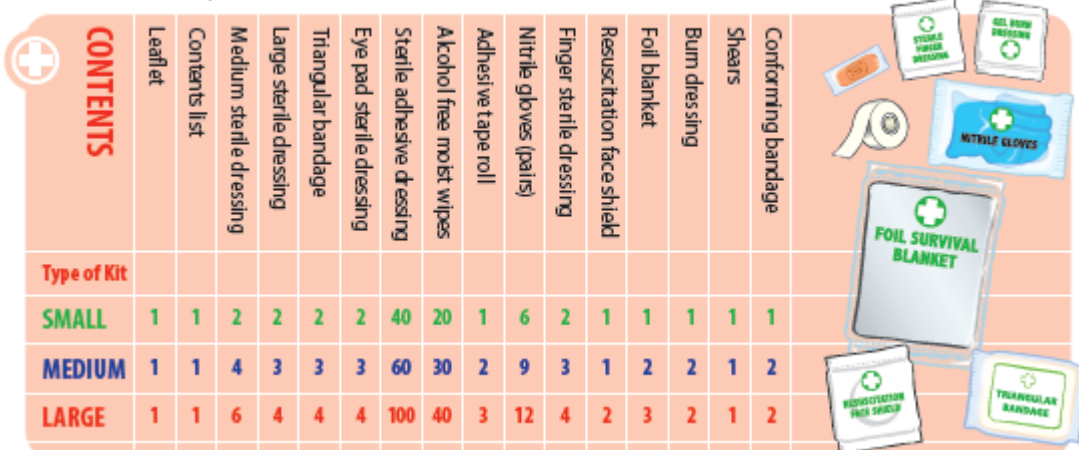


First Aid at Work (A4) book

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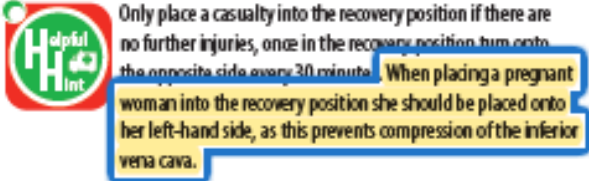
Date of update:
April 2022



The following updates have been made to the fifth edition of this publication.

Page No	Update comments																																																																																					
5	Header 'Consent' has been updated to: Consent (implied consent)																																																																																					
5	<p>The contents of the first aid equipment have been update as below:</p> <p>First-aid equipment The content will be dependent on the assessment of first-aid needs that should be conducted.</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>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> <tr> <th>Type of Kit</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>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>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>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>	CONTENTS	Leaflet	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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8	<p>Minimising infection has been updated as highlighted below:</p> <p>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:</p>																																																																																					

9	<p>The information in 'C' for 'Circulation' has been updated to:</p>  <p>Call an ambulance (999) Ask a helper to call, otherwise call yourself. Stay with the casualty when making the call if possible, and activate 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. Depth of compression 5 - 6 cm. At a rate of 100 - 120 compressions per minute.</p>
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11	<p>The following information has been updated:</p>  <p>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>
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12	<p>The following information regarding placing pregnant women in the recover position has been updated as highlighted below:</p>  <p>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.</p>
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<p>14</p>	<p>Rescue breathing (expired air ventilation) has been updated from '5' to '10' seconds, as highlighted below:</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Rescue breathing (expired air ventilation) After completing 30 chest compressions the emergency first aider should administer 2 effective rescue breaths.</p> <p>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.</p> </div> 
<p>14</p>	<p>An additional bullet point has been added (4. When prompted by the AED):</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <ol style="list-style-type: none"> 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  </div>
<p>16</p>	<p>The definition of an infant and child CPR has been updated to:</p> <p>Infant and child CPR The definitions of infant and child are as follows:</p> <ul style="list-style-type: none"> • An infant is under the age of 1 year • A child is between 1 year and 18 years of age
<p>19</p>	<p>Recognising a choking casualty has been updated to:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Recognising a choking casualty</p> <p>Mild</p> <ul style="list-style-type: none"> ⊕ Coughing ⊕ Difficulty breathing and speaking ⊕ Redness of the face ⊕ Eyes enlarged and watering ⊕ Displaying distress. </div> <div style="width: 45%;"> <p>Severe</p> <ul style="list-style-type: none"> ⊕ Grasping at the throat ⊕ Displaying distress ⊕ Unable to breathe or speak ⊕ Skin colour may develop a blue/grey tinge ⊕ Progressively getting weaker ⊕ Eventually they will become unconscious. </div> </div>

Arterial bleeding and Venous bleeding have been updated as below (additional wording added highlighted):

Types of bleeding



INTERNAL BLEEDING

This is when blood escapes from the circulatory system but remains inside the body. Internal bleeding can occur in various places such as within tissues, organs, cavities or spaces inside the body (chest, head and abdomen). Sometimes signs of internal bleeding can be visible such as when the casualty coughs up blood or vomits blood but most of the time internal bleeding is not apparent.



EXTERNAL BLEEDING

This is where blood escapes from the circulatory system to the outside of the body, for example, from a wound.



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.

The word 'epi pen' has been updated to 'adrenalin auto-injector' as highlighted below:

Anaphylaxis

Anaphylaxis is an extreme and potentially life-threatening allergic reaction, which results in rapid chemical changes in the body. Anaphylaxis can be caused by a 'trigger' such as insect stings, foods (e.g. nuts or shellfish) and medicines (such as penicillin).



RECOGNITION

- ⊕ swelling of the mouth, tongue, face and neck
- ⊕ difficulty in breathing
- ⊕ red, blotchy and itchy skin
- ⊕ nausea
- ⊕ anxiety



TREATMENT

- ⊕ If you think the person has anaphylaxis encourage the casualty to use the medication if applicable (antihistamine or 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.



REMEMBER!

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

***There is no legal problem with any person administering adrenaline using an auto-injector if it could save someone's life. The first aider must be able to recognise an anaphylactic reaction and be trained to use an adrenalin auto-injector.**

The content for 'Flail chest' has been removed as it is not assessed:

FLAIL CHEST – caused by blunt trauma or underlying medical conditions. Flail chest is a life-threatening condition that is caused by a segment of the ribcage breaking under extreme stress which then becomes detached from the rest of the chest wall.

RECOGNITION

- pain
- signs of seat belt trauma
- bruising
- palpitations
- grazes

TREATMENT

- Protect the underlying lung.
- Minimise movement.
- Call for an ambulance (**999**) immediately.



---End---