



# What's new

International first aid, resuscitation and  
education guidelines 2020

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# Guidelines 2020 – What's new?











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# Topic template

**NEW**

	<b>Topic title</b>	
	<b>Key action</b>	
	<b>Introduction</b>	
	<b>Guidelines</b>	Recommendations Good practice points
	<b>Chain of survival behaviours</b>	Prevent and prepare Early recognition First aid steps Access help Self-recovery
	<b>Education considerations</b>	Context and learner considerations Facilitation tips and tools
	<b>Scientific foundation</b>	Systematic reviews Non-systematic reviews
	<b>References</b>	Systematic reviews Non-systematic reviews

# Inclusion and diversity

**UPDATED**

- > Outcome/objective based descriptions of first aid steps are inclusive of people with diverse physical needs and abilities.
- > Encouragement to adapt programmes to the needs and abilities of learners.
- > Conscious efforts made to improve inclusivity related to gender and age.
- > Inclusive descriptions of conditions that present on the skin, such as an infection or a bite or sting, reflecting the way a condition may appear on a range of skin colours.
- > Considerations added where there is some evidence of prejudice or health inequalities related to a minority group.



# *Guideline classifications (reminder)*

**\*\* = (A strong recommendation)** = the evidence of benefits strongly outweighs the evidence of harms.

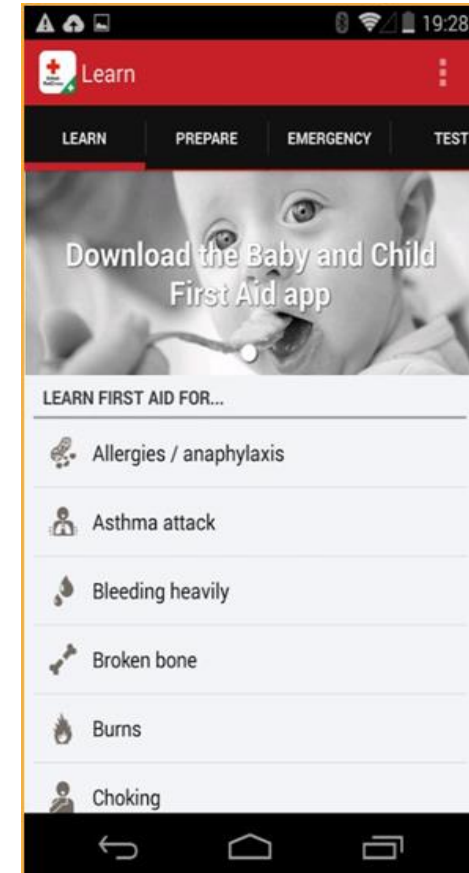
**\* = (A weak recommendation)** = the evidence related to benefits is either weak or the studies conducted were at a small scale. There was either no or weak evidence of harm that was outweighed by proof of benefit.

**Good practice points (GPP)** = No clear evidence was available but clinical practice or expert opinion is available.

# Education modalities

**NEW**

- > Blended learning
- > Peer to peer
- > Online learning
- > Video learning
- > Media
- > Refresh and retrain
- > Feedback devices
- > Gamification





# *Education modalities*



## **Motivation to learn first aid**

- > Self-led learning in a familiar context may improve individuals' motivation to learn.\*
- > Advocate first aid learning is a requirement for specific groups, such as school children, new drivers and employees.\*\*

## **First aid education for children**

- > When combined with a secondary method (e.g., educational songs), hands-on training may help children to retain knowledge and skills as well as increase their confidence and willingness to act.\*
- > Training teachers to facilitate first aid education may be more productive, time-efficient and relevant than bringing in medical facilitators.\*



## *First aid contexts*

- ✓ Conflict
- ✓ Disaster
- ✓ Remote places
- ✓ Water
- ✓ Workplace
- ✓ Pandemic

**NEW**



# *Principles of first aid education*

- > Link to learners
- > Variety
- > Simplicity
- > Discovery
- > Clarity
- > Outcome-driven

**UPDATED**



# Measuring outcomes

UPDATED

- > The 2020 Guidelines reiterate the importance of outcome measurement.
- > There is new tool to for education providers to measure effectiveness of education: the Outcomes measurement toolkit.

# *First aid topics*

**NEW**

- > Abdominal pain
- > Acute grief
- > Acute lower back pain
- > Blister
- > Emergency childbirth
- > Earache
- > Flash eye
- > Headache
- > Hiccups
- > Hyperthermia
- > Hand hygiene
- > Motion sickness
- > Sore throat
- > Unresponsive and breathing normally
- > Unresponsive and abnormal breathing with suspected opioid overdose

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# General approach

**UPDATED**

This section and topic has undergone a significant restructure and updates.

New good practice points have been developed on many aspects including:

- > **the ambiguity of emergencies**
- > **scene assessment**
- > **communication with the ill or injured person**
- > **improvising equipment when necessary**
- > **bystanders filming at the scene of an emergency**
- > **actions in multiple casualty incidents.**

# *Psychological first*



- > While many of the principles remain the same, the topic now uses “Look, Listen, Link” as the basis for providing psychological first aid.



# *Unresponsive and abnormal breathing*



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- > The resuscitation topic title has changed to focus on the presentation of the condition.
- > The resuscitation topic has been split into separate topics and reformatted significantly:
  - ❑ **Adolescent and adult**
  - ❑ **Baby and child**
  - ❑ **When a defibrillator is available**
- > The main recommendations in the topics remain the same as 2016.
- > There are new recommendations and other information on resuscitation for babies and children, and also for defibrillation.



# Severe bleeding

- > In 2020, there is continued emphasis that direct pressure is the primary initial response to severe bleeding. \*\*
- > First aid providers may use tourniquets if direct pressure is not effective; manufactured tourniquets are preferred. \*
- > The use of haemostatic dressings (with direct pressure) remains an option for first aid providers where direct pressure is not effective.\*
- > There is clarification that bandaging should only be undertaken once bleeding has been controlled by direct pressure. (GPP)

# Allergic reaction and anaphylaxis

**UPDATED**



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Anaphylactic reactions can be biphasic (symptoms recur after complete improvement) between 1 and 78 hours after the initial onset.

Multiple new guidelines and good practice points for mild allergic reactions including:

- > use of moisturisers for atopic eczema or dermatitis.\*
- > rinsing the eyes or nasal cavity with saline may relieve symptoms of hay fever.\*
- > trained first aid provider may give common antiallergic medication if the person does not have these with them.\*



## *Head injury*

There is now greater emphasis on recognition of a concussion or other serious head injury and indicators for what could be considered a mild injury. They are all good practice points.

- > Following a head trauma, the following signs may indicate a concussion. The person becomes unresponsive, even for just a few seconds, starts behaving differently, they vomit more than once.
- > If the person has a mild headache, a bump on their head, or feels nauseous following a blow to the head, they may rest and continue to be observed for any change to their symptoms or behaviour requiring medical care.
- > If the person shows none of these signs following a blow to the head, they may carry on with their day but should be observed in case any of the above signs develop over the next 24 hours.



# Burns

- > The 2020 update recommends that burns are cooled with running water for a minimum of 10 minutes, ideally 20 minutes.\*\*
- > Also that a dressing that maintains moisture, contours easily to the wound and is non-stick (e.g., hydrogel) be applied. \*\*
- > And after cooling, vaseline or honey may be beneficial substances to apply to a thermal burn.\*
- > The 2020 guidelines also provide guidelines for sunburn for the first time.
- > There is a recommendation that silver sulfadiazine should not be used on burns.\*
- > Chemical burns have been added to this topic and there is a recommendation that they be rinsed with running water and (if available) diphoterpine until the pain eases.\*



# Feeling faint

**NEW**



- > The use of physical counter pressure manoeuvres are recommended to reduce the symptoms of feeling faint.
- > Lower-body physical counterpressure manoeuvres (such as leg crossing and tensing, or squatting), rather than upper-body and abdominal physical counterpressure manoeuvres, should be used to lessen the faint feeling.\*



*And more*

**UPDATED**

**NEW**



- > Evidence to action – guidance to support implementation
- > Online platform
- > Chest and abdominal injuries
- > Dental avulsion
- > Insect bites and stings
- > Aquatic animal injuries
- > Snakebites
- > Croup
- > Suicidal ideation... etc

**Check out the full  
'What's new' toolkit  
when it is released on  
the 15 February.**

*Contact us and follow  
us*



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*Have a nice day 😊*



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# Croup

**UPDATED**



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A humidified environment results in a statistically significant decrease in heart rate and breathing rate, so breathing in warm, humidified air has been re-introduced.

- > Breathing in warm, humidified air may help to calm down and distract the child. (GPP)
- > Make sure the water is not too hot to avoid burns.

**UPDATED**

# *Insect bites and stings*



- > The 2020 guidelines recommend that a manufactured tick removal device is used to remove a tick if available(\*), and tweezers if the manufactured device is not available (GPP).
- > A good practice point has been added regarding removal of a stinger (e.g. bee sting) from a person: gently scrape the sting area with a flat object, such as a bank card or butter knife. Using tweezers or any other object that can press down on the venom bag should be avoided, as this may aggravate the symptoms.





# Dental avulsior

- > There have been some adjustments to what the tooth may be stored in with the new additional options including oral rehydration salt solutions, solutions containing sodium chloride, glucose, potassium chloride, citrate, extruded rice, or in cling film.\*
- > There is also a good practice point:  
If cow's milk is not available, the first aid provider may temporarily store the tooth in the person's own saliva. Unless there are no alternative options, do not let the person keep the tooth in their mouth, as there is a chance that the person will swallow it.
- > The topic also includes some new good practice points on stopping bleeding and preventing further injury.