



TRAINING AND EDUCATIONAL PAPER

European first aid guidelines^{☆,☆☆}

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Summary

Aim: Our objectives were to determine the most effective, safe, and feasible first aid (FA) techniques and procedures, and to formulate valid recommendations for training. We focussed on emergencies involving few casualties, where emergency medical services or healthcare professionals are not immediately present at the scene, but are available within a short space of time. Due to time and resource constraints, we limited ourselves to safety, emergency removal, psychosocial FA, traumatology, and poisoning. Cardiopulmonary resuscitation (CPR) was not included because guidelines are already available from the European Resuscitation Council (ERC). The FA guidelines are intended to provide guidance to authors of FA handbooks and those responsible for FA programmes. These guidelines, together with the ERC resuscitation guidelines, will be integrated into a European FA Reference Guide and a European FA Manual.

[☆] A Spanish translated version of the summary of this article appears as Appendix in the final online version at [doi:10.1016/j.resuscitation.2006.10.023](https://doi.org/10.1016/j.resuscitation.2006.10.023)

^{☆☆} Guidelines are not a substitute for the caregiver's own judgment of a specific medical or health condition. Casualties should consult a qualified health-care professional for advice about a specific condition. The authors disclaim any liability to any party for any damages arising out of the use or non-use of this material and any information contained therein, and all warranties, expressed or implied.

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Methods: To create these guidelines we used an evidence-based guideline development process, based on the methodology of the Scottish Intercollegiate Guidelines Network (SIGN).

Results: The recommendations cover FA for bleeding, wounds, burns, spinal and head trauma, musculoskeletal trauma, and poisoning, as well as safety and psychosocial FA.

Conclusions: Where good evidence was available, we were able to turn science into practice. Where evidence was lacking, the recommendations were consensus-based. These guidelines provide systematically developed recommendations and justifications for the procedures and techniques that should be included in FA manuals and training programmes.

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Introduction

Every year, thousands of people experience or witness medical emergencies. When emergencies occur, family members, friends, colleagues, or bystanders often provide spontaneous help.^{1–3} Citizens can take safety precautions and help others until professional help arrives. First aid (FA) training is essential in preparing the general public for an initial response to such situations.

To improve the outcome of the casualty, first aiders must be taught correctly; they must be given training in the right things. Incorrect training can result in inadequate, even harmful, interventions. The procedures and techniques taught to the public vary between European countries, but these differences cannot always be justified. Recently, the American Heart Association published guidelines for resuscitation and FA,⁴ the European guidelines that were published at the same time only covered resuscitation.⁵ European FA guidelines, which incorporate research and expert opinion systematically and transparently, therefore are much needed.

Belgian Red Cross-Flanders initiated a project to determine the most effective, safe, and feasible FA techniques and procedures, and to formulate valid recommendations. This project received support from the European Commission. The guidelines cover emergencies involving few casualties, where emergency medical services (EMS) or healthcare professionals are not present at the scene immediately, but are available within a short space of time. Due to time and resource constraints, we limited ourselves to safety, emergency removal, psychosocial FA, traumatology, and poisoning. Cardiopulmonary resuscitation (CPR) is not included, because guidelines⁵ are already available from the European Resuscitation Council (ERC).

We define FA as 'immediate help provided to a sick or injured person'. FA consists of procedures and techniques, requiring minimal or no equip-

ment, that can be taught to the general public in basic FA courses. FA is not only concerned with the treatment of physical injury but also with providing other initial care to the individual, including psychosocial FA—assistance given to people suffering emotional distress caused by experiencing or witnessing a stressful event. A first aider is defined as a layperson trained in FA.

These guidelines have been designed to provide guidance to authors of FA handbooks and those responsible for FA programmes. They are intended to be a blueprint for local training programmes and to increase the usefulness, quality, impact, and harmonisation of training. This will improve both the quality of FA provided and the outcome for the casualty.

Together with the resuscitation guidelines of the ERC, these guidelines will be bundled into the European Reference Guide for FA Instruction. This Reference Guide should be a helpful tool for the dissemination of the guidelines throughout Europe. To implement the new guidelines simply and efficiently across Europe, we produced EFAM or European FA Manual. EFAM collates all the new guidelines for first aid and resuscitation into one unique tool to update teaching material. It offers ready-to-use digital texts and high quality photos of all the latest techniques. The Reference Guide and EFAM can be requested from the European First Aid Manual website <http://www.efam.be>.

Methodology

The guideline development process was based on the methodology of the Scottish Intercollegiate Guidelines Network (SIGN).⁶ This is a recognised reference for the development of guidelines.⁷

Guideline Development Group

When composing the Guideline Development Group, we ensured participation from all relevant

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