BASIC FIRST AID EDUCATION BOOKLET

A practical introduction to saving life, preventing deterioration and helping until professional assistance arrives

UK Edition — 2026

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IMPORTANT

This booklet is designed to provide basic first-aid education.

It does not replace accredited firstaid training, professional medical advice or the instructions given by an emergency-service call handler.

If someone is seriously ill or injured:

Call 999.

Follow the instructions given by the ambulance service.

Do not put yourself in unnecessary danger.

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1. WHAT FIRST AID REALLY MEANS

First aid is not about becoming a doctor.

It is about doing the right things early.

Modern UK guidance describes first aid as help provided by anyone during an emergency, while recognising their own limitations and obtaining further assistance when necessary.

The first aiders job is therefore to:

Recognise → Assess → Prioritise → Act → Reassess → Hand over

The 2025 Resuscitation Council UK guidance recommends a structured ABCDE assessment:

A — Airway

B — Breathing

C — Circulation

D — Disability

E — Exposure

However, one important exception is severe uncontrolled bleeding.

If someone is losing blood catastrophically, control the bleeding immediately rather than spending unnecessary time completing an assessment first.

This principle is reflected in modern UK military trauma care, where massive haemorrhage is the first treatment priority.

2. THE FIRST RULE — STAY SAFE

Before approaching:

STOP

Look.

Listen.

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Think.

Ask:

Is there traffic?

Fire?

Smoke?

Electricity?

Gas?

Dangerous chemicals?

Weapons?

Violent people?

Unstable buildings?

Water?

Falling objects?

Animals?

Other hazards?

Remember:

You cannot help someone effectively if you become the next casualty.

Use gloves or other protective equipment where available.

Do not enter a dangerous environment simply because someone is injured inside it.

Call 999 and tell the emergency service exactly what is happening.

3. THE BASIC EMERGENCY METHOD

Use this simple system:

1. PROTECT

Protect yourself, the casualty and bystanders.

2. RESPOND

Is the person conscious?

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Speak loudly:

Are you alright;

Gently stimulate the shoulders if appropriate.

3. CALL

If there is a serious or life-threatening problem:

999 — ambulance

Put the phone on speaker if possible.

The ambulance call handler can guide you through CPR and other emergency actions.

4. LOOK

Check:

Airway

Can they breathe?

Breathing

Are they breathing normally?

Circulation

Is there serious bleeding?

Disability

Are they confused, unconscious, fitting or showing signs of stroke?

Exposure

Are there burns, injuries, bleeding, environmental problems or other dangers?

5. ACT

Treat the immediate life threat.

6. REASSESS

Keep checking the casualty.

People can deteriorate.

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4. CALLING 999

Call 999 for a serious or life-threatening emergency.

Examples include:

unconsciousness

abnormal or absent breathing

cardiac arrest

severe bleeding

major trauma

serious burns

severe chest pain

stroke symptoms

severe breathing difficulty

anaphylaxis

serious poisoning

major drowning incident

Ambulance services specifically identify these types of conditions as reasons to call 999.

Tell the call handler:

WHERE

Give the exact location.

WHAT

Explain what has happened.

WHO

Tell them how many casualties there are.

CONDITION

Tell them whether the person is:

conscious

breathing normally

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bleeding

trapped

deteriorating

Do not hang up unless instructed to do so.

The questions asked by the ambulance service are designed to determine the appropriate response and can also allow the call handler to give immediate instructions.

5. UNCONSCIOUSNESS AND THE RECOVERY POSITION

If someone is unconscious but breathing normally and there is no immedia te reason why they must remain in their current position, use the recovery position.

The purpose is to:

keep the airway open

reduce the risk of choking on vomit or fluids

allow continued monitoring

Basic procedure

Place the person on their back.

Kneel beside them.

Place the nearest arm at approximately a right angle.

Bring the far arm across the chest.

Bend the far knee.

Carefully roll the person towards you.

Position the upper leg so the person is stable.

Open the airway.

Continue monitoring breathing.

Stay with them until help arrives.

If a spinal injury is suspected, avoid unnecessary movement. If the airway must be

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opened, protect the neck as much as reasonably possible.

CRITICAL

Do not put an unconscious person who is not breathing normally into the recovery position.

Start CPR.

6. CARDIAC ARREST AND CPR

Cardiac arrest is one of the most important emergencies for a member of the public to recognise.

Suspect cardiac arrest if someone:

is unresponsive

is not breathing normally

is making abnormal gasping or panting sounds

If uncertain:

Assume cardiac arrest.

Call 999 and start CPR.

The 2025 UK guidance recommends starting chest compressions as soon as possible.

Adult CPR

Place the heel of one hand in the centre of the chest.

Place the other hand on top.

Keep your arms reasonably straight.

Push: (Equivalent pressure to squash a tennis ball)

100–120 compressions per minute

to a depth of at least 5 cm but not more than 6 cm

Allow the chest to return fully between compressions.

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If trained and willing to give rescue breaths:

Use:

30 compressions: 2 breaths

If you cannot or do not want to provide rescue breaths
continuous chest compressions are appropriate.

Do not waste time worrying about performing CPR perfectly.

Doing something is better than doing nothing.

7. USING AN AED

An Automated External Defibrillator (AED) can be used by members of the public.

You do not need to be a doctor.

You do not need to diagnose the heart rhythm.

Basic procedure

Obtain the AED.

Turn it on.

Follow the spoken/visual instructions.

Expose the chest.

Apply the pads as shown.

Do not touch the casualty when the AED analyses.

If instructed to shock, ensure nobody is touching the casualty.

Press the shock button if the device instructs you to.

Immediately resume CPR when instructed.

Modern UK guidance specifically emphasises early AED use and states that anyone can use an AED.

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8. SEVERE BLEEDING

Massive bleeding can kill within minutes.

This is one area where modern military trauma medicine provides an import

ant lesson:

Treat the immediate killer first.

The UK Defence Medical Command identifies catastrophic haemorrhage as

the leading preventable cause of battlefield death and places massive haemorrhage

first within its MARCH system.

Civilian basic approach

1. Call 999.

2. Apply firm direct pressure.

Use:

a sterile dressing

gauze

a clean cloth

another suitable material if necessary

Press firmly over the bleeding wound.

3. Maintain pressure.

Do not repeatedly remove the dressing to see whether bleeding has stopped.

If blood comes through, reinforce the dressing and maintain pressure. (Do noy remove the initial dressing)

4. Wound packing

For appropriate deep wounds, trained people may use wound packing, particularly

where direct pressure alone cannot control the bleeding.

5. Tourniquet

A commercially manufactured tourniquet can be lifesaving for catastrophic limb

bleeding.

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Only use one if appropriate and follow the manufacturers instructions and your training.

Current Defence Medical Command guidance places a tourniquet approximately 5–7 cm above the bleeding site, avoiding joints, when the wound can be located and the situation permits.

Once applied:

Do not casually loosen or remove it.

Record the application time and tell the ambulance crew.

Never:

remove an embedded object

probe the wound

repeatedly lift dressings to inspect the wound

delay calling 999

If an object is embedded, apply pressure around it rather than pulling it out.

9. CHOKING

Mild choking

If the person can:

speak

cough

breathe

encourage them to cough.

Do not interfere unnecessarily.

Severe choking

If they cannot cough effectively, speak or breathe:

Give up to 5 back blows.

If unsuccessful, give up to 5 abdominal thrusts in an adult.

Continue alternating the techniques.

Call 999.

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If the person becomes unconscious, begin CPR.

Do not perform blind finger sweeps inside the mouth.

Special procedures apply to infants, young children and pregnant people. (Seek further guidance)

10. SHOCK

Shock means the bodys circulation is failing to supply sufficient oxygen to vital organs.

Possible signs include:

pale or clammy skin

weakness

dizziness

rapid breathing

rapid pulse

confusion

anxiety

thirst

collapse

Treatment

Call 999 if serious.

Treat the underlying cause.

Control bleeding.

Keep the person warm.

Reassure them.

Keep monitoring breathing and consciousness.

Do not give food or drink to someone who may require emergency surgery or who is seriously unwell unless instructed by professionals.

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11. BURNS AND SCALDS

The NHS recommends:

Cool running water for 20 minutes.

Start as soon as possible.

Cooling can still be useful when begun later, with NHS guidance stating it can be effective within three hours of the injury.

Do:

stop the burning process

remove nearby jewellery

remove clothing that is not stuck

cool with running water

cover loosely afterwards

keep the casualty otherwise warm

Do not:

use ice

use butter

use toothpaste

apply creams or oils

burst blisters

remove material stuck to the skin

Cling film may be laid loosely over a cooled burn where appropriate; do not wrap it tightly around a limb.

Serious burns require emergency assessment.

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12. HEART ATTACK

Possible symptoms include:

chest pain or pressure

pain spreading to the arm, jaw, neck, back or stomach

sweating

nausea

breathlessness

dizziness

Action

Call 999.

Keep the person calm and comfortable.

If appropriate, help them administer their own prescribed angina medication.

Current NHS and Resuscitation Council guidance supports an adult with suspected cardiac chest pain taking 300 mg aspirin, preferably chewed, while awaiting emergency help, provided they are not allergic to aspirin.

If they become unresponsive and are not breathing normally:

CPR.

13. STROKE

Remember:

FAST

F — Face

Has one side of the face drooped?

A — Arms

Can they raise both arms?

S — Speech

Is their speech slurred, confused or unusual?

T — Time

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Call 999 immediately.

Stroke symptoms can sometimes disappear temporarily. That does not make the event safe.

Immediate medical assessment is still required.

14. ASTHMA

Help the person sit upright.

Keep them calm.

Help them use their own reliever inhaler.

A spacer should be used if available and appropriate.

Call 999 if: symptoms are severe

they are getting worse

the inhaler is not helping

they do not have their inhaler

Follow the persons asthma action plan where available.

If they become unconscious and stop breathing normally:

CPR.

15. ANAPHYLAXIS

Anaphylaxis is a potentially fatal allergic reaction.

Possible signs include:

difficulty breathing

swelling of lips, tongue or throat

wheezing

collapse

widespread allergic reaction

sudden severe illness

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Action

1. Use their adrenaline auto-injector.

2. Call 999.

3. Keep them in an appropriate lying position.

If breathing is difficult, they may need to sit or raise their shoulders.

4. Do not allow them to stand or walk.

If symptoms have not improved after about five minutes and a second injector is available, use it according to the prescribed device instructions.

16. SEIZURES

A seizure can be frightening.

Do:

protect the person from immediate danger

cushion their head

remove nearby hazards

loosen tight clothing around the neck

note the start time

remain calm

stay with them

After the convulsions stop, place them in the recovery position if appropriate and monitor breathing.

Do NOT:

restrain them

put anything in their mouth

put your fingers in their mouth

give food or drink until fully recovered

Call 999 when the circumstances indicate an emergency, including prolonged or repeated seizures, serious injury, breathing difficulty or failure to recover appropriately.

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17. DIABETES AND HYPOGLYCAEMIA

A hypo is generally a blood glucose level below:4 mmol/L

Possible symptoms include:

sweating

shaking

hunger

confusion

irritability

weakness

dizziness

abnormal behaviour

visual disturbance

If the person is awake and able to swallow safely:

Give rapidly absorbed sugar, such as:

glucose tablets

glucose gel

sugary drink

fruit juice

Recheck after approximately 10–15 minutes and repeat treatment if necessary.

Once recovered, longer-acting carbohydrate may be required.

If unconscious:

Do not give food or drink.

Place them in the recovery position and call 999 when appropriate.

If a prescribed glucagon injection is available and someone knows how to administer it, it may be used according to the persons treatment plan.

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18. SERIOUS HEAD INJURY AND CONCUSSION

Possible warning signs include:

loss of consciousness

confusion

repeated vomiting

severe headache

abnormal behaviour

seizure

weakness or numbness

difficulty speaking

deteriorating consciousness

A person with suspected concussion should stop physical activity and obtain appropriate medical assessment.

A worsening casualty requires urgent medical attention.

19. SUSPECTED SPINAL INJURY

Consider spinal injury after:

major road traffic collision

fall from height

diving accident

major impact

direct blow to the back or neck

severe neck/back pain

weakness or paralysis

Do not move the casualty unnecessarily.

Exception:

If the person is in immediate danger, or their airway cannot otherwise be maintained, movement may be necessary.Airway and life preservation always remain priorities.

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20. DROWNING

Water emergencies require two priorities:

Rescue safely.

Restore breathing.

Do not enter dangerous water unless you have the appropriate ability and equipment.

Where possible:

Reach — Throw — Row — Go

Try to assist from a safe position.

Once the person is safely out:

assess responsiveness

assess breathing

call 999

provide CPR if required

prevent further heat loss

The 2025 Resuscitation Council guidance specifically emphasises flotation, safe removal from water and prevention of hypothermia.

21. HYPOTHERMIA

Hypothermia occurs when core body temperature falls below approximately 35°C.

Possible signs:

shivering

cold skin

confusion

slurred speech

slow breathing

tiredness

deterioration in consciousness

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Action

move to shelter

remove wet clothing

wrap in dry insulation

cover the head

keep them awake if possible

call 999 for suspected significant hypothermia

Do not:

rub their limbs

use a hot bath

use intense direct heat

give alcohol

NHS guidance treats hypothermia as a medical emergency.

22. HEAT EXHAUSTION AND HEATSTROKE

Heat exhaustion

Possible symptoms:

sweating

weakness

dizziness

headache

nausea

cramps

thirst

Move the person somewhere cool.

Remove unnecessary clothing.

Give suitable fluids if they are alert and able to drink.

Cool the skin.

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Heatstroke

Heatstroke is an emergency.

Warning signs include:

very high temperature

confusion

abnormal behaviour

rapid breathing

rapid heartbeat

seizure

loss of consciousness

Call 999.

Begin active cooling while waiting for help.

NHS guidance recommends cooling with water, fanning and other appropriate method.

23. POISONING

Poisoning can occur through:

swallowing

inhalation

skin contact

medicines

household chemicals

gases

pesticides

plants

other substances

Action

Seek medical advice immediately.

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Call 999 if there is:

unconsciousness

severe breathing difficulty

seizure

stopped breathing

serious deterioration

Do NOT:

make the person vomit

give food or drink unless instructed

expose yourself to the substance

Keep the packaging or substance information available for emergency servic

es if it can be done safely.

24. MINOR WOUNDS AND INJURIES

For minor cuts and grazes:

Wash your hands. (Wear gloves)

Control bleeding with gentle pressure.

Clean the wound.

Cover with an appropriate dressing.

Monitor for infection.

Seek medical advice if:

bleeding will not stop

the wound is deep

there is loss of sensation or movement

there is a foreign object

an animal or human bite is involved

infection develops

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25. AMPUTATION

A traumatic amputation is a major emergency.

First priority:

Control life-threatening bleeding.

Call 999.

If the amputated part can be safely recovered:

Wrap it in sterile material or a clean cloth moistened with saline/water.

Put it into a clean waterproof bag/container.

Place that container in another container containing ice/cold water.

Do not allow the tissue to touch ice directly.

Send it with the casualty to hospital.

Do not waste time recovering the body part while uncontrolled catastrophic bleeding continues.

The 2025 Resuscitation Council guidance specifically places bleeding control before preservation of an amputated body part.

26. PSYCHOLOGICAL FIRST AID

An emergency can affect the mind as well as the body.

A person may experience:

fear

panic

confusion

anger

shock

crying

emotional numbness

disorientation

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Your role

Be calm.

Introduce yourself.

Explain what you are doing.

Use simple language.

Help establish safety.

Do not force someone to discuss traumatic experiences.

Do not promise outcomes you cannot guarantee.

Where appropriate, help them contact family, friends or professional support.

Psychological support should be treated as part of caring for the casualty rat

her than an optional extra.

27. LOOKING AFTER YOURSELF

First aid can be physically and emotionally demanding.

After a serious incident:

move away from danger

sit down if necessary

drink water

seek support

talk to someone you trust

recognise that emotional reactions can occur later

A rescuer who becomes overwhelmed may need assistance too.

The first aider is also a human being.

28. **THE BASIC FIRST-AID KIT**

A useful household kit may contain:

Essential

disposable nitrile gloves

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sterile dressings

adhesive dressings

roller bandages

triangular bandages

sterile gauze

medical tape

antiseptic wipes

scissors

tweezers

disposable CPR face shield

instant cold pack

emergency blanket

safety pins

eye-wash solution

Useful additions

haemostatic dressing

commercially manufactured tourniquet

trauma dressing

burn dressing

saline

torch

marker pen

notepad

emergency contact card

Equipment should be checked regularly.

Know how to use what you carry.

Buying equipment is not the same as being trained to use it.

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The 2025 Resuscitation Council guidance explicitly advises first aid providers to use equipment and medications only within their training and competence.

29. EMERGENCY PREPAREDNESS

Good first aid begins before the emergency. Do your reading. Involve the children.

Every household should know:

Where is the first-aid kit?

Where is the nearest AED?

Who knows CPR?

Where is the nearest hospital?

Who should be contacted in an emergency?

Does anyone have:

allergies?

asthma?

diabetes?

epilepsy?

important medication?

medical alert information?

Keep important information accessible.

Learn CPR.

Attend an accredited first-aid course.

Practise emergency scenarios.

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30. PRACTICAL TRAINING PROGRAMME

A basic education programme should not consist solely of reading.

Lesson 1 — Emergency awareness

Learn:

danger

personal safety

emergency services

scene assessment

communication

Practical exercise

Identify hazards in a simulated room.

Lesson 2 — Primary assessment

Learn:

Response → Airway → Breathing → Circulation → Disability → Exposure

Practical exercise

Conduct a simulated primary assessment.

Lesson 3 — CPR and AED

Learn:

cardiac arrest recognition

chest compressions (approximately the pressure required to squash a tennis ball)

rescue breaths

AED operation

Practical exercise

CPR manikin and AED trainer.

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Lesson 4 — Severe bleeding

Learn:

direct pressure

dressings

wound packing principles

tourniquet awareness

Practical exercise

Bleeding-control simulation using training equipment.

Lesson 5 — Choking

Practise:

recognition

coughing

back blows

abdominal thrusts

CPR following collapse

Lesson 6 — Medical emergencies

Recognise:

heart attack

stroke

asthma

anaphylaxis

hypoglycaemia

seizures

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Lesson 7 — Environmental emergencies

Recognise:

burns

hypothermia

heat illness

drowning

Lesson 8 — Scenario training

Combine everything.

Example:

You arrive at a roadside incident. One person is unconscious, another has severe bleeding and another is distressed.

The learner must:

identify hazards

call 999

prioritise casualties

control catastrophic bleeding

assess consciousness and breathing

begin CPR if required

use an AED

continue reassessment

communicate effectively with ambulance crews

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31. QUICK-REFERENCE EMERGENCY CARD

DANGER

Is it safe?

↓

RESPONSE

Are they conscious?

↓

MASSIVE BLEEDING

Control it immediately.

↓

AIRWAY

Is it open?

↓

BREATHING

Are they breathing normally?

↓

NOT BREATHING NORMALLY

999 → CPR → AED

↓

BREATHING NORMALLY BUT UNCONSCIOUS

Recovery position + monitor

↓

MEDICAL EMERGENCY

Think:

FAST — Stroke

Chest pain — Heart attack

Breathing difficulty — Asthma/anaphylaxis

Confusion/sweating — Hypoglycaemia

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Seizure — Protect and monitor

↓

REASSESS

Has anything changed?

32. THE FIVE GOLDEN RULES

1. PROTECT YOURSELF

Do not become another casualty.

2. CALL FOR HELP EARLY

999 is there for life-threatening emergencies.

3. TREAT WHAT WILL KILL FIRST

Catastrophic bleeding and failure of breathing demand immediate action.

4. DO WHAT YOU ARE TRAINED TO DO

Do not exceed your competence.

5. NEVER STOP REASSESSING

A casualty's condition can change.

FINAL PRINCIPLE

First aid is not about performing medicine perfectly.

It is about recognising danger, making sensible decisions and taking effective action during the critical minutes before professional help arrives.

The modern UK approach combines:

Safety

Early recognition

Early communication

Structured assessment

Immediate treatment of life threats

Continuous reassessment

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Professional handover

The greatest barrier to effective first aid is often not lack of equipment.

It is hesitation.

You do not need to be a doctor to help save a life.

You need to:

STOP. THINK. CALL. ACT.

And keep going until professional help takes over.

SOURCE BASIS

This booklet has been constructed from current UK authoritative guidance, principally:

Resuscitation Council UK — 2025 First Aid Guidelines

Resuscitation Council UK — 2025 Adult Basic Life Support Guidelines

NHS England/NHS health information

NHS ambulance-service public emergency guidance

South Central Ambulance Service

Northeast Ambulance Service

UK Defence Medical Command Clinical Guidelines

UK Tactical Combat Casualty Care principles where relevant to civilian trauma

Education

The 2025 Resuscitation Council UK guidance is particularly important becaus

e it introduced a dedicated firstaid chapter and establishes first aid as the first link in th e chain of survival.

UK Defence Medical Commands current guidance, including its October 2026 review of care for injured patients and its current approach to MARCH based trauma assessment.

This booklet should be reviewed whenever major UK first aid or resuscitation guidance

changes.

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