




First Aid Interactive (EFAW) PPT

Ed.8 May 2022

Date of update:
May 2022

The following updates have been made to Ed.8 of this publication.

Slide No	Update comments																																																																																					
14	<p>The title of this slide has been updated to: 'Consent (implied consent)</p> <div data-bbox="204 645 1034 734" style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> <h2 style="margin: 0;">Consent (implied consent)</h2> </div> <div data-bbox="252 853 687 1059" style="border: 2px solid red; border-radius: 15px; padding: 10px; margin: 20px 0;"> <p> Before commencing treatment of a casualty the first aider should ask for and receive the casualty's consent to treatment. If the casualty is unable to give their consent due to their injuries or because they are unresponsive you can assume their consent to treatment.</p> </div> <div data-bbox="746 875 995 1021" style="text-align: center;">  </div> <div data-bbox="204 1178 1034 1256" style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> ⏪ 🏠 ⏩ 14 </div>																																																																																					
16	<p>First aid equipment: contents of the table has been updated:</p> <div data-bbox="204 1361 1066 1451" style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> <h2 style="margin: 0;">First aid equipment</h2> </div> <div data-bbox="325 1473 963 1899" style="margin: 20px 0;"> <p>First-aid equipment The content will be dependent on the assessment of first-aid needs that should be conducted.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #f4a460;">CONTENTS</th> <th>Latex</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>Sterile 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>Burn dressing</th> <th>Shears</th> <th>Conforming bandage</th> </tr> </thead> <tbody> <tr> <td style="background-color: #f4a460;">Type of Kit</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #f4a460;">SMALL</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 style="background-color: #f4a460;">MEDIUM</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 style="background-color: #f4a460;">LARGE</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>  </div> <div data-bbox="204 1917 1066 1995" style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> ⏪ 🏠 ⏩ 16 </div>	CONTENTS	Latex	Contents list	Medium sterile dressing	Large sterile dressing	Triangular bandage	Eye pad sterile dressing	Sterile adhesive dressing	Alcohol free moist wipes	Adhesive tape roll	Nitrile gloves (pairs)	Finger sterile dressing	Resuscitation face shield	Foil blanket	Burn dressing	Shears	Conforming bandage	Type of Kit																	SMALL	1	1	2	2	2	2	40	20	1	6	2	1	1	1	1	1	MEDIUM	1	1	4	3	3	3	60	30	2	9	3	1	2	2	1	2	LARGE	1	1	6	4	4	4	100	40	3	12	4	2	3	2	1	2
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Minimising infection has been updated (1st sentence):

Minimising infection

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:



- having good personal hygiene
- ensuring that barrier devices are used
- covering any open cuts or sores
- minimising contact with blood or bodily fluids
- changing gloves between casualties
- washing hands thoroughly after removing gloves.

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The information in 'C' for circulation has been updated:

Primary survey



Compression
-only CPR if you are untrained or unable to do rescue breaths for a casualty who is not breathing, give chest compression only CPR. These should be continuous at a rate of **100-120** compressions per minute and to a depth of **5-6cm**.



'Call an ambulance (999). Ask a helper to call otherwise call yourself, stay with the casualty when making the call if possible, and activate the speaker function on the phone to aid communication with ambulance service. Send someone to get an AED if available. If you're on your own do not leave the casualty; start CPR (30 compressions 2 breaths)'.

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The following information regarding an expectant mother in the recovery position has been updated:

The recovery position

Place the arm nearest to you at a right angle to the casualty's body (allow it to rest in a natural position)

Hint
When placing a expectant mother into the recovery position she should be placed onto her left hand side, as this prevents compression of the inferior vena cava.



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Rescue breathing (expired air ventilation) has been updated from '5 seconds' to '10 seconds'.

Rescue breathing (expired air ventilation)

- After completing **30** chest compressions the emergency first aider must then administer **2** effective rescue breaths
- Each breath should take one second to complete and the casualty's chest should rise as in normal breathing; this is known as an effective rescue breath. Administering the **2** breaths should not take more than **10** seconds to complete in total. Once the first breath is administered, remove your mouth from the casualty's mouth, turn your head and watch the chest rise and fall, then administer the second breath.



An additional bullet point has been added (4. Prompted by the AED)

Administering CPR

- Complete **30 compressions and 2 rescue breaths** until:

1. a health professional tells you to stop

2. you become exhausted

3. the casualty is definitely waking up, moving, opening their eyes and breathing normally

4. prompted by the AED

If AED pads have been attached to the casualty continue as directed by the AED's voice and visual prompts

If there is assistance available when administering CPR you should change over every 1-2 minutes.



Recognising a choking casualty (mild and severe) has been updated to:

Identifying a choking casualty - mild



Someone who is choking will have either a mild or severe airway obstruction. The severity of the blockage will determine the difficulty in breathing

Identifying a choking casualty - mild

- Coughing
- Difficulty breathing and speaking
- Redness of the face
- Eyes enlarged and watering
- Displaying distress.



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'Arterial bleeding' and 'Venous bleeding' have been updated (life-threatening has been added):

Types of bleeding (continued)

Arterial bleeding

- This is a bleed from an artery and will be bright red in colour (oxygenated blood); the blood will pump from the wound in time with the casualty's heartbeat. Arterial bleeding is a life-threatening condition.



Venous bleeding

- This is a bleed from a vein; the blood will be a dark red in colour (deoxygenated blood) and will gush or flow from the wound. Venous bleeding can be a life-threatening condition.

Capillary bleeding

- This is a bleed that is red in colour and slowly oozes from the wound or from underneath the skin, e.g. bruising.

Anaphylaxis

Treatment

- If you think the person has anaphylaxis encourage the casualty to use their medication if applicable (antihistamine or adrenaline auto injector)*
- Call for an ambulance (999)
- Sit the casualty down (if responsive)
- Remove the trigger if possible
- Monitor the casualty (airway and breathing)
- Be prepared to carry out basic life support



It is important that the casualty is seen by a qualified medical practitioner.

---End---