

Resuscitation Guidelines Update – First Aid Book Supplement

This supplement has been designed to update your first aid book with the new resuscitation guidelines, which were published very recently. The publication of the new guidelines does not imply that the 'older' version is either unsafe or ineffective. The updated treatment recommendations do not define the only way that resuscitation should be achieved, they merely represent a widely accepted view of how resuscitation can be undertaken both safely and effectively.

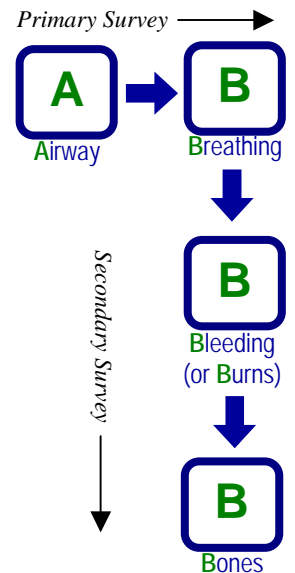
This leaflet must be issued to accompany either the *First Aid Manual*, *Emergency First Aid*, or *Paediatric First Aid* book. It must not be issued separately.

Priorities of treatment

This section **amends** page 4 of the *First Aid Manual*, page 2 of *Emergency First Aid* and page 3 of *Paediatric First Aid*.

The first priority with any patient is to make sure the **Airway** is open, then to check they are **Breathing** normally. (**A** and **B**). If the patient is breathing normally, this means that their heart must also be beating, so blood is being circulated around the body. As the **A** and **B** check is carried out first, we call it the 'primary survey'.

Once you are happy that the casualty is **Breathing** normally and oxygen is being circulated around the body, the next priority is to deal with any major **Bleeding** because you need to maintain enough blood to circulate the oxygen around. After these steps, the next priority is to deal with any broken **Bones (BBB)**. The check for bleeding and then broken bones is called the "secondary survey".



Gently shake the shoulders and shout



Airway blocked by the tongue



Airway cleared by tilting the head and lifting the chin



Tilt the head back and lift the chin to open the airway

Cardio Pulmonary Resuscitation (CPR)



This section **replaces** pages 5 to 9 of the *First Aid Manual*, pages 3 to 8 of *Emergency First Aid* and pages 4 to 11 of *Paediatric First Aid*.

D Danger – make sure it's safe & find out what's happened

- Check that it is safe for you to help the casualty. Do not put your self at risk in any way.
- If possible remove any danger from the casualty, or if not, can you safely move the casualty from the danger?
- Find out what's happened – and make sure you are still safe.
- Check how many casualties there are. Can you cope?

R Response – are they conscious?

- Gently shake the shoulders and ask loudly 'Are you all right?'
- If there is no response, shout for help immediately, but do not leave the casualty yet.

A Airway – open the airway

- Carefully open the airway by using 'head tilt' and 'chin lift':
 - Place your hand on the forehead and gently tilt the head back.
 - With your fingertips under the point of the casualty's chin, lift the chin to open the airway (see diagram).

B Breathing – check for normal breathing

Keeping the airway open, check to see if the breathing is normal. Take no more than 10 seconds to do this:

- Look at the chest and abdomen for movement.
- Listen for the sounds of breathing (*more than the occasional gasp*).
- Feel for air on your cheek or movement of the chest / abdomen.

If the casualty **is** breathing **normally**, carry out a secondary survey and place them in the recovery position. *This is described in your first aid book.*

if the casualty is not breathing normally:

Ask someone to **dial 999 for an ambulance** or, if you are on your own, do this yourself; you may need to leave the casualty. Start chest compressions as follows:

- Place the heel of one hand in the centre of the casualty's chest, then place the heel of your other hand on top (*see diagram*). Interlock your fingers and ensure that pressure is not applied over the casualty's ribs. Don't apply pressure over the upper abdomen or the bottom end of the breastbone.
- Position yourself vertically above the casualty's chest with your arms straight.
- Press down on the breastbone 4 to 5cm (*1½ to 2 inches*) then release the pressure without losing contact between your hands and the chest (*chest compression*).
- Compression and release should take an equal amount of time.
- **Do 30 chest compressions** at a rate of 100 per minute.

Combine chest compression with rescue breaths:

- Open the airway again, using head tilt and chin lift.
- Nip the soft part of the casualty's nose closed. Allow the mouth to open, but maintain chin lift.
- Take a normal breath and seal your lips around the casualty's mouth.
- Blow steadily into the casualty's mouth, whilst watching for the chest to rise (*rescue breath*). Take about one second to make the chest rise.
- Keeping the airway open, remove your mouth. Take a breath of fresh air and watch for the casualty's chest to fall as air comes out.
- Re-seal your mouth and give another rescue breath (*two in total*).
- Return your hands without delay to the correct position on the breastbone and give another 30 chest compressions.
- **Continue repeating 30 chest compressions and 2 rescue breaths.**
- Only stop to recheck the casualty if they start breathing normally – otherwise don't interrupt resuscitation.

If your rescue breaths don't make the chest rise effectively, give another 30 chest compressions, then before your next attempt:

- Check the casualty's mouth and remove any visible obstruction.
- Recheck that there is adequate head tilt and chin lift.
- Do not attempt more than two breaths each time before returning to chest compressions.

If there is more than one rescuer, change over every two minutes to prevent fatigue. Ensure the minimum of delay as you change over.

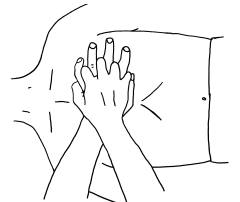
Continue resuscitation until:

- Qualified help arrives and takes over,
- The casualty starts breathing normally, or
- You become exhausted

NOTE: *In the first few minutes after cardiac arrest, a casualty may be barely breathing, or taking infrequent, noisy, gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is **not** normal.*



Look, listen and feel for normal breathing



Place the heel of one hand in the centre of the chest, then the other hand on top.



Arms straight and shoulders above your hands. Depress the chest 4 to 5cm



Nip the nose and seal your mouth around the casualty's mouth



Slowly breathe just enough air to make the chest rise

Resuscitation for children and babies



This section **replaces** pages 8-9 of the *First Aid Manual*, pages 12-13 of *Emergency First Aid* and pages 8-11 of *Paediatric First Aid*.

Recent studies have found that many children do not receive resuscitation because potential rescuers fear causing them harm. It is important to understand that it's far better to perform 'adult style' resuscitation on a child (*who is unresponsive and not breathing*) than to do nothing at all.

For ease of learning and retention, First Aiders can use the adult sequence of resuscitation (see *previous pages*) on a child or baby who is unresponsive and not breathing. The following minor modifications to the adult sequence will, however, make it even more suitable for use in children:

- Give **five** initial rescue breaths before starting chest compressions (*then continue at the ratio of 30 compressions to 2 breaths*).
- If you are on your own, perform resuscitation for about 1 minute before going for help.
- Compress the chest by about one-third of its depth:
 - For a baby under 1 year, use **two fingers**.
 - For a child over 1 year, use **one or two hands** (*as needed*) to achieve an adequate depth of compression (*about one third of its depth*).



For a child over 1 year, use one or two hands to compress the chest by about one third of its depth.



For a baby under 1 year, use two fingers to compress the chest by about one third of its depth.

Chest compression only resuscitation



This section is **additional** to the new resuscitation guidelines within this supplement.

When an adult casualty suffers a cardiac arrest, it is likely that there is residual oxygen left in the blood stream.

If you are unable (*or unwilling*) to give rescue breaths, give 'chest compressions only' resuscitation, as this will circulate any residual oxygen in the blood stream, so it is better than no CPR at all.

- If chest compressions only are given, these should be continuous at a rate of 100 per minute.
- Stop to recheck the casualty only if they start breathing normally – otherwise do not interrupt resuscitation.
- If there is more than one rescuer, change over every two minutes to prevent fatigue. Ensure the minimum of delay as you change over.

Choking



This section is **additional** to pages 17-18 of the *First Aid Manual*, pages 11-13 of *Emergency First Aid* and pages 14-16 of *Paediatric First Aid*.

The new guidelines on choking have become much closer to the simplified version already in your book. The main difference is related to identifying if the choking is '**mild**' or '**severe**'.

Start by asking the casualty: "are you choking?"

- **If the choking is mild**, the casualty will be able to speak, breathe and cough effectively.
 - In this instance, simply encourage them to cough and monitor their condition (*incase the choking becomes severe*).
- **If the choking is severe**, the casualty may be unable to breathe, or the breathing may sound wheezy. They may nod their head in response to your question. Attempts at coughing may be silent, and the casualty might become unconscious.
 - **Treat the severe choking casualty as per the instructions in your first aid book.**

NOTE: After successful treatment for choking, it is possible that foreign material can remain in the airway and cause complications later. Patients with a persistent cough, difficulty swallowing, or with the feeling of an 'object still stuck in the throat' should therefore be referred to see a doctor.

Emergency Action Plan



This section **replaces** page 5 of the First Aid Manual, page 3 of Emergency First Aid and page 4 of Paediatric First Aid.

