



# CANADIAN FIRST AID MANUAL UPDATE June 2022

International guidelines for resuscitation and first aid are updated periodically based on a review of the best available evidence. The *Canadian First Aid Manual* has been updated accordingly. You can identify the updated printing in the upper left corner of the cover: “With the 2020 CPR guidelines”

No need to purchase a new *Canadian First Aid Manual*. Simply insert this Update into your existing manual.

## CHANGES AT A GLANCE

- An updated Chain of Survival (p. 3) re-emphasizes the importance of early initiation of CPR by lay rescuers. The new “Recovery” link acknowledges the need to support recovery, treatment and rehabilitation for cardiac arrest survivors.
- AVPU assessment terminology to identify level of consciousness appears on p. 20.
- Use of the F.A.S.T. assessment tool (p. 35) for strokes – temporary or not – is reemphasized, and reference to Transient Ischemic Attack (TIA) has been removed.
- A new Dehydration sidebar appears on p. 75.
- A note on evolving terminology relating to the treatment of spinal-injured victims appears on p. 54-55.
- A new appendix on opioid overdoses and naloxone appears on p. 92 (attached).

## Chain of Survival (p. 3)

Recognition that an emergency is taking place and rapid activation of EMS  
Fast initiation of High-Performance CPR  
Quick use of AED  
Primary Care and Advanced Care EMS  
Advanced Cardiac Life Support and post cardiac arrest care  
Recovery from cardiac event



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### AVPU Assessment (p. 20)

Use the AVPU assessment tool to identify level of consciousness (LOC) as part of the primary survey.

**A:** A victim who opens their eyes spontaneously and can follow instructions is considered **Alert**.

**V:** An unresponsive patient who does not open their eyes spontaneously and only responds to a verbal cue (e.g. shout) is considered responsive to **Verbal** stimuli.

**P:** An unresponsive patient who does not open their eyes spontaneously, nor responds to verbal cues and only reacts directly to painful touch (e.g. pinch) is considered responsive to **Painful** stimuli.

**U:** An **U**nresponsive victim does not respond to verbal or painful stimuli.

### Stroke (p. 35)

A stroke occurs when the brain does not receive enough blood and oxygen due to internal bleeding or a blockage in an artery in the brain. Without blood, brain damage occurs and shows up in victim as various sudden impairments.

Use F.A.S.T. to assess if the victim is having a stroke.

*References to Transient Ischemic Attack are removed.*

### Terminology: treatment for spinal injuries (p. 54)

#### Spinal motion restriction

Over the past several years “spinal immobilization” and “spinal motion restriction” have both been used to describe the act of preventing movement of the victim’s spine when a spinal-injury is suspected. Increasingly, “spinal motion restriction” has become accepted as the more accurate term for attempts to maintain the victim’s spine in anatomical alignment and minimize gross movement. This term will be used in future revisions to the Society’s training literature.

*An example of consequent change in wording: “If at all possible, immobilize a spinal injury victim in the position found until EMS arrives.” versus “If at all possible, keep the victim still and in the position found until EMS arrives.*

### Dehydration (p. 75)

When a person loses more fluid than they take in, the resulting condition is called Dehydration.

Signs and symptoms include: altered level of consciousness, headache, dizziness, dry mouth and minimal to no sweating.

Treatment includes: providing electrolyte drinks with carbohydrates for dehydration due to exertion.

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# APPENDIX: OPIOID OVERDOSES & NALOXONE FOR LAY RESPONDERS

Opioids are a class of substances designed to dull the sensation of pain in the nervous system. When opioids are taken in high doses, or even low doses of extremely potent opioids, they can produce a feeling of euphoria in the person exposed, which can result in drug-seeking behaviours and lead to a high potential for dependence and addiction. As a person consumes more of the drug, they increase their chances of incurring an overdose. One of the targets of opioids in the brain is the region that controls breathing, and can suppress respirations, causing the person to go into respiratory arrest.

Naloxone has successfully reversed thousands of opioid overdoses across Canada and is safe for use on all ages as it only affects individuals with opioids in their system.

## Signs and symptoms of opioid overdose

A responsive victim can exhibit a variety of signs and symptoms (e.g. difficulty walking, talking, staying awake, dizziness and confusion) that can be common to a variety of other medical conditions, especially if the history is not known. Rescuers need to be concerned when an opioid overdose results in respiratory or cardiac arrest and should look for the following signs:

- Extreme drowsiness or unconsciousness
- Slow, irregular or absent breathing
- Pale, cold and clammy skin with blue lips or nails
- Constricted or very small pupils (may not be present if the victim has taken multiple drugs)

## Treatment of opioid overdose

The opioid epidemic has resulted in an increase in opioid-associated cardiac arrest. Activation of EMS and performance of CPR remain the primary care:

1. If possible, determine the history of the incident (as reported by bystanders or evidence of drug use at the scene) and assess the scene for hazards.
2. Activate EMS at earliest possible moment.
3. Assess breathing:
  - If breathing is present and effective, a trained responder can immediately administer naloxone nasal spray.
  - If breathing is absent or abnormal, immediately start CPR. A trained responder can administer naloxone nasal spray while the first rescuer performs CPR.
4. Appropriate use of barrier devices.

