

## Clinical Topic Worksheet

This worksheet is completed for each clinical topic where there is a common set of accepted first aid steps. The worksheet content is generated through collaboration between members of the clinical and education sub-committees, with adequate opportunity for input and review by both teams to best meet the needs of our stakeholders. After the content is established, a copyeditor will review and rewrite the entire worksheet in conjunction with the others in order to ensure common, simple language. Final advice: use only the words you need and be concise.

Section	Guidance
<b>Topic title</b>	The topic title indicates the concise title to describe the condition/injury, as found on the <a href="#">topic list</a> .
<b>Introduction</b>	<p>The introduction establishes the exact illness or injury which is discussed in this topic. The introduction should be no more than 150 words and indicate:</p> <ul style="list-style-type: none"><li>● Definition of condition</li><li>● Most common contexts it occurs in or populations it affects</li><li>● Statistics (where available) supporting role of first aid</li><li>● Make use of existing text from 2016 guidelines where possible</li><li>● Do not cite any evidence or studies here!</li></ul>
<b>Scientific foundation</b>	<p>The scientific foundation is a summary of the most current scientific evidence. The scientific foundation should be taken from evidence summary(s) used and include:</p> <ul style="list-style-type: none"><li>● Summary of the science and other documents reviewed</li><li>● Values and preferences if applicable (such as while the evidence was low, were very concerned about the risk of... or while evidence was low the potential benefit was great in the setting of low to no risk...). Only if included in evidence summary.</li><li>● Environment or personnel decisions, opinions or considerations (such as this may not be appropriate for general first aid but would apply to wilderness first aid or while not appropriate for lay responders would be needed for emergency medical responders,...) only if included in evidence summary.</li></ul> <p>End this section with a summary of your final evidence integration and the rationale for the guideline, recommendation and/or option. Describe any mismatches between the evidence and your final guideline, recommendation and/or option if contained</p>

	<p>in evidence review used.</p> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• Write an <b>introductory sentence</b> in which you indicate which evidence sources you used (CEBaP evidence summary, SAC evidence summary, other evidence summary) for which interventions: e.g. <i>"As a scientific foundation for this topic 3 evidence summaries from CEBaP were used, on the use of activated charcoal, Ipecac syrup and vomiting for poisoning"</i></li> <li>• Make a distinction between "<b>Systematic review</b>" and "<b>Non-systematic review sources</b>" when necessary (under "non-systematic review sources" you can cite any other references/studies/guidelines you identified, but which were not identified through a systematic search)</li> <li>• Under "systematic review" <b>copy the exact information</b> from the existing evidence summaries or systematic reviews</li> <li>• References: <ul style="list-style-type: none"> <li>○ <b>Do not cite individual studies</b> included in evidence summaries, only refer to the evidence summary or systematic review</li> <li>○ Make sure that every reference mentioned here (either systematic review/evidence summary reference, or Individual references from non-systematic review sources), is included in the <b>reference list</b> (and the other way around)</li> </ul> </li> </ul>
<p><b>Guidelines</b></p>	<p>Taken from evidence review used and placed in our template for terms of strength.</p> <p>In addition to treatment, this may include elements of:</p> <ul style="list-style-type: none"> <li>• Recognition</li> <li>• Alternative treatments for different contexts (water, disaster, conflict, altitude) or professional responders.</li> </ul> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• Technical language, medical terminology</li> <li>• For systematic reviews: copy the <b>exact guideline statement</b> from the systematic review (e.g. first sentence of evidence conclusions from a CEBaP evidence summary; ILCOR: use "treatment recommendations"; SAC: use "guideline"); * or ** will be added later by copy editor</li> <li>• For other sources of information develop your own guideline statement and add "Good Practice Point": <i>[Intervention] must/should be used for [condition] (*)</i>; <i>[Intervention] may/could be used for [condition]</i> (do not use an active voice here, this is for the "first aid steps")</li> <li>• Make use of existing guidelines from 2016 documents where possible</li> <li>• List the different recommendations as bullets, no plain text</li> <li>• ANY RECOMMENDATION THAT IS NOT BASED ON A SYSTEMATIC REVIEW BUT ON YOUR EXPERT OPINION, PRACTICE</li> </ul>

	<p>EXPERIENCE OR OTHER INFORMATION NOT IDENTIFIED THROUGH A SYSTEMATIC SEARCH, SHOULD BE INDICATED AS A GPP!!!</p>
<p><b>First aid steps</b></p>	<ul style="list-style-type: none"> <li>• Plain language, easy language for first aid manual/first aid providers</li> <li>• This is the same as the guidelines, but formulated as <b>active instructions</b> in the <b>right sequence</b>: first do this, then do that...</li> <li>• Just put In the Information specific for the topic, no general recommendations on psychological first aid, taking care of scene etc (will be In a separate section)</li> <li>• These steps can be directly used in first aid manuals</li> <li>• No * or ** or GPP here</li> <li>• First aid steps cannot contradict Info from guidelines section but can contain additional good practice first aid Instructions</li> <li>• If there Is a difference In care for other resource settings you should mention that; If nothing Is different you're not required to mention this</li> </ul> <p>The first aid steps represent the most effective ways to treat an illness or injury, based on the scientific foundation and guidelines. The first aid steps should be steps that are written as instructions.</p> <p>There may be three sets of steps: those with rapid access to higher level of care (when needed), those with delayed access to higher level of care care (when needed) and in some cases care provided when further care is not needed or not immediately needed. If the first aid steps are similar, there is no need to indicate a second set. If specific medication or equipment is required, note in the first aid steps.</p> <p>Additionally, indicate in 1-2 sentences any specific advice for care while waiting for advanced care and communication with advanced care.</p> <p>Other contributors (e.g., those representing the disaster or conflict lenses) will be reviewing and providing feedback here, therefore it is not essential that it is perfect, but if in the evidence there is indication for difference in treatment based on access to advanced care, ensure that it is covered here.</p>
<p><b>Key action</b></p>	<p>The most important first aid step; same as in previous box: formulate as an active instruction; e.g. <i>Apply direct pressure In case of bleeding; Irrigate burn wound with tap water</i> etc</p>

	<p>Based on the evidence and first aid steps, indicate the one take-away that a first aider should remember in reference to this topic (e.g., apply direct pressure to stop bleeding).</p>
<p><b>Other treatment considerations</b></p>	<p>The other considerations are an opportunity for you to provide insight based on your expert opinion and experience. To complete this section, draft 1-2 sentences (or more if required) for each of the following elements that are unique to this topic. You may include references to evidence that has informed your inclusion of this consideration, however this is not required. <b>Only include information that is specific to this topic</b> (if it is generic, it will appear in the general approach.</p> <ul style="list-style-type: none"> <li>● Recognition (if info about recognition is based on evidence should be included in scientific foundation and guidelines taken from evidence summary)</li> <li>● Common contexts in which this topic is treated</li> <li>● Legal or regulatory considerations</li> <li>● Specific training required</li> <li>● Other notes that you believe are critical to be included in training programs in relation to this topic</li> </ul> <p>Additionally, there are a number of papers that have been identified in relation to each topic that may be of value to complete these other considerations. Review the collected papers that are associated with this topic to determine if there is value in any of the insights found there that may support our audience in providing more effective first aid education and treatment.</p>
<p><b>Education considerations</b></p>	<p>The education considerations should be informed by a combination of evidence (only if systematic review done and then referenced) and expert opinion. Each element described below should be considered, and, where there is commentary to be made, 1-3 sentences should be drafted. If there are no insights that are relevant to this topic, indicate <i>no notes</i> (NN). Elements include:</p> <p><b>Audience /Context considerations</b></p> <ul style="list-style-type: none"> <li>● Identify and recommend strategies to removing barriers to providing treatment.</li> <li>● Identify any social norms that are associated with this topic, including strategies to respect that norm while providing treatment.</li> </ul> <p><b>Ways of teaching</b></p> <ul style="list-style-type: none"> <li>● Effective teaching approaches</li> <li>● How to adapt first aid actions for various age/sex/genders (e.g., size and flexibility of people).</li> <li>● Common training gaps/missteps.</li> </ul> <p><b>Retain and refresh</b></p>

- Consider the retention of skill based on length of time to teach versus the opportunity/likelihood to apply in the real-world, complexity, etc.
- Additionally, consider when this skill is recommended to be refreshed.

**Efficiency**

- Cost of equipment/space/ simulation/training materials.
- Value of including the first aid topic in a training program (including frequency of emergency type and the potential to have an impact on the person/community).