

First Aid training

Does it meet the needs of health care professionals?

In Part 2 of our accident prevention series, **Emma Hammett** explains why she believes health care professionals should undergo specialist first aid training, to ensure a calm and appropriate response to some of the emergency challenges they may face



Emma Hammett RGN,
*Founder and CEO of
First Aid for Life*

Every year, around 2 million children attend A&E due to accidents. According to the Royal Society for the Prevention of Accidents (RoSPA), over 76,000 of these require admission to hospital – that is nearly 1,500 children a week. Accidental injury is one of the biggest single causes of death in the UK for children over the age of one. Given that more children die each year due to accidents, than from illnesses such as leukaemia or meningitis, it is vital that all health professionals are appropriately trained to identify, prevent and treat such accidents.

Time critical response

The First Aid Education Bill 2015-16 states that: 'Nursing staff see first-hand the consequences of people not knowing what to do in emergency situations, where time is critical and can mean the difference between life and death. Delays in receiving emergency first aid treatment can lead to serious long-term health effects, and death.'

The UK Resuscitation Council recommends that 'staff should undergo regular training in the management of medical emergencies to a level appropriate to their expected clinical responsibilities'.

Although most health professionals attend some sort of first aid update as part of their CPD, the question mark is whether it is sufficiently tailored to their needs? A health care professional should consider whether there are specific first aid topics that are more useful than others for their line of work. There is also the ongoing concern of having to cope in an intense emergency situation, such as a traffic accident, violent domestic incident or terrorist attack. Having good up-to-date knowledge and training can be empowering and ease related stress levels, and make coping in one of these real-life emergency situations less daunting.

Medical emergency protocols

Medical emergencies can happen at any time and if you employ, manage or lead a team the Resuscitation Council (RC) advises that:

- There are arrangements for at least two people available to deal with medical emergencies when treatment is planned to take place
- All members of staff, not just registered team members, know their role if a patient collapses or there is another kind of medical emergency
- All members of staff who might be involved in dealing with a medical emergency are trained and prepared to deal with such an emergency at any time and practice together regularly in a simulated emergency so they know exactly what to do.

The Resuscitation Council's guidance also states that: all clinical areas should have immediate access to an Automated External Defibrillator (AED). There is sound reasoning behind this – a cardiac arrest can happen to people at any age. Every week, 12 apparently fit and healthy young people (aged 35 and under) in the UK die from a previously undiagnosed heart condition. In

80% of cases, there will have been no previous signs or symptoms. These statistics are concerning, especially considering that the British Heart Foundation (BHF) estimates that there may be as many as 620,000 people in the UK living with an undiagnosed heart problem (see *Sudden Cardiac Death* box for further information).

Professional responsibilities

Many people are surprised to hear that there is no legal duty for health professionals to volunteer help in a medical emergency outside their normal remit. Many people mistakenly assume that all nurses (and doctors) have first aid training and the necessary skills needed to assist the injured person. However, this is not always the case, although most of us will do our best to help. The legal duty of care generally only arises when a practitioner has assumed some responsibility for the care of the patient concerned. Accordingly, if a nurse is at a road traffic accident, they do not have a legal duty of care to offer aid to any person injured in the accident.

Every situation is different so the nurse would be expected to use their professional judgement. According to Royal College of Nursing (RCN) 'duty of care' guidelines, if a nurse has first aid training and can assist, then they would be expected to 'provide support in line with her knowledge and skill'. However, 'if a nurse is not experienced with the medical situation that has presented itself, then the nurse should use their professional judgement to assist as much as they can, but acknowledge their limitations'.

Additionally, registered nurses should be aware that the Nursing & Midwifery Council (NMC) code places a professional duty on a nurse to provide appropriate assistance, within their sphere of knowledge and competence, in such circumstances. It states that wherever possible a nurse should arrange for emergency care to be accessed and provided promptly and should always take account of their own safety, the safety of others and the availability of other options for providing care. This professional duty may vary in practice, depending on the circumstances and the expertise of the nurse concerned, from simply providing some psychological comfort to the injured person, through to offering more hands-on care.

Bridging the knowledge gap

Although first aid skills may not be standard and consistent across the board, health regulators are clearer that all health professionals should be confident and competent in emergency life support. This is certainly the case for midwives and other health care workers caring for pregnant women – it is essential to understand and appropriately implement recommended adaptations to standard life support both for CPR and the recovery position.

Those with specific responsibilities for the young or elderly should have relevant first aid training covering

Sudden cardiac death

'Sudden Cardiac Death' (SCD) is an umbrella term used for the many different causes of cardiac arrest. It often occurs when there is a thickening or abnormal structure of the heart muscle and irregularities of the electrical impulses, leading to cardiac arrhythmias. It is vitally important to have an awareness of the symptoms of cardiac abnormalities and conditions which can lead to sudden cardiac death. Community nurses are vital in assisting with early diagnosis and referrals.

The British Heart Foundation (BHF) identifies the following risk factors that someone may have with an undiagnosed heart condition; a history of cardiac disease, cot death or fitting in the family; medical history including fitting, passing out, shortness of breath or palpitations. As part of *Making Every Contact Count* (<http://www.makeeverycontactcount.co.uk/>), all front-line staff should be alert to potential indicators that an apparently well child could have an underlying and undetected heart condition – perhaps they have fainted without warning, or have complained of chest pain while exercising. School nurses, in particular, may have a pivotal role in identifying children who report any of the above conditions and referring them for appropriate investigations and screening.

Due to numerous high profile, young deaths, there is now a strong push to introduce more defibrillators (AEDs) in schools. These devices are now also widely found in the community at train stations, airports, in doctors and dental surgeries and at supermarkets. Everyone should recognise the signs indicating the presence of the AED; there are apps available to locate your nearest defibrillator. Training on defibrillator usage is now a routine element of all regulated first aid training.

Defibrillators undoubtedly save lives, especially in a situation where a young person collapses. However, the case for advanced diagnosis remains strong given that many young people who have been diagnosed as having a cardiac abnormality continue to enjoy and excel at sports and are much safer with their condition recognised and being appropriately treated and monitored.

Dr Steven Cox, Chief Executive of the charity *Cardiac Risk in the Young* (CRY), is campaigning for the Government to support a national proactive cardiac screening of young people. He explains: 'Through our research, we know that the numbers of YSCD are not increasing, we are just getting better at identifying the conditions. We are also developing a much clearer picture of how many young people may be at risk from these silent killers. When you consider that 1 in 300 young people who are proactively screened (using an ECG test, followed by an Echocardiogram) will be identified with a potentially fatal heart condition, you begin to realise why screening is so effective and so important'.

First aid on the curriculum

As we went to press, Justine Greening, the Secretary of State for Education, set out the government's intention to make personal, social, health and economic education (PSHE) statutory in the future. The statement includes giving children and young people in all schools across England the opportunity to learn key life skills, including first aid. Although first aid already features within the PSHE programme of study taught in some schools, teaching coverage is patchy and some schools do not cover it at all.

Anne McColl, British Red Cross UK director of education, said: 'We welcome the government's announcement as a step in the right direction. By empowering young people to step forward and help in cases of bleeding, choking, cardiac arrest or other emergencies, we can create a generation of life-savers, and hopefully fewer lives will be lost, where first aid could have made a difference.'

the most likely emergency scenarios, using age-appropriate mannequins and examples for training purposes. The training should incorporate any known hazards, medical and health conditions and be as engaging and interactive as possible.

It is vital that staff are competent in advising on the first aid elements pertinent to individual health care plans for specific conditions. Specialist first aid training companies may be able to assist with specific staff training on asthma, anaphylaxis and seizure management. Emergency asthma inhalers are now available in schools and all appropriate staff should be able to recognise if someone is experiencing an asthma attack and be confident calmly managing the situation, referring as necessary. It is important to remember that asthma is a serious and potentially fatal condition, if the reliever inhaler is not helping, an ambulance should be called.

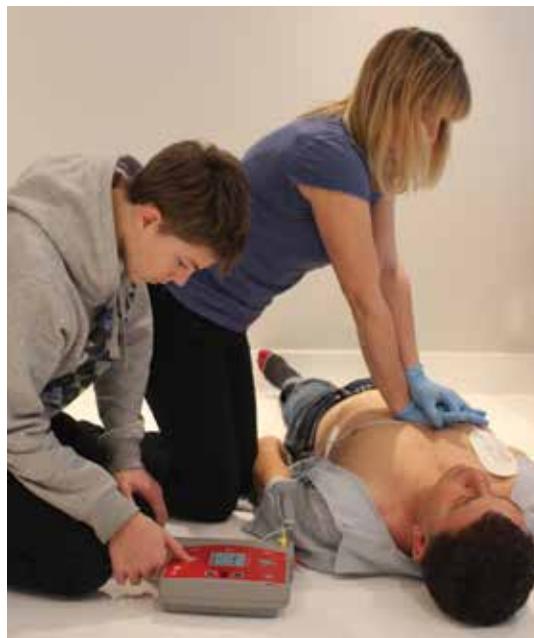
All staff responsible for the care of children at risk of an anaphylactic reaction should be extremely confident in the recognition and management of their condition. They should understand individual children's prescribed medication and have practised using all the most common adrenaline autoinjectors. It is vital that staff can recognise the early signs of an anaphylactic reaction, position the child appropriately and promptly administer their adrenaline autoinjector. There should be minimum delay in the administration of IM adrenaline and phoning for an ambulance. School nurses play an integral role in ensuring this training occurs, as part of their remit for Supporting Children with Medical Conditions in Schools (<http://medicalconditionsatschool.org.uk/>).

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).

Conclusion

Standard generic first aid training may be useful, but with limited time and resources available within the stretched NHS, more tailored training is recommended.

In an ideal scenario, all health care professionals should receive highly tailored, relevant first aid training from experienced first aid trainers, with a health and emergency services background. This will equip them with greater confidence and knowledge to deal with most emergency situations. In our challenging world, this confidence could translate to saving many lives



www.firstaidforlife.org.uk

First Aid for Life is a fully regulated first aid training provider whose trainers are highly experienced health and emergency services professionals. In addition to First Aid training, they can support multidisciplinary teams in schools by giving first aid advice for more complex medical conditions.

Emma has recently published a book called *Burns, falls and emergency calls – the ultimate guide to the prevention and treatment of childhood accidents*. It is available from all good bookshops and Amazon.



Further information

<http://www.capt.org.uk/>

The Child Accident Prevention Trust (CAPT) has a range of leaflets and resources designed to help you support parents to keep their children safe. Follow on Twitter via @CAPTCharity and facebook.com/ChildAccidentPreventionTrust. CAPT also provides answers to the main questions people ask about accident statistics via <http://www.makingthelink.net/child-accident-statistics>.

<http://www.c-r-y.org.uk/>

Cardiac Risk in the Young (CRY) aims to prevent young sudden cardiac deaths through awareness, screening and research, and supporting affected families.

<http://www.rospea.com/>

The Royal Society for the Prevention of Accidents (RoSPA) is dedicated to accident prevention, saving lives and reducing injuries. Their enquiry team can help answer questions on a wide range of topics using the resources in their collection. The enquiry service is available to all RoSPA members and other members of the public – email them via help@rospea.com or call +44 (0)121 248 2130.

jfh