First Aid Part 3: Applying General First Aid

Aims: To give an overview on how to administer general first aid. This CPD article should be completed with First Aid parts 1 and 2.

Objectives: On completion of this verifiable CPD article, the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Demonstrate knowledge of a primary and secondary survey when prioritising first aid treatment.
- Be able to identify life threatening conditions quickly and methodically using the DR ABC approach.
- Know the potential causes of an unconscious casualty.
- Know how to place a casualty into the recovery position.
- Be able to identify and know the first aid required for choking, hyperventilation, fainting, cuts and grazes, stings, blood loss, burns, heat exhaustion, heat stroke, hypothermia, eye injuries, poisoning, fractures, sprains and strains, head injuries and meningitis.

Introduction

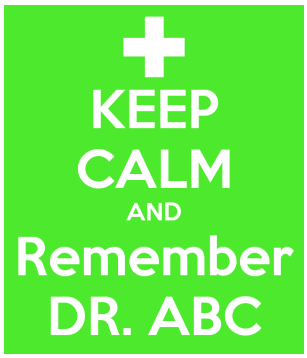
In dental practice, the employer has a legal responsibility under Health and Safety law, to ensure that employees, patients, and visitors to the practice, are safe. This includes the requirement to ensure that first aid provision in the workplace is sufficient.

Under the Health and Safety (first aid) regulations 1981, this includes the requirement to ensure that there is adequate first aid provision for employees in the workplace. The Health and Safety Executive (HSE) state, “The employer should ensure that an employee who is injured or taken ill at work receives immediate attention. HSE will prosecute in cases where there is a significant risk, a disregard for established standards, or persistent poor compliance with the law.”[1]

This article will give an overview of how to administer some general first aid and should be read in conjunction with First Aid Parts 1 and 2.

Priorities of Treatment

Primary Survey



DR ABC is the acronym used to remember and describe the steps in the primary survey which is used by the first aider to identify life threatening conditions quickly and methodically.[2]

Danger

Make sure that you, the casualty and any bystanders are safe. If it is safe to do so, remove any hazards from the area to allow first aid to be given without risk to yourself or the casualty. The casualty should only be moved as a final resort.[2]

Response

Is the casualty responsive? Gently squeeze their shoulders and ask loudly if they are alright. If they do not respond, shout for help.[2]

The patient's level of consciousness is measured on an **AVPU** scale. The quick version of the scale is as follows:

A- Alert: The patient is fully alert.

V- Voice: The patient responds to your voice (but may be confused, uses inappropriate words, makes noises, no verbal response).

P- Pain: The patient responds to painful stimuli/pressure. You should pinch their earlobe to see if they respond.

U- Unresponsive: No response to pressure or stimuli.

Airway

Identify and treat and life threating airway problems.

If the casualty is unresponsive, tilt the head back to open the airway.

Life threatening conditions:

Airway swelling, narrowing or blockage caused by:

- The tongue
- Vomit
- Choking
- Burns
- Strangulation
- Hanging
- Anaphylaxis[3]

Breathing

Identify and treat life-threatening breathing problems. Place your ear and cheek over their nose and mouth and look down their body to see if the chest rises and falls.

Check for 10 seconds to see if the casualty is breathing.

If the casualty is not breathing, or not breathing effectively, call 999/112 and bring an AED. If you are on your own, call emergency services on your mobile on speaker phone.

If COVID-19 is suspected look for the chest to raise and fall, do not place your ear or cheek near to their face.[2]

Life threatening conditions:

- Asthma
- Crushing of the chest
- Collapsed lung
- Poisoning
- Anaphylaxis
- Cardiac arrest[3]

Circulation

Identify and treat any life-threatening circulation problems. Are there any signs of severe bleeding?

Life threatening conditions:

- Heart attack
- Heart failure
- Severe bleeding
- Poisoning
- Anaphylaxis
- Cardiac Arrest[3]

The St Johns primary survey video can be found by clicking here.

Secondary Survey

The secondary survey is performed after the primary survey, and it is assumed that life threatening problems have been found and treated.

The secondary survey includes finding out the history and looking for signs and symptoms. The casualty may need to be checked from head to toe.[4] Further information on this can be found in the further reading section at the end of this article.

Medical History

The acronym **AMPLE** can be used to remember some important things to ask the casualty:

Allergies- Do they have any?

Medications- Do they take any?

Past medical history- Anything significant?

Last oral intake- When did they last eat or drink?

Events leading up to the illness or injury – What happened?[2]

Symptoms

If responsive, ask the casualty to give as much detail as possible about how they feel.

Key questions are as follows:

- Can you feel any pain?
- When did the pain start?
- Can you describe the pain?
- What makes the pain better or worse?

Signs

Check the casualty from head to toe, using all your senses.[2]

Unconscious Casualty

An unconscious casualty is a priority. They are at risk of their airway becoming blocked by the tongue if lying on their back, or by vomit if they are sick.

FISH SHAPED is the acronym that be used to remember the primary causes of an unconscious casualty:[5]

Fainting

Imbalance of heat

Shock

Head injury

Stroke

Heart attack

Asphyxia

Poisoning

Epilepsy

Diabetes

Recovery position

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

The recovery position is used if the patient is unconscious but breathing normally and does not have any other life-threatening conditions. If a casualty is injured, they should be kept still, and the airway and breathing should be monitored. The recovery position should only be used in this instance if the airway is at risk.[6]

The following link contains an NHS video on how to place someone into the recovery position: NHS Recovery Position

Choking

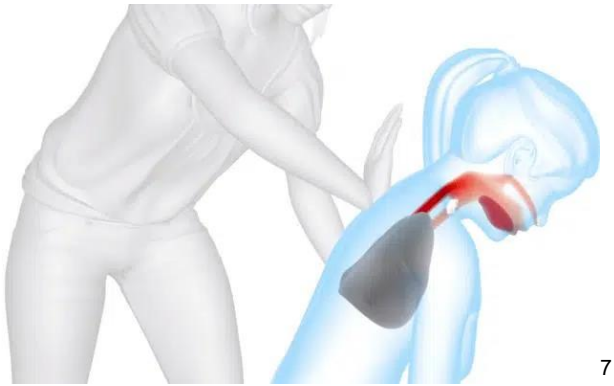
If there is only partial blockage of the airway, the patient will usually be able to speak, cough and breathe and will usually be able to clear the blockage themselves.

To help with mild choking in an adult or child over 1 year:

- Encourage them to keep coughing to clear the blockage.
- Ask them to spit out the object if it is in their mouth.
- Do not put your fingers in their mouth.

When choking is severe, the patient will not be able to speak, cry, cough or breathe. Without intervention, they will eventually become unconscious.

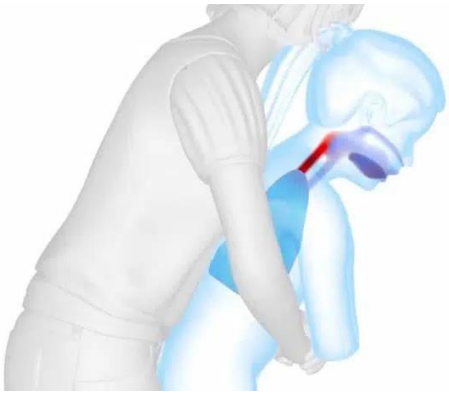
To help with severe choking in an adult or child over 1 year:



[7]

- Carry out a back blows.
- Stand behind the patient, slightly to the side and support their chest with one hand. Lean them forward so the object comes out of the mouth rather than going further down.
- Give 5 sharp blows behind the shoulder blades with the heel of your hand.
- Check if the blockage is cleared.
- If not give 5 abdominal thrusts.

Do not give abdominal thrusts to babies under 1 year old or to pregnant women. To carry out abdominal thrusts:



[7]

- Stand behind the person who's choking.
- Place your arms around their waist and bend them forward.
- Clench 1 fist and place it right above their belly button.
- Put the other hand on top of your fist and pull sharply inwards and upwards.
- Repeat this movement up to 5 times.
- If the person's airway is still blocked after trying back blows and abdominal thrusts, get help immediately:

- Call 999 and ask for an ambulance. Tell the 999 operator the person is choking.
- Continue with the cycles of 5 back blows and 5 abdominal thrusts until help arrives.
- If they lose consciousness and aren't breathing, you should begin CPR with chest compressions. [8]

Hyperventilation

Hyperventilation is excessive breathing, usually caused by anxiety or panic. Excessive breathing can lead to low levels of Carbon Dioxide in the blood which leads to the following signs and symptoms:

- Dizziness or light headedness.
- Shortness of breath.
- Numbness and tingling in arms or around mouth.
- Weakness, confusion.
- Feeling of a tight chest, palpitations.
- Flushed skin with no cyanosis.
- Muscle spasms in hands and feet.[3,9]

Treatment

- Firm and calm reassurance.
- Take the patient to a quiet place and explain that they are hyperventilating.
- Encourage slower, controlled breathing (for example, pursed-lip breathing) to restore carbon dioxide balance.
- If the attack is prolonged or the patient shows signs of hypoxia, call for emergency help. [3,9]

Do not ask the patient to breathe into a paper bag as this may make it worse if there is a more serious underlying problem.[3]

Fainting

Fainting is caused by a sudden drop in blood flow to the brain. Typical causes of fainting are:

- Pain or fright.
- Hunger.
- Emotional stress.
- Being too hot.
- Long periods of inactivity such as sitting or standing for a long period of time.
- Standing up too quickly.
- Taking drugs of drinking too much alcohol.

Symptoms

- Dizziness.
- Cold skin and sweating.
- Slurred speech.
- Feeling nauseous..
- Changes to vision
- Temporary loss of consciousness, falling to the floor.

Treatment

- Lay them on their back and raise their legs (the dental chair can be tipped back).
- Check airway and breathing.
- Check for other injuries.
- Remove causes of stress, crowds of people and allow fresh air.
- Reassure the patient as they recover. Don’t sit them up suddenly.

- If the patient does not recover check airway and breathing, place them in recovery position and call 999/112 for emergency help.[10]

Blood loss

The body cannot compensate after one third of the blood is lost. After this the blood pressure falls quickly and the brain is starved of oxygen.

Symptoms of blood loss[3]

	10% Blood loss	20% blood loss	30% blood loss	40% blood loss
Consciousness	Normal	May feel dizzy stood up	Lowered level of consciousness	Unresponsive
Skin	Normal	Pale	Cyanosis, cold and clammy	Severe cyanosis, cold and clammy
Pulse	Normal	Slightly raised	Rapid (0ver 100 per min), hard to detect	Undetectable
Breathing	Normal	Slightly raised	Rapid	Deep sighing breaths

Types of bleeding

Arterial - Comes under pressure from the heart and is bright red and comes out in spurts or pulses. It is the most severe and urgent type of bleeding and can result from a penetrating injury, blunt trauma or damage to organs or blood vessels. Blood loss is rapid and is quickly life threatening.

Venous - Veins carry the same volume of blood as the arteries but are not under pressure from the heart and is dark red. Bleeding from a major vein will flow profusely and is life threatening.

Capillary - This is more common than arterial and venous bleeding and occurs in all wounds. The flow may appear fast at first, but it is usually easily controlled.

Treatment of bleeding

- Sit or lay the patient down.
- Quickly examine the type of bleeding. Identify the point of bleeding. Look for foreign objects in the wound.
- Apply pressure to the point of bleeding continuously for 10 minutes. You may need to press into the wound and a deep wound may need packing (see further reading section). If there is an object in the wound, do not remove it but apply pressure at either side.
- Dress the wound with a sterile dressing.[3]

Catastrophic bleeding

Catastrophic bleeding is defined by the UK Ambulance Serviced Clinical Practice Guidelines 2013 as “Extreme bleeding likely to cause death in minutes.” Catastrophic

bleeding is usually associated with amputations or significant damage to blood vessels. Catastrophic bleeding should be rapidly controlled so that airway, breathing and circulation problems can then be identified. Specific training to control this type of injury should be undertaken if identified in the needs assessment. The HSE document First Aid at Work L74 document was updated in 2024 to change the term “catastrophic bleeding” to “life-threatening bleeding”, and to include more guidance for employers when such bleeding is identified as a risk.[1]

Internal Bleeding

Minor internal bleeding is common and may only produce small, red specks on the skin or minor bruising. Internal bleeding is serious and can be difficult to recognise in its early stages and severe internal bleeding can be life threatening. This is typically due to a person losing a significant volume of blood and experiencing hypovolemic shock.

Hypovolemic Shock

Any patient with a blood loss of over 10% should be treated for shock. This is an emergency condition in which severe blood or other fluid loss cause the heart to be unable to pump enough blood around the body.

Symptoms

- Rise in pulse rate.
- Pale, clammy skin..
- Fast, shallow breathing.
- Rapid, weak pulse..
- Cyanosis.
- Nausea.
- Dizziness.
- Sweating.[3]

As the brain suffers lack of oxygen it can lead to a deep sighing breathing, confusion and anxiety and unconsciousness.

Treatment

- Treat the cause (e.g. bleeding).
- Lay the patient down and elevate the legs.
- Call 999/112..
- Keep the patient warm.
- Don’t allow them or eat or drink.
- Loosen tight clothing.
- Monitor breathing, pulse and levels of response.
- Be prepared to resuscitate.[3]

Nose Bleeds

Nosebleeds happen when the tiny vessels in the nose break and bleed. They are very common and usually not serious. It can be caused by a blow to the nose, or occur as a result of sneezing, picking or blowing the nose.

Nose bleeds can also occur with high blood pressure or the use of blood thinners.

A nosebleed can be serious if the casualty loses a lot of blood. If it follows a head injury then the blood may appear thin and watery. This is a very serious sign as it indicates the skull is fractured and fluid is leaking around the brain. [4]

Treatment

- Tell the casualty to sit down and tilt their head downwards to allow the blood to drain. Ask them to breathe through their mouth and pinch the soft part of their nose for up to 10 minutes. Do not let the casualty tip their head back.

- Advise the casualty not to speak, swallow, cough, spit or sniff.

- After 10 minutes ask the casualty to release the pressure. If the bleeding has not stopped. They can reapply the pressure for another two lots of 10 minutes.

- Clean around the nose and advise them to rest, not blow their nose and to avoid exertion.

- If the nosebleed is severe or lasts longer than 30 minutes arrange to send the casualty to hospital.[4]

Cuts and Grazes

- Stop any bleeding.
- Clean the wound under drinkable tap water.
- Pat the area dry with a sterile swab.
- Cover the wound with a sterile adhesive dressing such as a plaster.

If there is a risk of infection or you think the wound is infected, medical help should be sought. A wound is at risk of infection if:

- It has been contaminated with dirt, pus or bodily fluids.
- Something was in the wound before it was cleaned, such as dirt or gravel.
- It has a jagged edge.
- It is longer than 5cm.
- It was caused by an animal or human bite.

Signs that the wound could be infected include:

- Swelling, redness, increasing pain.
- Pus forming in or around the wound.
- Feeling generally unwell.
- A fever or over 38^0C.
- Swollen glands.////[12]

Stings (bees and wasps)

The most important thing to watch for after a sting is an anaphylactic reaction which has been covered in a previous article. If the sting is visible, carefully scrape it off the skin with the edge of a credit card (do not use tweezers). Wasps do not leave their sting. Elevate the injury if possible and apply a wrapped ice pack for ten minutes.

Eye Injury

Loose Foreign Body

Small particles such as grit, sand, dust and dirt can be washed out of the eye with cold tap water. The water should run away from the good eye. Do not attempt to remove anything stuck in the eye. [2]

Chemicals in the Eye

The eye should be irrigated with large volumes of clean water with the water running away from the good eye. Wearing gloves, gently but firmly try and keep the eyelid open to irrigate thoroughly. Call 999/112.[2]

Flash Burns to the Eyes

Flash burns cause intense pain which usually develops gradually, with sensitivity to light and a gritty feeling in the eyes. It can be caused by looking at a welder's torch or prolonged exposure to the glare of the sun reflecting on the sea or show.

Reassure the patient and ask them to close both eyes. Cover with soft pads to keep out the light and seek medical attention.[2]

Serious Eye Injury

- Keep the patient still and hold a sterile dressing over the injured eye.
- Ask the patient to keep both eyes closed.
- Seek medical attention.[3]

Poisoning

A poison can come in the form or solid, liquid or gas and is a substance that causes damage when it enters the body in sufficient quantity. Poison can be ingested in one of four ways:

Ingestion- swallowing.
Inhalation- breathed in as gases or vapours.
Injection- through the skin, directly into tissues or a blood vessel.
Absorption- through the skin or eyes.

A poison can be corrosive such as acids, bleach or ammonia or non-corrosive such as tablets, drugs, alcohol, plants or perfume. [3]

Treatment for a corrosive substance:

- Make sure it is safe to help.
- Wash away any substances on the skin.
- If the substance has been swallowed and the patient does not feel sick, get them to rinse out their mouth and take frequent sips of water or milk.
- Call 999/112 and take advice.

Treatment for a non-corrosive substance:

- Call 999/112 and take advice from the operator.

Inhalation of smoke, fumes or other substances:

- Move patient to fresh air if possible.
- Call 999/112.
- Check and treat any burns.[13]

In all cases, monitor the airway and breathing. It helps the paramedics if you:

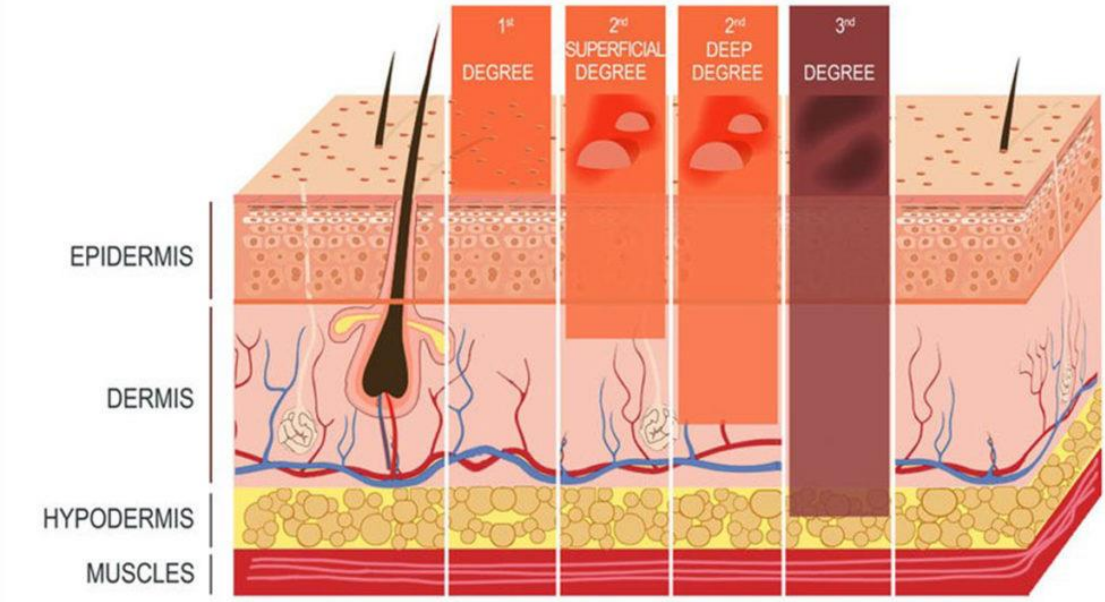
- Pass on containers or other information about the substance.
- Find out how much has been taken.
- Find out when it was taken.
- Find out how it was taken (ingested, inhaled, injected or absorbed).
- Find out why it was it was taken (whether an accident or deliberate).
- Keep samples of any vomit.

Burns

First aid needs to be applied to burns as soon as possible as this will limit the amount of damage to the skin.

Depth of Burns

The skin has three layers- the epidermis on the outside, the dermis beneath and then subcutaneous fat.



Superficial Burn (1st degree)

This minor burn affects only the outer layer of skin and can cause redness and pain. It can be treated with minor first aid and healing will be quicker the sooner you treat the burn.

Partial-thickness Burn (2nd degree)

This affects the epidermis and the dermis. It may cause swelling and red, white or splotchy skin. Blisters may develop and it may be very painful.

Full-thickness Burn (3rd degree)

The layers of skin have burnt away to the sub cutaneous fat layer or beyond. The skin may look pale, charred or waxy and pain in the area may be absent as the nerve endings will be burnt away. Severe burns can also result in fluid and blood loss and affect the body's ability to self-regulate so can cause low body temperature or hypothermia.[14]

Treatment

Stop the burning process as soon as possible so remove the patient from the area. Do not put yourself in danger.

- **Remove any clothing or jewellery** near the burn but do not remove anything that is stuck to the burnt skin as this could cause more damage.
- **Cool the burn with cool/tepid water** for 20 minutes as soon as possible after the injury but do not use ice or iced water.
- **Keep the patient warm** by using blankets or layers of clothing but keep away from the burnt area. This is to help avoid hypothermia.
- **Cover the cooled burn** with cling film. Lay it over the burn rather than wrapping it around a limb. A clear plastic bag can be used for hand burns.
- **Treat the pain** from a burn with paracetamol or ibuprofen.
- **Raise the affected area** if possible, to reduce swelling.[15]

Go to A & E if:

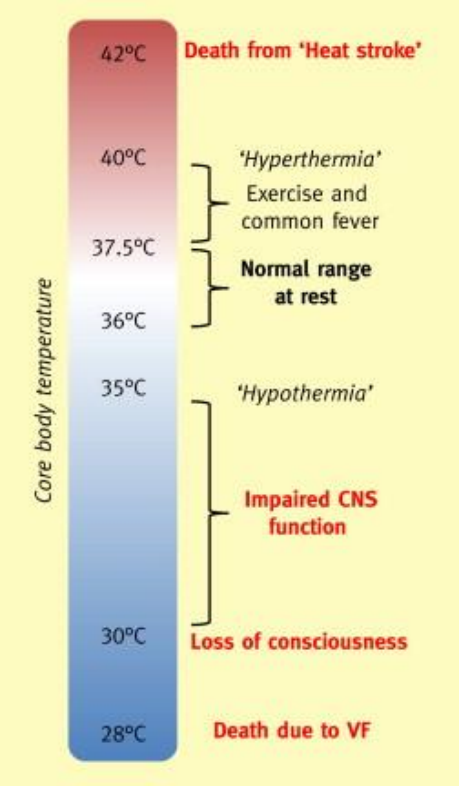
- The burn is larger than the affected person's hand.
- Deep burns of any size that cause white or charred skin.
- Burns on the face, neck, hands, feet, any joints or genitals.
- Electrical burns- You should not approach someone who is connected to a high voltage source so make sure the contact with electricity is broken.
- Chemical Burns- Wear PPE and avoid contact with the substance. Brush off dry powder chemicals or any solid chemical fragments before irrigating.
- Any signs of shock.[15]

Medical attention should also be sought if the patient is:

- Is under 10 years old.
- Has a medical condition such as heart, lung or liver disease or diabetes.
- Has a weakened immune system, for example through HIV or AIDS, or chemotherapy.[15]

Body Temperature

Normal body temperature is close to 37^0C and is regulated in the brain by the hypothalamus. If the body becomes too hot or too cold, the hypothalamus stops working which causes deterioration in the patient's condition as the body no longer fights the condition. [3]



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Hypothermia

Hypothermia is a dangerous drop in body temperature and the onset of hypothermia occurs when the body temperature drops below 35^0C.

Signs of Hypothermia:

- Shivering.
- Pale, cold and dry skin.
- Lips and skin may be blue.
- Slurred speech.
- Slow breathing.
- Tiredness or confusion.
- Lowered levels of response which can lead to unconsciousness and death.

Treatment for a conscious casualty:

- Move the patient indoors or somewhere sheltered as soon as possible.
- Remove any wet clothing, wrap them in a blanket.
- Heat a room-to-room temperature if indoors.
- Warm slowly.
- Give the patient a warm drink and sugary food such as chocolate.
- Keep them awake by talking to them.
- If the condition is severe call 999/112.

Treatment for the unconscious casualty:

- Use Airway Breathing Circulation.
- Call 999/112 for help.
- Gently place the patient in the recovery position but do not move the casualty unnecessarily.
- Place blankets under and around the casualty. Protect them from the ground and cover their head.
- Monitor breathing.[2]

Do not use a hot bath, hot water bottle or heat lamp to warm them. Do not give them alcohol to drink or rub their arms, legs, feet or hands.

Heat exhaustion

Heat exhaustion does not usually need emergency help if you can cool down in 30 minutes. It occurs when the core body temperature rises above 38^0C.

Signs and symptoms:

- Tiredness.
- Dizziness.
- Pale, clammy skin.
- Cramps in arms, legs and abdomen.
- Fast breathing.
- Elevated pulse rate.
- Being very thirsty.

Treatment

- Move the patient to a cool place.
- Remove unnecessary clothing.
- Get the patient to drink cool water or an energy drink.
- Cool their skin with a cool water spray or sponge (Slowly).
- Get medical advice if necessary and call 999/112 if the patient's levels of response deteriorate.[2]

Heat stroke

Heat stroke occurs when the core body temperature exceeds 40 ^{0}C and is an urgent medical emergency.[3]

Signs and Symptoms

- Still unwell after 30 mins of resting in a cool place, being cooled and drinking fluids.
- Very high temperature.
- Flushed, hot, dry skin with no sweating.
- Throbbing headache.
- Fast heartbeat.
- Nausea, vomiting.
- Seizures.
- Fast breathing or shortness of breath.
- Lower levels of response.
- Loss of consciousness.

Treatment

- Call 999/112 as this is a medical emergency.
- Move the patient out of the sun or heat.
- Pour water over the skin and use anything available to fan them.
- Soak a towel in ice water and apply to the skin, cover as much of the skin's surface. Replace with newly soaked towels approximately every minute.
- Apply ice or cold packs to their armpits or neck.
- Do not give fluids in case they are accidentally inhaled.[3]

Heat stroke will be treated in hospital.

The Skeletal System

Fractures and Broken or Dislocated Bones

Types of bone fracture include:

Closed- A 'clean' break in the bone with no complications.

Open- The skin is broken by the bone, and it may be protruding from the wound. This type of fracture has a high risk of infection.

Complicated- This means that complications have arisen as a result of the fracture, such as trapped vessels or nerves.

Greenstick- The bone is split, but not totally severed. This fracture happens more commonly in children because they have more flexible bones. It is often mistaken for sprains and strains as only a few signs and symptoms of a fracture are present.[3]

Symptoms:

- Pain.
- Loss of power- not being able to move or weight bare.
- Unnatural movement.
- Swelling or bruising.
- Irregularity- Lumps or depressions in the skin.
- Deformity- for example a limb being bent in the wrong place.
- Crepitus- The feeling or sound of bones grating as the broken ends rub on each other if the injury is moved.
- Tenderness.[3,19]

Treatment:

If the person is unconscious or bleeding heavily, this must be controlled first.
If the patient is conscious, immobilise the injury and keep the casualty warm.
Arrange transportation to the hospital.

Call 999/112 for emergency help if:

- You suspect a spine or head injury.
- There is deformity, irregularity, unnatural movement or bone through the skin - do not move them but keep them in the position you found them.
- If you call 999/112 keep the injury still and cover open wounds with a dressing.[3,19]

<u>Sprains and Strains</u>

A sprain is an injury to a ligament or joint, whereas a strain is an injury to a muscle.
Symptoms

- Pain.

- Loss of power.
- Swelling or bruising.
- Tenderness.

The treatment for a strain or sprain can be remembered with the acronym RICE

Treatment

Rest- Rest the injured part. Help the patient sit or lie down.
Ice- Apply an ice pack or cold compress for a maximum of 20 minutes.
Compression (Comfortable Support)- Apply a firm but not constrictive bandage
Elevation- Elevate the injury to help minimise swelling and bruising.[2]

Head injuries

Head injuries are common and can be life threatening. There are many subcategories of head injury and three of them are as follows:

1) Concussion

A serious, life threatening, progressive injury affecting the brain often due to either a bleed into the brain or brain tissue swelling. Concussion is caused by ‘shaking’ of the brain.

Signs and symptoms

- May become unconscious for a short space of time.
- Short term memory loss of the incident and confusion and irritability.
- Repeating questions.
- Mild general headache.
- Pale, clammy skin.
- Normal pupils reacting to light.
- Shallow, normal breathing.
- Rapid, weak pulse.
- Possible nausea and vomiting.[20]

2) Compression

The key feature of compression is that the casualty will deteriorate. Concussion gets better, whereas compression only gets worse. It is life threatening due to the build-up of pressure in the skull. It is important to realise that both types of head injury can occur. For example, a head injury may result in a concussion from which the patient recovers, but then several hours later they may deteriorate due to a compression head injury.

Signs and Symptoms

- Could have history of recent head injury with apparent recovery, but then deteriorates.
- Levels of response deteriorate.
- Intense headache.
- Flushed, dry skin.
- Deep, noisy, slow breathing which is a feature of many conditions, and compression is one such condition. Noisy breathing is abnormal and always means obstructed breathing.
- Slow, strong pulse.
- One or both pupils dilate as pressure increases on brain.
- Fits may occur.[20]

3) Fractured Skull

A skull fracture is serious because the broken bone may directly damage the brain or cause bleeding, which can result in compression. Other signs include swelling or bruising of the head, around one or both eyes, or behind an ear.

Treatment

- Call 999/112.
- Maintain airway and breathing.
- If the casualty is unconscious keep them still and monitor breathing.
- If casualty is conscious, help them lie down. Keep head, neck and body in line in case of spinal injury.
- Control any bleeding.
- If the ear is bleeding put them onto that side so as to drain the ear of blood.
- Look for and treat any other injuries.[20]

Meningitis and Sepsis

Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges) and can be very serious if not treated quickly. It can lead to life threatening Septicaemia. (A full article on Sepsis is available on the website).

Symptoms

- High temperature.

- Vomiting.
- Headache.
- A rash that does not fade when a glass is rolled over it (note a rash may not always develop).
- A stiff neck.
- A dislike of bright lights.
- Drowsiness or unresponsiveness.
- Seizures.

Treatment

- Seek urgent medical attention and do not wait until a rash develops.
- Say you are worried about meningitis or sepsis.
- Call 999 or go to nearest A &E.[21]

With thanks to Paul Lane IHCD AMIOSH Resuscitation Council Associate Member, for his advice. www.abcworkplace.co.uk. For hands on training enquiries, delivered in your practice, email: paul@abcworksafe.co.uk

Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcomes:

C. Maintenance and development of knowledge and skill within your field of practice.
D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now be given the option to answer some reflective learning questions, before your certificate is generated. These will be:

1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
2) Comment on any changes/updates needed in your daily work
3) How has completion of this CPD article benefitted your work as a DCP?

Examples will be provided. Please remember that you can fill this in on completion of the exam, but you can also update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

Performing a head-to-toe survey.
NHS First Aid
St Johns Ambulance

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