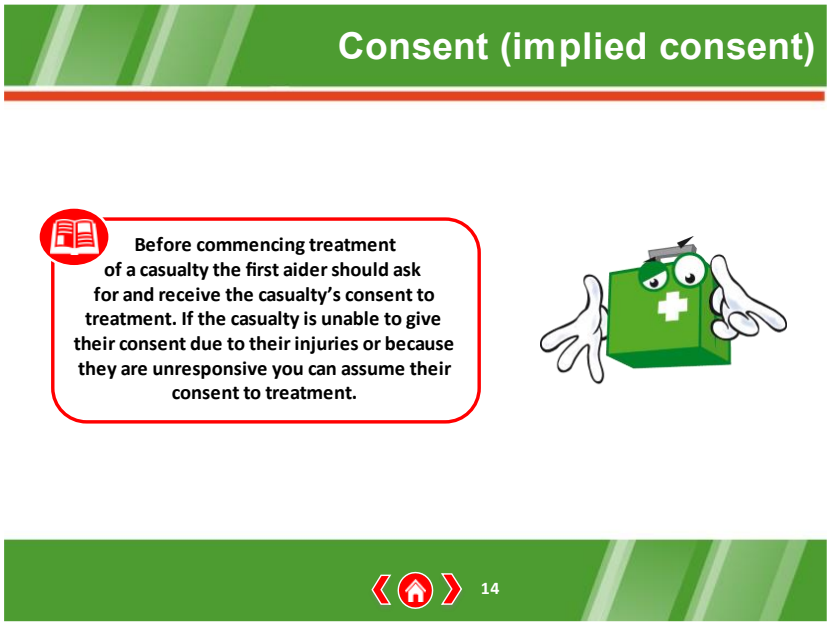
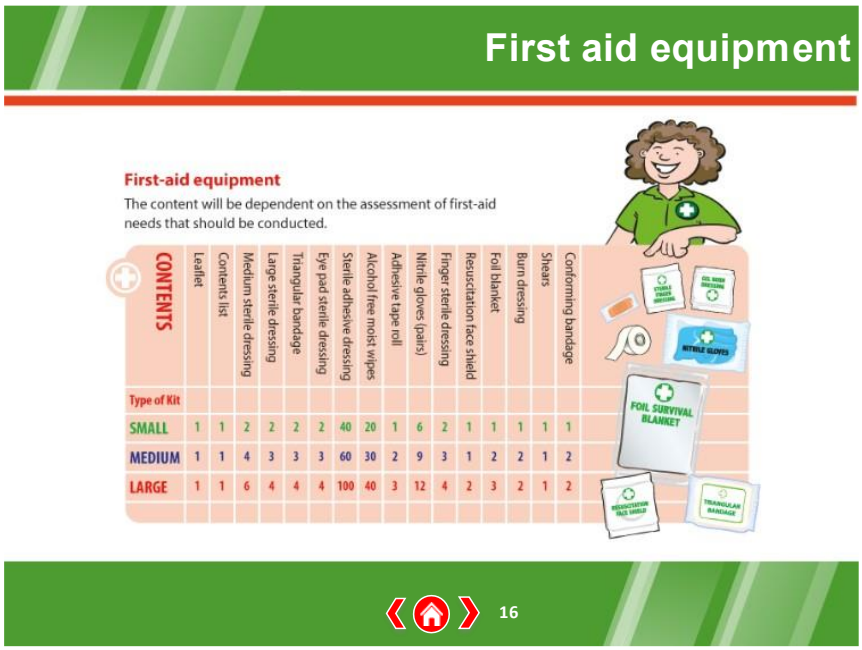
First Aid at Work Interactive PPT

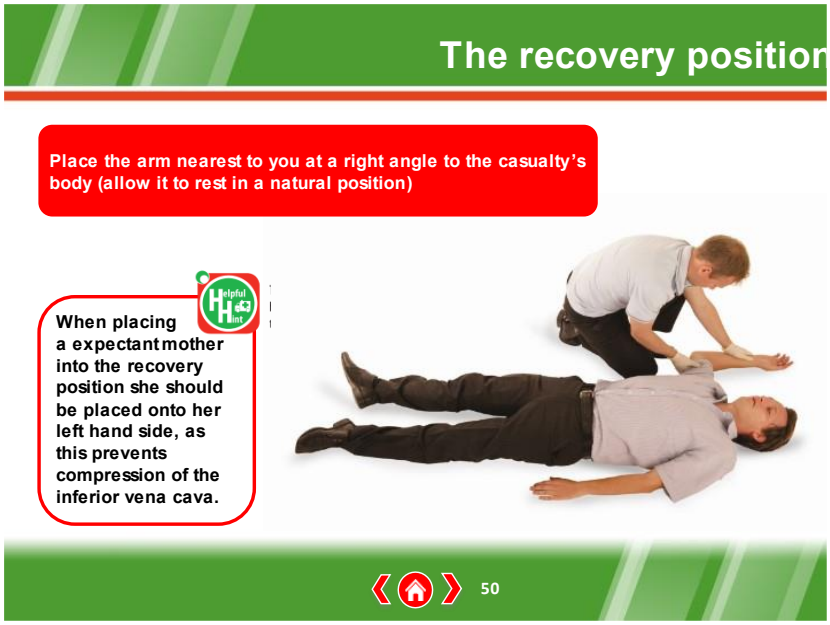
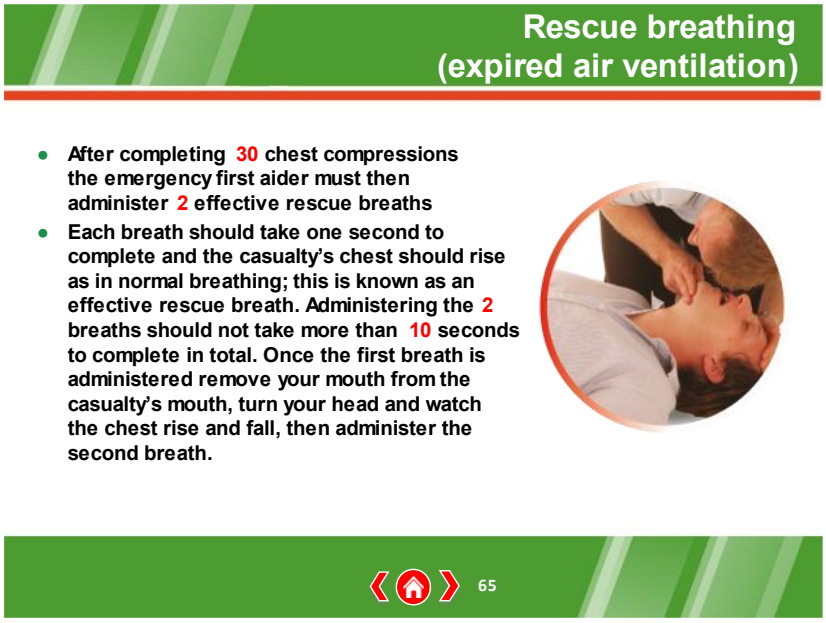
Ed.7 May 2022

Date of update:
May 2022

The following updates have been made to Ed.7 of this publication.

Slide No	Update comments
14	The title of this slide has been updated to: 'Consent (implied consent) 
16	First aid equipment: contents of the table has been updated: 

25	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.**  25
38	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 compressiononly 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)'.** 38

50	The following information regarding an expectant mother in the recovery position has been updated: 
65	Rescue breathing (expired air ventilation) has been updated from '5 seconds' to '10 seconds'. 

70	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.** 70
81 & 82	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.**  81

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.

81

100 '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.

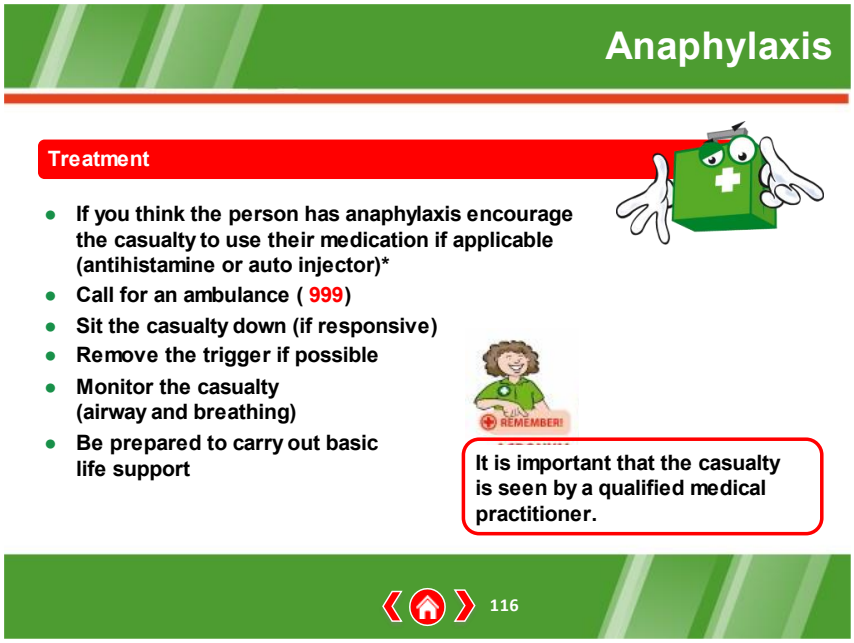
Venous bleeding

- This is a bleed from a vein, the blood will be 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.

100

116	The word 'epi pen' has been updated to 'adrenalin auto-injector': 

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