

2015 summary of the changes from the Resuscitation Council 16.11.2015

What is First Aid

Priorities of First Aid now includes: **Alleviate suffering**

Bystander

There must be more emphasis on asking the bystander to go and find and bring an AED back to you if one is available.

However, if you are on your own, then you must call the emergency services yourself. Stay with the casualty when making this call if possible
Activate the speaker function on the phone to aid communication with the ambulance service and commence CPR without delay.

Primary survey

The 'Shout for help' has been removed from the BLS algorithm.

However, we believe you should still teach to shout for help if you are on your own.

Breathing check

You should now include in your teaching:

'Immediately following cardiac arrest blood flow to the brain is reduced to virtually zero, which may cause seizure-like episodes that may be confused with epilepsy.

You should be suspicious of cardiac arrest with any casualty that presents seizure like symptoms and carefully assess whether they are breathing normally.'

Making the important phone call to emergency services

Add: Activate the speaker function on the phone to aid communication with the ambulance service.

Heart attack treatment

'For heart attack management, the First Aider must be able to assist a casualty in taking up to 150 - 300 mg of chewable aspirin and to advise them to chew it rather than swallow it whole, providing you are confident that the casualty is not allergic to it.'

Chest compressions

'Press down on the sternum approximately 5cms but not more than 6cms.

Allow the chest to recoil completely after each compression and do not lean on the chest.

Chest compressions should be administered at a speed of 100 - 120 compressions per minute with as few interruptions as possible.'

Repeat 30 compressions and 2 breaths until

- A health professional tells you to stop
- The casualty is definitely waking up, moving, opening their eyes and breathing normally
- You become exhausted

It is rare for CPR alone to restart the heart. Unless you are certain the casualty has recovered, continue with CPR.

Signs the casualty has recovered include:

- Waking up
- Moving
- Opens eyes
- Normal breathing

Be prepared to restart CPR immediately if the casualty deteriorates.

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Rescue breaths

Do not interrupt compressions by more than 10 seconds to deliver two breaths.

Return your hands without delay to the correct position on the sternum and give a further 30 chest compressions

IF YOU HAVE ACCESS TO AN AED

As soon as it arrives, switch it on and attach the electrode pads on the casualty's chest. Follow the voice prompts. If more than one rescuer is present, CPR should be continued whilst the electrode pads are being attached to the chest.

Chain of survival

Early Defibrillation

Include: Defibrillation within 3–5 minutes of cardiac arrest can produce survival rates as high as 50–70%.

Each minute of delay to defibrillation reduces the probability of survival to hospital discharge by 10%.

Sprains and Strains – This is our change (NHS Choices)

Replacing RICE with PRICE

Protect the injured area from further injury by using a support or (in the case of an ankle injury) wearing shoes that enclose and support the feet, such as lace-ups.

Rest by stopping the activity that caused the injury and rest the injured joint or muscle. Avoid activity for the first 48 to 72 hours after the injury was afflicted.

Ice - for the first 48 to 72 hours after the injury, apply ice wrapped in a damp towel to the injured area for 15 to 20 minutes every two to three hours during the day. Do not leave the ice on whilst sleeping, and do not allow the ice to touch the skin directly, because it could cause a cold burn.

Compress or bandage the injured area to limit any swelling and movement that could damage it further. Use a simple elastic bandage or elasticated tubular bandage. It should be wrapped snugly around the affected area, but not so tightly that it restricts blood flow. Remove the bandage before going to sleep.

Elevation - keep the injured area raised and supported to help reduce swelling

Head and spinal injuries – This is our change

We are removing reference to the Glasgow Coma Scale.

However, we are promoting the monitoring of the casualty.

The monitoring now includes: Responsiveness

The monitoring now excludes: Pulse

We are now teaching that holding a cold compress against the head injury (Concussion) is acceptable.

Anaphylaxis treatment

Include:

Adrenaline is the gold standard in the treatment of anaphylaxis, and its administration should not be delayed.

In a First Aid situation, adrenalin will normally be delivered by an auto-injector.

If available, an injection of adrenaline should be given as soon as possible.

If after 5 -15 minutes the casualty still feels unwell, a second injection should be given. This should be given in the opposite thigh.

A second dose may also be required if the symptoms reoccur.

When treating a potential anaphylaxis casualty, it should be noted that there are NO contraindications for the use of adrenaline.

Hypoglycaemia treatment

Include: Offer them 15-20gms of glucose.