

FIRST AID GUIDELINES

SUMMARY OF CHANGES

For the first time, The First Aid Task Force (represented by members of ANZCOR) was a fully participating task force in the 2015 ILCOR international evidence evaluation with 22 specific first aid questions included in the review.

ANZCOR reviewed first aid guidelines affected by the 2015 ILCOR international evidence evaluation. Important areas to note are:

Definitions

ANZCOR will adopt the ILCOR 2015 definitions of “first aid” and “first aid provider”.

“*First aid*” is defined as the helping behaviours and initial care provided for an acute illness or injury”. First aid can be initiated by anyone in any situation.

A “*first aid provider*” is defined as someone trained in first aid who should a) Recognise, assess, and prioritise the need for first aid; b) Provide care by using appropriate competencies; c) Recognise limitations, and seek additional care when needed.

Trauma emergencies

- The use of semi-rigid cervical collars for suspected spinal injuries by any first aid provider in the pre-hospital environment is no longer recommended (NEW)
- The position recommended for the conscious victim in shock is the supine position (UNCHANGED). The role of passive leg raising downgraded on the existing evidence and no longer recommended (NEW)
- For the control of bleeding:
 - there was inadequate evidence to support the use of proximal pressure points or limb elevation (REVISED)
 - the use of localized cold therapy is suggested for closed bleeding in extremities to aid haemostasis, (REVISED)
 - The use of haemostatic dressings in first aid is supported when standard first aid haemorrhage control (eg, direct wound pressure) fails to control severe bleeding or cannot be applied (REVISED)
 - The use of tourniquets in the civilian setting is supported when standard first aid haemorrhage control (eg, direct wound pressure) fails to control severe external limb bleeding (REVISED)

Medical emergencies

- The use of a second dose of adrenaline for anaphylaxis via an autoinjector is now recommended when a first dose fails to improve symptoms (REVISED)
- Aspirin administration by first aiders is now recommended for victims with suspected heart attack (no longer only when directed to do so) (MODIFIED)

- To improve stroke diagnostic accuracy, the measurement of blood glucose is recommended in victims with suspected stroke for first aid providers trained in the use of a glucometer. (NEW)

The use of oxygen in emergencies

- No evidence was found to support a change in current practice for the use of supplementary oxygen by first aid providers (UNCHANGED). The use of pulse oximetry by first aid providers has been included (NEW).