Resuscitation Council UK

First Aid Guidelines

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References

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Key points

- **Expectations of a first aid provider:** Always call for help early and, ideally, use a speakerphone, especially if alone. As a general principle, only use equipment and medications you have been trained to use.
- **Structured assessment:** Utilise an ABCDE approach to promptly identify and treat life-threatening conditions. ABCDE stands for A-Airway, B-Breathing, C-Circulation, D-Disability, E-Exposure.
- **Foreign body airway obstruction:** Use an escalating approach with cough, back blows and abdominal thrusts in adults who are choking.

- **Life-threatening bleeding:** an escalating approach with manual direct pressure and, thereafter, haemostatic dressing and/or tourniquets.
- **Drowning:** Offer flotation, remove the person from the water, and provide immediate care as needed, including preventing hypothermia.
- **First aid courses:** Tailor first aid courses to the needs of participants and settings and empower equity.

Introduction

- First aid is described as a helping behaviour by anyone, for any emergency condition, in any situation, including self-care. Its provision typically involves recognising, assessing, and prioritising needs, providing care within the provider's competencies whilst recognising their limitations, and seeking additional help such as activating the emergency services. All resuscitation, including basic and advanced life support, begins with first aid interventions: assessing scene safety, recognising decreased responsiveness or abnormal breathing, positioning the person appropriately, and responding to life-threatening conditions. First aid serves as a crucial first link in the chain of survival.

Guidelines

First aid courses

- First aid courses should be accessible to the widest possible audience and promote equal opportunities in both providing and receiving first aid.
- Course providers should tailor content based on the needs of participants, their context (low-resource settings, rural areas), sociocultural appropriateness and feasibility.
- Courses should include measures to help bystanders, lay rescuers and professional first aid providers to overcome fear, anxiety and moral distress during and after providing first aid.

Expectations of a first aid provider

- As a first aid provider, you may minimise further injury, improve health and prevent death by following these three key principles:

1. Check for scene safety.
2. Call 999.
3. Only use available equipment or medications you have been trained to use.

- There are occasions when a first aider may be directed to use equipment by the emergency services that they may not have previously had in-depth training on.

First aid kits

- All workplaces, leisure centres, public buildings, homes and cars should have first aid kits.
- Public first aid kits should be clearly marked and readily accessible.
- The content of the kits should be based on the setting, expected risks and the users.
- All first aid kits should be inspected regularly and properly maintained.

Cardiac arrest

- If you suspect a cardiac arrest, call 999 and follow the call handler's instructions on how to perform cardiopulmonary resuscitation (CPR).
- Saving a person's life is a priority, and first aiders should not be concerned about causing harm to the patient.
- Continue CPR: until professional help arrives and takes over (or tells you to stop), the individual becomes responsive (speaks, opens eyes, moves purposefully, or breathes normally), or the rescuer becomes exhausted.

Structured first aid assessment of a person appearing ill, injured or in shock (ABCDE)

- Pay immediate attention to safety, the responsiveness of the victim, and life-threatening bleeding.
- Use the ABCDE framework to structure your assessment of a person in need.

Recovery position

- Place adults and children with a decreased level of responsiveness who do NOT meet the criteria for CPR into a lateral (side-lying) recovery position.
- In cases of agonal breathing or trauma, do NOT move the person into the recovery position.

Use of pulse oximetry and use of oxygen for acute difficulty breathing

- If you are trained to deliver oxygen, then give oxygen to a person with difficulty breathing and/or looking cyanosed. Cyanosis can be recognised by blue tinges on the skin and lips (for darker skin tones, look for pallor or blue tinges inside the lips). Use a pulse oximeter to titrate the administered oxygen.
- Give oxygen via a simple face mask or non-rebreathing mask and then titrate the flow rate to maintain an oxygen saturation of between 94-98%.
- If the person has chronic obstructive pulmonary disease, titrate the oxygen flow to maintain oxygen saturation levels between 88-92%.
- In the presence of life-threatening hypoxaemia (oxygen saturation < 88%), in the out-of-hospital setting, give oxygen with a higher flow to everyone, including persons with chronic obstructive pulmonary disease having difficulty in breathing.

Medical emergencies

Anaphylaxis

- Suspect anaphylaxis if someone has:
    - Breathing difficulties that can range from noisy breathing (stridor) due to upper airway swelling to wheezing due to lower airway obstruction.
    - Flushing, rash (hives), cold or clammy skin or feeling faint.
    - Abdominal pain, vomiting, or diarrhoea.
    - A recent exposure to known food allergens or insect stings.
- Call 999.

- Ensure that the person is lying down unless there are breathing difficulties, in which case they may sit up with their legs extended.
- Remove the trigger if known and possible.
- Intramuscular adrenaline should be given (either self-administered or by trained individuals) as soon as possible via autoinjector into the outer thigh, which delivers the recommended dose.
- If symptoms persist five minutes after administration, give a second dose of adrenaline, ideally in the opposite leg.

Choking in an adult

- Suspect choking if a person is suddenly unable to speak or cough, particularly if eating.
- Ask the person: “Are you choking?”
- Encourage the person to cough.
    - If the person is unable to cough or the cough becomes ineffective, give up to five back blows.
    - If back blows are ineffective, give up to five abdominal thrusts.
    - If choking has not been relieved after five abdominal thrusts, call 999 and continue alternating five back blows with five abdominal thrusts until choking is relieved, or the person becomes unresponsive.
- Do NOT use blind finger sweeps to try and remove a foreign body from the mouth or airway.
- If the person becomes unresponsive, start CPR and ensure 999 has been called.
- Any person successfully treated for choking with abdominal thrusts or chest compressions should be evaluated by a healthcare practitioner since complications and injuries may occur.

Asthma

- If a person with asthma is experiencing breathing difficulties, a first aid provider should help them to use their own reliever inhaler, using a spacer device if one is available.

Chest pain

- Reassure the person and sit or lie them in a comfortable position.
- Call 999.
- Encourage and assist a person with cardiac sounding chest pain in self-administering 300 mg of aspirin (ideally chewable or dissolvable) as soon as possible, whilst awaiting emergency assistance (but not to adults with a known aspirin allergy).
- Assist a person with known angina to self-administer their nitroglycerine spray or tablets.
- Stay with the person until help arrives.

Hypoglycaemia (low blood sugar value)

- Suspect hypoglycaemia in someone with diabetes or chronic malnutrition AND sudden impaired responsiveness or behavioural change.
    - Give glucose or dextrose tablets (15-20 g) by mouth if the person is awake and able to swallow.
- If feasible, measure capillary blood sugar using a blood glucose meter and treat if low (a value less than 4.0 mmol L^{-1} or 70 mg dL^{-1}) and repeat measurement after treatment.
- If glucose or dextrose tablets are not available, provide other dietary sugars, such as a handful of sugary sweets or 50-100 mL of fruit juice or a sugar-containing drink.
- If oral glucose is not available, give a glucose gel (partially held in the cheek, and partially swallowed).
- Repeat giving oral glucose if the symptoms are still present and not improving after 15 min.
- For children who are uncooperative with swallowing oral glucose, but NOT unresponsive, consider administering half a teaspoon of table sugar (2.5 g) under the tongue.
- Call 999 if the person is/or becomes unresponsive, or the condition does not improve.
- Following recovery from symptoms (5-10 min after sugar intake), encourage the person to eat a light snack.
- In an unresponsive person, do not give oral sugar in any form due to the risk of aspiration; instead, call 999 and consider the recovery position.

Opiate/Opioid poisoning

- Suspect an opiate/opioid overdose if:
    - the person is breathing slowly
    - the breathing is irregular or absent
    - the person is extremely drowsy or unresponsive
    - the person has very small pupils.
- Call 999.
- If the person is unresponsive and not breathing normally, start CPR.
- Administer naloxone if you are trained.
- Reassess the person using the ABCDE approach.
- Follow the packaging instructions on when to give another dose of naloxone.
- The person should remain under observation until emergency assistance arrives.

Stroke

- Use a stroke assessment scale (such as FAST; Face, Arm, Speech, Time) to decrease the time to recognition and call 999 for help. Only give oxygen if you are trained in its use and the person is showing signs of hypoxia (blue tinges to the skin and lips or, for darker skin tones, look for pallor or blue tinges inside the lips).

Suicidal thoughts

- If you think a person might harm themselves, ask them if they are alright, how they feel and why. Ask them if they have suicidal thoughts.
- Assess the risk of suicide: did the person communicate about or make plans to take their own life?
- Explore the suicidal thoughts and listen to the individual in a non-judgmental way.
- If the person has made concrete threats or plans for suicide, tell them you are going to ask for help, and call 999.
- If these warning signs are not present, listen non-judgmentally and encourage seeking professional or other support (e.g. GP, suicide hotline such as Samaritans).

Trauma emergencies

Cervical spinal motion restriction

- Suspect a cervical spine injury in a person who fell or dived from a height, was crushed by machinery or a heavy object or was involved in a road traffic or a sporting accident.
- Minimise movement of the neck. If the person is awake and alert, encourage them to self-maintain their neck in a comfortable, stable position.
- Never force an uncooperative person into any position, as this may exacerbate an injury.
- If the person is unresponsive and lying on their back, kneel behind their head and immobilise their head and neck using the head or trapezius squeeze technique to maintain a neutral in-line position. Consider the need to open the person's airway using the 'jaw-thrust' technique. Airway opening, if required, always has priority over in-line immobilisation; using a jaw thrust manoeuvre should maintain a neutral position of the neck.
- If the person is unresponsive and is lying face down, check if their airway is open and hold their neck in a stable position. If you need to open their airway, ask others to help you carefully roll them as a unit onto their back, while keeping their neck in line with their body and as stable as possible. Then apply the head or trapezius squeeze.
- People responding who have specialised training (e.g. lifeguard, mountain rescue) may consider the selective use of spinal motion restriction devices and collars using their existing protocols.

Control of life-threatening bleeding

- Call 999.
- Apply firm, direct manual pressure to any bleeding injury site.
- Apply a standard or ideally a haemostatic dressing directly to the bleeding injury, then apply firm direct pressure, which may require at some sites the dressing to be packed into the wound. In the absence of any first aid dressings, any clean material can be utilised in this way, with an emphasis on stopping the bleeding.
- Once bleeding is under control, apply a pressure dressing.
- Apply a tourniquet as soon as possible for life-threatening extremity bleeding that is not controlled by direct manual pressure:
    - Place the tourniquet around the traumatised limb 5-7cm above the injury, but not over a joint.

    - Tighten the tourniquet until the bleeding slows and stops. This may be painful for the person.
    - Write the time the tourniquet was applied.
    - Do not release the tourniquet. It should only be released by a healthcare professional.
    - In some cases, you may need to apply a second tourniquet, above the first tourniquet, to control the bleeding.

Open chest wounds

- Call 999.
- Leave an open chest wound exposed to freely communicate with the external environment. Do not apply a dressing or cover the wound.
- If necessary, control localised bleeding with direct pressure.
- If you are trained and the equipment is available, apply a specialised non-occlusive or vented dressing, ensuring a free outflow of air when exhaling. Observe for air flow obstruction due to bleeding or clotted blood.

Preservation of an amputated body part

- Manage any severe bleeding first (see ‘Control of life-threatening bleeding’).
- Retrieve the body part as quickly as possible and keep it cold without allowing it to freeze:
    - Wrap the part in a sterile dressing or a clean cloth moistened with saline or water.
    - Place the wrapped part in a clean, watertight plastic bag or container.
    - Place the bag or container holding the body part inside another bag containing ice or ice water. If ice is unavailable, you can use a cooler or instant cold packs.
    - Keep the part cooled at all times. Avoid direct contact with ice or freezing. Label the container with the person’s name and the time the part was stored.
    - Transport the part with the injured person to the same hospital as quickly as possible.

Concussion

- Suspect a concussion if a person has difficulties with thinking/remembering, displays physical symptoms (headache, change in vision, dizziness, nausea or vomiting, seizures, sensitivity to light/noise), emotional changes or changes in behaviour (increased sleepiness, reduction in normal activities, loss of responsiveness, confusion).
- Remove the person from physical activities.
- Refer to a healthcare professional for assessment and further advice.

Environmental emergencies

Drowning

- If you are not trained in water rescue, do not enter the water, as you might risk drowning.
- If the person is awake and responsive, stay on land and reach out to the person through flotation devices, a lifebuoy, a rescue tube or other rescue equipment.
- Trained first aiders or lifeguards in the water or on a boat:
    - Call 999 before entering the water.
    - Provide a flotation device, lifebuoy, rescue tube or other rescue equipment.
    - Keep the person’s head out of the water.
    - Assess if the person is unresponsive and not breathing. If feasible and safe (with an effective flotation device), provide five rescue breaths in the water as soon as possible.
    - Retrieve the person to land or a rescue boat as soon as possible.
- Once on land or a rescue boat, check if the person is unresponsive and not breathing.
- If so, immediately give five rescue breaths, then begin standard CPR.
- If an AED is available, dry the chest quickly and follow the device prompts to apply and use it.
- Continue CPR and AED use until the person shows signs of life or emergency assistance help arrives, and they take over.

Prevention of hypothermia

- **Insulation:** cover the person with dry blankets or clothing to minimise heat loss.
- **Wind protection:** shield the person from wind by using barriers or relocating them to a sheltered area.
- **Wet clothing removal:** gently remove wet clothing and replace it with dry garments to prevent further cooling.
- **Ground isolation:** place insulating materials, such as blankets or pads, between the individual and the cold ground to prevent direct contact.
- In settings where hypothermia might be common, implement tailored prevention plans and training for first aid providers.

Heat stroke

- Suspect heat stroke if the person shows signs of confusion, agitation, disorientation, seizures or unresponsiveness. This can occur in high ambient temperatures, especially during endurance sporting events:
    - Exertional heat stroke exhibits the same symptoms but can occur at any ambient temperature, especially during endurance sporting events. At such events, ensure adequate preparation and provide tools to support recognition (e.g. rectal temperature probes) and cooling (e.g. immersion ice-water baths).
- With suspected heat stroke, remove the person from the heat source and commence passive cooling by removing excess clothing and placing the person in a cooler/shaded location.
- Use any technique immediately available to provide active cooling. The gold standard is to use whole-body (neck down) cold water (1-26°C) immersion until the core temperature falls below 39°C.
- Alternatives include tarp-assisted cooling oscillation (TACO), ice sheets, commercial ice packs, a fan alone, a cold shower, hand cooling devices, cooling vests and jackets, or evaporative cooling (using mist and a fan).
- Where possible, monitor core temperature (rectal thermometer).
- If a core temperature cannot be obtained, continue cooling for 15 min or until neurological symptoms resolve, whichever is first.
- Remember: cool first, transfer second.
- Continue cooling as needed during transportation to a medical facility for further evaluation and treatment.

Snake bite

- The only indigenous, highly venomous snake in the UK is the Adder (also known as the European Viper), which has a haemolytic toxic venom.
- Call 999.
- Keep the person calm and at rest.
- Keep the bitten body part still and immobilise the affected limb, as this may slow the spread of venom.
- Remove tight clothes, rings or watches from the affected limb.
- Avoid harmful actions:
    - Do not apply a pressure dressing, ice, heat, or use tourniquets.
    - Do not cut the wound and never try to suck out the venom.

Related content

Guidance: Anaphylaxis

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