



First Aid for Life

— The First Aid Experts —



Award Winning First Aid Training tailored to your needs – leading suppliers of First Aid training for staff and pupils in schools

Specialist Medical, Health and Emergency Services Trainers

www.firstaidforlife.org.uk

As Featured on:





Picture: Many Thanks to the Anaphylaxis Campaign.

1/3 of the UK population, 19 million people will develop an allergy at some point

In the UK, 5–8% of children have a food allergy

A fifth of all fatal reactions occur while at school.

2018/19 showed a 34% increase in admissions for anaphylactic shock (from 4,107 to 5,497 compared with 2013/14 figures)

London has highest increase of 167% from 180 to 480 cases

For children aged 10 and under there was an increase of 200% (from 110 to 330 cases)

Specialists do not as yet know the reason for this increase

Stats from Natasha Ednan-Laperouse Foundation

An allergy is an unnecessary immune response to an innocuous substance (termed an allergen).

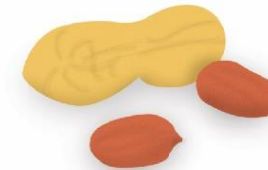
Allergens are usually proteins (called antigens) found in allergy-causing substances

Allergens trigger the immune system to respond in a way that can be harmful, causing tissue damage and serious disease.



Anaphylaxis triggers

COMMON ANAPHYLAXIS TRIGGERS



14 food labelling allergens:

Nuts and Peanuts (legumes that grow underground – not actually nuts)

Soya

Eggs

Gluten

Fish –

Lupin – flour or seed in bread, pastries and pasta

Milk

Molluscs and Crustaceans

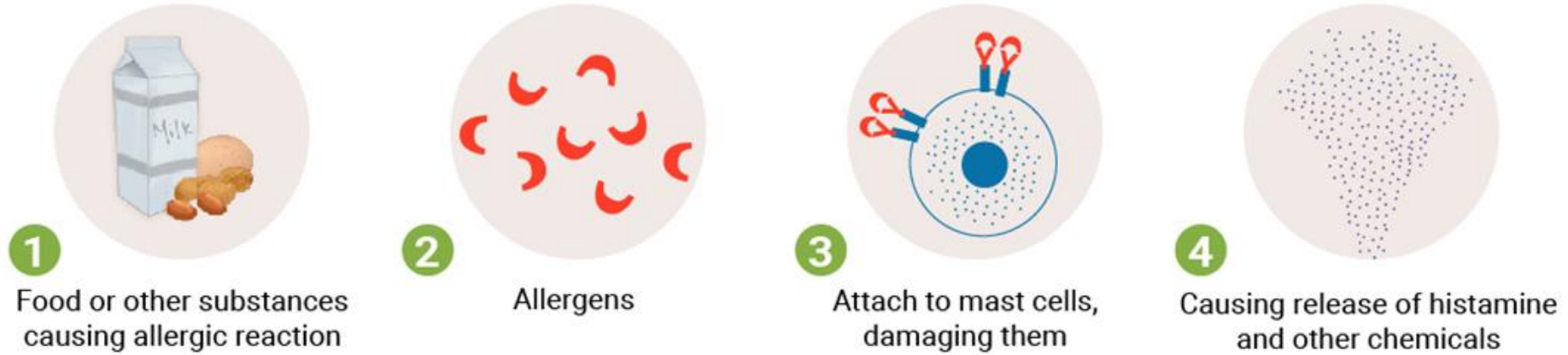
Mustard

Celery – stalks, leaves, seeds and roots

Sesame

Sulphur dioxide/sulphites – dried fruits eg raisins, meat soft drinks, wine, beer

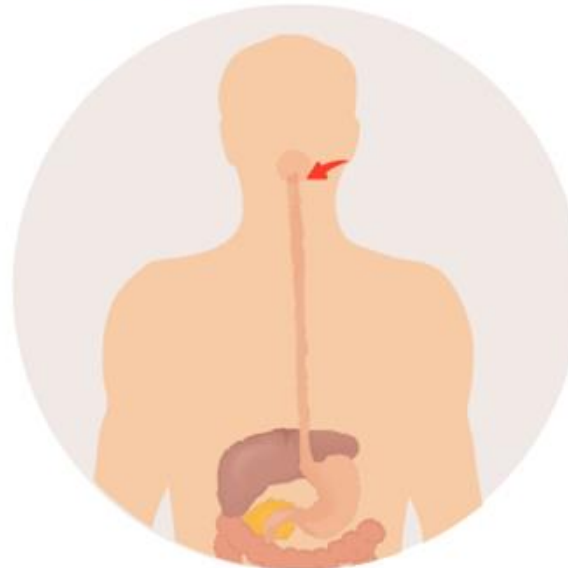
Allergic Reaction



Prompting an Allergic Reaction:

Anaphylaxis is life threatening and can affect

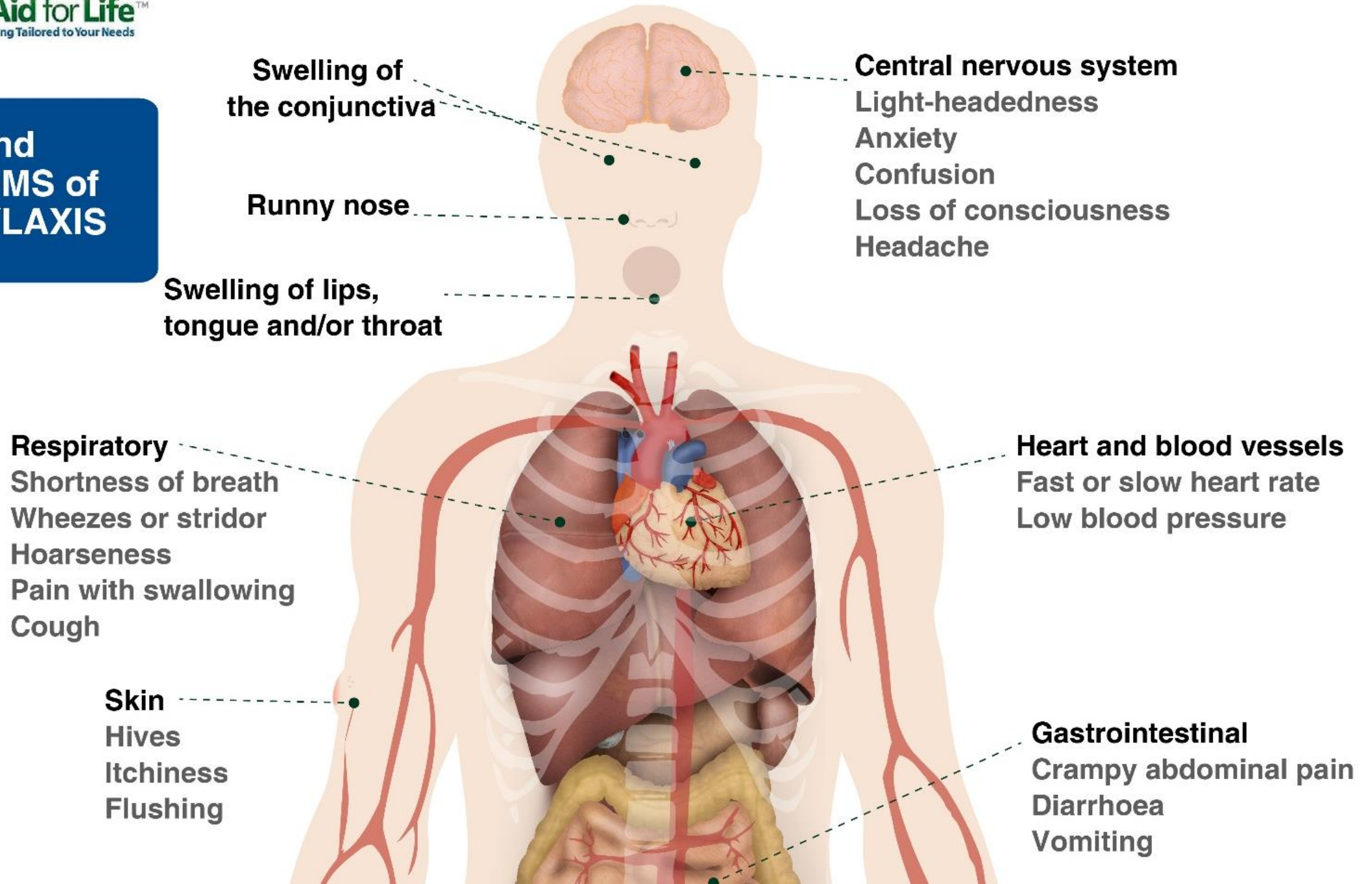
- ➔ Airway
- ➔ Breathing
- ➔ Level of consciousness

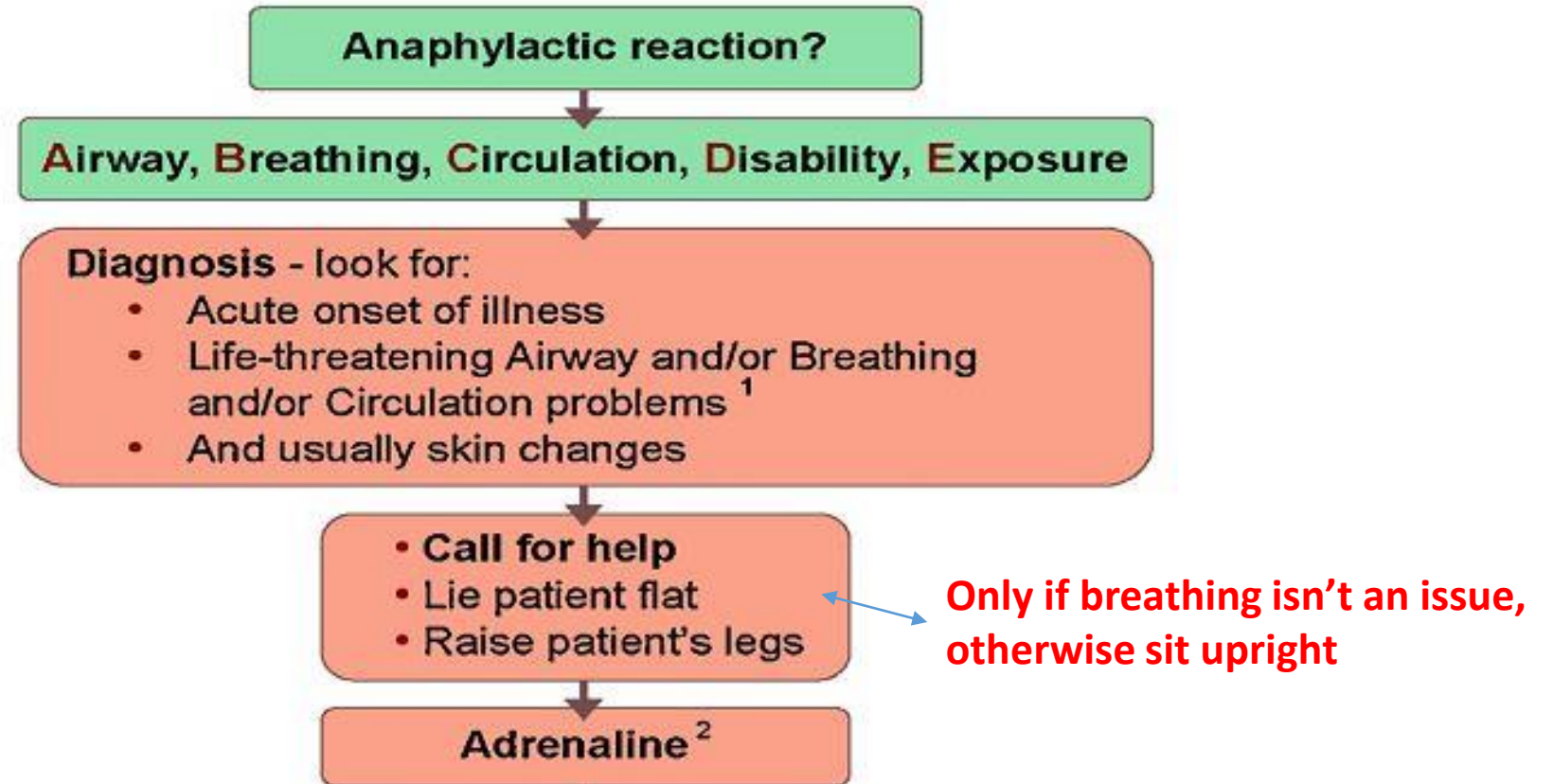


Mild/ moderate symptoms may include:

- ➔ Itching
- ➔ Swelling
- ➔ Nausea
- ➔ Vomiting
- ➔ Cramping
- ➔ Collapse

SIGNS and SYMPTOMS of ANAPHYLAXIS





Call an ambulance



Anaphylaxis Resuscitation Council Algorithm



Giving an adrenaline autoinjector





How to use an adrenalin autoinjector

(Epipen, Jext or Emerade)

1.



Hold in your dominant hand

2.



Remove the cap with your other hand

3.



Swing and jab the tip of the autoinjector into your upper, outer thigh (**with or without clothes, but avoiding seams**)

4.



Hold the injection in place for **10 seconds**

5.



Massage the injection site for 10 seconds

6.



Phone for an ambulance

Epipens only need to be held against the thigh for 3 seconds and you don't need to massage the site afterwards

Allergic reaction

Mild/moderate allergic reaction

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action

- Stay with the casualty, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine
- Phone emergency contact
- If vomited can repeat antihistamine dose
- **Monitor closely and be ready to give adrenaline immediately if symptoms worsen**

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with know food allergy who has SUDDEN BREATHING DIFFICULTY



Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue



Breathing

- Difficult or noisy breathing
- Wheezing (like an asthma attack)



Consciousness

- Persisten dizziness
- Pale or floppy
- Suddenly sleepy
- Colapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT

1. Lie casualty flat with legs raised (if breathing is difficult, allow casualty to sit)



2. Use Adrenaline autoinjector **without dealy**



3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")



IF IN DOUBT, GIVE ADRENALINE

AFTER GIVING ADRENALINE:

1. Stay with casualty until ambulance arrives, **do NOT stand casualty up**
2. Commence CPR if there are no signs of life.
3. If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available

Free posters available from
emma@firstaidforlife.org.uk

What are the symptoms of anaphylaxis?

Mild/moderate allergic reaction

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
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- 3** If no improvement **after 5 minutes**, give a **2nd adrenaline dose** using a second autoinjector device, if available

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Schools are permitted to hold emergency autoinjectors for children who have been prescribed them.

They can buy these from the Pharmacist

These autoinjectors should be clearly labelled and easily accessible in case there is a problem with their own medication.

Parents, pupils and staff should ensure autoinjectors remain in date and replacements are ordered in good time

Any medication that is given to a pupil should be recorded in the medication book

You are only giving this medication to pupils who have been prescribed it by their GP, as per their Individual Healthcare Plan



Asthma

In the UK, around 5.4 million people are currently receiving treatment for asthma.

That's one in every 12 adults and one in every 11 children.

Asthma affects more boys than girls. Asthma in adults is more common in women than men.

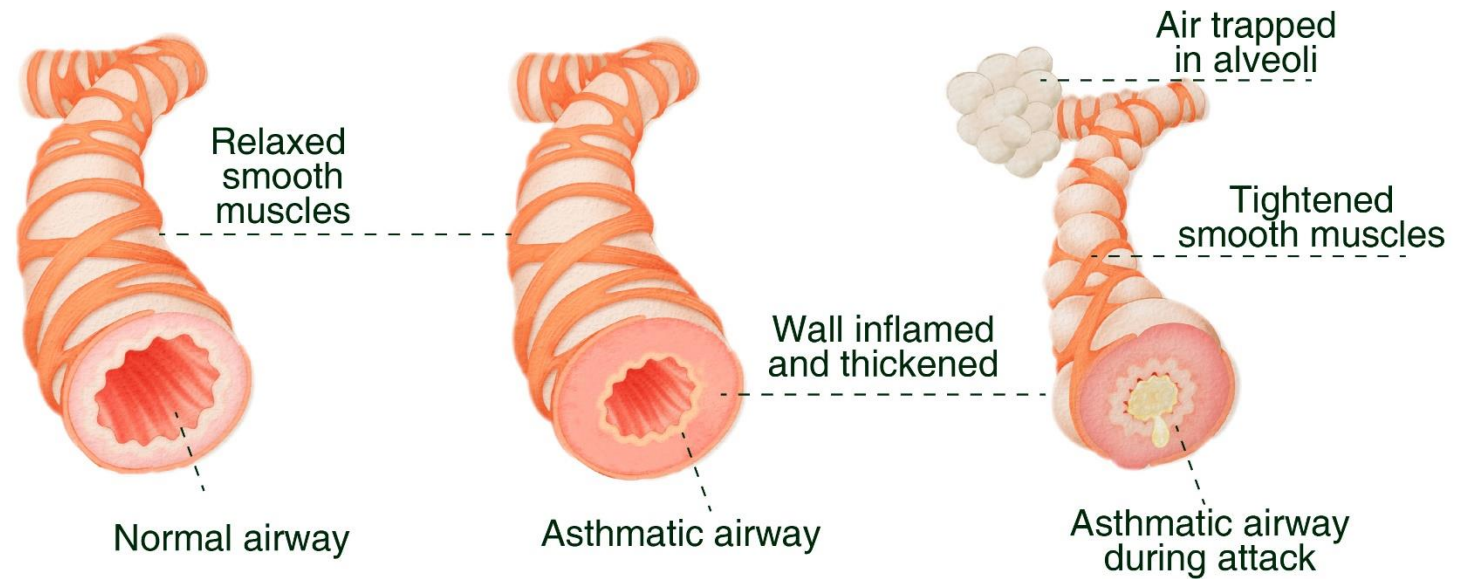
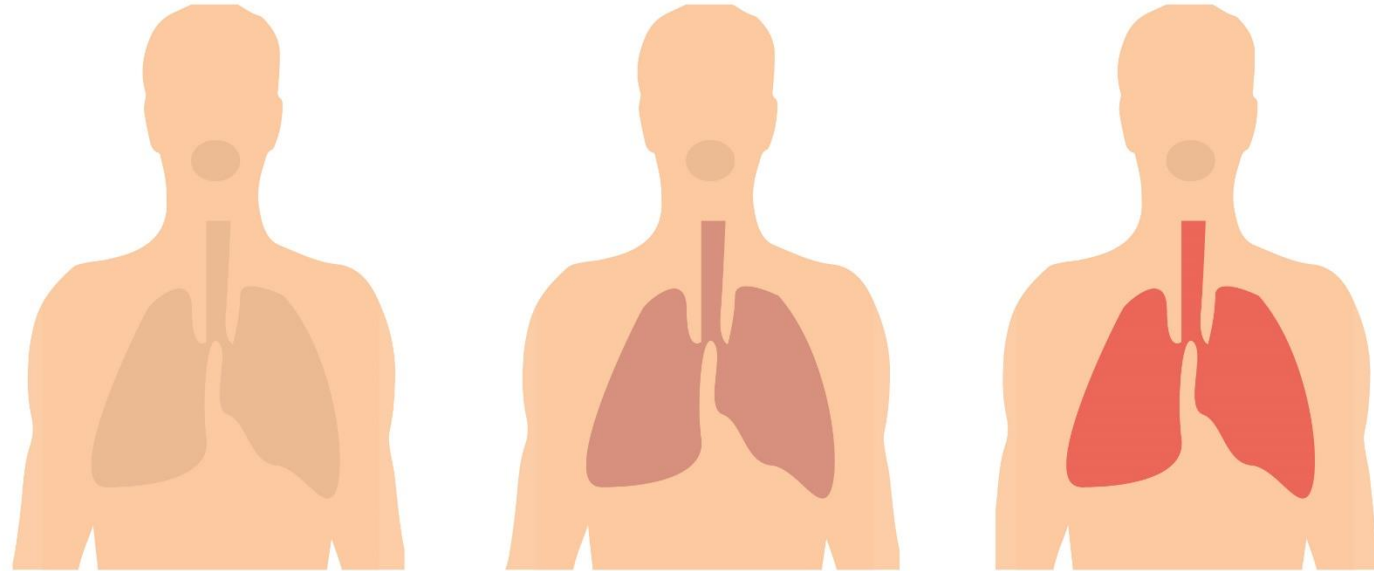
People with asthma have 'sensitive' airways that are inflamed and likely to react when they come into contact with one of their asthma triggers.

Asthma triggers can cause an asthmatic person's airways to react in three ways:

- The muscles around the walls of the airways tighten so that the airways become narrower.
- The lining of the airways becomes inflamed and starts to swell.
- Sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions in the airways make it difficult to breathe and lead to asthma symptoms, such as chest tightness, wheezing, or coughing. It can also lead to an asthma attack.

ASTHMA and YOUR AIRWAYS





Allergens



Work



Respiratory Infections

Inflammatory Factors

**TRIGGERS
for an
ASTHMA
ATTACK**



Strong odours



Cold air and temperature change



Exercise



Stress and emotions

Irritants



Pollutants



Food additives



Gastric reflux



Tobacco



Medication

Others



The reliever inhaler is the one needed during an asthma attack – it is usually blue

How to deal with an Asthma Attack

STEP
1

Sit up straight – don't lie down. Try to keep calm.

STEP
2

Take one puff of your reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs.



Have the symptoms improved immediately?

No

Yes

STEP
3

If you feel worse at any point or you don't feel better after 10 puffs, call 999 for an ambulance.



Continue to sit with the casualty until they are feeling completely well and can go back to previous activity

If the casualty is a child, parents/carers should be informed



STEP
4

Repeat step 2 after 15 minutes while you're waiting for an ambulance.

STEP
5

Even if you feel better, make an urgent same-day appointment with your GP or asthma nurse

If the casualty is a child, parents/carers should be informed

Signs of an asthma attack can include any of these

- Coughing
- Being short of breath
- Wheezy breathing
- Being unusually quiet
- Tightness in their chest - some children express this as tummy ache

Early warning signs someone is at risk of an asthma attack

- Needing to use the reliever inhaler (usually blue) three times a week or more because of asthma symptoms
- Symptoms – tightness in your chest, feeling breathless, coughing and/or wheezing
- Waking up at night because of asthma
- Symptoms are getting in the way of your day-to-day life

If the reliever inhaler (usually blue) isn't helping or they need to use it more than every four hours, they are having an asthma attack.

Schools are permitted to hold emergency asthma inhalers for children who have been prescribed them.

They can buy these from the Pharmacist along with emergency spacers

These inhalers and spacers should be clearly labelled and easily accessible in case there is a problem with their own medication.

Parents, pupils and staff should ensure inhalers remain in date and replacements are ordered in good time

Any medication that is given to a pupil should be recorded in the medication book

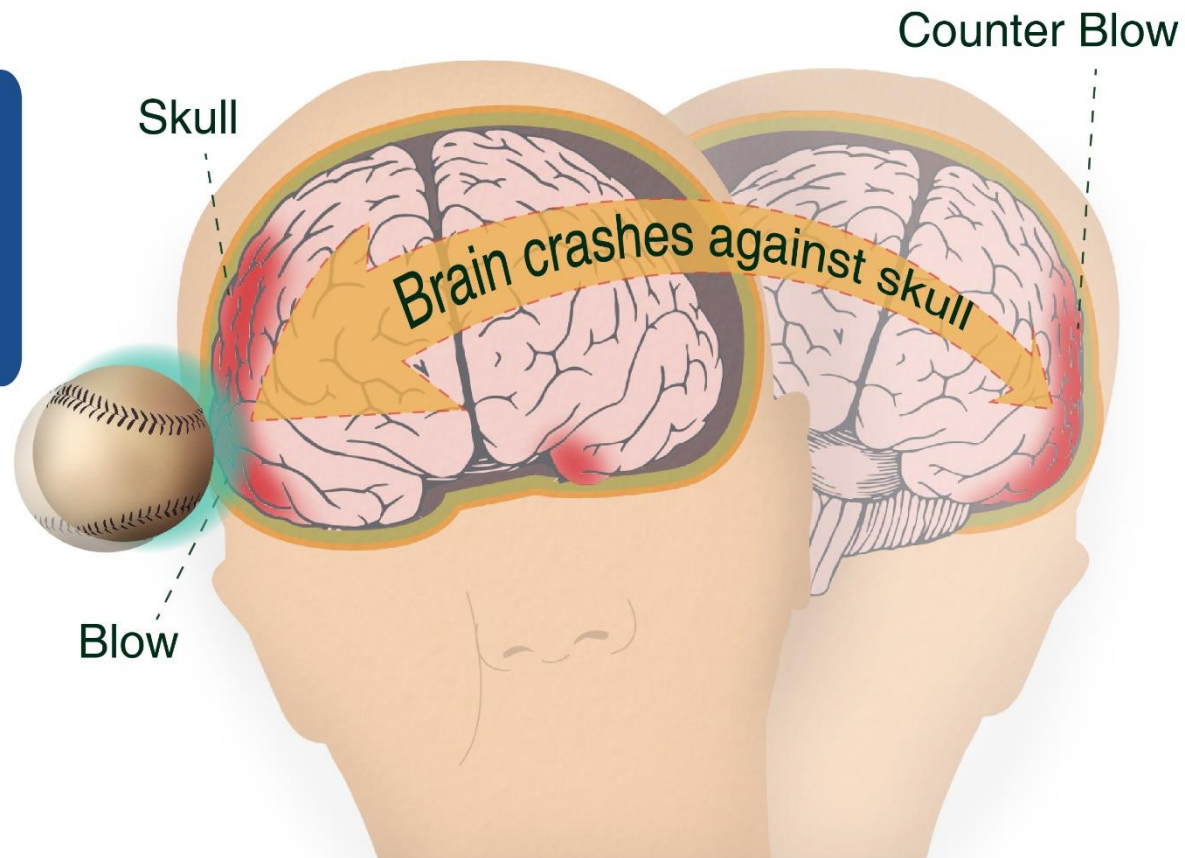
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Head injuries

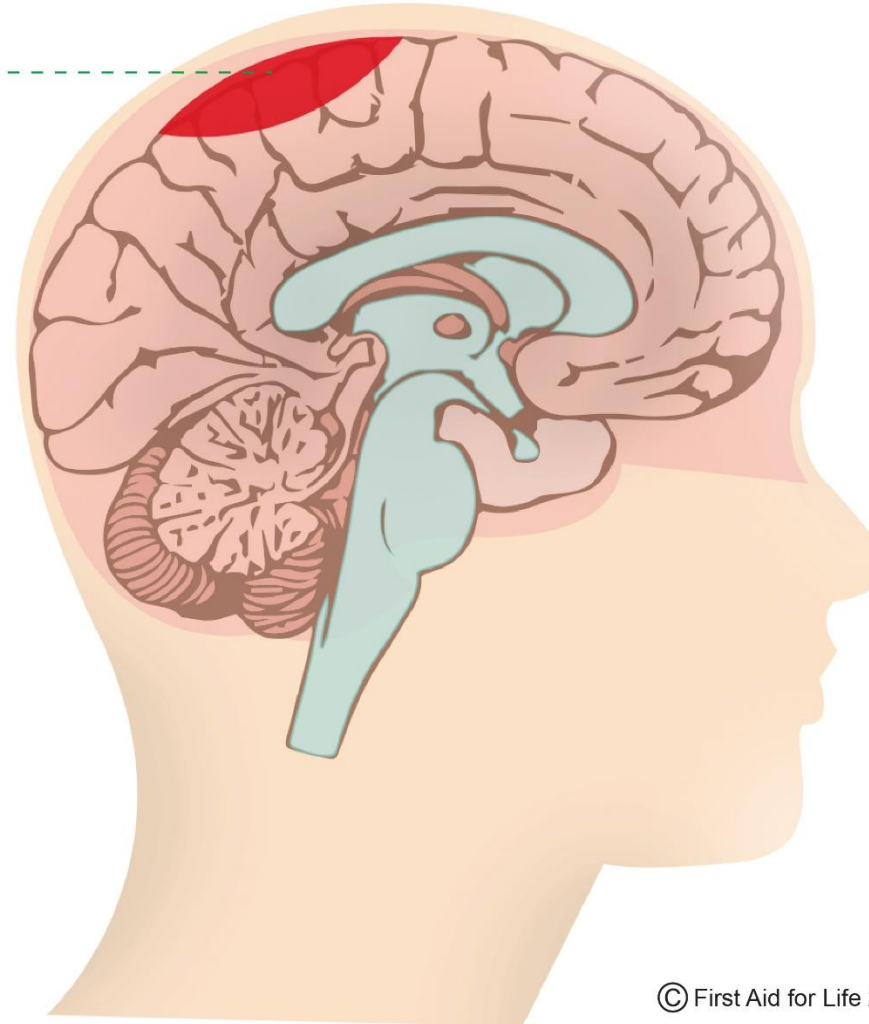


TRAUMATIC BRAIN INJURY



Compression

**CEREBRAL
COMPRESSION**



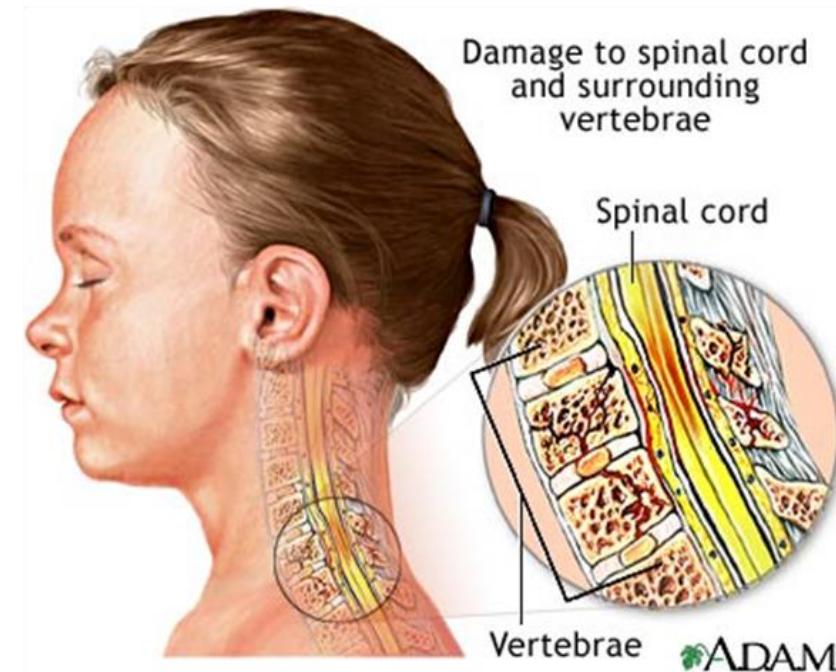


Log rolling technique

If conscious – Keep still

**If unconscious or semi-conscious on back –
roll into recovery position**

Fallen from a height
Something fallen onto them
Road traffic accident – of any sort
Contact sport
Head injury
If any of the above apply – suspect spinal injury



SIGNS AND SYMPTOMS TO LOOK OUT FOR FOLLOWING A HEAD INJURY

The following signs and symptoms can appear immediately or over the next couple of days.
Keep a close eye on the casualty and get medical advice if at all concerned.

Experienced by Casualty

- Headache or pressure in the head
- Balance problems or dizziness
- Nausea/Vomiting
- Sensitivity to light or noise
- Does not feel right
- Blurred vision or double vision
- Feel “Dazed”, sluggish, foggy or groggy
- Difficulty concentrating or remembering
- Feeling irritable, sad, nervous or more emotional
- Sleep disturbances



SIGNS AND SYMPTOMS TO LOOK OUT FOR FOLLOWING A HEAD INJURY

The following signs and symptoms can appear immediately or over the next couple of days.
Keep a close eye on the casualty and get medical advice if at all concerned.

Observed by others

- Appears stunned or dazed
- Loses consciousness (even briefly)
- Is confused about events
- Trouble thinking or concentrating
- Can't recall events prior or after event
- Shows behavioral or personality changes
- Answer questions slowly and repeats questions
- Shows behaviour or personality changes



Remove – any player who has experienced a head injury and ensure observed for at least next 48 hours

Recognise – signs of concussion. Only around 10% of people with concussion lose consciousness. Observe for dazed/blank expression, tonic arm extension or other head injury signs and symptoms.

Severe head injury - suspect spinal injury; only remove if appropriately trained to do so. Otherwise, reassure casualty, support their head in a neutral position. **Stop the game – or move to another pitch.**

Rest – for at least 24 hours for an adult and 48 hours for a child or adolescent

Recover – Ensure the player remains completely symptom free before contemplating any form of return to play.

Return – return to play using the gradual return to play GRTP method.

Casualty to be deemed fit by a doctor prior to return.

Don't make things worse – important to take seriously and rest

Do not risk injury again

Rest the brain = lots of sleep, avoid reading, screens and sports for at least 24 hours/48 hours

Children and adolescents may need one or 2 days off school and a gradual return to academic study. They can start light reading and small amounts of screen time but should monitor and stop if there are signs of any recurrence of symptoms.

At least 2 weeks with no training to give the brain a chance to fully recover.

If there are no symptoms players can then start the gradual return to play or **GRTP** –

24 hours per stage (48 hours for children and adolescents) – **go back a stage if symptoms return**

Light aerobic exercise

Sport specific exercise

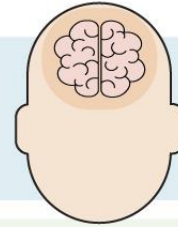
Non-contact training

Full contact practice

19 days is the earliest that an adult can return to play

23 days is the earliest that a child or adolescent can return to play

How to recognise and manage a concussion

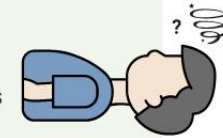


A concussion is an injury to the brain



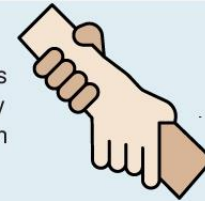
While injury to the brain can be fatal, most concussions recover completely with correct management

Loss of consciousness does not occur in the majority of concussions



All concussions should be regarded as potentially serious and should be managed in accordance with the appropriate guidelines

Anyone with any concussion symptoms following a head injury **must** be removed from playing or training



There must be no return to play on the day of any suspected concussion



Return to education or work must take priority over return to play



A progressive exercise program that introduces an individual back to sport in a step-wise fashion is recommended after a concussion



An injury to the cervical spine (neck) may occur at the same time as a concussion and normal principles of cervical spine care should also be followed

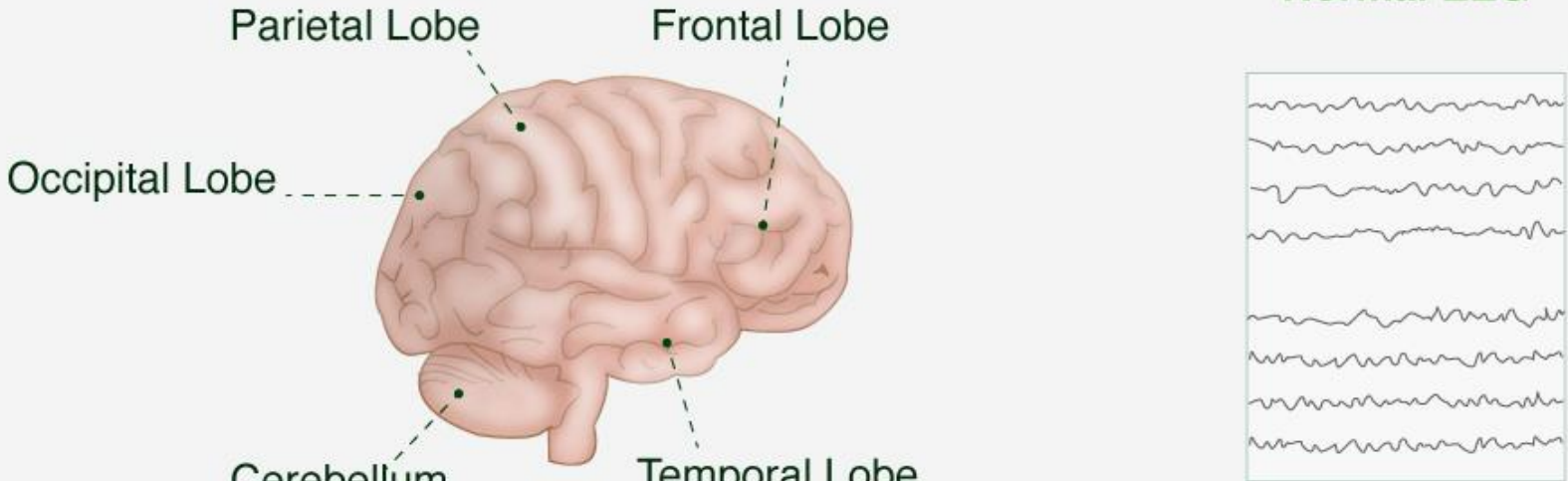
Free posters and ebooks available from emma@firstaidforlife.org.uk



The above advice is in accordance with the concussion alliance from TheFA

Seizures, fits and convulsions

Normal EEG

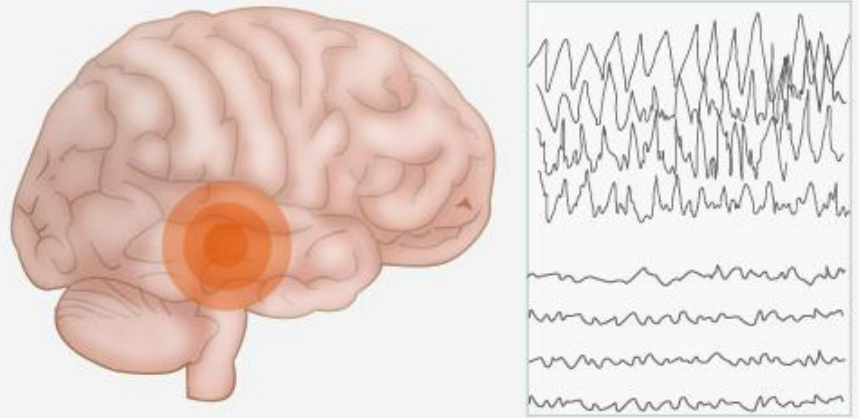


Parietal Lobe Frontal Lobe

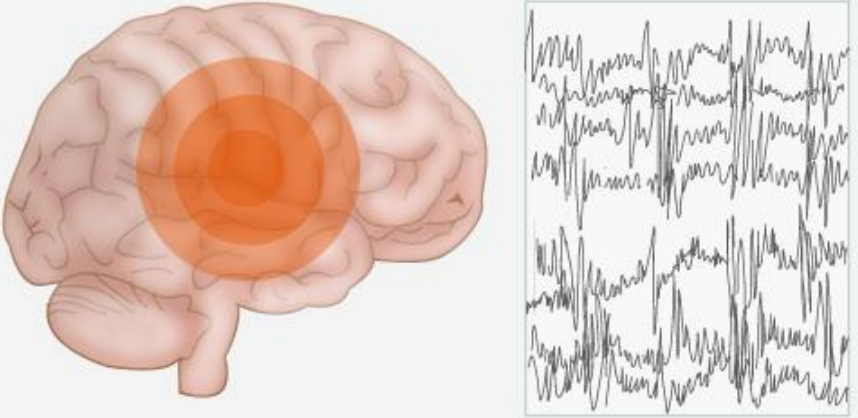
Occipital Lobe

Cerebellum Temporal Lobe

Focal Seizure EEG



Generalized Seizure EEG



Seizures can be caused by any disturbance to the blood flow to the brain

Head injury

Brain tumour

CVA or stroke

Drugs and alcohol

Meningitis and Sepsis

Lack of oxygen

Fainting

Cardiac arrest

Raised temperature

Epilepsy – diagnosed when seizures cannot be attributed to any other cause

Managing seizures

- Don't put anything in their mouth
- Don't restrain them



- Protect their dignity
- If the seizure lasts **more than 5 minutes** phone an ambulance

If they stop breathing, start CPR

- **Always check for breathing**
- **Maintain their safety and dignity**
- **Time the seizure**
- **Ensure the welfare of other children too**

Call an ambulance if it is their first seizure, if they have repeated seizures or the seizure lasts longer than 5 minutes, or is different from their usual seizure



Supporting pupils with medical conditions and giving medication in schools and childcare settings

Special price for SAPHNA



1

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Special price for SAPHNA

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Tags: [child care](#), [essential](#), [first aid](#), [paediatric first aid](#), [parents](#), [teachers](#)

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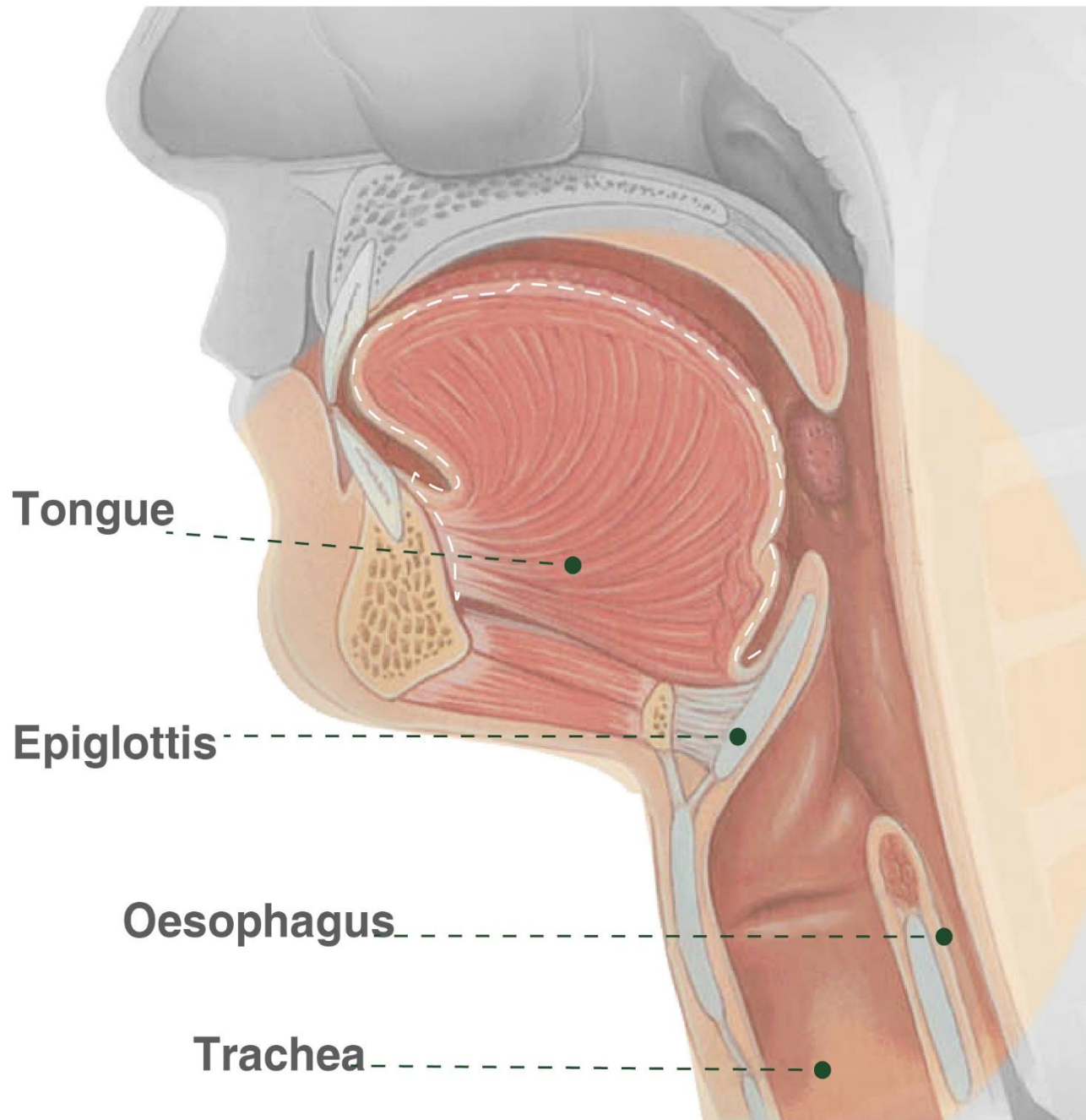
Any Questions?

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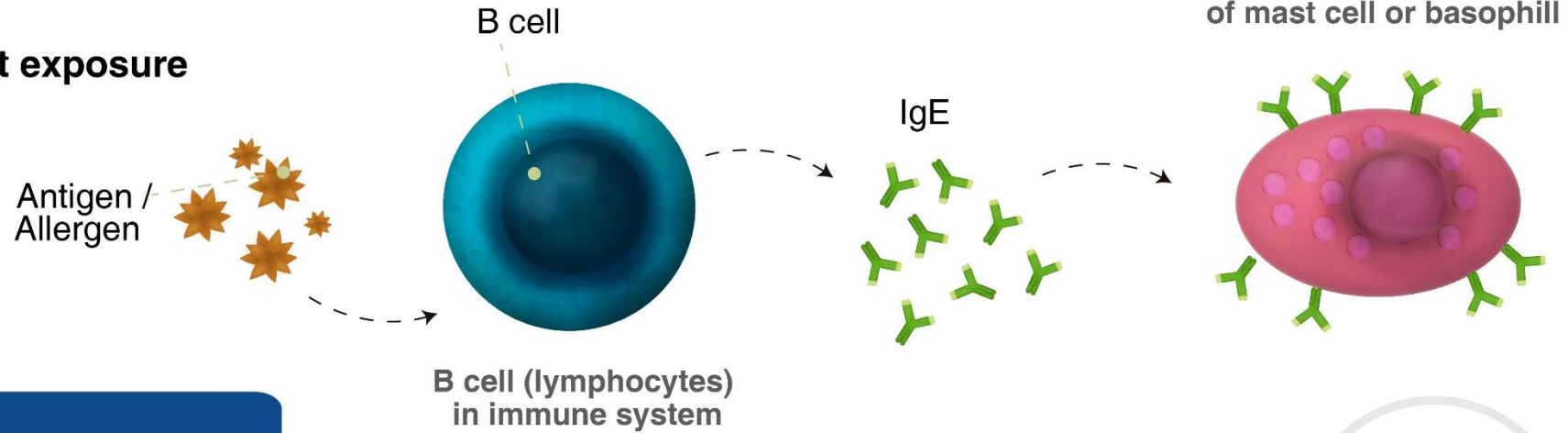
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THROAT ANATOMY



1st exposure



ANAPHYLACTIC REACTION

2nd exposure

