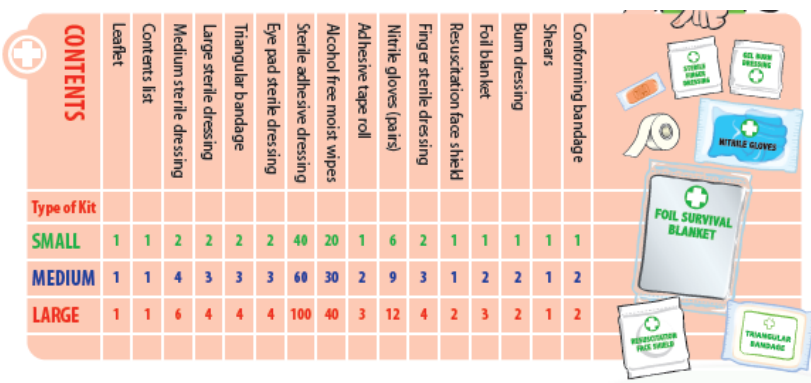








The following updates have been made to the 4<sup>th</sup> edition of this publication.

Page No	Update comments																																																																				
7	<p>The first aid equipment table has been updated as follows:</p>  <table border="1"> <thead> <tr> <th>CONTENTS</th> <th>Leaflet</th> <th>Contents list</th> <th>Medium sterile dressing</th> <th>Large sterile dressing</th> <th>Triangular bandage</th> <th>Eye pad sterile dressing</th> <th>Styrene adhesive dressing</th> <th>Alcohol free moist wipes</th> <th>Adhesive tape roll</th> <th>Nitrile gloves (pairs)</th> <th>Finger sterile dressing</th> <th>Resuscitation face shield</th> <th>Foil blanket</th> <th>Bum dressing</th> <th>Shears</th> <th>Conforming bandage</th> </tr> </thead> <tbody> <tr> <td><b>SMALL</b></td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>40</td> <td>20</td> <td>1</td> <td>6</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td><b>MEDIUM</b></td> <td>1</td> <td>1</td> <td>4</td> <td>3</td> <td>3</td> <td>3</td> <td>60</td> <td>30</td> <td>2</td> <td>9</td> <td>3</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>LARGE</b></td> <td>1</td> <td>1</td> <td>6</td> <td>4</td> <td>4</td> <td>4</td> <td>100</td> <td>40</td> <td>3</td> <td>12</td> <td>4</td> <td>2</td> <td>3</td> <td>2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	CONTENTS	Leaflet	Contents list	Medium sterile dressing	Large sterile dressing	Triangular bandage	Eye pad sterile dressing	Styrene adhesive dressing	Alcohol free moist wipes	Adhesive tape roll	Nitrile gloves (pairs)	Finger sterile dressing	Resuscitation face shield	Foil blanket	Bum dressing	Shears	Conforming bandage	<b>SMALL</b>	1	1	2	2	2	2	40	20	1	6	2	1	1	1	1	1	<b>MEDIUM</b>	1	1	4	3	3	3	60	30	2	9	3	1	2	2	1	2	<b>LARGE</b>	1	1	6	4	4	4	100	40	3	12	4	2	3	2	1	2
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9	<p>Minimising infection – this information has been updated as follows:</p> <p><b>Minimising infection</b></p> <p>It is important that as a first aider you do not transmit infections to your casualty, work colleagues or people within the workplace environment and vice versa. To assist in minimising the risk of infection and cross-contamination there are various precautions that can be taken such as:</p> <ul style="list-style-type: none"> <li>⊕ having good personal hygiene</li> <li>⊕ ensuring that barrier devices are used</li> <li>⊕ covering any open cuts or sores</li> <li>⊕ minimising contact with blood or bodily fluids</li> <li>⊕ changing gloves between casualties</li> <li>⊕ washing hands thoroughly after removing gloves</li> </ul>  <p><b>Barrier devices</b></p> <p>Barrier devices are essential equipment and help to eradicate the spreading of infection and cross-contamination. Barrier devices, as their name suggests, place a barrier between the first aider and the casualty. Barrier devices include:</p> <ul style="list-style-type: none"> <li>⊕ nitrile powder-free gloves</li> <li>⊕ face shields</li> <li>⊕ pocket masks</li> <li>⊕ *non surgical face mask/clean fabric material</li> </ul>  <p><i>Resuscitation using a face shield.</i>      <i>Resuscitation using a pocket mask.</i></p> <p><b>Helpful Hint</b></p> <p>*You should keep up to date with the Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings  <a href="http://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19">www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19</a></p>																																																																				

12	<p>The following information has been updated:</p> <p><b>Helpful hint</b> The 'P' in the acronym <b>AVPU</b> is sometimes also referred to as 'Pain' depending on the scale used.</p>
16	<p>The following content has been updated:</p> <p><b>Helpful hint</b> When a casualty is found after an unidentified incident, the casualty may be suffering from a number of injuries. Establish that the casualty is out of immediate danger, i.e. breathing and no life-threatening bleeding and then carry out an examination in the position they are found.</p>
17	<p>The following information has been updated:</p> <p>Administering the <b>2</b> breaths should not take more than <b>10</b> seconds to complete in total.</p>
19	<p>The following information has been updated:</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>⊕ Complete <b>30</b> compressions and <b>2</b> rescue breaths until:</p> <ol style="list-style-type: none"> <li>1. A health professional tells you to stop</li> <li>2. You become exhausted</li> <li>3. The casualty is definitely waking up, moving, opening their eyes and breathing normally</li> <li>4. Prompted by the AED</li> </ol> </div> <div style="flex: 0.5; text-align: center; margin-left: 20px;">  <p>If there is assistance available when administering CPR you should change over every 1- 2 minutes.</p> </div> </div>
20	<p>The definition of an infant and child has been updated to:</p> <p>An infant is under the age of 1 year A child is between 1 year and 18 years of age</p>
21	<p>The information for recognising a choking casualty has been updated to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Recognising a choking casualty</b></p> <p><b>Mild</b></p> <ul style="list-style-type: none"> <li>⊕ Coughing</li> <li>⊕ Difficulty breathing and speaking</li> <li>⊕ Redness of the face</li> <li>⊕ Eyes enlarged and watering</li> <li>⊕ Displaying distress.</li> </ul> </div> <div style="width: 45%;"> <p><b>Severe</b></p> <ul style="list-style-type: none"> <li>⊕ Grasping at the throat</li> <li>⊕ Displaying distress</li> <li>⊕ Unable to breathe or speak</li> <li>⊕ Skin colour may develop a blue/grey tinge</li> <li>⊕ Progressively getting weaker</li> <li>⊕ Eventually they will become unconscious.</li> </ul> </div> </div>






The treatment for a choking adult or child has been updated to:

### BACK BLOWS

-  Stand to the side and slightly behind the casualty
-  Support the chest with one hand, lean the casualty forward and administer a maximum of five sharp blows between the shoulder blades with the heel of your other hand
-  If the back blows are ineffective then give up to **5** abdominal thrusts.





### ABDOMINAL THRUSTS

-  Stand behind the casualty and put both arms round the upper part of the abdomen, lean the casualty forward
-  With one hand clench your fist and place it between the navel and the ribcage
-  Grasp this hand with your other hand and pull sharply inwards and upwards, repeat this process up to a maximum of **5** times
-  Assess the casualty's condition, if the obstruction is still not relieved shout for someone to call **999**, or call on a speaker-phone if you can do this at the same time as giving treatment. Continue with cycles of up to **5** back blows and up to **5** abdominal thrusts (if the treatment seems ineffective, make sure someone has called **999** for emergency help) until qualified medical assistance takes over
-  If the casualty becomes unresponsive commence CPR.

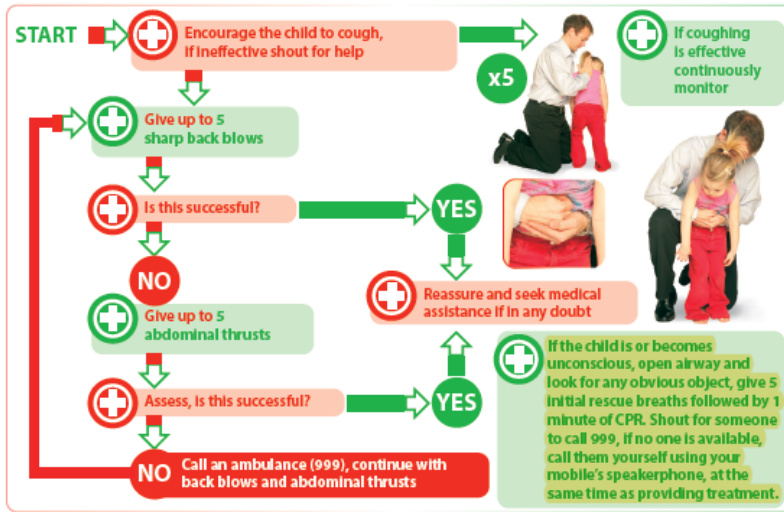


Casualties should seek medical attention if they:

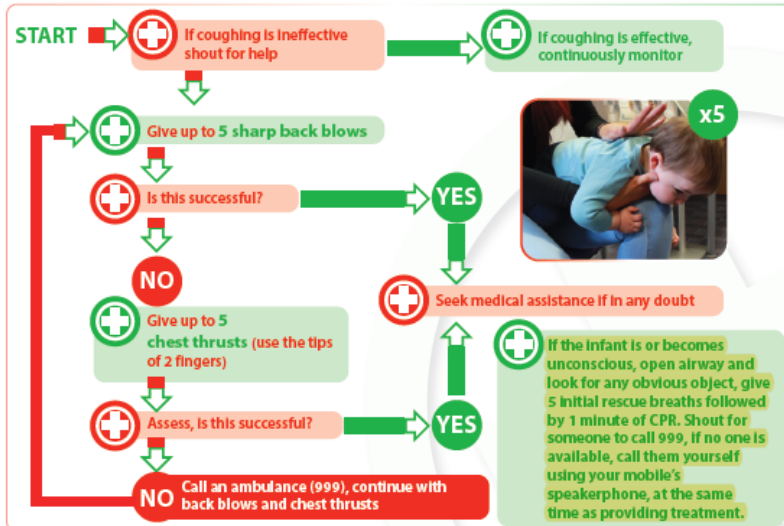
-  have received abdominal thrusts
-  have difficulty swallowing or still feel as though they have an object stuck in their throat

Action for a choking child and infant has been updated as follows:

**Action for a choking child**



**Action for a choking infant**



The following text has been updated:

**Helpful hint**

Only place a casualty into the recovery position if there are no further injuries, once in the recovery position turn onto the opposite side every 30 minutes. When placing a pregnant woman into the recovery position she should be placed onto her left-hand side, as this prevents compression of the inferior vena cava.

---End---