

ANZCOR First Aid Guideline Changes April 2021

Guideline Number	Guideline Title	2021 Significant Changes
9.1.1	First Aid for Management of Bleeding	<ul style="list-style-type: none"> No significant change
9.1.5	First Aid Management of Harness Suspension Trauma	<ul style="list-style-type: none"> No significant change More experimental evidence of harm from keeping person upright
9.2.1	Recognition and First Aid Management of Suspected Heart Attack	<p>ANZCOR recommends:</p> <ul style="list-style-type: none"> Against routine administration of oxygen. Only administer oxygen if evidence of shock or hypoxia is present. Locate the closest Automation external defibrillator (AED). Suggests to administer aspirin, although the strength of recommendation in 2020 ILCOR CoSTR has gone from strong to weak since 2015 CoSTR.
9.2.2	First Aid for Suspected Stroke	<p>There have been significant changes in the first aid management of stroke involving the use of glucometers (when available and first aiders are trained in their use) and the use of oxygen.</p> <p>The major changed recommendations are:</p> <ul style="list-style-type: none"> We suggest the use of the Facial drooping, Arm weakness, Speech difficulties and Time to call emergency services (FAST) stroke assessment for individuals with suspected acute stroke when blood glucose measurement is not feasible (based on CoSTR 2020, weak recommendation, low certainty of evidence).² We suggest that when blood glucose measurement is feasible, the use of a stroke assessment tool that includes blood glucose measurement, such as the Melbourne Ambulance Stroke Screen (MASS) or the Los Angeles Prehospital Stroke Screen (LAPPS) (based on CoSTR 2020, weak recommendation, low certainty evidence).² We recommend against the routine administration of oxygen to persons with stroke.² Administer oxygen only if there are obvious signs of shock or evidence of low oxygen saturation according to Use of Oxygen in Emergencies (refer to ANZCOR Guideline 9.2.10).
9.2.10	The Use of oxygen in Emergencies	<p>There have been changes in the recommendations for the use of oxygen and the use of oximeters by first aiders where available and first aiders trained in their use. The recommendations now are:</p> <ul style="list-style-type: none"> Basic Life Support measures should never be delayed whilst waiting for oxygen or other equipment. (Good practice statement) The administration of supplemental oxygen should be limited to individuals with specific training in oxygen administration.^{1,2} (CoSTR 2015, values and preferences statement)

		<ul style="list-style-type: none"> • When bag-valve mask oxygen resuscitation is used by trained but occasional operators, a minimum of two trained rescuers are required to provide ventilation for a non-breathing person. (Good practice statement) • Persons who require supplemental oxygen in a first aid setting need to be further evaluated by a health care professional. (Good practice statement)
9.2.12	Recognition and First Aid Management of Seriously Ill Person including Sepsis	<ul style="list-style-type: none"> • This is a new guideline and recognises the difficulty in diagnosing sepsis and other serious illness even in the health care setting, but also recognises the benefit of early diagnosis and intervention. • Advises early referral to a health professional without need for diagnosis by recognising the red flags.
9.3.5	First Aid and Resuscitation for Divers who have Breathed Compressed Gas	<ul style="list-style-type: none"> • Continued use of 100% oxygen in distinction to most other first aid guidelines (where target oxygen saturation for first aid guidelines is >92%, if pulse oximetry is available, and only if cyanosis, shock, decompression illness or carbon monoxide poisoning, if no oximetry is available).
9.4.1	First Aid Management of Australian Snake Bite	<ul style="list-style-type: none"> • No significant change • Recent systematic review by Avau et al deemed to be insufficient reason to change recommendation for Pressure Bandage and Immobilisation despite difficulties applying effective pressure bandage in literature reviewed by Avau et al.
9.4.2	First Aid Management Spider Bite	<ul style="list-style-type: none"> • No significant changes
9.5.1	First Aid Management of Poisoning	<p>There has been considerable debate on the management of the risk to first aiders from the poison during CPR. The guideline now contains the following recommendations:</p> <p>ANZCOR recommends:</p> <ul style="list-style-type: none"> • Rescuers should perform chest compressions for all those who are unresponsive and not breathing normally (refer to ANZCOR Guideline 8) (CoSTR 2015, strong recommendation, very-low-quality evidence). • For those trained in their use, a self-inflating bag-valve mask apparatus is the safest way for the rescuer to provide ventilation. • If there is poison remaining on the person's lips, if corrosive chemicals have burnt the lips and chin, or if the rescuer is unsure of the nature of the poison, continue to perform chest compressions without providing any ventilation. • Inhaled poisons are unlikely to pose a risk during mouth-to-mouth ventilation unless the person is contaminated with the liquid form of the inhaled poison.
9.5.4	First Aid Management of Suspected Opioid Overdose	<p>This is new guideline which details the use of naloxone by lay rescuers. The recommendations are:</p> <ul style="list-style-type: none"> • Start Cardiopulmonary resuscitation (CPR) without delay for any unconscious person not breathing normally (refer to ANZCOR Guideline 8). (Good practice statement) • We suggest that lay rescuers administer naloxone in suspected opioid related respiratory or circulatory arrest when trained in its use, (Weak recommendation, based on expert consensus).¹ • We suggest that people who regain normal consciousness and respiratory function after naloxone rescue be transported to hospital for observation. (Weak recommendation, based on expert consensus)