

## Survive and Save

### Changes to Survive & Save Programme

#### Qualified deliverers

The Life Support awards can be taught and assessed by:

- Lifesaving Instructor (and higher)
- Pool or Beach Trainer Assessor (online update required, email [advice@rlss.org.uk](mailto:advice@rlss.org.uk) for details)

#### Resources available

Instructor:

- Lifesaving Manual for Instructors
- Additional Teaching Plans - 2, 5, and 10 Session Course Guide
- National Curriculum Guide, England, Wales and NI, Key Stage 3-4
- Curriculum for Excellence Guide (Scotland)
- Irish Education Guide
- RLSS UK Awards and the Duke of Edinburgh Programme

Candidate:

- Survive & Save Programme Candidate Manual (printed)
- Free PDF Candidate Manuals:
  - The Medallion Lifesaving Awards
  - The Sport Lifesaving Awards
  - The Beach Lifesaving Awards
  - The Stillwater Lifesaving Awards

#### Update information

##### *The Lifesaving Manual for Instructors*

Chapter	Page	Change Details	Rational
6	3	Image and formatting update	Alignment with rest of chapter
6	4	'Priorities of First Aid' text added: Alleviate suffering	CPR/First Aid update 2016 Aligned with other RLSS UK manuals
6	5	'Dressings and bandages' text updated	Aligned with other RLSS UK manuals
6	6	Removed	Text condensed onto page 5
6	7	'Slings' text and images updated	Aligned with other RLSS UK manuals
6	8	'Pulse Check' text and images updated	Aligned with other RLSS UK manuals
6	9	'Asthma' text and images updated	Aligned with other RLSS UK manuals
6	10	'Diabetes' text and images updated	Aligned with other RLSS UK manuals
6	11	'Seizures' text added: Guidance on seizures and cardiac arrest	CPR/First Aid update Aligned with other RLSS UK manuals
6	12,13	'Bleeding' text and images updated: Elevate a bleeding wound removed	CPR/First Aid update Aligned with other RLSS UK manuals
6	14	'Shock' text and images updated	Aligned with other RLSS UK manuals

Chapter	Page	Change Details	Rational
6	15,16	'Hypothermia and Hyperthermia' text and images updated	Aligned with other RLSS UK manuals
6	17	'Bone Fractures' text and images updated	Aligned with other RLSS UK manuals
6	18	'Heart Attack' text and images updated	Aligned with other RLSS UK manuals
6	19	'Marine Stings' text updated	Aligned with other RLSS UK manuals

### ***Survive & Save Programme Candidates Manuals (printed and PDF)***

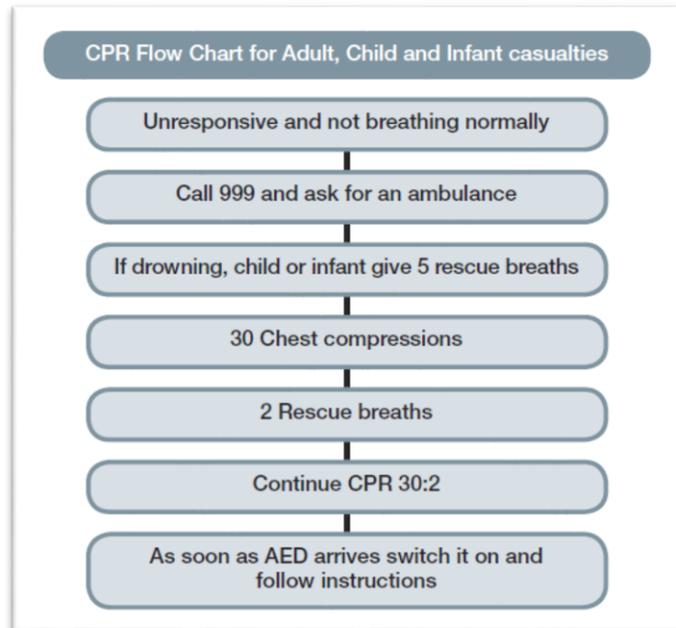
The corresponding sections of the candidate manuals for the Survive & Save awards have also been updated as above. Additionally 'Chapter 8 – Life Support' has been updated to the new CPR guidelines.

Below are all the changes RLSS UK and IQL UK have made to publications following CPR and First Aid guidelines. Please ensure you follow the syllabus for the awards/qualifications you teach. Some topics below may not appear in the syllabus you are following.

### Changes to CPR

- 1. Call for help has been removed from the CPR process** -There is no need to call for help when finding the casualty does not respond.
- 2. Telephone CPR has been introduced** -The guidelines for 2015 highlight the critical importance of the interactions between the emergency medical dispatcher, the bystander who provides CPR and the timely deployment of an automated external defibrillator (AED). The emergency medical dispatcher plays an important role in the early diagnosis of cardiac arrest, the provision of dispatcher-assisted CPR (also known as telephone CPR), and the location and dispatch of an AED.
- 3. Information has been included on seizure-like episodes being an indication of cardiac arrest** -Immediately following cardiac arrest blood flow to the brain is reduced to virtually zero, which may cause seizure-like episodes that may be confused with epilepsy. Bystanders and emergency medical dispatchers should be suspicious of cardiac arrest in any patient presenting with seizures and carefully assess whether the victim is breathing normally.
- 4. AED can be used on infants** – Resuscitation Council UK have confirmed you are able to use an AED on an infant (under one year of age) and it should be used as you would on children.

**5. New CPR flow chart** – A new CPR flow chart has been produced which is very simple to remember and understand.



**6. Guidance for Fluid in Airways has been included** - In some situations (particularly in casualty's rescued from the water), massive amounts of foam caused by admixing moving air with water are seen coming out of the mouth of the casualty. Do not try and attempt to remove the foam as it will keep coming. Continue with rescue breaths and compressions.

**7. You must ensure an unconscious casualty is breathing before you put them into the recovery position** - An unconscious casualty whose airway is clear, and who you are sure is breathing normally, should be turned into the recovery position (unless the casualty is suffering from suspected spinal injuries). It is important to ensure that breathing really is normal and not a return of agonal gasps.

**8. Agonal breathing is now known as agonal gasps** – Agonal gasps is the correct term to be used.

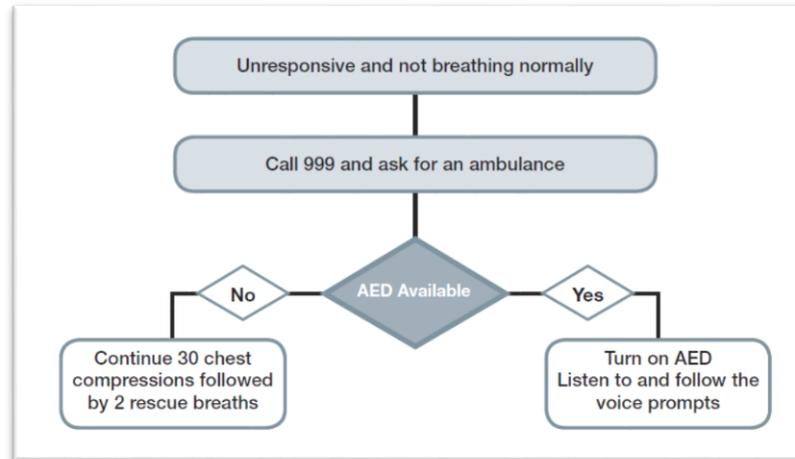
**9. The initial assessment of a casualty can be done in rapid succession** - The initial assessment of 'danger; response; airway; breathing; 999' can be carried out in rapid succession, to ensure that CPR is started and an AED is available as soon as possible.

**10. You should continue with CPR and/or AED until The casualty is definitely waking up** – There are 3 reason you would stop CPR:

- If a health professional tells you to stop (such as a paramedic or doctor)
- If you become exhausted
- If the casualty is definitely waking up, moving, opening eyes and breathing normally

**11. AED** - To encourage an AED to be brought to the scene and used, our text at the end of all CPR instructions now says 'If an AED arrives Switch it on and use'.

## 12. New AED flowchart



### Changes to First Aid

**13. Recognising choking** - There is now a very clear difference when recognising a casualty who is choking:

- A casualty with a partial airway obstruction will be able to speak, cough and breathe but will be distressed
- A casualty where their airway is completely obstructed will be unable to speak, have a weakening cough and will be struggling or unable to breathe

**14. The aims of First Aid now include alleviate suffering**- The revised sequence is; Preserve life, alleviate suffering, prevent the situation getting worse, and promote recovery.

**15. Recovery position**- Where recovery position is mentioned as treatment in any injury or illness, it will now read: 'If you are sure the casualty is breathing normally place them in the recovery position' – This is to be sure that the casualty is breathing normally.

**16. The treatment for shock no longer refers to recovery position** – The priority is to treat for shock, even if the casualty is unconscious

**17. The treatment for Asthma now includes:**

- Encourage and assist them to use their prescribed medication (reliever inhaler)
- If they have a spacer device assist them to put it together and use it with the inhaler
- The inhaler should be used again if the attack does not ease

**18. Treatment for anaphylactic shock**- This now includes details about an auto injector and common examples of an auto injector, for example Epi-pen and Jext. This is to give a candidate an understanding of what an auto injector may look like and how it may be used.

**19. The treatment for external bleeding does not include elevation**- This has been omitted following direct reflection of the First Aid guidelines.

**20. Guidance for severe bleeding-** The following text has been added: The treatment for severe bleeding, or bleeding that is not controlled by direct pressure, consider applying a haemostatic dressing, only if you have been trained in their use. If the bleeding remains severe, consider using a tourniquet, again ONLY if you have been trained in their safe use. Trainers and Instructors should not include training on either of these subjects within our courses. RLSS UK and IQL UK are reviewing the option to add these subjects into our qualifications in the future.

**21. The treatment for a varicose vein bleed-** We have removed mention of elevation. Treatment is now, apply direct pressure for at least 10 minutes or until bleeding stops.

**22. Treatment for amputation bleed-** Is now the same as external bleeding.

**23. Treatment for burns-** States the use of cool running water, rather than cold water and included is a warning of causing hypothermia.

**24. Managing a casualty who has regurgitated their stomach contents with spinal injuries –** The method has been simplified - The same principles for managing regurgitation of stomach contents apply:

- Carry out management of regurgitation in the normal way taking care to minimise any head and neck movement
- More than one person is ideal and they can assist with the roll of the casualty
- The priority is preventing the stomach contents blocking the airway

There are no photographs of the log roll in the manual.

**25. Explanation of concussion has been improved –** Text now reads ‘Concussion is where a casualty may have an altered level of consciousness, be disorientated, be confused, have a lack of ability to remember or briefly go unconscious after a blow or other injury to the head.’

**26. Treatment for chest injuries -** No longer includes a 3 sided dressing - It is important not to cover open chest wounds with an occlusive (airtight) dressing, as this may allow pressure to build up inside the chest and interfere with lung function (tension pneumothorax).

**27. Chemical eye injury –** Guidance has been added:

- Wash the eye with a continuous flow of cool water until emergency services arrive, tilting the head to ensure water runs away from the good eye
- Where possible give the details of the chemical to the emergency services (these can be found on the bottle, container or product/safety data sheet)

**28. Treatment for a dental injury -** Now includes placing a tooth in egg white or saline as alternatives to the use of milk.

**29. Treatment for a Major seizure -** Now includes a check to ensure they are breathing after a seizure - Remember you should be suspicious of cardiac arrest in any casualty presenting with seizures, and you must assess the casualty for normal breathing once the seizures have ended.

**30. Treatment for hypothermia -** Now includes guidance for remote circumstances - In remote circumstances, or if the casualty is wet, put them in a plastic bag up to their neck (this develops a localised warm environment) and cover their head to prevent further heat loss.

**31. Secondary survey –** Text now includes the importance of returning to the primary survey whilst carrying out a secondary survey. It is important to return to the primary survey and check for normal breathing frequently and treat appropriately.