

Changes to 1st Response, following the Resuscitation Council Guidelines 2015 Guidance

Information for Trainers

As you are likely to be aware, every five years the European Resuscitation Council (ERC), the Resuscitation Council (UK) and the International Liaison Committee on Resuscitation (ILCOR) review the latest research and evidence in resuscitation, and then release updated guidelines. In addition to this, for the first time in history, this year the European Resuscitation Council (ERC) have also produced guidelines for first aid.

<http://ercguidelines.elsevierresource.com/european-resuscitation-council-guidelines-resuscitation-2015-section-9-first-aid/fulltext>

All of these changes have been included where applicable in the Training plan for both the full and refresher 1st Response courses.

Resuscitation Council (UK) Guidelines whilst the guidelines have not changed processes significantly, more emphasis has been placed on:

- the importance of early intervention in an emergency
- ensuring that first aid steps are easy to remember, so that people do something in a first aid emergency.

With these changes underpinning first aid practice, Girlguiding and Scouting has reviewed the 1st Response course content and amended it to ensure we are compliant. A summary of the changes are below:

1. 'Shouting for help' is no longer a step to be taught on its own.

The guidelines now instruct the first aider to 'ask someone to call 999' after checking for normal breathing. This further simplifies the guidelines, making accurate recollection of the sequence even easier.

2. Increased emphasis on seizure as a possible presentation of cardiac arrest

Immediately following cardiac arrest, blood flow to the brain is reduced to virtually zero. This may cause a seizure-like episode that can be confused with epilepsy. It is also extremely important to teach first aiders how to recognise agonal gasps. Agonal breathing can sound like gasping, snorting, gurgling, moaning or laboured breathing. It is NOT 'normal' breathing. In the event agonal gasps occur start CPR.

3. Teach first aiders to activate the speaker function on their phone when calling 999 to help communication.

A common feature on modern mobile phones, this addition helps the first aider to communicate with the Emergency Medical Dispatcher at the same time as assisting the casualty.

4. 'Unconscious' to 'unresponsive'

The term 'unconscious' has changed to 'unresponsive', which is more descriptive and easier to interpret and understand.

5. Assessing the casualty

Previously people may remember being taught a step-by-step approach to assessing a casualty. Although all these steps are still vital, the guidelines stress the importance of following the steps simultaneously and quickly, with minimal interruptions. When assessing a casualty, the key steps to follow are:

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- ensuring the scene is safe
- checking for a response from the casualty
- opening the airway and checking for breathing.

6. Role of the emergency medical dispatcher

The new guidelines highlight the role of the emergency medical dispatcher (the person you speak to when you dial 999) in supporting a first aider in an emergency situation. It's important that the first aider stays with a casualty when calling for help and (if able) puts the phone on speaker, to facilitate continual communication with the emergency medical dispatcher.

7. The 'chain of survival'

A casualty who is unresponsive and not breathing stands a greater chance of survival if a series of events happen quickly, without delay. This series of events is known as the 'chain of survival', which is made up of four elements:

- early help such as calling 999
- early cardiopulmonary resuscitation (CPR)
- early defibrillation using an automated external defibrillator (AED)
- early after care when the emergency services take over.

If any of the elements are missing or delayed, the casualty's chance of survival reduces. The new guidelines place more emphasis on early intervention in an emergency, and the importance of speed when completing these vital steps. **European Resuscitation Council (ERC) First Aid Guidelines** The key changes that affect how first aid is taught for Girlguiding/Scouting.

8. Elevation and Indirect pressure points are no longer recommended for the treatment of bleeding.

Elevation and indirect pressure have been removed due to a lack of evidence that either is effective in stopping bleeding, particularly life-threatening bleeding. For control of bleeding apply direct pressure, with or without a dressing, to control external bleeding where possible. Do not try to control major external bleeding by the use of proximal pressure points or elevation of an extremity. However it may be beneficial to apply localised cold therapy, with or without pressure, for minor or closed extremity bleeding.

9. For the treatment of Asthma, first aiders should be taught how to administer an inhaler and how to use a spacer device.

The exact wording is "First aiders must be trained in the various methods of administering a bronchodilator". In the UK, that includes assisting a casualty to take their own prescribed inhaler and how to take it using a spacer device. If you think someone is having an asthma attack, these are the five key things to look for:

1. Difficulty breathing or speaking
2. Wheezing
3. Coughing
4. Distress
5. Grey-blue tinge to the lips, earlobes and nailbeds (known as cyanosis).

Managing Asthma attacks

- First, reassure them and ask them to breathe slowly and deeply which will help them control their breathing.
- Then help them use their reliever inhaler straight away. This should relieve the attack.
- Next, sit them down in a comfortable position.

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- If it doesn't get better within a few minutes, it may be a severe attack. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs.
- If the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance.
- Help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response.
- If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.
- For more information please see <https://www.asthma.org.uk/advice/child/asthma-attacks/>
- <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/reliever>

10. Hypoglycaemia - first aiders should aim to give 15-20g of glucose.

Treat responsive patients with symptomatic hypoglycaemia with glucose tablets equating to glucose 15-20g. If glucose tablets are not available, use other dietary forms of sugar. For children use 10-15g sugar.

11. Oral Carbohydrate-electrolyte beverages (sports energy-rehydration drinks) now recommended for exertion related dehydration.

Specific sports energy-rehydration drinks have proven to be more effective than water as they also replace lost body salts. Use 3-8% oral carbohydrate-electrolyte (CE) beverages for rehydration of individuals with simple exercise-induced dehydration. Alternative acceptable beverages for rehydration include water, 12% CE solution, coconut water, semi skimmed milk, or tea with or without carbohydrate electrolyte solution added.

12. Burns should be cooled with water for a minimum of 10 minutes, as soon as possible.

Actively cool thermal burns as soon as possible for a minimum of 10 min duration using water. Subsequent to cooling, burns should be dressed with a loose sterile dressing.

13. Paediatric life support

The duration of delivering a breath is about 1 second, to coincide with adult practice. For chest compressions, depress the lower sternum by at least one-third the anterior-posterior diameter of the chest, or by 4 cm for the infant and 5 cm for the child.

14. Optimal position for a shock victim

Place individuals with shock into the supine (lying on back) position. Where there is no evidence of trauma use passive leg raising to provide a further transient (<7 min) improvement in vital signs; the clinical significance of this transient improvement is uncertain.

15. Stroke recognition

Use a stroke assessment system to decrease the time to recognition and definitive treatment for individuals with suspected acute stroke. First Aid providers must be trained in the use of FAST (Face, Arm, Speech Tool) or CPSS (Cincinnati Pre-hospital Stroke Scale) to assist in the early recognition of stroke.

- Face – look at their face and ask them to smile. Are they only able to smile on one side of their mouth? If yes, this is not normal.
- Arms – ask them to raise both arms. Are they only able to lift one arm? If yes, this is not normal.
- Speech – ask them to speak. Are they struggling to speak clearly? If yes, this is not normal.

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- Time – if the answer to any of these three questions is yes, then it is time to call 999 or 112 for medical help and say you think the casualty is having a stroke.

16. Aspirin administration for chest pain due to suspected myocardial infarction

In the pre-hospital environment, administer 150-300 mg chewable aspirin early to adults with chest pain due to suspected myocardial infarction (ACS/AMI). There is a relatively low risk of complications particularly anaphylaxis and serious bleeding. Do not administer aspirin to adults with chest pain of unclear aetiology.

17. Second dose of adrenaline for anaphylaxis

Administer a second intramuscular dose of adrenaline to individuals in the pre-hospital environment with anaphylaxis that has not been relieved within 5 to 15 min by an initial intramuscular auto-injector dose of adrenaline.

There are three types of adrenaline auto injectors available in the UK. All deliver 'adrenaline' (also referred to as 'epinephrine'). All types are prescription only medicines, and need to be prescribed by a GP or Allergy specialist. The dose of adrenaline required is dependent on the age and weight of the person requiring the adrenaline auto injector device, and will be prescribed by the doctor. Each adrenaline auto injector device will differ in appearance and the availability of the dose/strength available in that particular brand.

Key message: The way each device is used is different, so it is important that you are shown how to use the device. For more information please see:

<https://www.allergyuk.org/severe-allergy-and-anaphylaxis/adrenaline-auto-injectors>

18. Eye injury from chemical exposure

For an eye injury due to exposure to a chemical substance, take immediate action by irrigating the eye using continuous, large volumes of clean water. Refer the individual for emergency healthcare professional review.

19. Recognition of concussion

An individual with a suspected concussion should be evaluated by a healthcare professional.

20. Dental avulsion

If a tooth cannot be immediately re-implanted, store it in Hank's Balanced Salt Solution. If this is not available use propolis, egg white, coconut water, ricetral, whole milk, saline or Phosphate Buffered Saline (in order of preference) and refer the individual to a dentist as soon as possible.

Additional information

The updated material below is reproduced by kind permission of the St John Ambulance.

Using a defibrillator (AED)

An AED (automated external defibrillator) is a device that gives the heart an electric shock when someone's heart has stopped (cardiac arrest). You can use an AED on children over one year old and adults. Ambulances have them on board, but using an AED in the minutes before an ambulance arrives can double someone's chances of survival. So it is up to bystanders quickly to find the nearest defibrillator.

Where can I find a defibrillator (AED)?

Many public places keep an AED as part of their first aid equipment, including shopping centres, train stations, airports, offices and schools. AEDs come in a small portable plastic box and are stored in

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noticeable green casing with a green sign above. If you don't have access to an AED then you should call 999 or 112 for help and do ordinary resuscitation (CPR) until the ambulance and AED arrives.

How do I use a defibrillator/AED?

You can use an AED with no training. The machine analyses someone's heart rhythm and then uses visual or voice prompts to guide you through each step.

1. First, make sure someone has called for an ambulance, and, if an AED isn't immediately available, give CPR (cardiopulmonary resuscitation) until someone can bring you an AED.
2. As soon as you've got an AED, switch it on. It will immediately start to give you a series of visual and verbal prompts informing you of what you need to do. Follow these prompts until the ambulance arrives or someone with more experience than you takes over.
3. Take the pads out of the sealed pack. Remove or cut through any clothing and wipe away any sweat from the chest
4. Remove the backing paper and attach the pads to their chest
5. Place the first pad on their upper right side, just below their collarbone as shown on the pad
6. Then place the second pad on their left side, just below the armpit. Make sure you position the pad lengthways, with the long side in line with the length of the their body
7. Once you've done this, the AED will start checking the heart rhythm. Make sure that no-one is touching the person. Continue to follow the voice and/or visual prompts that the machine gives you until help arrives.