

Emergency First Aid at Work Training for Chiropractors

Recommended content



The Royal College of
Chiropractors

The RCC recommends that registered chiropractors maintain, as a minimum, an up-to-date Emergency First Aid at Work (EFAW) qualification that fulfils HSE requirements for businesses and should, in addition, ensure their personal first aid training maintains their currency in additional, relevant topics including:

- Adult, child and baby basic life support
- Stroke (recognition)
- Fainting/syncope
- Diabetic hypoglycaemia
- Head injury and concussion
- Rib injury and pneumothorax (recognition)
- Managing an unconscious patient on the treatment table (with or without possible structural instability)

Those providing first aid training for chiropractors should:

- ideally use a blended learning approach to enable the full EFAW programme and the additional topics listed above to be accommodated
- ensure the training includes discussions about the emergency first aid situations chiropractors may encounter including, but not necessarily limited to, those listed in the box below
- prompt chiropractors to plan for managing specific emergencies in the context of their practice - for example, lone practitioners will need to have emergency planning in place to summon other people to help them quickly if needed
- emphasise that their role is to provide first aid training, not clinical training designed to advise chiropractors what to treat/what not to treat and what to refer

Clinical scenarios recommended for discussion include:

- Patient lying prone and unresponsive on treatment table – discuss whether/how to move patient from prone position for CPR
- Patient feels lightheaded or faints during blood pressure testing or during/following treatment (vasovagal reaction/syncope? carotid sinus syncope?) – discuss/demonstrate appropriate action
- Patient experiences sharp chest pain during spinal manipulation (rib injury?) – discuss action
- Patient short of breath, chest pain, sharp pain when inhaling following acupuncture to torso (pneumothorax?) – discuss action

Notes

1. Rare, undiagnosed conditions such as Ossified Posterior/Anterior Longitudinal Ligament (OPLL/OALL) can predispose patients to cervical fracture and potential spinal cord injury following minor trauma
2. Cervical artery dissection, causing stroke, is associated with manipulation of the cervical spine but not a proven outcome and very rare; patients may present to a chiropractor with neck pain due to ongoing stroke
3. Safety incident reporting data includes cases of patients feeling faint or fainting during blood pressure testing and some forms of therapy
4. Rib injury/fracture is a recognised risk of spinal manipulation
5. Pneumothorax is a rare but recognised risk of acupuncture to the torso
6. Safety incident reporting data includes cases of patients falling from treatment tables, sometimes resulting in minor injuries
7. Patients sometimes present to a chiropractor with fractures, including wrist, arm, knee and vertebral fractures