, then the immediate conversion to a normal rhythm. We stabilised the patient, transported him and he walked out of hospital about two weeks later.

Q: Most difficult call and why?

A: A few contenders for this one. Two that come to mind; the first was a double murder-suicide and the second, a 10-year-old school child who got repeatedly run over while crossing the road and subsequently passed away. Not simply the nature of the calls, but the surrounding circumstances and disturbing things noticed on scene, play themselves out in one's head.

Q: Message to future volunteers.

A: Living is more than being focused on yourself alone. Hatzolah provides you with an opportunity to live bigger and uplift yourself and those touched by your efforts.

THESE DAYS



Q: Name?

A: Rafi Jude

Q: Role(s) in Hatzolah?

A: Responder

Q: Year joined?

A: 2018

Q: Why did you join?

A: To be part of something bigger than myself.

Q: Best memory of the organisation?

A: Collective memories of truly making a difference in someone's life.

Q: Most difficult call and why?

A: The calls when there is nothing anyone can do but hold the patient's hand and try to reassure them, knowing the prognosis is poor.

Q: Message to future volunteers.

A: It won't be easy, but it will be worth it.



Q: Name?

A: Tali Ogus

Q: Role(s) in Hatzolah?

A: Dispatcher

Q: Year joined?

A: 2021

Q: Why did you join?

A: I was given the opportunity to come on board as a Covid Wellness Programme caller and then as a dispatcher. The idea of playing a role in saving lives was obviously quite daunting at first, but I felt so humbled to be given the privilege to be a part of such an incredible organisation.

Q: Best memory of the organisation?

A: In my short time being part of Hatzolah I have loved getting to know the people who make the organisation great! Everyone is always willing to help one another out when things get chaotic and everyone is always checking in on one another after a tough call. I knew I had joined a team of unbelievably dedicated people who only want to serve the community in the best way possible.

Q: Most difficult call and why?

A: The toughest calls are those where the caller sounds so helpless on the other side of the phone. You try your best to keep them as calm as possible in what could be their most frightening moment. You put down the phone after the team arrives and think to yourself: Did I do enough for them? What should I have done differently? These thoughts go on for days on end.

Q: Message to future volunteers.

A: In our very first training session, we were asked to write down why we wanted to become dispatchers. These "whys" have stuck with me ever since.

In Hatzolah, every single situation you deal with is unique.

But your "whys" never change. I truly believe that if you know your "why", your passion, commitment and love for the organisation will only grow.

ANSWERS

PULSE

IN CONTEXT HATZOLAH IN SA EMS



DAVE STATON
Hlompark Hospital General Manager

When you think about the world of Emergency Medical Services (EMS), it often brings to mind images of excitement, flashing lights and drama. This is often far from the truth. Paramedics and EMS staff spend the majority of their time preparing, cleaning and training.

In most settings, when an ambulance service was first started, it was crewed by enthusiastic first aiders, usually firemen, whose main focus was to get people to hospital as quickly as possible. In the early 1980s, we saw the first “paramedic” type of training in South Africa. This then developed into a full training programme, with independently functioning out-of-hospital medical personnel.

Within the South African setting, we have a mixture of EMS systems. The government runs provincial based services and there are a multitude of private companies also offering emergency systems. Some of the challenges in having multiple services include poor coordination and sometimes decreased availability. The training required for working in EMS has had a

significant revamp in recent times. Gone are the traditional in-service training courses, which have been replaced by more detailed university styled programmes. The new courses include a one-year higher certificate, two-year diploma and four-year degree option. The reasoning behind changing the qualifications include raising the standard of the qualification in terms of content and standing, as well as alignment with the national qualification structures. The majority of EMS response is provided by full-time employed shift workers, ensuring that there is 24-hour, 365-days-a-year emergency response available. Across the world there is also a proud tradition of volunteer or community-orientated EMS groups, where local groups form to take care of themselves.

Globally, one of the most recognisable volunteer EMS systems is Hatzolah (also known as Hatzalah/Hatzoloh/Hatzola). Initially established in the USA in the 1960s, it grew into a global entity, where local community responders can provide emergency care within a very short time.





One of the earliest identified volunteer organisations is Magen David Adom in Israel, which was formed in 1930. Interestingly, there are some mentions of a similarly named volunteer first aid group in South Africa, from around 1899, formed by Ben Zion Aaron in Johannesburg. In the South African context, there are a variety of well-known volunteer EMS organisations. One of the first to run a formal modern paramedic programme was the Hour Bay EMS, founded in 1992. Shortly thereafter in 1998, Hatzolah was launched in Johannesburg, linked to a global growth of the organisation in multiple countries.

Today, Hatzolah in Johannesburg provides a modern and effective ambulance and emergency service, staffed by professionally trained paramedics and ambulance staff, and fully registered with the provincial licensing authority. The vehicles and equipment are world class, with a dedicated call centre. It operates a dual tiered system, in that it relies on volunteer paramedics within the community, coupled with a more formal full-time ambulance and paramedic response. The organisation also provides training in first aid and hosts refresher training for its volunteers.

Hatzolah functions as a vital service within its community, and enjoys strong support from the population that it serves. Through links with other EMS and hospital systems, Hatzolah ensures medical emergencies within its area of care are well managed and life is preserved wherever possible.

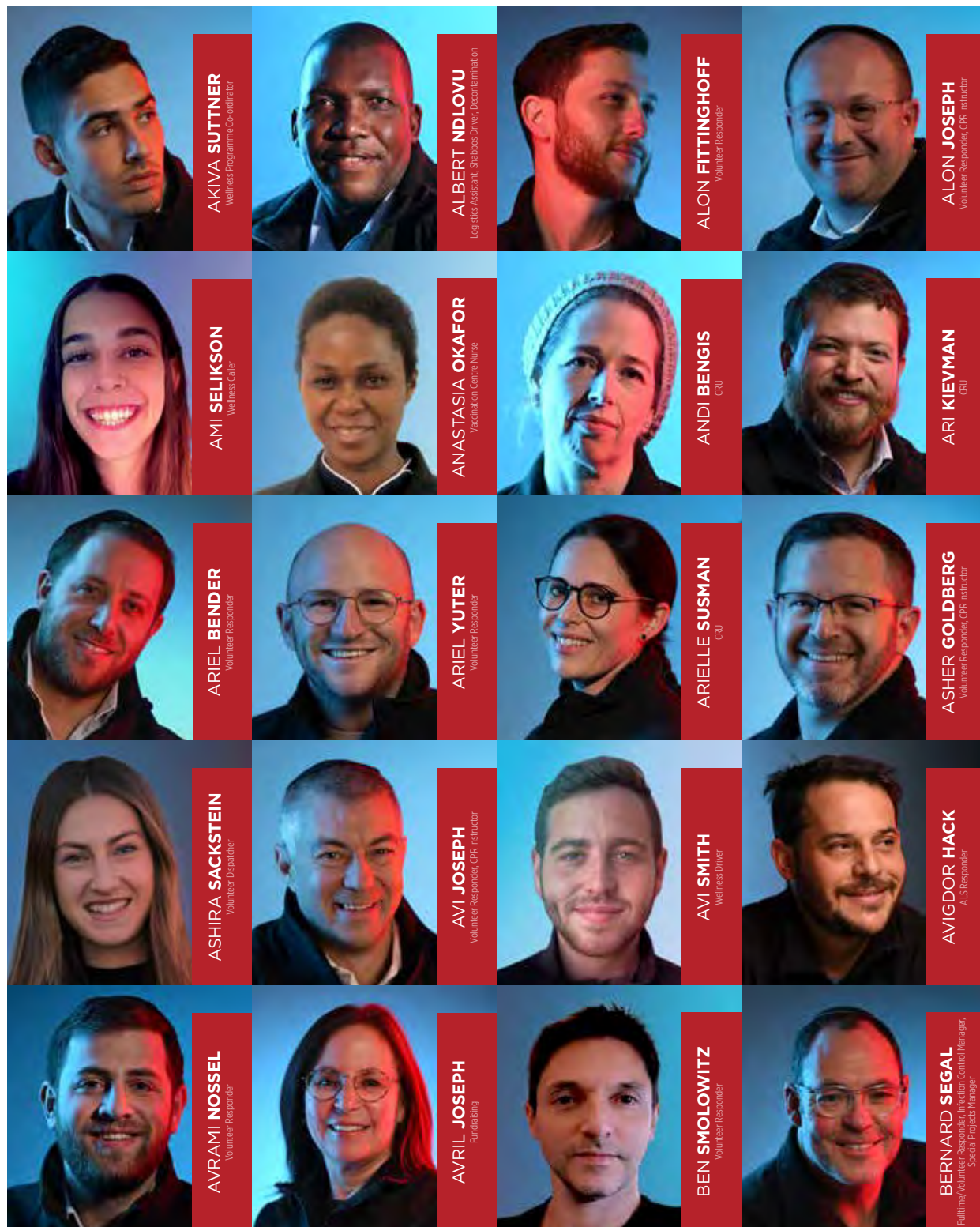


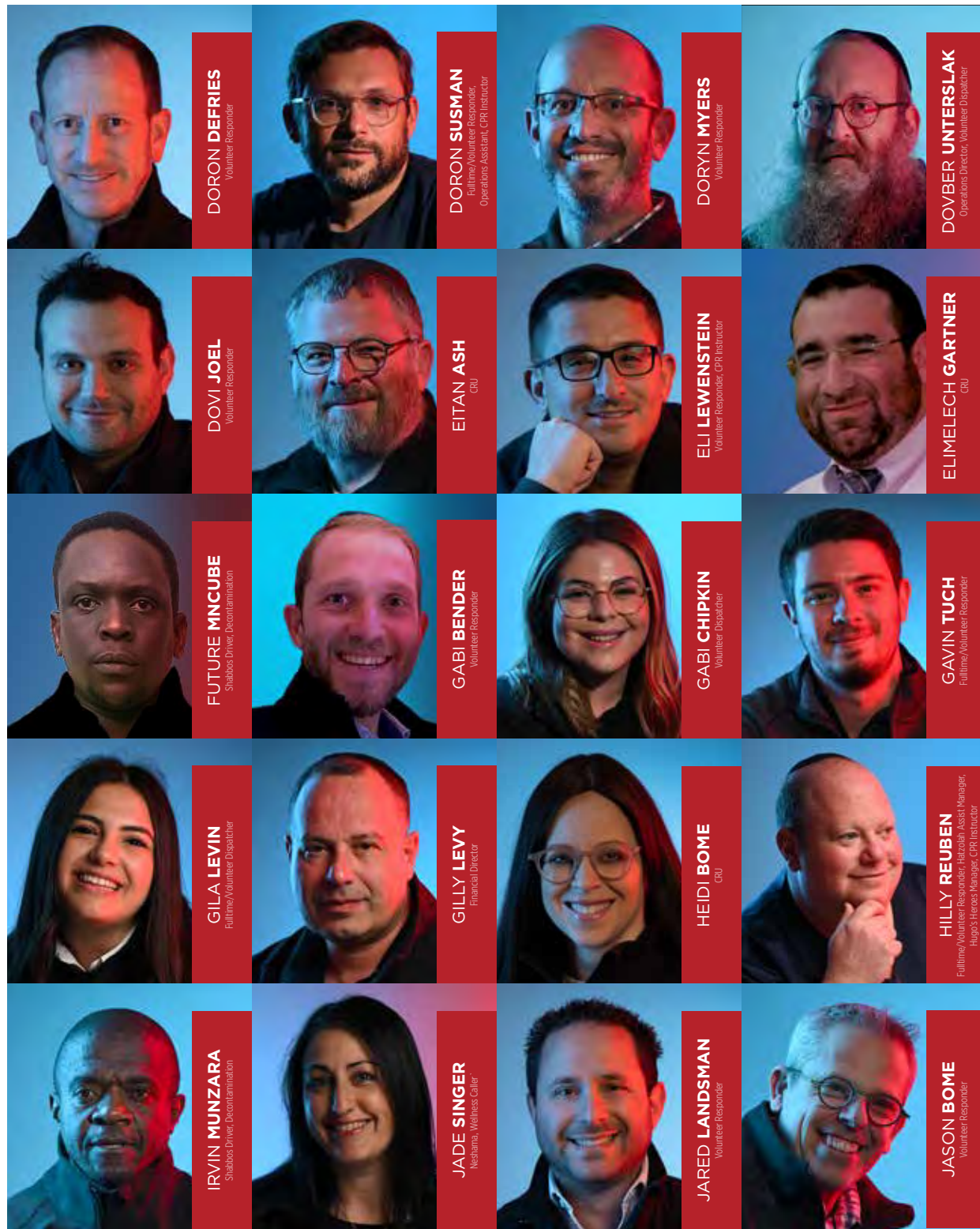
RESPONDER'S VEST

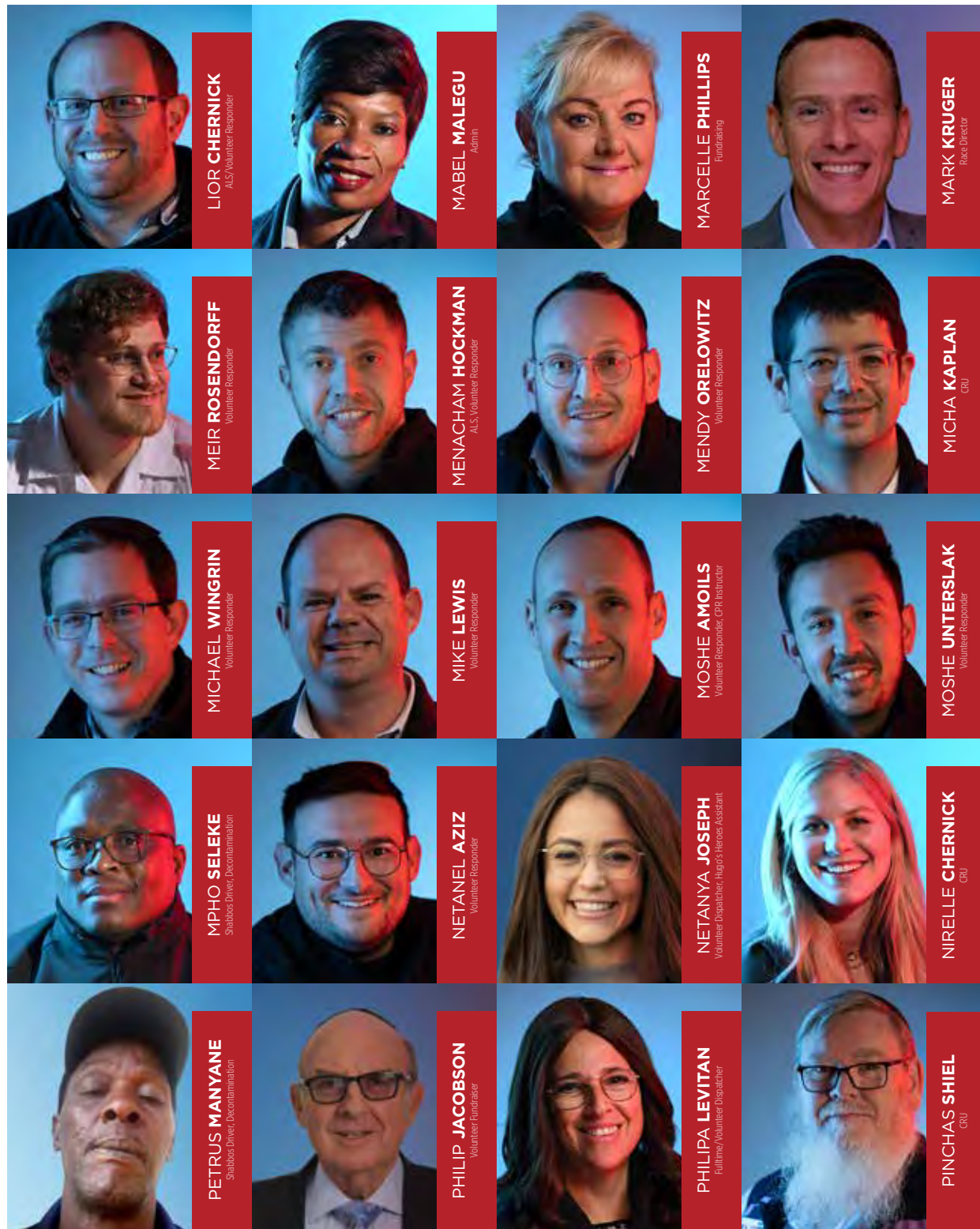
THE FOLLOWING IS AN EXAMPLE OF WHAT A HATZOLAH RESPONDER MAY CARRY.

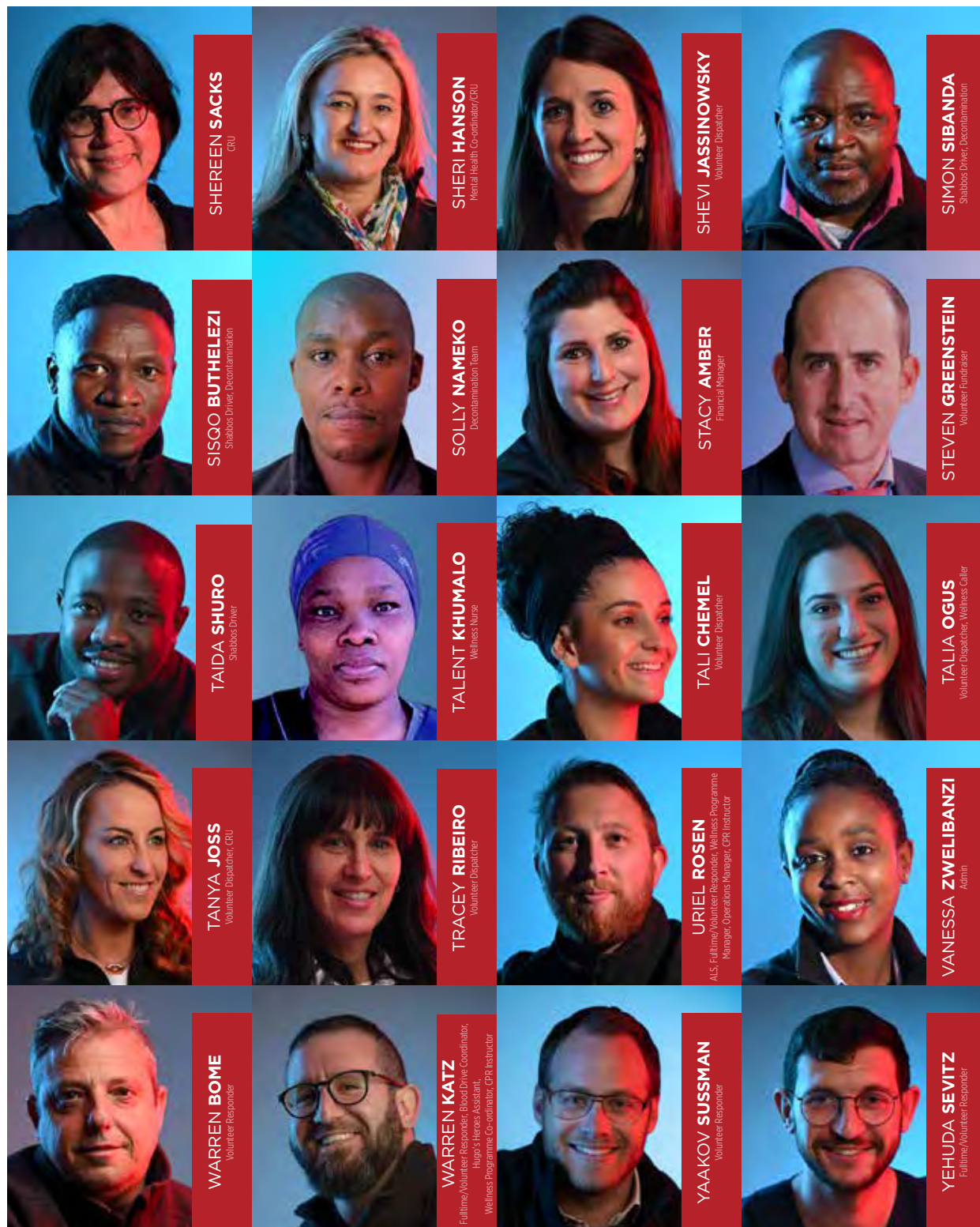


WHO MAKES THE PULSE









YONAH EMANUEL
Volunteer Responder

YONATON MOFFSON
Volunteer Responder

YONI MINDEL
Volunteer Responder

YOSEF SHISHLER
Volunteer Responder

A BIG THANK YOU To All The Volunteers Who Worked On The Wellness Programme & In The Vaccination Site

Adina Seeff
Ami Selikson
Bati Setzer
Brocha Melnick
Darren Kozinsky
Eitan Chipkin
Eitan Kabatznik
Ethan Kahlberg
Gabriella Segal
Galia Ronthal
Galya Kangisser
Jayde Ronthal
Jessa Marx
Josh Winer
Kara Gordon
Kayla Diamond

Kiara Rosena
Kira Katz
Kira Levy
Lauren Gruzd
Lior Ronthal
Michal Chipkin
Michael Sher
Michal Gershuni
Naftali Urison
Natanya Palay
Penina Herring
Shira Katz
Shira Sacke
Tali Ogus
Tayla Fransman

Rachel Unterslak
Rivka Kirsh
Sara Malka Tanzer
Shifra Tocker
Suri Gochin
Tehilla Meyerowitz
Yocheved Diamond

Adam Grant Statthaler
Adir Avraham Lurie
Ahron Shull
Alon Benjamin
Binyamin Taback
Dov Simcha Zaiden

Eliezer Goldman
Gadi Feinblum
Gavriel Levin
Yaakov Smith
Yehoshua Gerson
Yehuda Simcha Salzer

Yona Baum
Yonatan Joffe
Yoni Hurwitz
Yossi Shaw



HATZOLAH MEDICAL EQUIPMENT GEMACH

For the short term loan of medical equipment.

Hatzolah maintains a gemach for the **free lending of medical equipment. Our inventory includes:**

- Motorised Shabbos Scooters
- Moonboots
- Commodes
- Wheelchairs
- Walkers
- Canes
- Crutches
- Bathroom equipment, and more.

If you need to borrow any of these items, please call the number below.

HATZOLAH MEDICAL GEMACH NUMBER

0860 004 666

IN LOVING MEMORY OF ROBERT KROPMAN

WHAT'S IN THE AMBO

THESE ARE EXAMPLES ONLY OF WHAT MAY BE FOUND IN A HATZOLAH AMBULANCE





LIFE SUPPORT

1. Cardiac Monitor & Defibrillator
2. Medical Oxygen
3. Nitrous Oxide
4. AutoPulse
5. Blood Pressure Cuff Set
6. Burn Shield Pack
7. Suction Unit
8. Automated External Defibrillator
9. Medical Sundries
10. Fluid Warmer
11. EpiPen

EXTRICATION

12. Stretcher
13. Scoop Stretcher
14. Traction Splint
15. Spinal Immobilisation Set
16. Pedi-Sleeve
17. Pillow & Blanket

SAFETY & TOOLS

18. Road Cones
19. INSIDE BENCH
 - Helmet
 - Reflective Vests
 - Tool Pack
20. Spotlight
21. Fire Hydrant

FINDING THE PULSE



Hatzolah
GAP YEAR
360

Hatzolah's primary function is to service the pre-hospital medical emergency needs of our community. We have a full-time team who work day shifts Monday to Friday. All other shifts are serviced by our committed and dedicated volunteer responders. We currently have 10 full-time responders and 53 volunteer responders.

Prior to 2017, the Health Professions Council of South Africa (HPCSA) ran diploma courses whereby one could qualify as a basic ambulance assistant (BAA), or as an ambulance emergency assistant (AEA). These courses could be done full time or part time and were suitable for volunteers with other commitments. Unfortunately, from 2017, the HPCSA no longer accepted these diplomas and moved to a full-time only course structure, which may not suit a volunteer.

Hatzolah has been working for some time with one of the local universities to get a part-time 18-month paramedic degree up and running. We are hoping to be able to send participants on this course from July 2023. In the meantime, we are offering to send future Hatzolah volunteers on a one-year full-time course as detailed in the advert.

Many of you have witnessed or are aware of the unbelievable commitment and effort that our responders have put in over the last two and a half years. The team has been running tirelessly day in and day out to serve the community.

We are looking for passionate individuals who want to join our team and make a difference. Responding saves lives. We will grant the selected candidates full bursaries to qualify with a Higher Certificate in Emergency Medical Care, while at the same time earning a salary. Thereafter, you too can be part of this amazing team serving our wonderful community.

Please email us on hatzolahgap360@hatzolah.co.za



DARREN KAHN
Executive GM

CHANGE YOUR LIFE & THAT OF OTHERS

If you're passionate about making a difference, join the Hatzolah Gap360 Programme.

You'll be granted a FULL BURSARY to qualify with a Higher Certificate in Emergency Medical Care, EARN a monthly salary, and have the opportunity to WORK alongside our medical team.

Programme starts January 2023.

Applicants must be male, Shomrei Shabbos, kosher, available for 1-year full-time, have a matric certificate, remain committed and respond for Hatzolah for 5 years thereafter.

Hatzolah
GAP YEAR
360



For further information Email Hatzolahgap360@hatzolah.co.za

WHERE WE ARE **IN 2022**





MEDICAL RESCUE

EMERGENCY AMBULANCE SERVICE | GAP YEAR 360

CARING FOR LIFE

MEDICAL GEMACH | BLOOD BANK | HATZOLAH CARES ABOUT MOMS
CRISIS RESPONSE UNIT | EMOTIONAL SUPPORT LINE | HATZOLAH CONNECT

TRAINING FOR LIFE

TRAINING CENTRE | CPR COURSES | BLS FOR HEALTHCARE PROVIDERS
HUGO'S HEROES

INITIATIVES

LIFE2LIFE | BLOOD DRIVE | SHABBAT HOSPITALITY | QR CODE | AID CALL
HOSPITAL FOOD CABINETS | ECG PROJECTS | AED BOXES | STOP THE BLEED KITS

COMMUNITY & EVENTS

HOPE TAKES HELP | ANAPHYLAXIS | DON'T TEXT AND DRIVE | SEIZURE FIRST AID
RECOGNISING A HEART ATTACK | BUCKLE UP | SAFETY TIPS FOR WINTER

CYCLE TOUR | GOLF DAY | POKER EVENING

LIFE TO LIFE KIDNEY



When Gerald Farber (73) was diagnosed with renal failure 10 years ago, he never could have predicted the miraculous events that would follow. Gerald had become reliant on dialysis, a process that was keeping him alive but was very time-consuming. About six months into his dialysis treatment, a close friend of Gerald's told him about a breakfast that she had attended for an organisation called Life2Life. And suddenly the idea of a kidney donation, which was simply a remote, speculative option, became a real possibility and ultimately a reality.

Founded seven years ago, the main goal of Life2Life, a project of Hatzolah, is to educate and raise awareness about blood and organ donation primarily within the South African Jewish community. This includes the donation of blood, platelets, bone marrow, kidney donation and organ donation from a deceased person where appropriate. The organisation was born out of the need to find a kidney for a community member who had gone into renal failure. About 12 years ago, Aubrey Friedman was diagnosed with acute kidney disease. As he slowly started to deteriorate, the search for a possible kidney donor began, but none of his family members were matches. In a bid to help, Hatzolah started the Life2Life programme, which tried to find a community-based donor for Aubrey. When this proved difficult, Life2Life teamed up with Renewal in New York, to search

further afield. Miraculously, he was matched with a man in New York, who donated his kidney to Aubrey.

For Aubrey's son, Rabbi Mark Friedman (41), the experience was life-changing. "I knew the effects of dialysis. My father went into renal failure and suffered for years. He was constantly sick and had no quality of life. He would have dialysis three times a week for hours and would feel terrible. There was despair and a lack of hope because there's this feeling that you are living on borrowed time and the clock is ticking," says Mark. "No one needed to convince me that I needed to be that hope, that change for someone. The transplant saved my dad's life and completely transformed my family's life. Doctors told my father he didn't have much longer to live. The transplant has given us years of life with our dad."



"The experience has forever changed both our lives."



Life2Life was founded on the principle in Jewish thought that a person who saves a life saves an entire universe. This principle is fundamental in Jewish thought and overrides almost every other commandment, such is its centrality. It was with this in mind and Mark's desire to pay his father's donation forward that he volunteered to become an altruistic kidney donor.

Miraculously, through Life2Life and Hashem's Divine hand, Gerald and Mark were paired as a perfect match. After much testing and some delays due to Covid, the



GETTING THE KIDNEY TO HAVE A PULSE

men finally met hours before their operation on 15 November 2021. It was emotional as Mark was ushered into Gerald’s ward at the Wits Donald Gordon Medical Centre, to meet the recipient of his soon-to-be-donated left kidney. They embraced before they were both wheeled into the four-hour-long surgery.

Unlike other diseases that are incurable, kidney disease can be treated extremely successfully, and through kidney donation, a person is given a new lease on life. “We are all born with two kidneys,” says Gerald. “We only need one to survive. There is something remarkable about Hashem designing us in a way that a kidney can be transported from one body and used in another. It’s a true miracle of creation. And when you understand and appreciate the hope that you can give to others, it’s an act of such magnitude that it’s actually indescribable.”

“My father always gave us the impression that he was fine,” says Mark. “But he told us after his transplant that in spite of putting on a brave face, he was losing hope. When a complete stranger gave my father one of his kidneys, it saved his life and changed ours forever. This act of selflessness inspired me to pay it forward. This is my way of closing the circle.”



“We are all born with two kidneys, we only need one to survive. There is something remarkable about Hashem designing us in a way that a kidney can be transported from one body and used in another. It’s a true miracle of creation.”

Almost 10 months later, both Gerald and Mark are doing well.

“It has given me a new lease on life,” says Gerald. “It has changed me physically, emotionally and spiritually.” Both families have forged a strong relationship, which added an extra dimension to their incredible shared experience.

“Within two weeks post operation,

I was doing fine,” says Mark. “The experience has forever changed both our lives.”

There are still other recipients who are in need of kidney donations, who unfortunately have not yet been able to find a match. If you think you could fulfil the mitzvah of saving a life and become an altruistic kidney donor, please reach out and contact Life2Life

info@life2life.org.za

Written by Robyn Shapiro



PULSE

PROJECTS

BLOOD DRIVE 2022

Megan Riesenbarg had given blood a few times. However, when she found out that her grandfather, a long-time blood donor, was no longer able to continue, she decided to become a regular donor in his honour. Since 2016, Megan has donated blood every two months unless circumstances preclude. Megan says: "It's an effortless kind deed which can make a huge impact." She adds that there is no better mitzvah than saving lives... and this without a doubt certainly does. Megan regularly attends the Hatzolah blood drives, which she describes as similar to other donation sites. Iron levels and blood pressure are checked and paperwork is completed. "However, here, the vibe is different. You are surrounded by friends. Same service but at 'home'".

Warren Katz, full-time responder and blood drive coordinator, shared that thus far in 2022, there have been four blood drives at Hatzolah, with 776 pints donated. Another two drives are scheduled still for the year. Debbie Forster of the South African National Blood Service (SANBS) appreciates how many people have attended the Hatzolah blood drives since its inception in 2021. With the severe blood shortage, each time a pint of blood is donated, it is a lifeline for the broader South African community. She says the SANBS team



love how organised the events are, especially with pre-booked slots making it more efficient.

She encourages the community to be aware of apheresis and source plasma donation. Any 'A' or 'AB' blood-type donors come to a donor centre, and, with specific machines for the donation, it requires a slightly longer time commitment than a normal donation.

Debbie reiterates: ***"Whatever you are able to donate, always remember that this small act WILL save a life."***

Written by Warren Katz



BEHIND THE SCENES - THE NESHAMAMA PROJECT

Looking back a couple of years, no one could have prepared me for being a "Hatzolah wife". Hearing the radio going off at all hours of the night, my husband running out on calls or waiting for him to come home to finish our Shabbos meal. On the flip side, the tremendous sense of meaning I feel knowing my husband is part of this incredible team, doing such important work. This is something that only other responders' wives could truly understand. Neshama has created a space for Hatzolah spouses to connect, laugh,

share experiences and feel supported and appreciated. Thank you to the coordinators Jade and Lindsay and all those involved in Neshama, for all the love and care. Thank you for spoiling us throughout the pandemic and acknowledging us in so many special ways. The thoughtful messages, gifts and get-togethers have made me feel so much a part of the Hatzolah family. It is a privilege to be part of this special group.

Written by Dina Joseph

ECG PROGRAMME

When a teenager presented at the emergency room with cardiac abnormalities and did not survive, Dr Reuven Jacks, Hatzolah's medical director, felt this could have been prevented with simple cardiac screening. He believed it essential for Hatzolah to screen every Jewish high school learner by 12-lead ECG (electrocardiogram) to prevent similar tragedies.

Sudden cardiac death in adolescents (SCDA) can occur within a few minutes of symptom onset, but is extremely rare and completely preventable. An ECG is a quick and simple test used to evaluate the heart rate, rhythm, strength and timing of electrical impulses. ECG changes can signal many heart-related conditions.

Supported by the Hatzolah board and Darren Kahn, Avigdor Hack, advanced life support paramedic, implemented this project at Jewish day schools in 2018, prior to the Covid pandemic. In 2022, over 1 300 students were screened by male and female nurses for modesty requirements, while schools provided discreet screening areas and ensured that parents had signed consent forms.

Avigdor related that of 1 300 ECGs analysed by himself and Dr Ephraim Dove, 15 were sent on to cardiologist, Dr Nachie Levin, for further analysis and three

patients were seen by Dr Levin. One case is still under investigation.

Avigdor said the community response was one of appreciation, with excellent uptake at the schools.

A catch-up day is planned at Hatzolah House on October 24th, for anyone who was not screened during the time or for students who attend other schools.

Written by Avigdor Hack



NATIONAL HEIMLICH MANOEUVRE DAY 2022

Meira Crouse and Eva Trope, Yeshiva College Hugo's Heroes (HH), were researching what to do with their Environment and Advocacy school committee. They explored the national and international days of awareness and came across International Heimlich Manoeuvre Day, which takes place on the 1st of June. They were inspired. The Heimlich manoeuvre is essentially an abdominal thrust where you place your fist slightly above the navel of a person who is choking. Then, with your other hand, you grasp your fist and shove it inward and upward to expel the object on which the person is choking. This was something they themselves had learnt when completing the Hugo's Heroes training and they felt that it was a perfect opportunity to share this knowledge with their school and beyond. They contacted Hilly Reuben, their HH

trainer, who, together with the Hatzolah training centre, arranged to have manikins sent to their school and every other school associated with Hugo's Heroes. The students then used this day to teach their fellow learners what to do when someone is choking - both practically on a manikin as well as visually through a PowerPoint presentation. The training centre then expanded the awareness campaign to the community with powerful flyers and the offer of discounted course rates on the Family and Friends CPR courses when signing up on that day. These young students have learnt lessons in leadership by sharing their knowledge and skills, and really felt that they made a difference. In Crouse's words: "We created awareness by teaching people, which in turn has the potential to save a life."

Written by Hilly Reuben

HATZOLAH VACCINE SITE

Hatzolah was granted approval by the Department of Health to open its vaccination site in July 2021. Covid protocols and adherence to government regulations were of utmost importance. Hatzolah’s medical manager Yudi Singer, tasked by the Hatzolah Board to lead the project, gratefully acknowledges Discovery, Netcare and the Health Department for helping to ensure its success.

Distinctive signage identified the site in the heart of the community, but its reach extended far beyond, with people travelling from outlying areas to be vaccinated at this warm and well-run site.

Numerous Facebook posts attested to this:

“An amazing organisation. Efficient, warm, friendly and well organised. I was super impressed. Thank you, Hatzolah.”

“Hatzolah was amazing! Had to wait for enough people to come (5) so they don’t waste a vial, but was probably a 40-min wait. Efficient and friendly.”

Many enthusiastic volunteers and employees processed long lines of people, queuing patiently and respectfully. The busiest days saw over 1 000 vaccines administered. We were fortunate to vaccinate homeless people, bus-loads of company staff and even Pikitup collectors detouring on their rounds.

Lauren Rubin, Hatzolah training centre manager, says: “Who knew that 1 year after volunteering at the vaccination site, my life would have done a 180? I’ve been blessed to become part of the most unbelievable family and love what I do every day!”

Another regular volunteer remarks: “What a humbling experience to volunteer for our heroes at Hatzolah. In a time where we felt helpless, you gave us an opportunity to give back. Thank you!”

The site, currently managed by Chani Singer, employs high calibre nurses and volunteer medical professionals as vaccinators. Stringent regimens were followed to

COVID-19 VACCINATION DRIVE

ensure accurate drawing and dosing. Strict quality control and high-end monitoring equipment provided management of required temperature ranges for the vaccines.

Darren Klotnick, a dentist, reflects, “Being part of a historical project with Hatzolah was truly an honour! Vaccinating at a site so geared to caring for the community, feeling part of the Hatzolah family, made it even more special to give back to my community and the community at large.”

In just over a year, Hatzolah has administered more than 50 000 vaccinations; in-car or at home when necessary, as well as off-site outreach to corporates and Jewish schools, enabled by an almost unique transport licence.

Written by Robyn Kahlberg



We all have those times
in our lives, where we
feel helpless and alone.
So don't be afraid
to connect, we're
here to help.

Your safe space to
say what you need to.



Yes, i do want
to chat..... ✓✓



 **HATZOLAH**
Connect



Chat to our Hatzolah Connect counsellors on our secure and anonymous chat line. Whether it's trouble with school, at home or feeling down and lonely, let us help you sort things out.
You are not alone

Follow us on

 @hatzolah_connect

 @ConnectwithHatzolah

 bit.ly/HatzolahConnectChat

 Talk to 44918

 **HATZOLAH**
CARING FOR LIFE


HATZOLAH
CRISISRESPONSE
UNIT

CARING FOR LIFE

PULSATING MINDS

A REFLECTION OF

MENTAL HEALTH

IN THE SOUTH AFRICAN JEWISH COMMUNITY

O N E T E A M O N E P U L S E

Mental health issues affect ordinary, everyday families. Stress, burnout and loss are the most significant factors contributing to poor mental health. These include financial loss, loss of loved ones through death or emigration, loss of identity or even loss of expectations. These losses and stresses tend to compromise one's quality of life and impact on day-to-day living experiences.

The results are numerous, causing one to become less functional, less engaged, less motivated, less confident, more irritable, more anxious and more distressed. The costs of poor mental health are high, but prioritising mental wellbeing is low. Perhaps this is because the symptoms are less obvious. However, this doesn't mean that professionals take them less seriously. The key feature is to be aware of what poor mental health looks like, and treat it.

What does poor mental health look like? What are the symptoms?

No single symptom defines poor mental health. It's a combination or cluster of criteria that include:

- **Poor concentration**
- **Worrying more**
- **Doubting more**
- **Low mood**
- **Feelings of emptiness**
- **Feeling overwhelmed by day-to-day activities**
- **Somatising: physical symptoms which have no confirmed physical diagnosis**
- **Extreme feelings of guilt**
- **Irritable mood**
- **Aggression**
- **Sleep disturbance**
- **Change in eating patterns**
- **Extreme lack of energy**
- **Finding it difficult to regulate emotions**

What gets in the way of both identification and treatment?

There is a stigma associated with mental health issues. It is more likely that one will disclose a physical condition than a mental health one. Any of the above mentioned symptoms can be interpreted as signs of weakness, incompetence or even "princess behaviour". There is also a possibility of gender bias, where women will be allowed more leeway in presenting with vulnerabilities or emotional reactions than men. It is more likely that children will be asked to keep a

parent's mental health issues under wraps. And yet, it is the level of support that adults and children receive that will sustain them through difficult and challenging experiences.

There's a common myth that childhood is stress-free. However, statistics show that suicide is the fourth leading cause of death among 15-19 year olds (WHO). Globally, it is estimated that one in seven (14 %) 10-19 year olds experience mental health conditions, yet these remain largely unrecognised and untreated.


How do we promote mental health?

Dr Debra Sichel (a Harvard Medical School professor of psychiatry and neurology) and Driscoll (a clinical nurse) point out the value of nutrition, understanding, rest and relaxation, spiritual support and exercise (N.U.R.S.E) to manage stress and promote self-care (Woman's Moods; D. Sichel and J.W. Driscoll).


Overall, millions of people globally are affected by mental illness each year. But knowing you are not alone and that there is treatment, support and kindness goes a long way towards recovery.

Written by Sheryl Cohen






The Crisis Response Unit is trained in psychological first aid and assists family members, patients and others who are involved in traumatic medical scenes. It aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event.



Hatzolah Connect is a safe and anonymous text helpline, dedicated specifically to adolescents and young adults. We all have those times in our lives where we feel helpless and alone. Don't be afraid to connect, we're here to help.



We know that pregnancy and childbirth can be daunting, so we have put together a mom's bag to help you on your parenting journey. If you're an expecting mom, sign up by emailing Sheri@hatzolah.co.za and receive one of our Hatzolah mom's bags. We will be launching a Post-Partum Wellness Programme towards the end of the year. Follow us on social media for more details on this exciting initiative.



HATZOLAH EMOTIONAL SUPPORT LINE

IS HERE TO SUPPORT YOUR
MENTAL AND EMOTIONAL
WELLBEING!

Recent events in South Africa have left most of us shocked, concerned, and stressed out – to put it mildly. And while there are many people who are facing physical recovery because they have contracted COVID-19, there are many others who are mentally struggling with what is happening.

IF YOU ARE FEELING:

- ✓ anxious
- ✓ overwhelmed
- ✓ worried
- ✓ confused
- ✓ scared
- ✓ the need to talk to someone
- ✓ too isolated and alone
- ✓ depressed

**EMOTIONAL
SUPPORT LINE**



010 140 3270

Our operating times are 7am – 10pm daily.

Our trained counsellors are here to help you! Hatzolah's Emotional Support Line is specifically tasked with the responsibility of seeing to a patient's mental wellbeing. You can rely on our expertise and professionalism when you or a family member need emotional and mental support during this challenging time. **Ask for help when you need it - turn to the organisation that's always been there for its community.**

*Disclaimer: if there's an immediate threat to your life or wellbeing, please call the Hatzolah emergency number on 083 222 1818.



FUNDING THE PULSE POKER EVENING

2022



When Antony Meltzer celebrated his birthday this year, he was accompanied by 350 people at the newly revamped Investec auditorium, to sing 'Happy Birthday' and share a *le'chaim* over his surprise birthday cake. They were all joining Investec in raising funds for Hatzolah, playing a game of poker and having a great time.

Steven Greenstein and Mark Uria originally approached Adam Orlin, Romain Orlin and Antony while they were with Blue Strata, to assist in creating an event that would be different from other fundraisers in the market. Something fun. Something exciting. And something different. So began the journey of Hatzolah Poker 10 years ago. The event moved to Investec with its purchase of Blue Strata, and the newly formed Investec For Business happily agreed to continue sponsoring and backing the fundraiser. This year, it was a great opportunity for Investec to showcase its magnificent new facilities to many of its private banking and business clients, all while generously supporting such a worthwhile cause.

Sadly, this year's event became that much more personal and emotional for the Investec staff and other participants, as they honoured Julie Treger z'l, who had worked at Investec for 20 years. An additional donation on the evening showcased the work done specifically by teen support line, Hatzolah Connect - something many felt would have resonated deeply with Julie, in the way she truly cared for and gave to all those around her.

So why is this poker event still so popular after 10 years? Antony believes that, firstly, it is because Hatzolah is so well regarded both from within and outside the community. There are so few who would not support the organisation. Secondly, over the years, no expense has been spared to keep the evening fresh and make it memorable for every participant, attracting people to return year after year.



FUNDING THE PULSE POKER EVENING

2022



What also resonates is that the donors are the potential recipients as well. People became much more cognisant during the pandemic of how much Hatzolah does, as so many were directly affected. The way it has evolved has ensured that it continues to save lives in so many different ways. Hatzolah's impact is felt far beyond the Jewish community and Investec associates with the organisation in line with its ethos of living in, and not off, society.

Antony feels that the Hatzolah poker evening is definitely one of the most successful and enjoyable fundraisers on the communal calendar. This is in no small measure due to Steven, and the dedicated hard work and strict attention to detail of events coordinator, Sharon Newfield, and her assistants. It is professionally run with a slick poker format, delicious food and extremely good alcohol, which "definitely led to a few sore heads the next day". Fantastic prizes were a definite bonus.

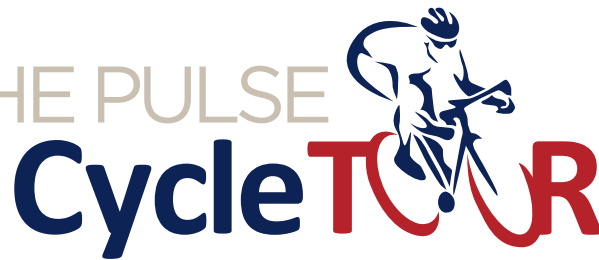
In all the years Antony has been involved, he feels the event has remained energised and exciting and a firm personal highlight of his year. He looks forward to Poker 2023.

Written by Ronit Janet



FUNDING THE PULSE

Written by Herschel Jawitz, he cycled in October 2021. These are his reflections on the remarkable tour.



C A P E I N V A S I O N

Hatzolah's cycle tour brings freedom back.

I've never thought of us as the invading type, we're more "People of the Book". But for five amazing days, even if only in our own minds, we invaded the roads of the Overberg region on the 2021 Hatzolah Cape Invasion tour.

As a first-time invader, and yes, I have to say it, in a COVID-19 year, I wasn't sure what to expect and how I would feel being in a hotel for five days with a group of guys, many of whom I didn't know, and riding in a mask-less peloton. This was in addition to the real fear of whether my "pins" (legs) would hold up for the 500km of riding and more than 5 000m of climbing that was necessary to claim a full invasion.

What I hadn't taken into account was the "Hatzolah factor". Here is an organisation whose mission it is to care, keep our community safe, save our lives when called on to do so, and in doing so, help create "a future that looks brighter together".

In some respects, the riding was secondary. The operation to keep the invaders safe in all aspects was

the real show and the stakes were high for Hatzolah, which has been our knight in shining PPE suits throughout the pandemic. And what a show it put on! Led by rosh riding Mark Kruger, rosh logistics, and anything else you could think of, Sharon Newfield and rosh medical Yudi Singer, the Hatzolah team of Bernard Segal, Justin Gillman, Albert Ndlovu and Sisqo Buthelezi were simply exceptional. I can tell you from personal experience that to have Bernard following you in a red ambulance and then pull up next to you and offer you a "red ambulance" (an ice-cold Coke) when you've been dropped by the group, is really quite remarkable. As were the unbelievable marshals who worked the traffic and kept us moving safely in every direction, and our bike mechanic, Sylvester, who kept our Dogmas, Canyons and Treks rolling smoothly on the open road. An essential function for a group full of Jewish bike mechanics.

The riding too was exceptional. From the spectacular descent into Gordon's Bay to the golden fields of the Hemel-en-Aarde Valley, from Pringle Bay to Villiersdorp and Hermanus, we were treated to the best of our beautiful country.



FUNDING THE PULSE

CycleTOUR



One of the biggest challenges for the invaders, on top of riding and climbing, was to return from the invasion weighing less, and not more, than when we started. Avron of Avron's in Cape Town made sure that was almost impossible. The food was top class. How do I know? No one complained.

Not everything was smooth sailing. On day three, one of the more accomplished riders in the group, who was beginning to glow like a lava lamp, discovered that he had been shmeering himself with sanitiser and not sun block. But even that was quickly fixed.

And just when it couldn't get any better, it did. Each evening, we were treated to a virtuoso performance of Pavarotti, Bocelli and beautiful *chazonis* from one of the - actually probably the only - multi-talented riders on the tour, Ezra Sher.

I almost forgot. How do you know you've got Chabadniks on the ride? You have a shul set up, complete with a Torah, and guys lining up to put on *tefillin* in the morning. Love it!

From the COVID-19 tests that were required from all riders prior to arriving at Arabella, to the dedicated dining area, to the support teams and the riders who made up the invading party of 2021 in a COVID-19 year, it almost felt normal. Like we were back.

The 2021 tour was as much about the riding as it was about reclaiming just a little bit of our freedom that was taken away from us over the previous 18 or so months. As a result of the Covid pandemic the Hatzolah cycle tour did not take place at the scheduled time. Instead it was pushed to later in the year. It was about being careful, which allowed us to be carefree. It was about being part of a remarkable community of riders supporting the remarkable organisation that Hatzolah is. There aren't many quotable quotes when one thinks of Arnold Schwarzenegger, but when it comes to the Hatzolah Cape Invasion for 2022, one springs to mind. "I'll be back!" May the wind be at our backs.





YOUR LIFELINE

FOR MEDICAL EMERGENCIES CALL

083

222

1818

Don't waste time, seconds save lives.

HELP IS ON THE WAY

Hatzolah Medical Rescue • Treatment Excellence • Unsurpassed Response Times

MENACHEM S REVIEW

MOVIE NIGHT ▶



We challenged Dr Menachem Hockman, medical doctor and ALS responder for Hatzolah, to review a short sequence from the popular series Grey's Anatomy in order to rate its accuracy and authenticity, based on his experience. He watched a section of season 6, episode 6 with interest and here is what he had to say.

Firstly, the scene shows a witnessed cardiac arrest which sounds as if it was from a trauma. This is less likely to be dealt with by Hatzolah on the road and more commonly found in a hospital setting. In the sequence, we see many of the procedures that Hatzolah would conduct on scene, had already been done. The patient was already connected to monitors and already had an IV (intravenous) line inserted. This makes it quite different from when we arrive on a scene and still need to complete these tasks.

That being said, this situation is quite unlikely. We watch the patient go into cardiac arrest. Dr Torres is looking at the rhythms on the monitor and calls out: "He is in V-Tach." This is a specific rhythm thatn, can be seen on an ECG (electrocardiogram). It is associated with cardiac arrest - when the heart stops beating. This was in fact quite accurate as V-Tach is a shockable rhythm. Very often in other shows, we observe a flat line on the monitor. This is known as asystole and the doctors on the show will shock that patient. This, in fact, cannot be done.



Thereafter you hear someone call for Epi - which is adrenaline. This is the incorrect process. Adrenaline may be given at a later stage, but not at this point in the resus. What is notable is that the team of doctors did not, in fact, start CPR, which is the first thing that should be done in a situation like this.



At this point, and very dramatically, Dr Christina Yang punches the patient in the chest and the patient's heart rhythm returns to normal. This procedure is called a precordial thump. It is not unheard of, but the chances of it working are slim. It works in much the same way

as a shock. It would only be used if one did not have a defibrillator readily available - which it clearly was in this sequence.



The chances of success of this procedure are slim to none and, because of this, it has been taken out of medical training. It can cause damage to the heart and bruising and therefore is no longer included in any cardiac life support courses.

The patient then comes back and is conscious and talking. This is not something that is seen often. To be talking and then go into cardiac arrest and wake up to be talking again. It is not something ever seen. What we can achieve with CPR is known as ROSC - return of spontaneous circulation. That is when we have a resumption of a sustained heart rhythm. This is not usually associated with a return of consciousness and alertness. It can take quite some time before a patient is awake and responsive.



Dr Hockman volunteered as a BAA (basic ambulance assistant) for Hatzolah, while studying medicine, but then took time off for his final year of study, internship and community service. He completed his community service last year and so has rejoined the team as an ALS paramedic.

It is almost humorous to then watch a young child pick up charged paddles. And the team screams for the child to drop them. Theoretically, it is possible. It is, however, a sign of poor management of the defibrillator. If a shock is not given, the machine should immediately be discharged, so if anyone does click a button, no harm can be done.

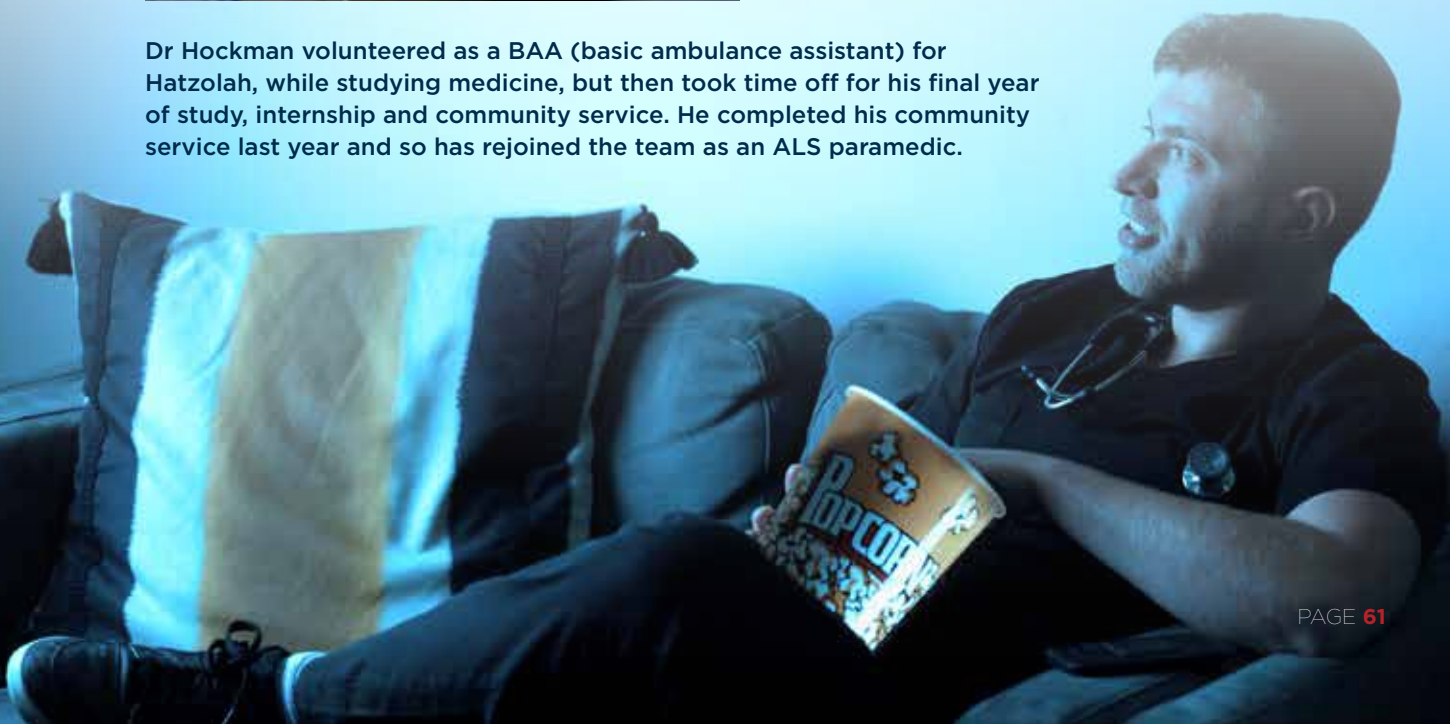


Again, I'm sure that this was for dramatic effect, but in real life, it would be incompetence. But I guess that makes for good viewing.

Lastly, we see Dr Yang walking off to find the child's parents. While doctors are caring and would want to take care of a missing child, they have support staff such as nurses and social workers to assist with a task such as this.



So overall, a very entertaining show with some realistic treatment. But take it with a pinch... no, a heap of salt.



HOW TO GET A PULSE

THE IMPORTANCE OF LEARNING LIFE-SAVING SKILLS

SAVING MY BROTHER'S LIFE PNINA SMITH

That's it! Less than 30 seconds and his life has been saved! It's Simchas Torah 2020, we are at my aunt and uncle for lunch. I walk out of the dining room to help with the food and as I walk back inside, I see Yaakov, my precious brother, clenching his neck, trying to signal to me that he can't breathe. "He's choking!!!" I hear someone say, and the next thing my arms are around his upper abdomen and I'm doing the Heimlich manoeuvre. One push and a massive chunk of biltong comes out. It's so quick that I don't even have time to process what is really going on.

It was a very scary and extremely humbling experience. Who knows what would have transpired had I not known what to do. My heart races as I write this because I grapple with the fact that this happened! How could I, 16-year-old Pnina, have done something that only "those" people do, like the great doctors and paramedics... or adults?

Earlier that year, in March 2020, I was handed an opportunity of a lifetime - The Hugo's Heroes first aid course. I saw what Hatzolah does, and I wanted to do it too. Never did I think that I would have to use the skills I gained, but they were there in my subconscious mind, right as I needed them. Right when I had to save Yaakov's life!

I messaged Hilly that night to tell him the story and it was then that I realised: "That's what it's all about! Saving lives!" (Dr Josh Smith)

Words can't quantify the gratitude I feel towards Hilly, Natanya and Wazza for giving me those tools because you just never know when you could need them, even though you daven that you never do. ("It's not about the test, it's about the moment when you are the only person between the patient and the grave." - the wording on Hilly's profile picture)

This story isn't huge, but it gave Yaakov a push to do the Hugo's Heroes course and I hope that it motivates you to take part in Hatzolah's first aid courses too!

MY DOMESTIC WORKER SAVED MY DAUGHTER FROM CHOKING CHAYA JAY

It was around 3:30 on a Wednesday afternoon. I remember because my domestic worker Gugu usually went off at 4pm, but she always stayed with my kids when I was teaching. I had a matric student who needed assistance before his prelim exams and we were working on poetry or literature ... that detail I don't remember.

Sitting at my dining room table, I remember seeing just to the side that my daughter was outside with Gugu in the garden. Playing. Snacking. And then just as quickly I saw Gugu lift my precious child up, flip her over and slap her back a few times, till the Yogi Sip lid that was lodged in her throat came free.

Seconds, just seconds... and it was over.

Thank G-d, I had encouraged Gugu to attend a Family and Friends CPR and Choking Course with Hatzolah. Gugu had gained the knowledge of what to do, but more importantly, had been given the confidence to get into action in the right way at the right time.

STORIES OF CPR SUCCESS YAAKOV DRUTMAN

Since I was a child I've had a passion for the medical field. When I was 15, I signed up to do the CPR course at Hatzolah. The catalyst that drove me to sign up was, in class one day, I heard a commotion outside of a boy shouting repeatedly: "Call Hatzolah, call Hatzolah." My maths teacher kept us all in class, and even though I wanted to help, I actually had no skill set to help with anything. Hatzolah came, and the boy was fine TG. However, I realised then that I needed to equip myself with the knowledge to help if something tragic happened in future. After completing the CPR course at Hatzolah, I went on to complete a level three first aid course. I then started riding along with ambulance services, as well as volunteering at government hospital emergency units. Ultimately, I also helped create, with a

few incredible people, Hatzolah's Hugo's Heroes course, which trains high school students in our community in first aid. Even though I had completed a first aid course before this initiative, the knowledge I gained from the Hatzolah instructors was on a completely different level.

However, with all this experience, I had never witnessed a person collapsing in a public setting and needing CPR until earlier this year. One afternoon, I was being lazy and wasn't in the mood for going to gym. However, I just felt for some reason that I needed to go. Within five minutes of arriving at the gym a man collapsed. I instinctively ran to help him. To cut a long story short, two other bystanders and I started CPR. Before Hatzolah arrived, we managed to regain a pulse and he was conscious and breathing on their arrival. Although I had performed CPR a few times before, this was a different experience. The other times it was in a setting where it was expected to happen, like in a hospital; this time I was in the gym, expecting to get my workout for the day. This story can truly happen to anyone.

I write this article not only to tell a nice story, rather to encourage, urge and plead with this whole community to take action and sign up for Hatzolah's CPR course. In life I find that we tend to only prepare ourselves to deal with an issue after a tragic incident occurs. Don't wait until you witness an incident similar to mine, and then decide you need to learn CPR. CPR is not a complicated skill to learn. Hatzolah is offering to teach you this life-saving technique as they realise the importance of this for our precious community. Although I was only 15 when I attended the Hatzolah CPR course, I can still remember the priceless skills taught by one of the responders, Dr Josh Smith. Besides for Hatzolah's phenomenal responders, they are also excellent teachers, and you will gain vital knowledge that is unparalleled. The skill is being provided to you on your doorstep. Sign up for the course today and one day you might just save a life.

CHOKING WARREN AKA WAZZA KATZ

I had been celebrating a friend's birthday and we ended off the day with a trip to Nando's. I wasn't on duty and was not in uniform. Just another Sunday afternoon in Johannesburg. While enjoying our meal, we suddenly heard screaming. I remember mass panic and hearing: "She's choking", and "call Hatzolah." My muscle memory kicked in. It is somewhat a blur, but I recall that I pushed the table away from me and ran to the patient. She was doing the classic choking gesture of the hands clasping her throat, exactly as we teach on the Family and Friends CPR Course at Hatzolah. She was

completely cyanotic - blue around the mouth. I could see the fear in her eyes. I remember lifting her off the chair and got into position and began to do abdominal thrusts. On my second thrust, I made contact with someone in the restaurant and shouted to him to call Hatzolah and tell them it is an active choking. I kept on doing abdominal thrusts, while asking what the patient had been eating and could have choked on. On the ninth thrust, I was getting ready to lay her on the ground and start doing CPR, when she coughed and a large chunk of meat emerged. At that point two things are very clear in my memory: the sound of her coughing and a massive gasp of air. Two magical sounds in a choking incident. I asked the patient if she was okay, and she just nodded while continuing to pant and breathe heavily. She began to get emotional, but I never let her go in case she started choking again. I put her down in the chair and asked for a glass of water for her. I was then asked if we still needed Hatzolah. While I had wanted Hatzolah to still come and take the patient through to hospital, she was insistent that she would go privately.

I returned to my meal and my friend, along with other patrons of Nando's, who stared at me, gobsmacked. It was very awkward.

A couple of days later I received this note from the lady herself.

"Hi Warren

My name is Debbie **** - you literally saved my life last night at Nando's.

I just want to express my sincere gratitude and am thankful that you happened to be there as I was really scared as the longer it went on I thought I was going to choke to death.

I have a fractured rib but it was worth it.

I am making a donation in your honour to Hatzolah.

I live in Philadelphia and was just visiting.

Thank you - I will be forever grateful!!"

A few people came up to me to check if I was okay and not traumatised from the incident. I responded that this is what we do in Hatzolah. We go out and use our skills to assist the community and sometimes those skills help us save lives. But then we do go back to our own lives.

On reflection, I often think about what would've happened if I wasn't there. Would anyone else have been able to help? It makes me even more convinced that we must all attend the CPR and choking courses offered by Hatzolah.

"If not now, when?"

"If I am not for myself, who will be for me?"

Pirkei Avot



**THESE
HANDS
COULD
SAVE A
LIFE!**

Anytime, anywhere, somebody may need your help
You can make the difference and help save a life
Be prepared and learn CPR



Hatzolah Medical Rescue | Treatment Excellence | Unsurpassed Response Times

Email cpr@hatzolah.co.za to book your course

OUR BEATS THIS YEAR



R44 million

Budget

2 939

Emergencies dispatched



14 110

Calls received on the emergency line



11 895

Covid patients monitored



240 937

Calls to patients on wellness programme

42 831

Home nurse visits to date



50 004

Vaccinations



R3.5 million

PPE and related covid consumables

FUGO'S HEROES

43

Students trained

19

Crisis Response Unit (CRU) callouts



1 300

ECGs tested on students 12-18



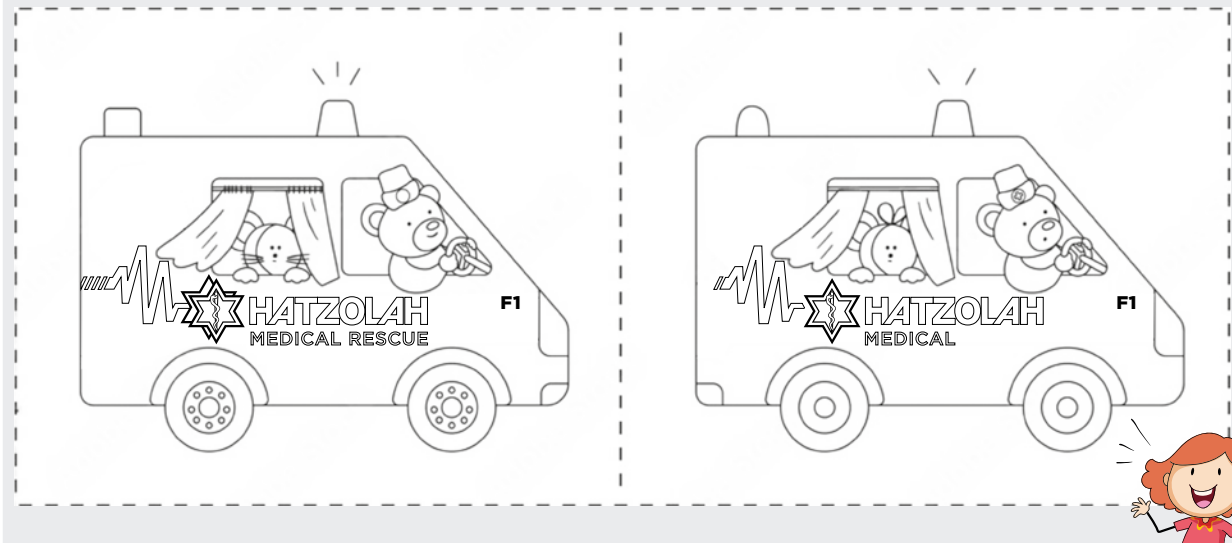
600

Gemach loans

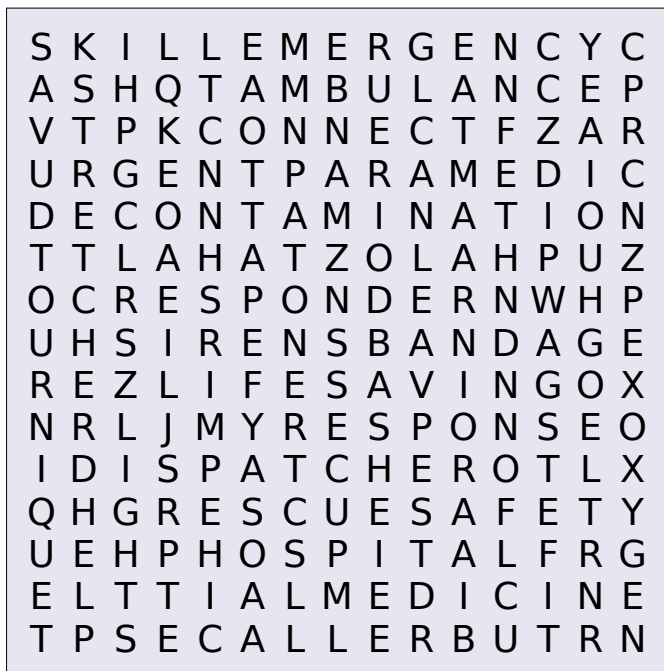


Small PULSES

SPOT THE DIFFERENCES & COLOUR



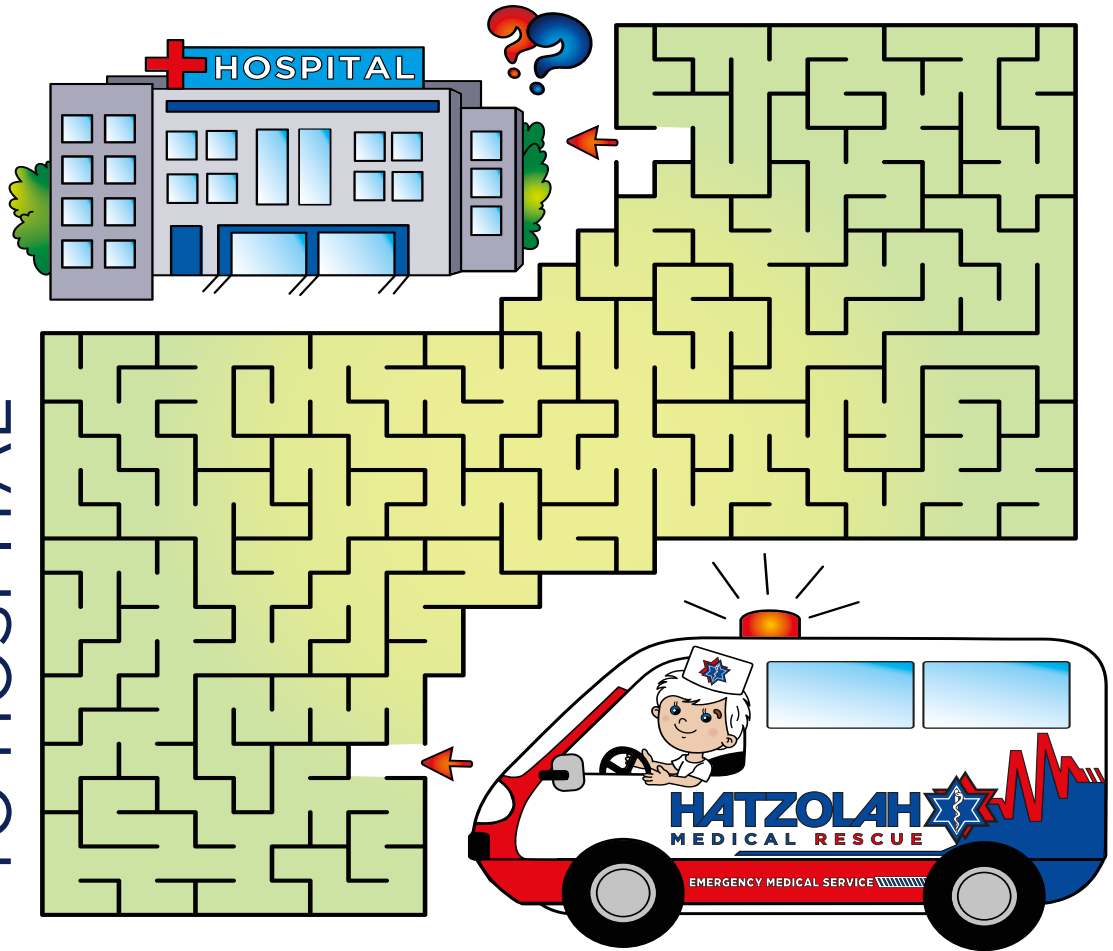
WORD SEARCH



- | | |
|------------|-----------------|
| Ambulance | Responder |
| Paramedic | Hatzolah |
| Medicine | Emergency |
| Hospital | Response |
| Lifesaving | Skill |
| Stretcher | Connect |
| Tourniquet | Decontamination |
| CPR | Rescue |
| Bandage | Lights |
| Help | Sirens |
| Oxygen | Urgent |
| Caller | Safety |
| Dispatcher | |



GET THE AMBULANCE TO HOSPITAL



JOKES

Why do ambulance drivers always have a partner with them?

They're pair-a-medics

What do you call a man with a car on his head?

An ambulance! He's got a car on his head!

What do you call it when an ambulance crashes into the side of a hospital?

A medical breakthrough...

What's an ambulance driver's favourite gaming system?

Wii U

What do an ambulance and a yoga class have in common?

They both contain stretchers

Why is an ambulance slow?

Because it's a patient transport

**CUT OUT AND FILL IN YOUR
HATZOLAH HELPER CARD**

Keep it in your school bag or pencil box

✂



HATZOLAH HELPER

NAME: _____

ADDRESS: _____

CLOSEST CORNER: _____

SUBURB: _____

MOM/DAD/ EMERGENCY CONTACT NO: _____

STICK YOUR PICTURE HERE



HATZOLAH EMERGENCY NO: 083 222 1818

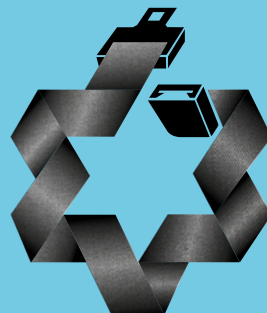


Protect the ones you love and always buckle up.

It's not just around the corner or down the road. A high percentage of car accidents occur within 10kms of your home.

Driving out of your driveway, down the road, or around the corner may seem a quick and simple task, but an accident could happen at any time, especially for those short distances when we don't expect it. As drivers and passengers, we all know that buckling up is essential, so buckle up every time, even if you're driving just around the corner.

THIS MESSAGE IS BROUGHT TO YOU BY HATZOLAH, IN THE INTEREST OF ROAD SAFETY.



**BUCKLE
UP.
EVERY
TRIP.
EVERY
TIME.**

WHERE THERE IS A PULSE, **THERE IS A PURPOSE.**

Help keep the pulse of our Jewish community
alive. Go online to donate or send an Ecard
www.hatzolah.co.za

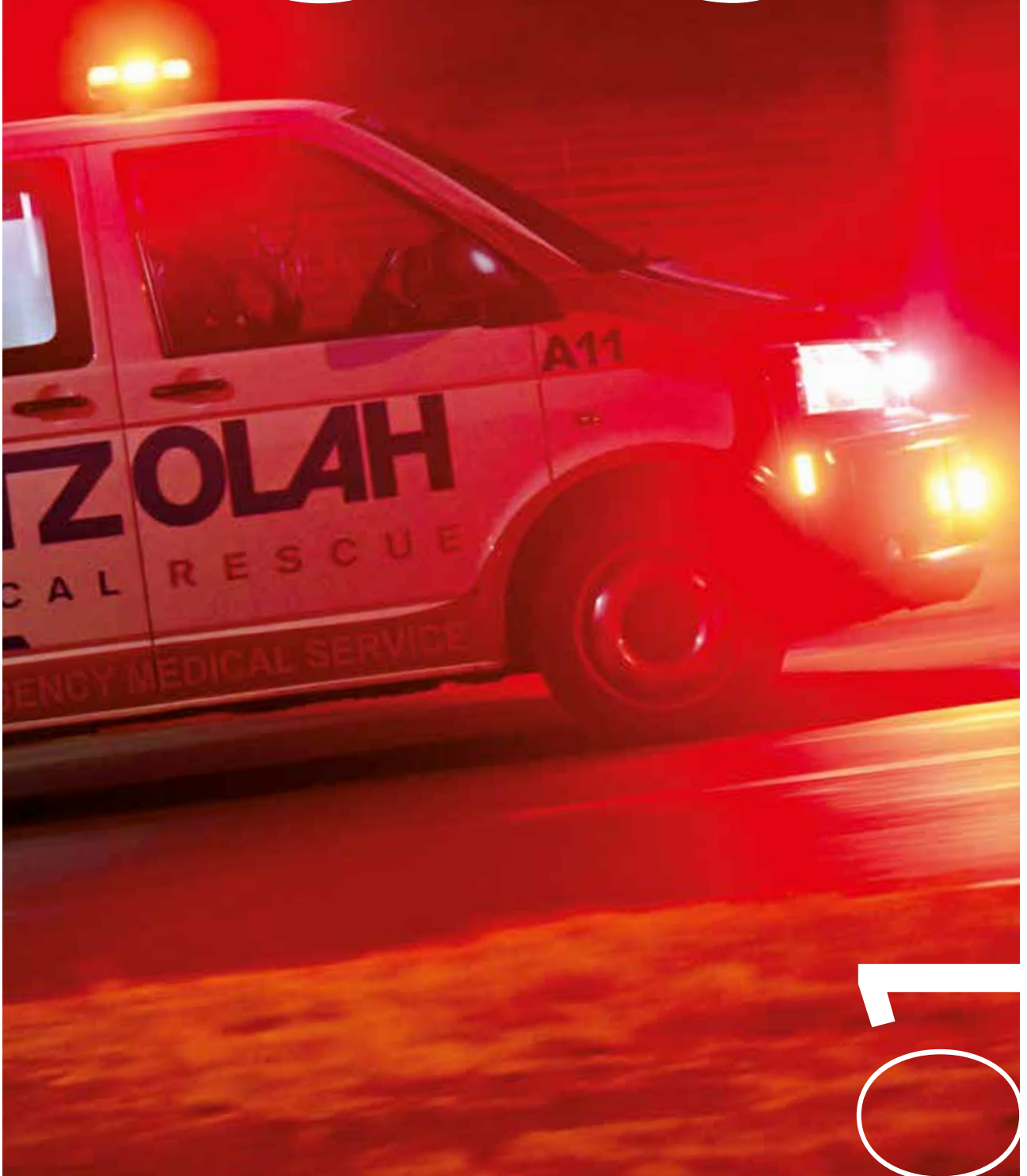


Hatzolah Medical Rescue | Treatment Excellence | Unsurpassed Response Times



HATZOLAH

PULSE



MEDICAL RESCUE



CARING FOR LIFE



TRAINING FOR LIFE