

# Tell Employees About Key Changes to Canadian First Aid Guidelines



Dealing with a workplace medical emergency can be overwhelming, depending on what kind of first aid is needed. According to a recent survey conducted by Nielsen Consumer Insights and commissioned by [Canadian Red Cross](#), Canadian employees feel much more confident responding to various minor incidents, with 80-87% reporting feeling confident in dealing with nosebleeds, minor wounds or bleeding.

But when the nature of the emergency is more serious, confidence drops considerably. Many Canadian employees didn't feel confident in their ability to assist with a range of more serious medical emergencies, such as:

- Heart attack or cardiac emergency (50%)
- Anaphylaxis shock/severe allergic reaction (48%)
- Concussion (47%)
- Stroke (42%)
- Psychotic episode (33%).

How can you improve your employees' confidence in responding to both minor and major medical emergencies? Equip them with first aid and CPR skills.

The Canadian Guidelines Consensus Task Force, which consists of the Heart and Stroke Foundation, the Canadian Red Cross, St. John Ambulance, the Canadian Ski Patrol and the Lifesaving

Society, recently released the 2016 Canadian Consensus Guidelines on First Aid and CPR.

Updated every five years, the updated guidelines include the most recent research from the international scientific community and distill findings into best practices for first responders and first aid providers. The guidelines include revisions ranging from treating minor cuts and abrasions to addressing major emergencies such as concussions and [heart attacks](#).

[This chart](#) contains detailed highlights of the changes in the 2016 CPR and first aid guidelines. Some of the key first aid changes include:

- Cleaning with soap and water might seem like the best way to disinfect a cut, but new research calls for scrapping the soap and rinsing for five minutes with clean, running tap water instead.
- In the case of severe allergic reaction, the new guidelines recommend that first aid providers should administer a second dose of epinephrine if there are no signs of improvement after the first dose. Some studies have shown that it's most effective to administer the second dose within 5-10 minutes of the first if symptoms haven't stopped progressing.
- When someone experiences a blow to the head, whether sport-related or in the workplace, they should stop activity immediately and seek medical aid (even if they aren't showing signs of a concussion).
- The routine use of cervical collars is no longer recommended as they can cause complications and discomfort for the injured person. Instead, in suspected cervical spine injury, the new guidelines recommend manually supporting the head in position and limiting angular movement, until more advanced care arrives.

So if your workplace is required to have [first aiders](#), make

sure that they get updated training on the new guidelines. And encourage *all* employees to get first aid training.

As Conrad Sauvé, CEO, Canadian Red Cross, said, 'A basic First Aid and CPR course can be completed in six to eight hours, and with that, you can have skills and hands-on knowledge to help you save someone's life while at home, engaging in recreational activities or in the workplace.?