First Aid Guru

The Pocket First Aid Handbook

The skills that keep someone alive until help arrives, in plain English. Based on our complete UK first aid training course.

FREE · KEEP IT CLOSE

START HERE Before you need this book

One day this book gets opened in a hurry. Read it once now, calmly, so that day goes better.

In a real emergency: call 999 first. Do not wait to look anything up.

The three priorities of first aid

1. **Preserve life.**
   Stem the bleed. Start CPR. Keep them breathing until help arrives.
2. **Prevent it getting worse.**
   Lie them down, raise the legs, apply pressure, protect the injury.
3. **Promote recovery.**
   Reassure, keep them comfortable, get professional care coming early.

When you call 999, they will ask

- Your exact location, repeated back. Know your address and a landmark.
- How many casualties, what type of incident, how bad the injuries are.

Priority order when there is more than one problem: breathing first, then bleeding, then bones and burns, then everything else.

This handbook supports learning and refreshing your skills. It is not a substitute for regulated hands-on training or medical advice. Content follows the protocols taught on regulated UK first aid courses.

What's inside

Every topic in this book is also a free video lesson. Watch the full course and test yourself at **firstaidguru.com**.

01 The primary survey · DRABC

Your first two minutes with any casualty, in the right order. It finds anything life-threatening.

D **Danger**

Gas, glass, fire, wire, traffic. Safe to approach? You cannot help anyone as a second casualty.

R **Response**

Speak into both ears: “Can you hear me? Open your eyes.” Then hands on shoulders, gentle shake. Nothing? They are unresponsive: shout for help.

A **Airway**

Check the mouth, clear vomit by rolling them away from it. Then one hand on the forehead, two fingers under the chin: tilt the head, lift the chin.

B **Breathing**

Look down the chest, listen, feel breath on your cheek, for 10 full seconds. Not breathing normally? 999, send for an AED, start CPR.

C **Circulation**

Breathing? Check for severe bleeding: pooling blood, damp clothing. Treat any serious bleed.

Occasional gasps are not normal breathing. Treat them as not breathing and start CPR.

02 The recovery position

For a casualty who is unresponsive but breathing normally. On their side, the tongue cannot block the throat, and vomit drains away.

1. **Nearest arm up and out of the way**
   Wherever it naturally goes, so they do not squash it in the turn.

2. **Far hand against their cheek**
   Link your fingers with theirs, back of their hand to their cheek, and keep your hand there through the whole turn.

3. **Far knee up, foot close to their bottom**
   The bent leg is your lever: push down on the knee and they turn towards you, whatever size they are.

4. **Open the airway again**
   Chin off the chest. Keep watching their breathing: hand in front of the face, rise and fall of the chest.

REMEMBER

- ✓ Empty bulky pockets, remove glasses
- ✓ Injured side down where possible

ONE RULE ABOVE ALL

- ✗ Heavily pregnant? Always onto her LEFT side

03 CPR: adult

Collapsed and not breathing normally. A brain without oxygen for three minutes starts to suffer serious damage. Act now.

Send someone: “Call 999 and bring back an AED.” Alone? Call first yourself, then start.

1. **Hands to the centre of the chest**
   Heel of one hand on the breastbone, other hand locked over it, fingers linked. Shoulders above the chest, arms straight.

2. **30 compressions, hard and fast**
   5 to 6 cm deep, the width of a credit card. 100 to 120 per minute, two per second. Release fully each time without lifting your hands off.

3. **2 rescue breaths**
   Head tilt, chin lift, pinch the nose, seal your mouth over theirs, breathe until the chest rises. First one fails? Re-tilt, try once more, then back on the chest regardless.

4. **Repeat 30:2 until relieved**
   Stop only for definite signs of life, the paramedics taking over, or exhaustion with nobody to swap in. Swap every 2 minutes if you have help.

Cannot give breaths? Blood, vomit, no face shield: compressions alone are far better than nothing. Do not stop pushing.

04 CPR: children and babies

With children the cause is usually breathing, not the heart. So oxygen comes first.

Child

1. **5 rescue breaths first**
   Head tilt chin lift, but do not tilt as far back as an adult.
2. **30 compressions with ONE hand**
   Centre of the chest, a third of the chest depth (about 4 to 5 cm).
3. **Continue 30:2**
   Ambulance and AED on the way throughout.

Baby

1. **Check response gently**
   Blow on the face, clap, squeeze and tickle hands and feet.
2. **Airway to NEUTRAL, not tilted**
   Too far back closes a baby's airway; so does too far forward.
3. **5 little breaths over mouth AND nose**
   Seal your mouth over both. Small puffs of air.
4. **30 compressions with two fingers**
   Centre of the chest, a third of the depth, then 2 breaths. Repeat.

05 The defibrillator (AED)

It analyses the heart and only shocks a rhythm that a shock can fix. It cannot hurt someone who does not need it. Turn it on and it talks you through everything.

1. **Turn it on, follow the voice**
   Found in phone boxes, stations, shopping centres, workplaces.

2. **Bare the chest**
   Cut clothing with the kit scissors. Wet chest? Dry where the pads go. Very hairy? Quick rough shave with the kit razor, pad areas only.

3. **Pads on, exactly as pictured on them**
   One top right of the chest, one on the left side.

4. **Stand clear when told**
   Nobody touches the casualty while it analyses or shocks. Then straight back to CPR when it says so, 2 minutes to the next analysis.

Children under 8: paediatric pads go one on the front centre, one on the back between the shoulder blades. Only adult pads available? Use them front and back the same way.

06 Choking

Can they cough and speak? Mild: encourage coughing, stay close. Silent, ineffective cough, lips turning blue? Severe: act now.

1. **Ask: “Are you choking?”**
   If they can answer, keep them coughing. The cough clears more blockages than anything you can do.

2. **Up to 5 back blows**
   Stand to the side, arm across their chest, lean them forward. Strike between the shoulder blades with the heel of your hand. Check the mouth after each one.

3. **Up to 5 abdominal thrusts**
   Behind them, fist between belly button and breastbone, other hand over it, pull sharply in and up. Check after each.

4. **Call 999 after the first full cycle**
   Then keep cycling: 5 blows, 5 thrusts.

5. **If they collapse: CPR**
   Cushion the fall, protect the head, do not take their weight. 30:2, checking the mouth before each set of breaths.

Had abdominal thrusts? Hospital, always, even if they feel fine. The force can cause internal damage.

07 Bleeding and wounds

Bright red and spraying: artery. Dark and gushing: vein. Either way the answer starts the same: pressure and elevation.

1. **Gloves on. Pressure on the wound, limb above the heart**
   The casualty can press while you get ready.
2. **Expose, examine, clean**
   Check nothing is embedded. Clean with running water or an antiseptic wipe.
3. **Dress and bandage, covering the whole pad**
   Blood out, infection in: cover every edge. Not so tight it cuts circulation.
4. **Seeps through? One more bandage on top**
   Through the second too? Both off, start again: your pressure is missing the wound.

Embedded object

Never pull it out. Rolled bandages either side, bandage over the bridge, hospital removes it.

Nosebleed

Lean FORWARD, pinch the soft part 10 minutes, up to three times. Still going at 30 minutes: hospital.

Amputation

Control the bleed, treat for shock, 999. The part: cling film, then fabric, then a bag of ice, labelled with their name.

Watch for shock

Pale, cold, clammy, light-headed: lie them down, legs up, 999.

08 Shock and fainting

Shock means the circulation is failing and the body is not getting oxygen. It follows serious bleeds, burns and worse. It is life-threatening.

Spot it

- Pale, cold, clammy skin
- Rapid but weak pulse · rapid shallow breathing
- Thirsty, light-headed, anxious

Treat it

1. **Treat the cause**
   Stop the bleed, cool the burn.
2. **Call 999**
   Do not wait to see if they improve.
3. **Lie them down, raise the legs above the heart**
   Keep them warm, calm and with you. Nothing to eat or drink.

Fainting

Help them to the floor, raise the legs, and most recover in moments. Dehydrated or hungry: fluids and something sugary once they can sit. Not improving after 1 to 2 minutes: check breathing. Not breathing, CPR; breathing, recovery position and 999.

09 Seizures

Rigid, falling, convulsing: a tonic-clonic seizure. Your job is not to stop it. Your job is to make it safe.

1. **Start timing**
   Five minutes is the line that changes everything.
2. **Clear the space, cushion the head**
   A folded jumper or pillow, never your hands.
3. **Let it happen**
   When it ends: primary survey. Unresponsive but breathing, recovery position. Not breathing, CPR.

Call 999 when

- You do not know they have epilepsy: immediately
- It passes five minutes
- A second seizure follows without full recovery

NEVER

- ✕ Restrain them
- ✕ Put ANYTHING in their mouth
- ✕ Food or drink until fully recovered

ABSENCE SEIZURES

- ✓ Staring, wandering, lip-smacking
- ✓ Keep them from roads, water, machines
- ✓ Talk calmly, reassure after

10 Burns and scalds

Dry heat burns, wet heat scalds. The treatment that changes the outcome is simple, and it takes twenty minutes.

1. **Cool running water, 20 minutes minimum**
   By the clock. This one step limits the depth of the damage more than anything else.

2. **Jewellery off early**
   Rings, watches, bracelets, before swelling starts.

3. **Cling film on loosely**
   Discard the roll's first layer, lay a couple of layers over the burn. Sterile, non-stick, see-through, and you can keep cooling through it.

4. **Watch for shock**
   Big or deep burns lose serious fluid. Pale and clammy: lie down, legs up, 999.

NEVER

- ✕ Pull off clothing stuck to a burn
- ✕ Creams, ointments, butter
- ✕ Fluffy or adhesive dressings

HOSPITAL WHEN

- ✓ Full thickness: always (999)
- ✓ Partial thickness over 1% (palm = 1%)
- ✓ Superficial over 5% · around a limb · hands, face, feet, genitals · under-5s and elderly

11 Foreign objects

- **Shallow splinter:** sterile tweezers. Deep: leave it, seek medical attention
- **Embedded glass or metal:** leave it in, pad around it, hospital
- **Ear or nose:** never try to remove it. Medical attention
- **Swallowed:** most things pass. Unsure: 111. Glass or anything harmful: A&E now

12 Your first aid kit

The standard kit, and what your risks might add.

The standard kit

- Triangular bandages
- Wound dressings, two sizes
- Plasters
- Gloves
- Eye dressing
- First aid guidance card

Worth adding

- Ice packs (sports, warehouses)
- Eye wash (dust, chemicals)
- Antiseptic wipes
- Scissors, microporous tape, gauze
- Face shield for CPR
- Foil blanket

Knowledge is the free half.
Practice is the other half.

Every topic in this handbook is a free video lesson at firstaidguru.com, with a 20-question knowledge check that shows you exactly what to review.

When you are ready to make it count at work, a one-day Emergency First Aid at Work course puts a certificate behind your skills.

firstaidguru.com

MAKING *Our World* A SAFER PLACE