**1st Response session plan and trainers’ notes**

**About delivering 1st Response**

**What information do I need to deliver 1st Response?**

This session plan has everything you need. We have highlighted the things you have to do and key learning points are clearly written for each section.

Session 1 must be delivered face to face as this is essential for participants to gain the necessary emergency skills and knowledge. Sessions 2 and 3 can be delivered either via webinar or face to face.

Trainers should be aware of the differing learning styles, knowledge and confidence of the participants on an individual course and are encouraged to adapt parts of the course to suit them and their participants. Consideration should be given as to whether your learners need to hear, read, watch, or do – in order to learn and a variety of methods are encouraged to be used.

1. Session 1 should be delivered first as this contains the core knowledge of how to approach an incident and an ill or injured casualty.
2. Sessions 2 and 3 could then be delivered in either order if wished.
3. The core videos should be shown to the participants, this is to ensure that every participant receives the same information and helps keep the course consistent and of a high quality.
4. Trainers are welcome to add in games and activities where appropriate. The use of scenarios and small group work is to be encouraged.
5. Trainers are discouraged from adding in large quantities of additional material. The course is designed to be clear and concise. Participants wishing to know more can be directed, as described in Session 2, to other sources of information e.g., an up to date first aid manual or NHS111 on the phone or website.
6. Although the course is not tested or examined, we are affirming that participants that complete the course are safe to be a first aider at a Unit meting or event. Trainers should ensure that by the end of the course, every participant has obtained the required skills and knowledge. This may require different amounts of time for each participant especially in the gaining of practical skills.

**Are there any course resources?**

There are several available handouts and downloads to support both your delivery and the participants. These can be accessed via both the Girlguiding and Scouts training areas each organisations website. There is no participant resource booklet but instead we would recommend the First Aid Manual (DK First Aid) for participants and their units.

* Editable example session plan
* 1st Response course PowerPoint
* 1st Response course Webinar PowerPoints
* First response scenarios document
* Arrival at an incident document

**How long is 1st Response**?

The 1st Response training course is 6 hours in total.

There is flexibility for 1st Response to be delivered via two different formats:

1. A full day 6-hour course delivered in one day.
2. 3 x 2-hour sessions. These sessions are clearly defined in the training plan. Session 1 must always be delivered face to face.

Try not to use the session plan as just a ready-made script. It gives you key information but like all great teachers you need to add a little more of your own research:

**Can I deliver 1st Response as a live online training / webinar?**

Yes – Sessions 2 and 3 of 1st Response can be delivered as a live online training / webinar. Sessions must be delivered by two trainers. It is recommended that one should be a recognised Girlguiding webinar. Webinar trainers who are also 1st Response trainers are asked to co-deliver with another trainer as they would other webinar trainings. There are webinar trainers in every country/region and offices will be able to see them on GO.

**Do I have to stick to the training plan and the aims and objectives?**

Yes, when delivering 1st Response, you must keep to the aims and objectives and follow the session plan. The plan has been designed to provide a syllabus that is relevant and essential for your role as a first aider. Choose from a range of activities and select which work best for your context. You will find activity instructions and an example training plan in this document. Plus, all the resources you need are in the training resources section of the website such as scenario templates and question sheets.

**Can I be flexible with how I deliver topic areas**?

A range of delivery methods are included to prompt you and assist you with delivery. Some methods are compulsory for topics, others can be used where appropriate.

**Do I need a risk assessment?**

Yes. As with all training sessions you must complete a risk assessment before teaching the session. Consider the needs of your participants and be ready to explain at the beginning of the session any relevant safety information, like fire regulations.

**Participant needs**

When planning your session, you will need to ensure the training organiser provides you with details of any learner needs so that you can adapt to meet these.

This could be things like

* Having a wheelchair accessible venue
* Providing overlays or printed copies of any slides for people with dyslexia or learning difficulties
* Providing large print versions of any resources or sending in advance
* Adjusting timings or time of breaks to fit in with prayer times
* Adjusting activities to suit any mobility issues of volunteers

It is important to ask volunteers what they need rather than making assumptions, and as much as possible making adjustments that do not single specific people out, for example if you are playing a game that requires people moving around and you have a participant with mobility issues, consider changing the game for the whole group instead of asking that person to sit out or do something different.

There is more information on the Girlguiding website about reasonable adjustments, what we are required to do by law and how we can support

**GO updating**

Ensure whoever updates your GO locally is informed of who attended the training and the date it took place. If you are completing this training as 2 x 3 hour blocks, please use the date of the final training.

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall Course Aims, Objectives and Outcome** | | | |
| **Aim:** This course aims to cover the knowledge and skills necessary to enable members of Girlguiding and The Scouts to provide basic first aid and ensure safe management of a first aid incident.  **Objectives:**  By the end of the training participants will have had the opportunity to be   * provided with simple first aid information which is relevant to their role. * helped to build confidence and skills in coping with emergency and first aid situations. * equipped with the knowledge needed to manage these emergencies.   **Outcomes:**  Participants will have the skills and knowledge to enable them to keep Girlguiding / Scouting members as safe as possible while they are in our care. | | | |
|  | **Session 1 – Life support** | **Session 2 – Trauma and injury** | **Session 3 – Major illness** |
| **Objectives** | 1. Introduce the participants to the theory and practical sides of the life support topics of first aid and discuss when each area may be needed. 2. Allow participants to practice and demonstrate their knowledge of life support. 3. Allow participants to practice and demonstrate their skills in performing (or instructing) elements of life support. | Recognise the signs, and symptoms and understand what action needs to be taken when presented with:   1. Shock 2. Bleeding 3. Fractures and sprains 4. Ticks 5. Head injuries 6. Dental incidents 7. Burns | 1. To be able to understand the symptoms and signs for:   1. Asthma 2. Anaphylaxis 3. Heart Attack 4. Stroke 5. Seizures 6. Diabetes 7. Sepsis / Meningitis   2**.** To understand the planning and preparation needed for members with known conditions / illnesses.  3. To know where to look for help and advice from other sources related to these conditions / illnesses. |
| **Outcomes** | 1. Know and demonstrate :    1. Use of AED (automated external defibrillator) \*\*    2. Choking \*    3. Causes and level of unresponsiveness    4. Recovery / safe airway position \* 2. Know and demonstrate (or instruct a trainer) your skill in performing : 3. Approach to and assessment of a scene/incident \*\* 4. CPR for an adult \*\* 5. CPR for a child \*\* | Know where to seek advice and recognise what action needs to be taken when presented with one of the following traumas or injuries.   1. Shock 2. Bleeding \* 3. Fractures and sprains \* 4. Ticks 5. Head injury 6. Dental incidents 7. Burns | Understand the symptoms and signs that mean you need to seek professional medical advice and know how to provide immediate first aid treatment in particular helping patient to use their own emergency medication for:   1. Asthma 2. Anaphylaxis \* 3. Heart attack 4. Stroke 5. Seizures 6. Diabetes 7. Sepsis/Meningitis |
| **Time** | 2 hours | 2 hours | 2 hours |

|  |  |
| --- | --- |
| **1st Response syllabus** | |
| **Unless otherwise stated (as identified by \* or \*\*) items can be delivered in a theoretical way, using trainer delivered or video content.**  **Items identified with \* can be delivered in either theory or practical methods, recognising that a variety of factors may make this not possible, where possible practical activities would be encouraged.**  **Items identified with \*\* must be demonstrated practically by the participants (although those who are not able to do this may instruct others in doing the skill), and with a combination of trainer delivered, video and practical teaching methods to aid with learning.** | |
|  | Session in 1st Response Course |
| **Life Support**  Demonstrate their knowledge of   1. Use of AED (automated external defibrillator) \*\* 2. Choking \* 3. Causes and level of unresponsiveness 4. Recovery / safe airway position \* | 1 |
| **Life Support**  Demonstrate (or instruct a trainer) your skill in performing and your knowledge of   1. Approach and assessment \*\* 2. CPR for an adult \*\* 3. CPR for a child \*\* | 1 |
| **Trauma and injury**   * Shock * Bleeding\* * Fractures and sprains \* * Ticks * Head injury * Dental incidents * Burns | 2 |
| **Major Illness**   * Asthma * Anaphylaxis \* * Heart attack * Stroke * Seizures * Diabetes * Sepsis/Meningitis   Note: Anaphylaxis can have some practical delivery should qualified individuals be available to assist with the practical demonstration of the use of adrenaline auto-injectors. | 3 |

**Example training plan –**

| **Time** | **Topic** | **Delivery method** | **Resources required** |
| --- | --- | --- | --- |
| 00:00  (5 mins) | **Welcome and Introduce topic and learning objectives.** | * Talk | PowerPoint |
| 00:05  (10 mins) | **Safe approach** | * Talk * Small group discussions * Feedback | Arrival at incident resource |
| 00:15  (15 mins) | **Primary Survey and ABC assessment** | * Talk * Demonstration * Practical \*\*must be demonstrated practically by the participants\*\* | PowerPoint |
| 00:30  (20 mins) | **CPR (Adults)** | * Talk * Demonstration * Practical \*\* This ***must*** **be demonstrated practically by the participants\*\*** * Video | CPR (Adult) Video from PowerPoint or resource library, PowerPoint, Resuscitation manikins and all associated equipment. Use 1 manikin per person and change lungs, use a pocket mask if you know how to, or just stick with compression only. |
| 00:50  (15 mins) | **CPR (Children** | * Talk * Demonstration * Practical \*\* This ***must*** **be demonstrated practically by the participants\*\*** * Video | CPR (Adult) Video from PowerPoint or resource library, PowerPoint, Resuscitation manikins and all associated equipment. Use 1 manikin per person and change lungs, use a pocket mask if you know how to, or just stick with compression only. |
| 01:05  (15 mins) | **AED** | * Video * Demonstration * Practical | AED training equipment, PowerPoint, AED video from PowerPoint or resource library. |
| 01:20  (10 mins) | **Choking** | * Video * Demonstration * Practical | PowerPoint, choking vest (if available), video from resource library or PowerPoint. |
| 01:30  (5 mins) | **Unresponsiveness** | * Talk | PowerPoint |
| 01:35  (20 mins) | **Recovery position** | * Video * Demonstration * Practical | PowerPoint, video from resource library or PowerPoint |
| 01:55  (5 mins) | **Summary and Q+A** |  | PowerPoint |
| **BREAK** | | | |
| 02:00  (5 mins) | **Welcome and Introduce topic and learning objectives.** | * Talk | PowerPoint |
| 02:05  (15 mins) | **Shock** | * Talk * Discussion * Video | PowerPoint, Scenario document, video from resource library or PowerPoint |
| 02:20  (20 mins) | **Bleeding** | * Practical * Group discussion * Feedback | PowerPoint, Scenario document, video from resource library or PowerPoint, bandages, plasters. |
| 02:40  (15 mins) | **Burns** | * Talk * Group discussion * Feedback | PowerPoint |
| 02:55  (20 mins) | **Fractures** | * Demonstration * Practical * Small groups | PowerPoint, Scenario document |
| 03:15  (10 mins) | **Sprains** | * Talk * Discussion | PowerPoint |
| 03:25  (5 mins) | **Ticks** | * Talk * Discussion | PowerPoint, Resource document |
| 03:30  (15 mins) | **Head injury** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 03:45  (10 mins) | **Dental** | * Talk * Small groups | PowerPoint, Scenario document |
| 03:55  (5 mins) | **Summary and Q+A** |  | PowerPoint |
| **BREAK** | | | |
| 04:00  (5 mins) | **Welcome and Introduce topic and learning objectives.** | * Talk | PowerPoint |
| 04:05  (15 mins) | **Asthma** | * Talk * Discussion | PowerPoint, Scenario document |
| 04:20  (15 mins) | **Anaphylaxis** | * Video * Talk * Discussion | PowerPoint, Scenario document, video from resource library or PowerPoint |
| 04:35  (15 mins) | **Heart attack** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 05:50  (15 mins) | **Stroke** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 05:05  (15 mins) | **Seizures** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 05:20  (15 mins) | **Diabetes** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 05:35  (15 mins) | **Meningitis and Sepsis** | * Talk * Discussion * Small groups | PowerPoint, Scenario document |
| 05:50  (10 mins) | **Summary and Q+A** |  | PowerPoint |

**Full plan with trainers notes and learning points**

**SESSION 1 – Life support**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 00:00  (5 mins) | **Welcome and Introduce topic and learning objectives.**  **1. Welcome**  - Housekeeping (fire briefing, toilets, water access)  **2. Aims, objectives, and learning outcomes**  3. **Introductions** - If suitable, a small activity to introduce all trainers and participants. | **Trainers Notes:**  Outline the structure of the session - You may be delivering this as a standalone module (2hours) or as part of a full day of training (6 hours).  If delivering as virtual training all notes and trainers’ instructions can be found on the webinar PowerPoint.  Aim: This course aims to cover the knowledge and skills necessary to enable members of Girlguiding and The Scouts to provide basic first aid and ensure safe management of a first aid incident.  Objectives:   1. Introduce the participants to the theory and practical sides of the life support topics of 1st Aid and discuss when each area may be needed. 2. Allow participants to practice and demonstrate their knowledge of life support. 3. Allow participants to practice and demonstrate their skills in performing (or instructing) elements of life support.   Outcomes:   1. Know and demonstrate : 2. Use of AED (automated external defibrillator) \* 3. Choking \* 4. Causes and level of unresponsiveness 5. Recovery / safe airway position \* 6. Know and demonstrate (or instruct a trainer) your skill in performing : 7. Approach to and assessment of a scene/incident \*\* 8. CPR for an adult \*\* 9. CPR for a child \*\* |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 00:05  (10 mins) | **Safe Approach**  1. Arrival at an incident  2. Protect yourself and them from any further damage  3. Prevent infection between you and them  4. Comfort and reassure  5. Arrange for right kind of care  6. Record keeping  **Delivery methods:**   * Arrival at incident resource Talk * Small group discussions * Feedback | **Learning Points:**  Focus on keeping everyone safe, including yourself. Emphasise what first aiders should be looking for and the initial steps they need to take.  **Trainers Notes:**  **1. Arrival at an incident**  *Assess the situation quickly and calmly:*   * Safety: Are you or they in any danger? Is it safe for you to go up to them? * Scene: What caused the accident or situation? How many casualties are there? * Situation: What are the environmental factors involved? Ages of casualties? Are the injuries life threatening?   **2. Protect yourself and them from any further danger:**   * Always protect yourself first - never put yourself at risk * Only move them to safety if leaving them would cause them more harm * If you can’t make an area safe, call 999 for emergency help   **3. Prevent infection between you and them**:   * Wash your hands or use alcohol gel * Wear disposable gloves or use the casualty’s hand to hold a wound if necessary * Don appropriate PPE.   **4. Comfort and reassure:**   * Stay calm and take charge of the situation * Introduce yourself to them to help gain their trust * Explain what’s happening and why using appropriate language to the age of the person. * Say what you’re going to do before you do it - Ask them if this is ok and wait for a response if they’re able to.   **5. Arrange for the right kind of care:**   * Call 999 for an ambulance if you think it’s serious * Take or send them to hospital if it’s a serious condition but is unlikely to get worse * Suggest they see their doctor if they’re concerned about a less serious condition * Advise them to go home to rest, but to seek help if they feel worse as long as someone else will be at home with them. If this is a head injury, concerns for a concussion especially if they live alone, advise that they will need to find someone to stay with them * Stay with them until you can leave them in the right care * Inform parents/carers of what has happened   **6. Record keeping:**  Complete reports to include:   * Details of the incident * Location * Date and time of incident * Who was involved * What was done * Who was notified |
| **Additional equipment and resources required** | | |
| Powerpoint, Arrival at incident resource | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 00:15  (15 mins) | **Primary Survey and initial assessment**   * Danger * Response * Airways * Breathing * Circulation (CPR / Recovery position)   **Delivery methods:**   * Talk * Demonstration * Practical \*\*must be demonstrated practically by the participants\*\* | **Learning Points:**  Focus on allowing participants to practice and demonstrate skills. Everyone must demonstrate or instruct all aspects of the primary survey and ABC assessment.  **Trainers Notes:**  **Danger**:  If someone needs help, before you go up to them check – is it safe?  Look and listen for danger to you or to them. If there is danger, make it safe first.  Do not move the casualty unless they are in danger.  **Response**:  **Ask a direct question and wait for a response:** ‘Are you alright?’ or: ‘Open your eyes for me please!’  If they don’t respond, gently shake their shoulders, or with a child (aged 1-puberty) - tap their shoulder.  If they still don’t respond, then presume they’re unresponsive and move on to assessing airways. Someone who is unresponsive should always take priority so you should treat them first and as quickly as possible.  **Airways**:  **CHECK is their airway open and clear?**  If their airway is open and clear, move on to assess breathing. **If airway appears blocked assess for the following - are they responsive or unresponsive?**  **Unresponsive casualty:** If they’re unresponsive, tilt their head and lift their chin to open their airway.  \* Covid-19 pandemic advice is to place a towel or item of clothing or facemask/covering over patient’s nose and mouth to prevent droplet spread whilst assessing\*  Only move to **Breathing** – once their airway is open and clear.  **Breathing**:  Are they breathing normally? Look, listen and feel to check their breathing- do this for no more than 10 seconds  \* Covid-19 pandemic advice is to assess breathing at arm’s length rather than putting rescuer’s face close to patient’s face.\*   * If they are breathing normally, place them in the recovery position * If breathing is not normal, immediately start CPR * If they’re unresponsive and not breathing – this is a cardiac arrest. call 999/112 for an ambulance, or get someone else to call if possible, and start CPR. * A short period of seizure like movements can occur at the start of a cardiac arrest. Assess the casualty after the seizure has stopped. If unresponsive with abnormal breathing – start CPR   *NB ‘Agonal breathing’ can sound like gasping, snorting, gurgling, moaning or laboured breathing, and happens after a cardiac arrest. It is NOT ‘normal’ breathing; and immediately following cardiac arrest, blood flow to the brain is reduced to virtually zero. This may cause a seizure-like episode that can be confused with epilepsy. In the event agonal gasps occur start CPR.*  **Circulation:**  CHECK Are there any signs of severe bleeding?  **•** If they’re [bleeding severely](http://www.sja.org.uk/sja/first-aid-advice/bleeding/severe-bleeding.aspx), control the bleeding with your gloved fingers, dressing or clothing, call 999/112 for an ambulance and treat them to reduce the risk of them going into [shock](http://www.sja.org.uk/sja/first-aid-advice/heart/shock.aspx).  •  If they aren’t bleeding and are conscious, and you have dealt with any life-threatening conditions, then you can move on to the [Secondary Survey](http://www.sja.org.uk/sja/first-aid-advice/what-to-do-as-a-first-aider/how-to-assess-a-casualty/the-secondary-survey.aspx), to check for any other injuries or illnesses. |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 00:30  (20 mins) | **CPR (Adults)**  **Delivery methods:**   * Talk * Demonstration * Practical \*\* This ***must*** **be demonstrated practically by the participants\*\*** * Video | **Learning Points**  Focus on allowing participants to practice and demonstrate skills. Everyone must demonstrate or instruct.   * Re-emphasis airway, rescue breaths * Re-emphasis rescue breaths * Re-emphasis chest compressions – rate, depth, position   **Trainers Notes:**  **Basic life support for child post puberty or adult**   1. Call 999 or 112 for an ambulance or get someone else to do it. Send someone to call for help and to bring back an AED. If you are alone, call for help yourself and put your phone on speaker phone so the call handler can assist you” 2. Perform CPR - cardiopulmonary resuscitation. This involves giving someone chest compressions and rescue breaths to keep their heart and circulation going.   *If they start breathing normally again, stop CPR and put them in the recovery position.*  How to give chest compressions:   * Kneel down beside the casualty on the floor level with their chest. * Place the heel of one hand on the centre of the chest, in the centre of their chest. * Place the heel of your other hand on top of the first hand and interlock your fingers, making sure you keep the fingers off the ribs. * Lean over the casualty, with your arms straight, pressing down vertically on the breastbone, and press the chest down by 5-6cm. * Release the pressure without removing your hands from their chest. Allow the chest to come back up fully – this is one compression. * Repeat 30 times, at a rate of about twice a second (100-120/min) * If there is more than 1 rescuer, alternate the rescuer giving chest compressions every 1-2 minutes to prevent fatigue. * Make no more than 2 attempts to achieve rescue breaths before continuing chest compressions   \*\*Current advice: Use 1 manikin per person and change lungs, if you feel able to do rescue breaths – consider using a face shield or pocket mask if you know how to, or just stick with compression only CPR. This has been shown to be almost as effective as full CPR in the early stages of cardiac arrest. Use appropriate PPE. |
| **Additional equipment and resources required** | | |
| CPR (Adult) Video from PowerPoint or resource library, PowerPoint, Resuscitation manikins and all associated equipment. | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 00:50  (15 mins) | **CPR (Children)**  **Delivery Methods:**   * Talk * Demonstration * Practical \*\* This ***must*** **be demonstrated practically by the participants\*\*** * Video | **Learning Points**  Focus on allowing participants to practice and demonstrate skills. Everyone must demonstrate or instruct.   * Re-emphasis airway, rescue breaths * Re-emphasis rescue breaths * Re-emphasis chest compressions – rate, depth, position   **Trainers Notes:**  **Basic life support for child**  A child is between 1 and 18 years of age.  Note: we are teaching the sequence for lay rescuers- the adult sequence with paediatric modifications. (Healthcare professionals may have been trained to perform a different sequence.)   * Check for response by gently stimulating child and asking –“are you alright?” * If unresponsive – shout for help. * Turn child onto back and open airway using a head tilt and chin lift. * Look, listen and feel for breathing for up to 10 seconds. * Simultaneously look for signs of life – movement, coughing. * Give 5 rescue breaths. * If there are no signs of life – start chest compressions. * Rate 100-120 per minute * Depth of 1/3 of chest - approx. 5cm for a child. * Ratio of 30 chest compressions to 2 rescue breaths. * If you have to leave to get help -perform 1 minute of CPR before going for help |
| **Additional equipment and resources required** | | |
| CPR (Child) video from PowerPoint or resource library, PowerPoint, Resuscitation manikins and all associated equipment. | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 01:05  (15 mins) | **AED**  **Delivery Methods:**   * Video * Demonstration * Practical \*\* This ***must*** **be demonstrated practically by the participants\*\*** | **Learning points:**  Focus on allowing participants to practice and demonstrate skills.  Emphasise the importance of using an AED if there is one available and the ease of being able to use one safely.  **Trainers Notes:**  The most common cause of cardiac arrest is an abnormal rhythm of the heart, known as ventricular fibrillation.  A machine called an AED can be used on adults and children over 1 year to correct the heart rhythm by giving it an electric shock.  AEDs can be used safely and effectively with no prior training.  When the AED is brought continue CPR whilst pads are applied, if possible.  Clothing, including bras will need to be removed or cut away. If the chest is hairy it may be necessary to shave it. If the patient is sweaty, dry the chest.  The AED will give you a series of visual and verbal prompts as soon as it is switched on.  Make sure that no-one is touching the patient because this will interfere with the AED readings and there is a risk of electric shock.  Use adult pads for adults and children aged 8 years and upwards. Use paediatric pads for children aged 1-8 years. Pads can be placed in the same position as adults for larger children. For smaller children – one pad can be placed on the back and the other on the chest. Do not use for children under 1.  Cover nipple piercings with a plaster and remove medication patches before using an AED. |
| **Additional equipment and resources required** | | |
| AED training equipment, PowerPoint, AED video from PowerPoint or resource library. | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 01:20  (10 mins) | **Choking**  **Delivery method:**   * Video * Demonstration * Practical * Scenario 1 | **Learning points**  When conducting a demonstration or allowing participants to practice, this must be done without causing harm to anyone. Please use a choking vest if available.  Emphasis on remembering the steps : cough it out, slap it out, squeeze it out.  **Trainers Notes:**  If you think someone is choking, ask them: ‘Are you choking?’ to check they’re not suffering from something else. Can they speak, cry, cough or breathe? If they can, they should be able to clear their throat on their own by coughing, so encourage them to cough.  If they can’t cough or make any noise, take the following action:  **Cough it out**   * Encourage them to cough a couple of times. If this doesn't clear the obstruction, support their upper body with one hand and help them lean forward.   **Slap it out**   * If coughing doesn’t work, help the casualty bend forward. * Use the heel of your hand to give up to five sharp back blows between their shoulder blades. * Check their mouth after each back blow to see if there’s anything in there and, if there is, get them to pick it out.   **Squeeze it out**   * If back blows don’t work, give up to five abdominal thrusts. * To do this:   + Stand behind them.   + Link your hands between their tummy button and the bottom of their chest, with your lower hand clenched in a fist.   + Pull sharply inwards and upwards.   + Repeat up to five times.   **Call for help**   * If they’re still choking, call 999 or 112 for medical help. * Once you’ve called, continue steps 2 and 3 – back blows and abdominal thrusts – until what’s in there has cleared, help arrives or they become unresponsive. * If they become unresponsive at any stage, open their airway and check their breathing. * If they’re not breathing, start chest compressions and rescue breaths (CPR). If the patient becomes unresponsive the throat muscles may relax and the airway open enough to allow rescue breaths.   However the Resuscitation Council does also advise “it may be difficult to carry out abdominal thrusts in a choking individual who is very obese, and abdominal thrusts should not be performed on a pregnant person. If you are enable to encircle the person’s abdomen, you should stand behind the individual, as for abdominal thrusts, but position your hands somewhat higher, over the lower end of the sternum (breastbone). Pull hard into the chest with quick thrusts.” |
| **Additional equipment and resources required** | | |
| PowerPoint, scenario document, choking vest (if available), video from resource library or PowerPoint. | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 01:30  (5 mins) | **Unresponsiveness**  **Delivery Methods:**   * Talk | **Learning Points:**  Unresponsiveness can be caused by a variety of different reasons.  **Trainers Notes**  Causes of unresponsiveness   * Fainting * Shock * Head Injury * Seizures * Stroke * Diabetes * Asphyxia * Drowning * Chocking * Asthma |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 01:35  (20 mins) | **Recovery Position**  **Delivery Methods:**   * Video * Demonstration * Practical | **Learning Points:**  Focus on allowing participants to practice and demonstrate skills. Everyone must demonstrate or instruct.  Emphasis on keeping the airway open.  **Trainers Notes:**  This will keep their airway open.   1. Kneel down next to them on the floor. *The next steps are for if you find the casualty lying on their back. If you find them lying on their side or their front you may not need all these steps. However please move them as safely as possible into the recovery position using relevant steps below.* 2. Check casualty’s pockets for any objects on the side they will be laying on – remove sharp objects. 3. Place their arm nearest you at a right angle to their body, with their palm facing upwards. 4. Bring their other arm and place it across their chest so the back of their hand is against their cheek nearest you, and hold it there. 5. With your other hand, lift their far knee and pull it up until their foot is flat on the floor. 6. Carefully pull on their bent knee and roll them towards you. 7. Once you’ve done this, the top arm should be supporting the head and the bent leg should be on the floor to stop them from rolling over too far. Ensure hip and knee are at right angles. 8. Cover casualty with a blanket if possible. 9. Once you’ve put them safely into the recovery position, call 999 or 112 for medical help. Until help arrives, keep checking the casualty's breathing.  * *If they stop breathing at any point, call 999 or 112 straight away and give them CPR.* * *If you think the casualty could have a spinal injury, keep their neck as still as possible. Instead of tilting their neck, use the jaw thrust technique: place your hands on either side of their face and with your fingertips gently lift the jaw to open the airway, avoiding any movement of their neck.* |
| **Additional equipment and resources required** | | |
| PowerPoint, video from resource library or PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 01:55  (5 mins) | **Summary of session key learning points**  **Q&A**   * Ask for any questions and answer or take a note of in order to source answers afterwards. | Recap the key learning from the topics covered. |

**Session 2 – Trauma and injury**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 02:00  (5 mins) | **Welcome and Introduce topic and learning objectives.**  1. Welcome  - Housekeeping (fire briefing, toilets, water access)  2. Aims, objectives, and learning outcomes  3. Introductions - If suitable, a small activity to introduce all trainers and participants. | Outline the structure of the session  You may be delivering this as a standalone module (2hours) or as part of a full day of training (6 hours).  If delivering as a full day then keep the introduction for this module brief as this would have been covered at the start of the day.  **Aim:** This course aims to cover the knowledge and skills necessary to enable members of Girlguiding and The Scouts to provide basic first aid and ensure safe management of a first aid incident.  **Objectives**: Recognise the signs, and symptoms and understand what action needs to be taken when presented with:   1. Shock 2. Bleeding 3. Fractures and sprains 4. Head injuries 5. Dental incidents 6. Burns   **Outcomes**:  Know where to seek advice and recognise what action needs to be taken when presented with one of the following traumas or injuries.   1. Shock 2. Bleeding \* 3. Fractures and sprains \* 4. Head injury 5. Dental incidents 6. Burns |
| **Additional equipment and resources required** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 02:05  (15 mins) | **Shock**  **Delivery methods:**   * Talk * Discussion * Video | **Learning points**  Focus on the causes, signs, and symptoms of shock. Important to re-emphasis how to treat shock, depending on the cause.  **Trainers notes:**  **What is shock?**  Shock is a life-threatening condition when the circulatory system is unable to meet the demand of the vital organs fail to get an adequate supply of oxygen.  **Causes of shock**   * Severe blood loss is most common cause * Loss of other fluids – diarrhoea and vomiting, burns * Heart attack or heart failure * Septic shock – overwhelming infection * Anaphylaxis * Spinal Cord Injury – neurogenic shock   **Signs and symptoms of shock**   * Pale, cold, clammy skin * Weak, dizzy, light-headed * Nausea or vomiting * Thirsty * Yawning * Rapid, weak pulse * Anxiety or irrational behaviour * Rapid, shallow breathing * Dropping levels of responsiveness * Cardiac arrest   **Treatment / positioning for shock**   * *Treat any underlying cause eg anaphylaxis, try to stop severe bleeding.* * *Place conscious and breathing individuals with shock into the supine (lying on back) position. Where there is no evidence of trauma use passive leg raising to provide a further transient (<7* *min) improvement in vital signs* * *Call for help – 999/112* * *Maintaining the casualty’s normal temperature* * *Monitoring breathing if necessary* |
| **Additional equipment and resources required** | | |
| PowerPoint, video from resource library or PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 02:20  (20 mins) | **Bleeding**  **Delivery methods:**   * Practical * Scenario 2 * Group discussion * Feedback | **Learning points:** Bleeding incidents can differ in type and severity. Importance of dealing with each one correctly with focus on where the bleeding is coming from and the severity.  **Trainers Notes:**  **Severe bleeding – treatment**   * Apply direct pressure over the wound with your fingers using a sterile dressing or clean non-fluffy pad. * If there is an object in the wound, apply pressure on either side of the object. * Apply a dressing and hold it in place with a bandage. Apply one additional dressing on top of the first if the blood comes through. * If it continues to come through remove all dressings and apply new ones. * Check that bandages on the limbs are not too tight by feeling the area below the bandage (the extremities). If this area is cold or blue, loosen the bandage slightly. * Call for help – 999/112.   \* Remember PPE \*  **Nosebleeds**  Nosebleeds are fairly common and may be caused by a blow to the nose, picking, sneezing or blowing it. Nosebleeds can lead to considerable loss of blood which, if swallowed, may cause vomiting.  **What to do:**   * Apply firm pressure just below the firm part of the nose (you may have to do this for a younger casualty). * Get them to sit down and lean forward. If possible, protect their clothing with a cloth or * bowl. * Try to make sure they do not breathe through their nose, speak, swallow, cough, spit or sniff. * Apply the pressure to their nose for ten minutes. If the bleeding still has not stopped, continue this for a further ten minutes.  1. When the bleeding has stopped, advise them to rest, to avoid exertion and not to pick or blow their nose for a few hours. 2. If the nosebleed persists for longer than 30 minutes, take them to hospital.   It is important to emphasise that you should not insert anything into the nose to stop the bleeding as this can be very dangerous especially if it is a posterior nose bleed (there is no way a first aider could tell if this is the case) where blood can be diverted into the lungs and stomach.  Avoid hot drinks for 24 hours once the bleeding has stopped.  **Internal Bleeding**  Internal bleeding can be difficult to identify. A casualty who is bleeding internally may have either a history of injury or a medical condition. You may be able to identify internal bleeding by:   * external signs of injury, such as bruising * signs of bleeding from an orifice (eg ears, mouth, nose) * recognising symptoms of shock, which may be the only sign of internal bleeding.   **What to do:**   1. Place the casualty in the most comfortable position – the recovery position if they are unconscious– and treat for shock. 2. Get the casualty to hospital as soon as possible. Do not waste time trying to identify the cause or attempting to treat it.   **Tourniquets**   * There are some rare but potential situations in which the area around an incident has been sealed off for safety, and medical and rescue services are unable to enter. An example of this would be the Manchester Arena bombing or some natural disasters. In these situations first aiders may need to control life threatening bleeding until help arrives by using a tourniquet. * Citizen Aid have both an app and a tourniquet kit giving excellent advice on what to do in these situations. If you feel in your risk assessment that you may potentially be in a situation like this – then you could prepare yourself beforehand by looking through this advice. |
| **Additional equipment and resources required** | | |
| PowerPoint, Scenario document, video from resource library or PowerPoint, bandages, plasters. | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 02:40  (15 mins) | **Burns**  **Delivery methods:**   * Talk * Group discussion * Feedback * Scenario 6 | **Learning points:**  Understand the different types of burns and what might cause them and which treatment is the most appropriate.  **Trainers Notes:**  Burns can be caused by dry heat, friction, radiation (including sunrays), hot liquids, steam and chemicals.  **What to do:**   * Immediately cool the skin with cold water for at least 20-30 minutes or until the pain stops. * Once cooled, lay strips of cling film (ideally or if not, a clean dry dressing) over the burn area. * If possible, immediately remove jewellery, watches or other restrictions as the area can swell very quickly. * Be prepared for shock to develop and lay the casualty down if you can. * Do not burst blisters. * Leave on any clothing which has stuck to the body. If possible gently remove rings, watches or shoes before swelling occurs. * Do not apply anything but water. Special dressings, sprays and gels are not recommended. * Do not apply adhesive dressings.   **Seek urgent medical attention if:**   * The patient is a child * The burn is deep * The burn affects face, hands, feet or genitals * All burns that go all the way around a limb * Superficial burn if larger than 5 palms of the casualty. * Partial/full thickness burns that are larger than 1 palm of patient * Burns caused by tar, oil, fat, chemicals or electricity   **Chemical burns**  Some industrial and domestic chemicals can burn the skin. When going to the aid of someone with chemical burns it is vital to ensure your own safety first. If possible, note the name of the chemical.  **What to do:**   * If possible brush of the chemicals in dry form and then wash the affected area for at least 20 minutes, with the flow of water running away from the casualty. Take care not to splash the chemical on to yourself or the casualty. This should be done before any other management. * Chemical burns around the mouth and throat can cause swelling, which can restrict or close the airway, therefore:   + - * loosen clothing around the neck       * give a conscious casualty sips (not more) of cold water       * be prepared to start CPR but remember to protect your mouth from the chemical by using a resuscitation face shield.       * Get urgent medical help.   **Sunburn**  Although sunburn is a common condition, it can be quite serious. It can be prevented by wearing a sun hat and clothes made of natural fibres that cover the whole body, and by using appropriate sun protection cream.  **What to do:**   * Move the casualty into a shaded area. * Cool the sunburnt area by sponging or showering it with cold water or get the casualty to soak in a cool bath for at least ten minutes. * Seek medical aid if there is extensive blistering or skin damage. |
| **Additional equipment and resources required** | | |
| PowerPoint. Scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 02:55  (20 mins) | **Fractures**  **Delivery methods**   * Demonstration * Practical * Scenarios 3 and 4 | **Learning points:**   * Re-emphasise signs and symptoms * Re-emphasise treatment * Focus on when you need to get help and provide emergency first aid * It is easy to miss a fracture if the signs are subtle. * Have a low threshold for seeking medical advice and getting an Xray.   **Trainers Notes:**  **Signs and Symptoms**:   * Pain or difficulty moving the area/limb * Tenderness around the area * Deformity, swelling and bruising around the fracture area (a lump or bump) * Shock * Bone breaking through the skin * Awareness of grating of bones together * Shortening, bending and twisting of limb   Immobilise in the position found with as little movement as possible and apply a sling or splint.  Seek medical help – it is common for fractures to be “missed”  Arrange transport for further assessment, if in severe pain –call 999/112.  **Spinal injuries**  Consider the potential of spinal injury in the following circumstances: Falling from a height e.g. a ladder, falling awkwardly whilst trampolining or doing gymnastics, diving into a shallow pool and hitting the bottom, falling from a horse or motorbike, collapsed rugby scrum, high speed motor accident, a heavy object falling across the back, injury to the face or head.  Do not move the patient. If the patient is unresponsive you may need to open the airway whilst avoiding moving the neck.  If there is potential injury to the neck a responsive patient should be able to protect themselves. If unresponsive then manual stabilisation can be carried out but only if you have been trained to do so. |
| **Additional equipment and resources required** | | |
| PowerPoint, Scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 03:15  (10 mins) | **Sprains**  **Delivery Methods:**   * Talk * Discussion | **Learning points:**   * Emphasise signs and symptoms * Emphasise treatment and further support.   **Trainers Notes:**  **Sprains**  A soft tissue injury occurs when a ligament or tendon around a joint has been torn or pulled. This sort of injury can often give similar symptoms to a fracture. If you are in any doubt, treat as a fracture. Remember **RICE** in caring for a soft tissue injury.  **R** – **R**est the injured part.  **I** – Apply **I**ce (not directly to the skin) or a cold compress.  **C** – Provide **C**omfortable support – soft padding and a bandage support.  **E** – **E**levate the limb.  ice application only applied for maximum of 20 minutes  If an accident occurs when you are away from help, such as on a hike, it may be applicable to use added protection – this may include the tightening of high top boots (hiking boots) etc to prevent further (or worsening of the) injury. This is most applicable in relatively minor sprains/strains  Additional information can be found here: <https://cks.nice.org.uk/topics/sprains-strains/management/management/> |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 03:25  (5 mins) | **Ticks**  **Delivery Methods:**   * Talk * Discussion | **Learning Points:**   * Know to avoid tick bites * Know what action to take if someone is bitten   **Trainers’ Notes:** Ticks can transmit bacteria that cause diseases such as Lyme disease. Lyme disease can cause serious problems such as nerve damage and arthritis. Not all tick bites can lead to illness, but it is important to know how to avoid tick bites and what to do if somebody gets bitten, as prevention and early detection are crucial.  Ticks are often found in dense vegetation or long grass, and climb onto people as they brush past them. They bite to attach to the skin and start to feed on the blood. Avoid coming into contact with them - walk on paths to avoid brushing vegetation, wear light coloured clothing so that ticks can be easily spotted and brushed off. Repellents such as DEET are also effective.  People don’t always know they’ve been bitten so it is important to check thoroughly. Look over clothes or body for any ticks to brush off. Ticks prefer warm moist places such as groin area, waist, arm pits, behind the knee or along the hairline. You’re looking out for anything as tiny as a freckle or speck of dirt. This will need to be handled sensitively and appropriately in a residential setting.  Symptoms of Lyme disease can include flu-like symptoms, fatigue, muscle and joint pain. Most people develop a characteristic rash called erythema migrans. If these symptoms develop after a period of time outdoors it is important to see your GP. It is easily treated with a course of antibiotics in the early stages.  Public Health Wales have a very good factsheet that can be found on the resources area of Learning Platform. |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 03:30  (15 mins) | **Head injury**  **Delivery methods**   * Talk * Discussion * Small groups | **Learning points**  Highlight the potential severity of head injuries and make sure all warning signs are covered and understood.  **Trainers Notes:**  Head injuries are very common but can become very serious. For this reason, the casualty’s parent/carer or person they live with must be informed of even an apparently minor bump to the head, since symptoms can be delayed. All head injuries must be taken seriously.  **What to do:**  Seek medical help if:   * Signs of worsening injury * Increasing drowsiness * Persistent headache * Confusion, loss of balance, loss of memory * Difficulty speaking * Difficulty walking * Vomiting episodes after the injury has occurred * Double vision or strange movement of the eyes * Seizures * Patient is aged over 65 * Patient has had previous brain surgery * Patient is on anti-coagulation/anti-clotting medication * There is no responsible person to keep an eye on the patient   Assess using AVPU:  A: patient is alert – eyes open and responds to questions  V: patient responds to verbal commands and questions  P: responds to pain eg pinching of earlobe - painful stimulus should be pressure based.  U: unresponsive to any stimulus |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 03:45  (10 mins) | **Dental**  **Delivery methods**   * Talk * Scenario 5 | **Learning points**  Highlight when and why emergency first aid treatment might be needed for dental incidents and for the participants to understand what action they need to take.  **Trainers Notes:**  Emergency first aid will be required if:   * An adult tooth is knocked out   **What to do?**  Only touch the tooth at the crown. Avoid touching the roots as this may damage cells. Can re-implant immediately or wrap in cling film or put in cow’s milk, oral rehydration salts or saliva, or saliva soaked gauze. Tap water and saline are not recommended. |
| **Additional equipment and resources required** | | |
| PowerPoint, Scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 03:55  (5 mins) | **Summary of session key learning points**  **Q&A**   * Ask for any questions | Recap the key learning from the topics covered. |

**Session 3 – Major illness**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 04:00  (5 mins) | **Welcome and Introduce topic and learning objectives.**  1. Welcome  - Housekeeping (fire briefing, toilets, water access)  2. Aims, objectives, and learning outcomes  3. Introductions - If suitable, a small activity to introduce all trainers and participants. | Outline the structure of the session  You may be delivering this as a standalone module (2hours) or as part of a full day of training (6 hours).  If delivering as a full day then keep the introduction for this module brief as this would have been covered at the start of the day.  **Aim:** This course aims to cover the knowledge and skills necessary to enable members of Girlguiding and The Scouts to provide basic first aid and ensure safe management of a first aid incident.  **Objectives**:  1.To understand the symptoms and signs for:   1. Asthma 2. Anaphylaxis 3. Heart Attack 4. Stroke 5. Seizures 6. Diabetes 7. Sepsis / Meningitis     2**.**To understand the planning and preparation needed for members with known conditions / illnesses.  3. To know where to look for help and advice from other sources related to these conditions / illnesses  **Outcomes**:  Understand the symptoms and signs that mean you need to seek professional medical advice and know how to provide immediate first aid treatment in particular helping patient to use their own emergency medication for:   1. Asthma 2. Anaphylaxis \* 3. Heart attack 4. Stroke 5. Seizures 6. Diabetes 7. Sepsis/Meningitis   *Discuss the need to enquire about or examine the patient for jewellery or tattoos etc that may give information about an underlying medical condition eg diabetes or anaphylaxis.* |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 04:05  (15 mins) | **Asthma**  **Delivery methods**   * Scenario 8, 10 * Talk * Discussion | **Learning points:**  Focus on what to do if there is an asthma related incident, what to look for and how the participants can support treatment, with special focus on ‘red flag’ situations.  **Trainers Notes:**  Asthma is a chronic (long-term) condition in which the muscles of the air passages go into spasm making the airways narrow and causing the patient to have difficulty in breathing.  **Signs and symptoms**   * Difficulty breathing – short sentences and whispering * Wheezing * Coughing * Distress and anxiety * Grey-blue tinge to lips, earlobes and nailbed * Exhaustion in a severe attack   **Treatment**  One puff of reliever inhaler every 30-60 seconds for up to 10 puffs. Use spacer device if available. Call for help if no improvement after 10 puffs. The 10 puff routine can be repeated after a few minutes if ambulance hasn’t arrived.  Some people will have a combined reliever and preventer inhaler – they should use this during an asthma attack.  **‘Red Flags’**  Call 999/112 for medical help if:   * Reliever inhaler not easing attack * Patient is becoming exhausted * Patient is too breathless to speak * Patient cannot complete full sentences |
| **Additional equipment and resources required** | | |
| PowerPoint, Scenario document, Inhaler | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 04:20  (15 mins) | **Anaphylaxis**  **Delivery methods**   * Scenario 7 * Video of auto injector * Talk * Discussion | **Learning points:**  Emphasis the key information about auto injectors that the way each device is used is different, so it is important that as a first aider you are shown how to use the device. This should be covered in an adjustment or health plan for the member.   * Re-emphasis signs and symptoms   **Trainers Notes:**  Anaphylaxis is a severe allergic reaction affecting the whole body. It may develop within seconds or minutes of coming into contact with a trigger and can be fatal.  **Signs and symptoms:**   * Red itchy rash * Red itchy eyes * Swelling of hands feet or face * Abdominal pain, vomiting and diarrhoea * Wheezing and difficulty breathing * Swelling of tongue or throat * Agitation and feeling of terror * Shock   **Treatment**  Patients need emergency treatment with adrenaline  Call for help – 999/112  If the patient has an adrenaline auto-injector – help them to use it.  If symptoms not improving after 5 minutes or they return, give a second dose of adrenaline.  Anyone receiving adrenaline treatment must be taken to hospital.  There are several types of adrenaline auto injectors available in the UK. All deliver ‘adrenaline’ (also referred to as ‘epinephrine’). All types are prescription only medicines, and need to be prescribed by an allergy specialist. The dose of adrenaline required is dependent on the age and weight of the person requiring the adrenaline auto injector device, and will be prescribed by the clinician. Each adrenaline auto injector device will differ in appearance and the availability of the dose/strength available in that particular brand. |
| **Additional equipment and resources required** | | |
| PowerPoint, video of auto injector from PowerPoint or resource library, scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 04:35  (15 mins) | **Heart Attack**  **Delivery methods**   * Talk * Discussion * Scenario 14, 15 | **Learning points:**  Emphasis signs and symptoms, how you respond and any possible treatment at the time.  **Trainers Notes:**  **What is a heart attack?**  Chest pain sensation of pressure, tightness or squeezing in the centre of your chest and in other parts of the body – it can feel as if the pain is travelling from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and tummy (abdomen)  **Signs and symptoms**   * Feeling lightheaded or dizzy * Sweating * Shortness of breath * Feeling sick (nausea) or being sick (vomiting) * An overwhelming sense of anxiety (similar to having a panic attack) * coughing or wheezing   Although the chest pain is often severe, some people may only experience minor pain, similar to indigestion. In some cases, there may not be any chest pain at all, especially in women, older people, and people who have diabetes.  It's the overall pattern of symptoms that helps to determine whether you are having a heart attack.  **Treatment and positioning**   * If the casualty is still conscious, sit them up, supporting them from behind with their knees slightly bent (the ‘W’ position). * Send for urgent medical help. * Monitor them carefully and give 300mg aspirin to adults who are showing signs and symptoms of a heart attack. Do not give if chest pain due to trauma. Do not give to under 16s, those with severe allergy to aspirin, those with known stomach problems, or those with severe asthma. It is shown that given early, survival rates are better and there are no increased side effects * If the casualty is known to have angina and has medication for it, they can be helped to use it as instructed on the prescription * Constantly monitor their level of response, circulation and breathing until help arrives. * If they lose consciousness, put them in the recovery position if still breathing normally. * If breathing deteriorates, begin CPR   If the casualty is thought to be having a heart attack, or has breathing difficulties or chest injuries, they should ideally be supported in the half sitting (‘W’) position.  NEVER give aspirin to children. |
| **Additional equipment and resources required** | | |
| PowerPoint, Scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 05:50  (15 mins) | **Stroke**  **Delivery methods**   * Talk * Discussion * Scenario 13 | **Learning points**  Include how to use a stroke assessment system to decrease the time to recognition and definitive treatment for individuals with suspected acute stroke. First aiders must be trained in the use of FAST (Face, Arm, Speech Time).  **Trainers Notes:**  What is a stroke?  A stroke is a medical emergency when the blood supply to the brain is disrupted. The majority of strokes are caused by a clot in a blood vessel that blocks the flow of blood to part of the brain. Some strokes are the result of a ruptured blood vessel that causes bleeding into the brain.  A transient ischaemic attack, or TIA, is sometimes called a mini-stroke. It is similar to a full stroke but the symptoms last for a short while, improve and disappear*.*   * Face ‒ look at their face and ask them to smile. Are they only able to smile on one side of their mouth? If yes, this is not normal. * Arms ‒ ask them to raise both arms. Are they only able to lift one arm? If yes, this is not normal. * Speech ‒ ask them to speak. Are they struggling to speak clearly? If yes, this is not normal. * Time ‒ if the answer to any of these three questions is yes, then it is time to call 999 or 112 for medical help and say you think the casualty is having a stroke |
| **Additional equipment and resources required** | | |
| Powerpoint, scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 05:05  (15 mins) | **Seizures**  **Delivery methods**   * Talk * Discussion * Scenario 12 | **Learning points:**  Focus on being able to identify symptoms as a first aider and participants you can assist and respond.  **Trainers Notes:**  A seizure – or convulsion or fit – consists of involuntary contractions of many of the muscles in the body, due to a disturbance in the electrical activity of the brain. The most common cause of seizures is epilepsy. Epilepsy is a chronic condition and patients often take medication to prevent or reduce seizures. Other causes include head injury, lack of oxygen to the brain, excess of alcohol or drugs, fever in young children.  **Symptoms and signs**   * Sudden loss of responsiveness * Patient becomes rigid and arches back * Breathing may be noisy and become difficult, lips may show a grey-blue tinge – cyanosis * Uncontrollable jerking and shaking, called a "fit" may lose bladder control * Most seizures terminate within a few minutes * After a seizure the patient may feel tired and fall into a deep sleep.   Some people have a form of epilepsy known as absence seizures during which they appear distant and unaware of their surroundings. You may notice slight or localised twitching or jerking of lips, eyelids, head or limbs.  **Treatment**   * Make space around patient and move bystanders out of the way. * Remove any potentially dangerous items such as hot drinks or sharp objects * Note what time fit started * Do not move patient unless they are in immediate danger * When the fit has stopped, check airway and breathing and place into recovery position. * Note how long seizure lasted.   Call for emergency help if:   * There are repeated seizures or if this is first seizure * The seizure continues for more than 5 minutes * The patient is unresponsive for more than 10 minutes. |
| **Additional equipment and resources required** | | |
| PowerPoint, scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 05:20  (15 mins) | **Diabetes**  **Delivery methods**   * Talk * Discussion * Scenario 9, 11 | **Learning points:**  Focus on what to do if there is a diabetic related incident or emergency, what to look for and how the participants can support treatment, with special focus on ‘red flag’ situations.  **Trainers Notes:**  Diabetes – this is a chronic (long-term) condition in which the body fails to produce sufficient insulin, which is a hormone that controls blood sugar level. This can result in higher than normal blood sugar (hyperglycaemia) or lower than normal blood sugar (hypoglycaemia or hypo).  Hypoglycaemia is the emergency. If a patient with diabetes is unwell giving them sugar will rapidly restore blood sugar, and is unlikely to do harm in hyperglycaemia. The need is to act urgently rather than trying to decide.  **Signs and Symptoms**   * A history of diabetes – some people may recognise a “Hypo” coming * Weakness, fainting, hunger * Confusion, being irrational * Sweaty with clammy skin * Rapid pulse * Decreasing level of responsiveness * Evidence of medical warning device – or carrying glucose gel or sweets   **Treatment**  Give sugar.   * Patient may have their own emergency supplies (think about a healthcare plan) * If not give – 15-20g glucose – 150ml of non-diet fizzy drink, 3 jelly babies, 3 sugar lumps. * If the casualty feels better –help them to check their own blood sugar * If not improving –call for medical help. * If unresponsive – put into recovery position and monitor. |
| **Additional equipment and resources required** | | |
| PowerPoint, scenario document | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 05:35  (15 mins) | **Meningitis and Sepsis**  **Delivery methods**   * Talk * Discussion | **Learning points:**  These are not common illnesses but important to be aware of the signs and symptoms to look out for as they could be life threatening.  **Trainers Notes:**  **Sepsis**  Sepsis (also known as blood poisoning) is the immune system’s overreaction to an infection or injury. Normally our immune system fights infection – but sometimes, for reasons we don’t yet understand, it attacks our body’s own organs and tissues. If not treated immediately.  **Signs and symptoms (Children)**   * Breathing very fast * Has a ‘fit’ or convulsion * Looks mottled, bluish or pale * Has a rash that does not fade when you press it * Is very lethargic or difficult to wake * Feels abnormally cold to touch * They may not have all these symptoms.   **Signs and symptoms (Adult)**  **S**lurred speech of confusion  **E**xtreme shivering or muscle pain  **P**assing no urine (in a day)  **S**evere breathlessness  **I**t feels like you’re going to due  **S**kin mottled or discoloured  Sometimes symptoms can be vague and can be like other conditions, including flu or chest infection. Take advice from 111 if you are unsure whether symptoms are concerning or not.  **Meningitis**  **Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges).**  It can affect anyone, but is most common in babies, young children, teenagers, students and young adults.  Meningitis can be very serious if not treated quickly.  It can cause life-threatening blood poisoning [(septicaemia)](https://www.nhs.uk/conditions/sepsis/) and result in permanent damage to the brain or nerves.  A number of vaccinations are available that offer some protection against meningitis.  **Signs and symptoms**   * raised body temperature * vomiting * feeling very unwell * severe headache * photophobia (dislike of light) * stiff or rigid neck * a lowering level of responsiveness if untreated * rash of small purple spots or bruises (when pressed against a glass they do not disappear). This is a late sign and may not even appear.   If you have any suspicion that someone might have meningitis, seek urgent medical advice. |
| **Additional equipment and resources required** | | |
| PowerPoint | | |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activities** | **Trainers Notes / Learning points** |
| 05:50  (10 mins) | **Summary of session key learning points**  **Q&A**  Ask for any questions | **Recap the key learning from the topics covered.** |

Appendix 1:

**Video Library**

For more information please see:

Primary Survey – [St Johns Ambulance](https://www.youtube.com/watch?v=ea1RJUOiNfQ&feature=emb_title)

CPR Adult – [St Johns Ambulance](https://www.youtube.com/watch?v=Q_QPCauSmvc)

CPR Child- [St Johns Ambulance](https://www.youtube.com/watch?v=0aV9NS0ogiM&t=2s)

The Recover Position – [St Johns Ambulance](https://www.youtube.com/watch?v=GmqXqwSV3bo&t=3s)

Choking – [St Johns Ambulance](https://www.youtube.com/watch?v=PA9hpOnvtCk&t=6s)

Choking (child) – [British Red Cross](https://www.youtube.com/watch?v=fN_jrMrPLpY)

How to use a Defibulator (AED) – [St Johns Ambulance](https://www.youtube.com/watch?v=UFvL7wTFzl0)

Diabetic Emergency – [St Johns Ambulance](https://www.youtube.com/watch?v=L06DNMRcy98)

What is diabetes – [Diabetes UK](https://www.youtube.com/watch?v=wZAjVQWbMlE)

Anaphylaxis and severe allergic reaction – [Allergy UK](https://www.allergyuk.org/severe-allergy-and-anaphylaxis/adrenaline-auto-injectors)