

THE DIGITAL MANUALS

Outdoor First Aid



QUALITY TRAINING SAVES LIVES

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Introduction to Outdoor First Aid



About this manual

This series of first aid manuals is designed to compliment our first aid training courses and to act as a stand-alone learning resource. Participants on our courses receive a free PDF copy of the manual to accompany their course. This manual does not replace the requirement for appropriate first aid training. This manual is part of a series. To purchase additional First Aid Manuals, visit our [website](#).

First Aid Training Co-operative courses are quality assured and all trainers undergo advanced training and are qualified trainers and assessors of first aid. Trainers take part in annual CPD and are monitored regularly.

This manual has been written by Cory Jones of the First Aid Training Co-operative. Cory has been running advanced first aid courses worldwide since 2001. The content of this manual follows the European Resuscitation Council's latest guidance 2025.

The style of this manual is to give you clear instruction on what to do in a first aid incident. This includes links to training videos on our [You Tube channel](#), blogs on our website and other relevant pages within the manual. These can be helpful for a deeper understanding of a particular technique or protocol, or refreshing your memory in the future.

In the outdoors we tend to categorise our situation depending on how far from help we are. This is measured in time rather than distance, and is usually based on a threshold of 30 minutes to reach an accessible point such as a public road. Beyond that we would be classed as being in a remote environment.

The First Aid Incident Procedure is covered throughout this manual

- A** Assess / Airway / Alertness
- B** Breathing
- C** Circulation
- D** Disability / Discover / Damage
- E** Emotions / Environment / Ensure / Evacuate / Expose

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Contact the First Aid Training Co-operative for any First Aid enquiries.

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What is First Aid?



First aid is immediate care given to a person who is injured or taken ill. The immediate nature of first aid incidents makes them stressful to deal with. The good news is with most incidents, your role as a first aider is a temporary one, looking after casualties until support arrives.

People are often worried about doing the wrong thing which prevents them from doing first aid. If a casualty is not breathing or bleeding badly, prompt immediate action can save a life. It is important to stay calm in an emergency situation. To help you stay calm it is important to try and stick to the [Incident Procedure](#).



Aims of First Aid

- 1. Preserve life** – Assess the scene to ensure it is safe to approach and treat the casualty. Check for potential cross contamination issues at the scene. Consider the welfare of bystanders and colleagues.
- 2. Prevent worsening** – Use the Incident Procedure to assess the casualty and help you make decisions about any treatment required. Only do what is reasonable and what you have been trained to do.
- 3. Promote recovery** - Reassure casualty and contact emergency services if required.

Responsibilities of a First Aider

- 1. Preserve life** – The rescuer, bystanders and the casualty
- 2. Prevent worsening** – Protect casualty from further harm
- 3. Promote recovery** – Treat illness or injury. Reassure casualty and bystanders

**READ THE
RESPONSIBILITIES
BLOG**

Emergency Planning



As the first aider you must take charge of an incident and decide whether to call for the emergency services. Every emergency is different; by following an Incident Procedure you can gather information as to the seriousness of the situation.

A suitable first aid kit should form part of your standard outdoor equipment.

An Emergency Action Plan can help to make incidents less stressful and save precious time. A specific protocol should be created for each location, trip or route, including information such as: location, access to location, nearest hospital, closest location with mobile phone reception, personnel to notify including their contact details, plus other applicable information.

Watch the Video



Calling for HELP

1. Call 999 or 112 if you need to contact the emergency services. 999 is the UK emergency response number and 112 works anywhere in the European Community, plus many other countries.
2. Depending on your location, you may need to ask for the coastguard. If you are remote and need Mountain Rescue you should ask for the Police initially.
3. A bystander can call for help for you but make sure they have good basic information to pass onto the call handler. Ask the caller to return and inform you that help is on its way.

Give Good Information

- L** – Location
- I** – Incident
- O** – Other services required e.g. police
- N** – Number of casualties
- E** – Extent of injuries
- L** – Location (confirm)

Handover Information

- A** – Age of casualty
- T** – Time of Incident
- M** – Mechanism of injury
- I** – Injury details
- S** – Signs and Symptoms
- T** – Treatment given (and impact of treatment)

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Legislation and Regulations



In the UK, first aid must be carried out in line with the *Health and Safety Executive (HSE) First Aid Regulations*. All employers and self-employed businesses have a duty to have provision for first aid in the workplace. HSE states that in specific industries, staff are required to undertake appropriate first aid training. Group leaders and organisations have a **Duty of Care** to look after those in their charge and a reasonable level of first aid competence is required as part of this.

The outdoor industry in the UK is governed by individual National Governing Bodies who approve instructor, coach, or leader awards. These awards are only valid in conjunction with a relevant Outdoor First Aid course.



Employers are required to have first aid kits available and to have made appropriate arrangements for workers who are ill or injured and may need immediate attention from the emergency services.

Which Outdoor First Aid course do I need?

Most of the UK’s National Governing Bodies state the required length and content of first aid courses required by their award holders. For those who hold more than one Award this can be confusing. We can help you choose the best course for you, [contact First Aid Training Co-operative](#)

Scene Survey

When you arrive on scene, carry out a Scene Survey in order to assess for dangers and hazards. Removing a hazard may include turning off electricity or stopping traffic at a road incident. You should leave dangerous situations to the emergency services to manage and call 999 immediately.

Thought	Action
Assess the scene for danger	Use all your senses. Stop and look, take your time. Don’t approach unless safe to do so. Call 999 immediately if not safe to approach.
Assess for Hazards	Remove these if safe to do so or move the casualty if the situation is life threatening.
Assess for Cross contamination	Look for cross contamination hazards at the scene, including life-threatening bleeding.



Cross contamination / Infection Control

Take care when approaching the casualty to check for broken glass or other objects that might cause hazard to you or the casualty. Look for any vomit, blood or other fluids on the ground.

Wear nitrile gloves when possible. After an incident wash your hands with soap and water, followed by proper hand drying.

[HSE guidance on blood borne viruses in the workplace.](#)

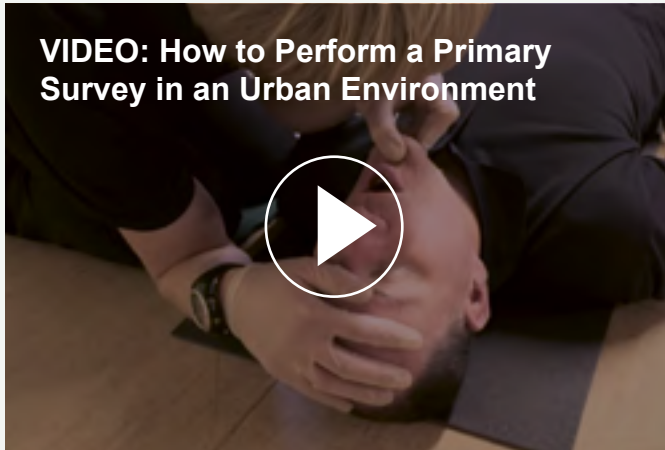


Incident Procedure (ABC)

This is the initial assessment of the incident scene and a primary survey of the casualty. It provides a systematic way of assessing what has happened and what to do next. The ABC procedure will help you stay calm under pressure and guide you through an incident.

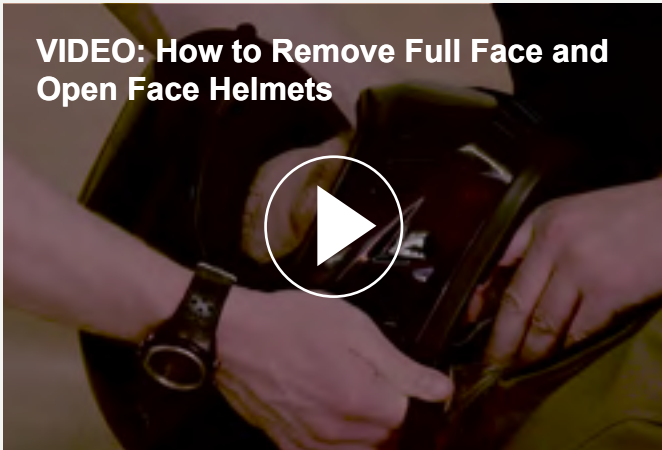
Thought	Action
A - Assess the scene and casualty	Stop and look, is it safe to approach? Think cross contamination, consider gloves.
A - Alert response (ACVPU)	Ask a question, shout command and touch shoulders. If no response, shout or call for 'Help!'
A - Airway	Head tilt and chin lift. Check mouth. Keep head tilted and chin lifted.
B - Breathing	Look, listen and feel for breathing for up to 10 seconds with chin lift ON and then OFF.
C - Circulation	Look for significant bleeds - including on clothing and ground.

Watch the Videos



Incident Procedure in an Urban Setting

The first aid priority is always to keep checking the airway is open and the casualty is breathing effectively. If the airway is compromised, put the casualty immediately into the [recovery position](#).



Helmets

If the airway and breathing are compromised by a casualty's helmet, you will need to remove it.

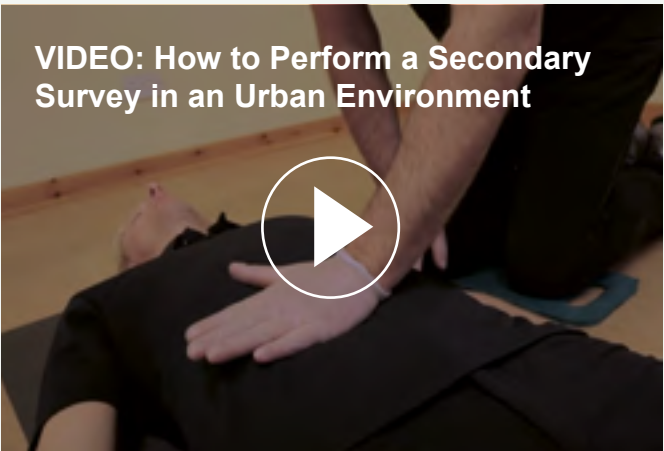
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Secondary Survey

Once you have completed the primary survey and dealt with any life-threatening conditions, it is safe to perform a secondary survey to check for injury or illness. This can be carried out on a conscious or unconscious casualty. If the casualty is conscious, talk to them in order to ascertain whether they are fully alert (A on the ACVPU scale) or appear to be confused relevant to their own "normal" (C on the ACVPU scale).

'Head to Toe' casualty assessment	A systematic search for evidence of damage or illness
Head and neck	Feel around head and face for swelling / deformity. Check pupil response and ears/nose for discharge. Feel neck bones to check alignment.
Shoulders and chest	Feel around and compare shoulders. Does chest flex?
Abdomen and pelvis	Compare quarters of the abdomen and feel for differences. Check for abnormalities. DO NOT squeeze or spring pelvis.
Legs and arms	Check for deformity.
Clothing and pockets	Look for clues, ID, medi-tags or medication. Watch out for sharp objects. Loosen tight clothing.

Watch the Videos



In a Secondary Survey, evidence may include include medi-tags or medical information on mobile phones or in wallets or pockets. Carefully remove and check anything you find but ensure belongings are kept safe.



Insulate and Shelter.
Think how you can protect them from the elements?

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Recovery Position

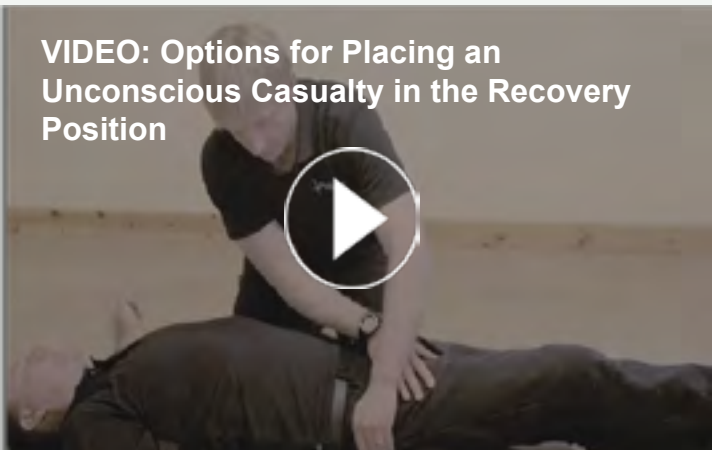
The **Recovery Position** provides a safe airway position. For a non-alert casualty it maintains an open airway and promotes normal breathing. It helps fluids (saliva, vomit, mucus) drain from the casualty's airway. Never leave an unconscious breathing casualty on their back, it risks obstructing their airway.

Sequence	Action
• Preparation	• Remove glasses, obstructions in pockets, loosen tight clothing. Check ground for obstructions.
• Initial position	• Kneel beside the casualty, move their nearest arm out to the side, lift up their far knee and hold it, bring the casualties far arm across to the side of their cheek.
• Head support	• Bring their hand under their head and use your hand to support the head in preparation for the roll.
• Roll casualty towards you	• Pull the casualties lifted knee towards you; support their head as they roll onto their side. Ensure they are stable, roll their shoulder over too if necessary.
• Re-check breathing	• Tilt the casualty's head back and pull chin forward to reopen the airway, keep the face tilted down to allow draining. Re-check their breathing.

Watch the Videos



On uneven ground or in enclosed spaces it may not be possible to use the technique as described above. Try and move the casualty as carefully as you can to give them a **Safe Open Draining Airway**.



After 30 minutes you should roll the casualty onto their other side, unless they have an injury that prevents this.

Pregnant women should be rolled onto their left hand side if possible.

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Casualty Vital Signs and Monitoring

Vital Signs and Monitoring. If you are with the casualty for some time before the emergency services arrive, monitoring the casualty is essential. This information should be recorded and handed to emergency services on their arrival. Changes to vital signs will help inform your decision-making.



Colour of the blood is an indication of oxygen levels in the body. Red / pink blood is well oxygenated, blue blood or pale skin may indicate low oxygen levels. Look under eyelids and at gums to check colour.

Temperature can be taken by using your hand on a casualty's skin. Take a core temperature in the casualty's armpit or under their collar. Normal temperature is warm on dry skin. Cold skin may indicate hypothermia (dry skin) or shock (clammy skin). Hot skin may indicate heat stroke (dry skin) or infection (wet skin).

Breathing rate and quality are important. An average adult breathes between 12 – 18 breaths per minute / 2-3 breaths per 10 seconds. To measure breathing, look, listen and feel. Place your cheek next to the casualty's mouth, feel and listen for breathing. Look down the line of the body for abdominal movement.

Pulse is a measure of the heartbeat. Take it at the wrist (radial) and neck (carotid) using your fingers, not thumb, pressing lightly on the skin. As well as recording a rate, feel for strength (strong or weak) and rhythm (regular or irregular). An average adult pulse is 60-90 beats per minute.



DOWNLOAD
FREE CASUALTY
MONITORING CARD

PREPARE FOR
CAS. HANDOVER
READ THE
'ATMIST' BLOG

Level of Consciousness
A – Alert, “Can answer questions sensibly”
C – Appears confused to what is “normal”
V – Responds to verbal commands
P – Responds to a pressure or pain stimulus
U – Unresponsive to any stimulus

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Seizures

Seizures are caused by sudden abnormal brain activity. They are not always caused by Epilepsy. They can be caused by electric shock, head injuries and some illnesses. Major seizures can cause convulsions which can be frightening for bystanders.

What do I see?	What do I do?
A casualty having convulsion/seizure	Do not move casualty unless they are in danger. Protect them with cushions and by moving objects out of the way if possible.
What time is it?	Note the time. If the seizure lasts longer than 5 minutes call an ambulance.
When the seizure finishes	Place the casualty in the recovery position. If they regain consciousness, reassure and find out history.
What should I ask?	Do you know what happened? Has it happened before? Is this normal for you?
Bystanders	Reassure and move them away from the scene. Think about casualty dignity.



Absence Seizure

Some seizures are relatively minor. Casualties may present as if daydreaming or be clothes picking or similar. There is little you can do apart from reassure and make sure the casualty is safe from harm. Logging the incident may be useful.

Call an ambulance for a casualty who's seizure is abnormal to them: If it is their first seizure, if the seizure is repeated, continues for longer than 5 minutes or if there is associated damage or injury.

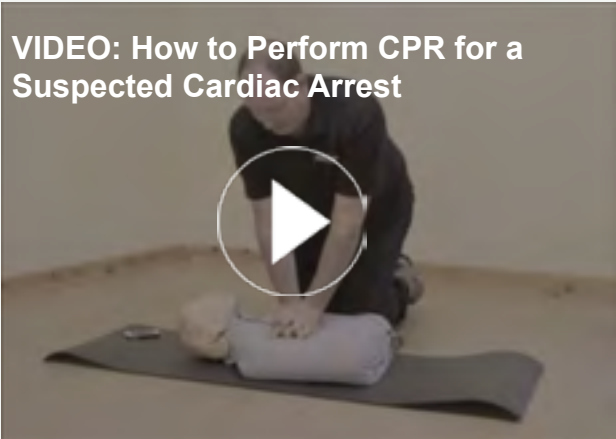
- Do not restrain casualty
- Do not place anything in their mouth

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Adult Cardiac Arrest CPR (Non-Breathing Adult)

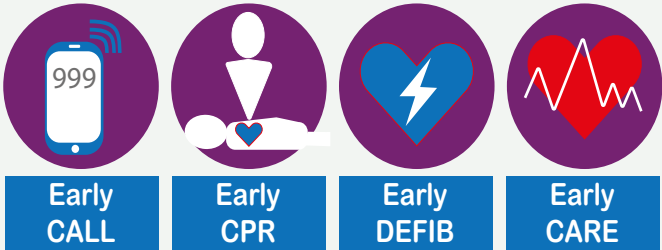
A casualty who is unresponsive and not breathing can be assumed to have suffered Cardiac Arrest. Such casualties run out of oxygen quickly and brain cells can only live a few minutes without oxygen. Cardio Pulmonary Resuscitation (CPR) is designed to keep blood and oxygen flowing around the body. If you have a helper(s), change over every minute. Use a CPR face shield to help prevent cross contamination.

Sequence	Action
A - Assess for danger	Stop and look, is it safe to approach? Think cross contamination and consider gloves.
A - Alert response	Ask a question, shout command and touch shoulders. If no response, shout for 'Help!' Phone 999 - if on your own activate speaker. UNRESPONSIVE CASUALTY.
A - Open airway	- Head tilt, check mouth, chin lift. - Keep head tilted and chin lifted.
B - Check breathing	- Look. Listen. Feel. (up to 10 seconds) Is breathing effective? - IF BREATHING IS INEFFECTIVE - INFORM 999 CALL HANDLER. - Request/ retrieve defib if available. Return & ensure safety for all.
C - CPR	- Kneel by the side of the casualty. - Heel of hand in centre of chest. - Fingers interlocked or hands crossed. - Arms straight & vertical. Press down to a depth of 5 – 6 cm and allow for recoil of chest after each compression. 30 compressions at a rate of 100 – 120 per minute. - Head tilt. Chin Lift. Pinch Nose. - Open mouth with chin lift maintained. - Perform 2 breaths (1 second between breaths.) 30 compressions. 2 breaths. Continuously (30:2).



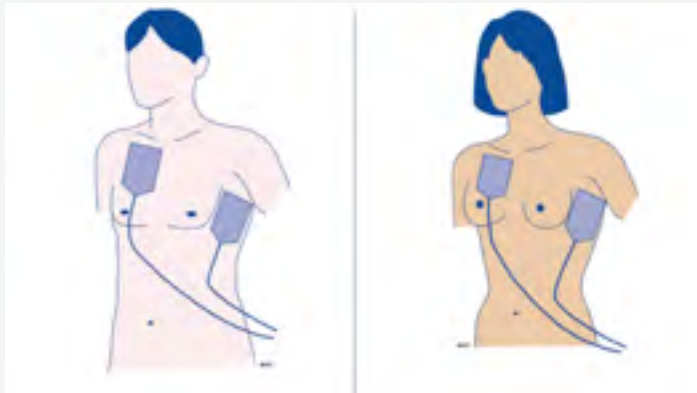
VIDEO: How to Perform CPR for a Suspected Cardiac Arrest

Chain of Survival



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AED (Defibrillator) Use



A casualty suffering from **Cardiac Arrest** is very unlikely to survive without an **Automatic External Defibrillator** (AED). However if defibrillation is delivered promptly, survival rates are significantly increased. Optimal conditions for defibrillation are present only for the first few minutes after the cardiac arrest. Success rates decrease thereafter by at least 10% per minute of delay.



An AED is a computer and battery with two self-adhesive pads that attach to the casualty's chest. These read heart signals from the casualty to indicate if an electric shock is required to reset the heart. The AED will only shock a heart that is not working effectively. The AED will only deliver a shock where one is necessary. Voice prompts from the AED will tell you what to do.



DON'T HESITATE TO USE AN AED, EVEN IF YOU HAVEN'T BEEN TRAINED TO USE ONE



READ THE AED BLOG

To find your nearest AED, check defibfinder.uk, or phone 999.

When Using a Defibrillator

- AEDs are used alongside CPR
- Cut away clothing or jewellery that might interfere with the pads
- Shave chest hair if necessary where pads are going to be placed
- Dry the casualty's skin if it is moist, before attaching the pads
- Make sure you don't touch the casualty as the shock is delivered
- Casualty may appear to jump when they are shocked, this is normal
- If pads are reversed, leave them in place

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Heart Attack

A heart attack is usually caused by a clot in one of the blood vessels feeding the heart with blood (oxygen). The signs of a heart attack do vary but some are included on the list below. Don't forget to ask the casualty if they have angina and let them take their medication if they have it.

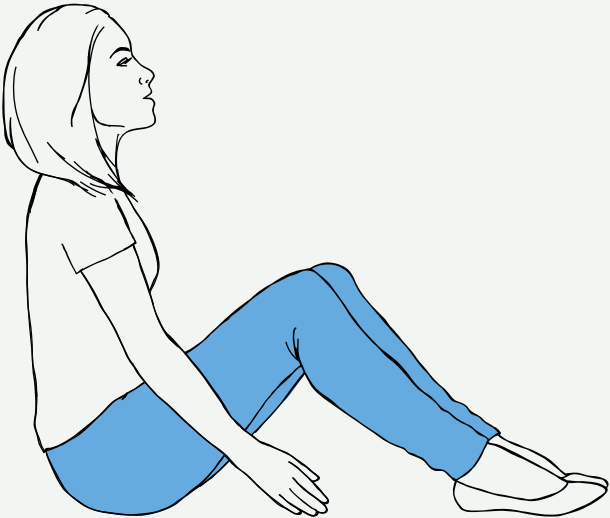
What you see	What you do
Some or all of the following: • Tight pain in the chest. • Pain can move down the arm/s, neck or shoulder. • Pale, cold, clammy skin. Grey/blueness around the lips. • Casualty may have 'an impending sense of doom'. • Dizziness, shortness of breath.	• Sit casualty down and reassure. • Place in the lazy W position, leaning back against the wall with knees raised. • Call 999/112 immediately, prepare to resuscitate if necessary. Send helper for defibrillator. • If they are not allergic and consent to doing so, they can take an 'Aspirin' chewed slowly in the mouth. • Reassure, reassure, reassure.

Angina

Often found in older people this is a narrowing of the blood vessels that feed the heart with blood. Symptoms are similar to those of a heart attack. Most people with angina know they have the illness and have medication. If they have their medication, let them take it. Often it is a spray, which is administered under the tongue. Placing in the lazy W position may make them more comfortable.

If the symptoms do not diminish quickly, assume a heart attack and follow instructions above.

Put the casualty into the Lazy W position



READ THE ANGINA BLOG

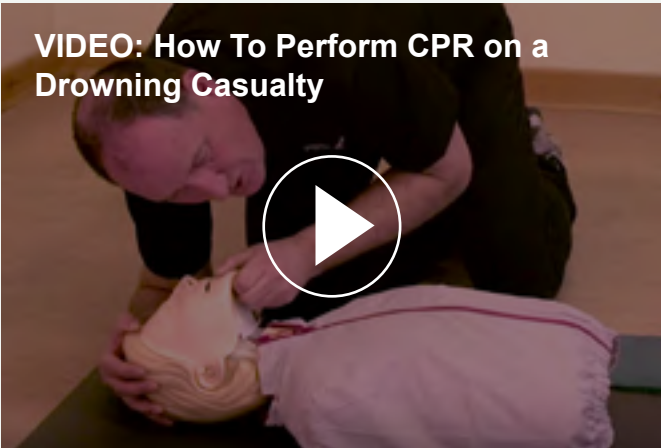
VISIT THE HEART ATTACK BLOG

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CPR for Drowning

If the incident indicates a history of drowning, an alternative CPR protocol is used. Drowning essentially means the body is being denied oxygen. Therefore the protocol requires you to help the casualty by delivering oxygen into their blood stream. This may be enough to bring them round immediately.

Action for drowning	
A - Assess for danger	Stop and look, is it safe to approach? Think cross contamination and consider gloves.
A - Alert response	Ask a question, shout command and touch shoulders. If no response, shout for 'Help!' Phone 999 - if on your own activate speaker. UNRESPONSIVE CASUALTY.
A - Open airway	- Head tilt, check mouth, chin lift. - Keep head tilted and chin lifted.
B - Check breathing	- Look. Listen. Feel (up to 10 seconds). Is breathing effective? BREATHING IS INEFFECTIVE - Perform emergency breathing - Head Tilt. Chin Lift. Pinch nose. - Open mouth with chin lift maintained. - Perform 5 breaths (1 second between breaths, letting chest fall between breaths).
C - CPR	- Kneel by the side of the casualty. - Heel of hand in centre of chest. - Fingers interlocked or hands crossed. - Arms straight & vertical. Press down to a depth of 1/3 of the chest and allow for recoil of chest after each compression. 30 compressions at a rate of 100 – 120 per minute. 2 breaths after every 30 compressions. If no helper or phone available, continue with CPR for 1 minute then leave casualty to make a 999 call. Request or Retrieve Defibrillator if available. Return and ensure safety for all. 30 compressions. 2 breaths. Continuously (30:2). - Always be ready to deal with vomiting.



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Fluid in the airway?

To clear any fluid from the airway, put the casualty into the [recovery position](#). This will help to drain fluid from the airway.

Secondary (dry) Drowning occurs when water enters the lungs in small quantities, usually following a near drowning incident. Over time (hours), the lungs become irritated and are less efficient at oxygen transfer. Watch for difficulty breathing, coughing, chest pain, blue lips or pales skin. The casualty may vomit. If you suspect secondary drowning, call the emergency services.

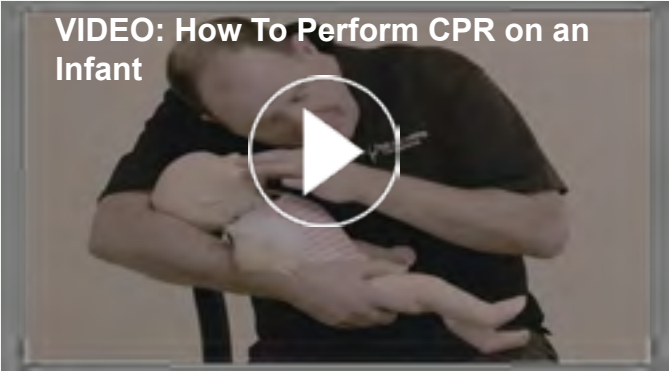
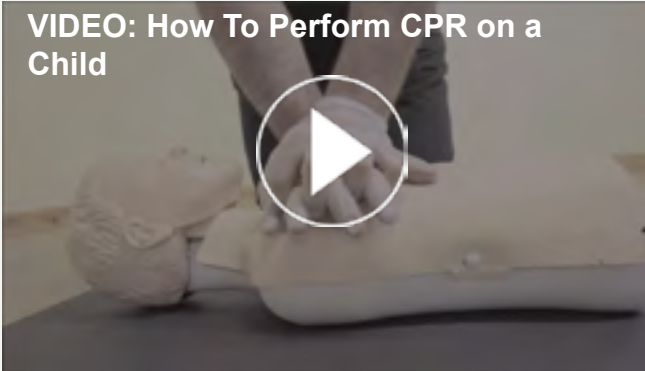
Child and Infant CPR

A child or infant who is not breathing is likely to be asphyxiating, causing a lack of oxygen in their blood. As children are smaller, use less force to compress their chest. Compressions are more effective if done with the casualty on a hard surface.

Action for children/infants	
A - Assess for danger	Stop and look, is it safe to approach? Think cross contamination and consider gloves.
A - Alert response	Ask a question, shout command and touch shoulders. If no response, shout for 'Help!' Phone 999 - if on your own activate speaker. UNRESPONSIVE CASUALTY.
A - Open airway	- Head tilt, check mouth, chin lift. - Keep head tilted and chin lifted.
B - Check breathing	- Look. Listen. Feel (up to 10 seconds). Is breathing effective? BREATHING IS INEFFECTIVE - Perform emergency breathing - Head Tilt. Chin Lift. Pinch nose. - Open mouth with chin lift maintained. - Perform 5 breaths (1 second between breaths, letting chest fall between breaths).
C - CPR	- Kneel by the side of the casualty. - Heel of hand in centre of chest. - Fingers interlocked or hands crossed. - Arms straight & vertical. Press down to a depth of 1/3 of the chest and allow for recoil of chest after each compression. 15 compressions at a rate of 100 – 120 per minute. 2 breaths after every 15 compressions. If no helper or phone available, continue with CPR for 1 minute then leave casualty to make a 999 call. Request or Retrieve Defibrillator if available. Return and ensure safety for all. 15 compressions. 2 breaths. Continuously (15:2). - Always be ready to deal with vomiting.

For **Child CPR** aim to compress the chest by 1/3 of its normal size. If the casualty is a large child, treat them as an adult: 'Treat as you See'.

For **Infant CPR**, (less than 1 year old) you may need to give ventilations by making a seal with your mouth over their nose and mouth. Ensure you support the head to maintain an open airway. Clasp the infant's chest in your hands and use two thumbs to do chest compressions.



Dealing with Choking (in Adults)

Choking occurs when a foreign object blocks the airway. Coughing can clear mild obstructions, indicated by the casualty's ability to speak. Severe obstructions (full choke) require your physical intervention.

Sequence of increasing intervention for a fully choking adult

- Seek permission to help the casualty.
- Ask the casualty to cough.
- If they cannot cough, support them and try a firm backslap, followed by 4 more if the object is not dislodged, continually checking if the casualty can cough or speak.
- Attempt an abdominal thrust. Try a further 4 thrusts, continually checking if the casualty can cough or speak.
- If a bystander is present, ask them to call 999/112 and ask for an ambulance.
- Continue with 5 back slaps followed by 5 thrusts until the object is dislodged.
- If the casualty collapses and stops breathing, call 999/112 and start CPR.

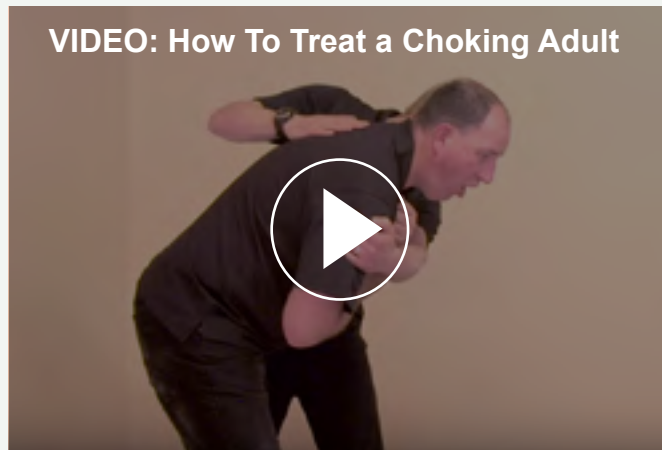
Where an abdominal thrust is not possible, e.g. a pregnant woman or an obese casualty, a chest thrust can be given as an alternative. Lean the casualty against a hard surface and compress their chest firmly.

If you have attempted an abdominal thrust, advise the casualty to go to hospital for a check up, as internal damage may have occurred.

[READ THE CHOKING BLOG](#)

Watch the Video

VIDEO: How To Treat a Choking Adult



Dealing with Choking (Children and Infants)

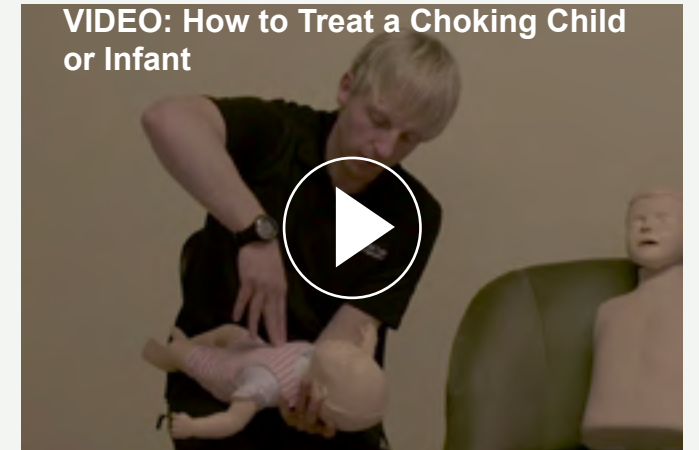
Choking occurs when a foreign object blocks the airway. In first aid, individuals who have not yet reached puberty are considered to be children.

Sequence of increasing intervention for a choking child or infant

- Encourage the child to cough.
- If they cannot cough, try a firm backslap; leaning the child over your knee, with their head below their chest.
- Followed by 4 more backslaps if the object is not dislodged, continually checking if the casualty can breathe or speak (cry).
- Attempt an abdominal thrust. This can be achieved by kneeling behind the child.
- Try a further 4 thrusts, continually checking if the casualty can breathe or speak (cry).
- If a bystander is present, ask them to call 999/112 and ask for an ambulance.
- Continue with 5 back slaps followed by 5 thrusts until the object is dislodged.
- If the casualty collapses and stops breathing, call 999/112 and start CPR.

Watch the Video

VIDEO: How to Treat a Choking Child or Infant



For infants (less than 12 months old) lay the baby face down over your thigh to perform backslaps. For chest thrusts lay them face up across your thigh, with head below shoulders. Perform chest thrusts using two fingers.

DO NOT attempt Abdominal Thrusts on an Infant (<12 months).

Bleeding Management

Bleeds can be caused by an abrasion (friction grazes), amputation, incision (a cut with clean edges), laceration (a cut with jagged edges) or a puncture (object passes through or becomes impaled in the skin). Do not remove impaled objects, bandage around them instead.

How to manage a bleed	
C - Check the wound.	Visually inspect the wound for impaled objects. Clean the wound with water to remove soil and dirt. Ensure safety, wear nitrile gloves.
A - Apply pressure. 10 minutes of direct pressure stops most bleeds.	Direct pressure with an absorbent, non-adherent dressing. If there is an impaled object, apply indirect pressure by bandaging around it.
R - Raise limb above level of the heart.	This will reduce blood flow and promote clotting.
E - Ensure bandage is effective.	Check if too loose, or too tight by checking <u>capillary refill</u> beyond the injury. If bleeding continues, add an additional bandage. If the second bandage is ineffective, remove both and reassess injury.

Watch the Videos



Other Bleeding Problems

Internal bleeding can result from injuries to chest, abdomen, upper leg and pelvis. Significant volumes of blood can be lost but still remain within the casualty's body, therefore internal bleeding can be difficult to recognise but should still be considered a life threatening emergency.

What do you see	What do you do
- Swelling, tenderness, distended (swollen) muscles. - Discolouration of the skin. - Guarding of the injury. - Signs of <u>SHOCK</u>.	- Suspect internal bleeding. - Treat for SHOCK. - Do not elevate legs if this may compromise the injury. - Call 999 / 112 and report suspected internal injury.

Crushing injuries need special care. Release the pressure quickly if possible and inform the emergency services. Do not release a casualty who has been crushed by a heavy object for more than 15 minutes as toxins may have built up in the blood.

Nose bleeds - Lean the casualty forward, pinching the fleshy lower part of the nose. If bleeding has not stopped after 10 minutes, seek medical advice.

Plasters should be used to cover small cuts and grazes. This helps to prevent infection and aid healing.

READ THE CRUSHING INJURIES BLOG

Watch the Video



Minor Amputation – Control blood loss first, do not let casualty eat or drink. Put the severed part in a plastic bag and wrap in a dressing or small towel. Keep the part cool by placing in a bag of cool water or a filled water bottle. Note the time and take the casualty to hospital urgently.

READ THE CASUALTY MONITORING BLOG

Shock and Life-Threatening Bleeds

Shock is lack of oxygen to our vital organs, in particular the brain, caused by blood loss or a major burn. Shock is a life threatening emergency and a life saving priority. If in doubt, treat for shock in the case of any significant bleed or burn, even before you see signs or symptoms.

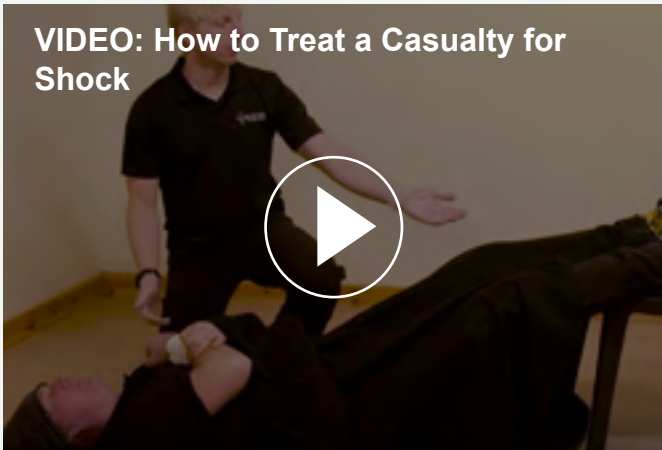
What do you see	What do you do
• Pale, cold, clammy skin • Fast shallow breathing • Worried, anxious casualty • Fast weak pulse • Drop in level of alertness eg: dizziness or confusion.	• Lie down a conscious casualty, make them comfortable, keep warm. • Put unconscious casualty in recovery position. • Call 999/112. • Reassure the casualty and try not to leave alone. • Monitor the casualty's vital signs.

Watch the Videos



Life-Threatening Bleeds need to be treated very quickly, once you have assessed the scene for danger. You may need to apply wound packing bandages along with lots of pressure. You may need to improvise bandages with clothing and in extreme cases use emergency or trauma bandages, clotting (haemostatic) bandages, or tourniquets.

READ THE
BLOG ON HOW
TO TREAT LIFE-
THREATENING
BLEEDS



Serious burns can lead to shock. [Follow burns advice.](#) For serious burns call 999/112 immediately. Cool with clean water. Do not break blisters; do not remove bitumen from skin. Do remove tight objects (e.g. rings). Remove clothing unless it is sticking to the skin.

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Minor Injuries (cut/splinter/minor burn/bruise)

Minor Injuries are often treated in the workplace or home and do not require a visit to the hospital. As with all first aid cases it is important to talk to the casualty, build rapport and trust.

What do you see	What do you do
• Small cut	• Clean the wound, dry and cover with a sterile dressing (plaster).
• Splinter	• Clean the area. Use clean tweezers to remove the object carefully. Allow wound to bleed a little to flush dirt. Clean and cover the wound.
• Minor burn	• Run under tepid water for a minimum of 20 minutes or until the pain stops. Remove any jewellery from the burn area, cover with a sterile dressing.
• Bruise	• Apply a cold compress to the bruise, this helps reduce swelling and pain.



With all of these injuries if you are not sure what to do, seek medical advice.

In the UK, DIAL 111 for the free NHS 24 helpline.

The helpline is open 24 hours a day, 7 days a week. NHS 111 also offers a video relay service that allows you to make a video call to a British Sign Language (BSL) interpreter.

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Sepsis

Sepsis is a form of blood poisoning caused by the immune system over reacting to an infection or injury. This leads to the immune system attacking organs and tissues rather than fighting the infection.

Sepsis is hard to diagnose and is easily missed by both first aiders and medical professionals.

How to Spot Sepsis	
Sepsis in Adults	
• Slurred speech or confusion • Extreme shivering or muscle pain • Passing no urine	• Feeling of impending doom • Skin mottled or discoloured
Sepsis in Children	
• Breathing very fast • Fitting or convulsing • Skin mottled, bluish or pale	• Rash that does not fade when pressed • Very lethargic or difficult to wake • Abnormally cold to touch
Sepsis in Under 5's	
• Not feeding • Vomiting repeatedly • Has not passed urine in 12 hours	

If you suspect **Sepsis** call 999 or 112 immediately, especially if the casualty appears to be deteriorating.

In minor cases, call 111 or contact your GP and monitor the casualty.

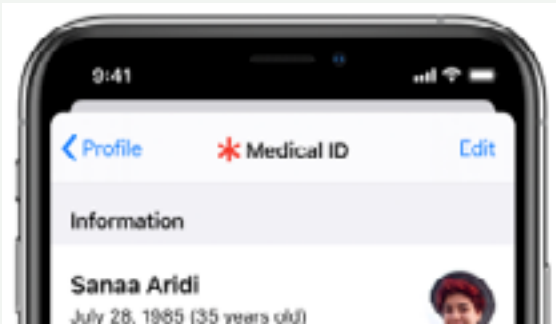


When talking to any healthcare professional, ask:

“Could it be Sepsis?”

READ THE SEPSIS BLOG

S.A.M.P.L.E.



The acronym **SAMPLE** is used in the assessment of casualties. It is a way to help first aiders remember the correct information to gather at the incident scene, it often referred to ‘Taking a SAMPLE history’.

Signs and symptoms - A sign is something you observe. A symptom is something the casualty feels and tells you about.

Allergies, age, athleticism - Ask if the casualty has ever had any allergic reactions to any medications or foods. Ask them their age. Do they look athletic? This will affect their baseline vital signs.



SAMPLE information together with [vital signs information](#) is important to hand over to medical staff once they arrive on scene. It will give great assistance to the medical staff that take over casualty care. Ensure that information is kept confidential.

Medications - Ask if the casualty takes any prescription medicines or is taking any other drugs.

Past medical history - Ask about relevant medical history.

Last oral intake - Ask about the casualty's last intake of food and drink, this is especially important if the condition could be caused by food or drink.

Events leading up to the illness or injury – Ask what happened in the time leading up to the injury or illness?

SAMPLE

S – Signs and symptoms

A – Age, athleticism, allergies

M – Medication

P – Past history

L – Last oral intake

E – Events leading up to incident

First Aid Kits



All employers and sole traders should have access to a first aid kit; this includes all works vehicles. Sufficient stock should be kept at hand to cover your workplaces' requirements.

In the outdoor context this first aid kit needs to be 'fit for purpose'. Each activity has its own hazards and dangers. You know what injuries are likely to happen in your specialism and your first aid kit should be put together

with this in mind. It is appropriate to make specific first aid kits for different types of activity.

Contents of the kit should be checked regularly by a responsible person. They will ensure that there are sufficient quantities of items and that none of the items use-by dates have expired.



An outdoor first aid kit could end up being quite bulky which can be impractical. Often we use pieces of equipment to improvise treatment in the outdoors. Items like 'gaffer tape' and spare clothing can be ideal for this purpose.

**READ THE
FIRST AID KIT
BLOG**

Clean Up

- Clean up the scene and any equipment used.
- Bag up any wastes (dressings etc.) or sharps and dispose of in accordance with current standards.
- Restock the first aid kit.
- Complete and file documentation.

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First Aid Reporting



First aid incidents should be recorded in an **incident/ accident/ near miss book** (different organisations use differing terminology) within 24 hours of the incident occurring. Anyone with knowledge of the incident (including the casualty) can complete the form but it is often your job as the first aider to do so.

Serious accidents at work (e.g. result in death, major injury, injuries lasting more than 7 days) must be reported directly to the HSE in line with the [RIDDOR regulations](#). Employers can use the information from the accident report to identify improvements in the workplace. The reports are also legal documents and may be used for insurance or investigative purposes. These documents should be saved for at least 3 years.



After an incident...

After an incident it is important to put some time aside for yourself. It is common for the first aider to feel they didn't do enough or worry that they made mistakes. Often just talking through the incident will allow you to clear your head. If feelings persist or return in the future it is important to seek counselling.

First Aid Form should include as a minimum

- Date, time and place of incident.
- Name, job and date of birth of casualty.
- Details of illness or injury and treatment or advice given.
- What happened immediately afterwards (hospital, went home, etc.).
- Name and signature of person dealing with the incident.
- Name and signature of witness.

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Soft Tissue Injuries

Commonly caused by trips, slips and falls or by sporting activities. Sprains and strains affect joints and surrounding soft tissues which can be overstretched or torn. If in doubt, treat the injury as a fracture. The casualty may want to move ('walk it off') but this may cause further damage.

What do you see	What do you do
• Pain and tenderness at injury site. • Swelling and discolouration. • Loss of movement.	• Rest – Sit down and support the injury. • Ice – Apply a cold compress to reduce pain and swelling. • Compression or comfort bandage - Optionally, use an elasticated bandage to support injury and help reduce swelling. Bandages should not be left on overnight. • Elevation – Raise the injury above the level of the heart if possible.



Dislocations

Dislocations are hard to diagnose and as a general rule should only be re-located by someone trained to do so. A badly re-located dislocation will simply cause more pain and future problems. Immobilise the injury in the position you find it.

READ THE
SPRAINED ANKLE
BLOG

Cooling should be applied in cycles of 10 minutes on and 10 minutes off the injury. In the outdoors this can be achieved with a cold compress from clothing, soaked with water from a stream or the sea.

Evacuation is a concern in the outdoors if the casualty is immobile. Unless the situation is dangerous, [insulate](#) and [shelter](#) the casualty and call for help.

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Lower Leg Injury

Often called a 'boot top' fracture these often will show deformity and obvious damage. The first aider should immobilise the injury in a remote setting. Lower leg injuries may require re-alignment if professional help is delayed by over 30 minutes.

For ankle and lower leg injuries the first aider **MUST** remove the boot to assess for damage and colour, sensation and movement (CSM) at the end of the limb. Also do a capillary refill check on good leg and injured leg to compare and contrast.

What do you see	What do you do
• Pain at site of injury, deformity. • Possible protruding bone. • Swelling and bruising. • Loss of power or movement in limb. • Nausea and/or signs of shock. • Poor capillary refill on limb below injury.	• Immobilise the affected limb. • Monitor the casualty. • If the bone is exposed, control bleeding. Do not apply pressure directly to the bone. • Evacuate to hospital. • If removal to hospital is delayed, improvise a splint to immobilise the limb. • Report poor Capillary refill when calling 999

Lower leg re-alignment

Deformity should be corrected by manual traction (gentle pulling) as early as possible. Once pulled the foot can be rotated back into its correct anatomical position and immobilised. It may be necessary for a second person to hold the limb above the injury to keep it stable.

Realigning can significantly reduce pain and help circulation as well as prevent worsening of the injury.

READ THE
CIRCULATION
BLOG

Watch the Video



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Collar Bone and Arm Injuries

Arm and collar bone injuries are common impact injuries. These will require a sling in order to stabilise. You must ensure that any support given by the casualty is replicated by the sling. One memory aide for this is to 'Bind as you find'.

What do you see	What do you do
Collar Bone	
• Pain at site of injury. • May notice an obvious step, skin may be stretched over bone (tenting). • Nausea and/or signs of shock.	• Immobilise the affected limb. • If the bone is exposed, control bleeding. Do not apply pressure directly to the bone. • Evacuate to hospital.
Arm and Elbow	
• Pain at site of injury, deformity. • Possible protruding bone. • Swelling and bruising. • Loss of power or movement in limb.	• Immobilise the affected limb. • If the bone is exposed, control bleeding. Do not apply pressure directly to the bone. • Evacuate to hospital.

Circulation checks

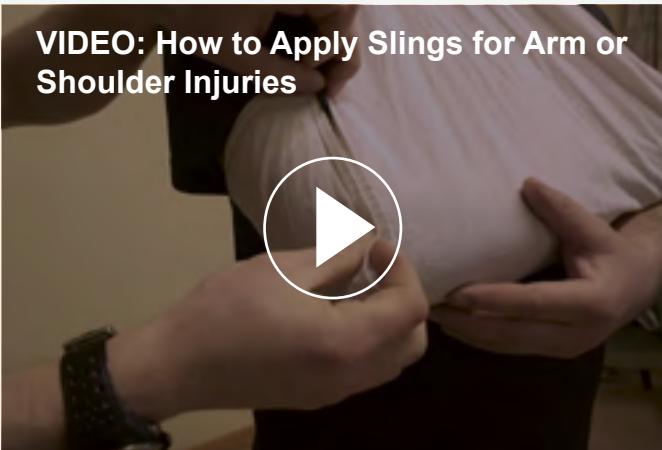
Regularly check for circulation and sensation at the wrist. If casualty loses circulation or sensation, evacuate immediately if possible or call emergency services.

Hand, finger and thumb injuries

Immobilise. Put a pad between fingers/thumb and lightly strap together. Place in elevated sling. Swelling will occur, loosen strapping when required.

READ THE CIRCULATION BLOG

Watch the Video



VIDEO: How to Apply Slings for Arm or Shoulder Injuries

Fractures



Fractures can be open, closed or complicated (involving nerves, blood vessels, or other tissues) and can be caused by direct, indirect or twisting forces. Your aim is to stabilise the injury. It can be hard to determine if an injury is a fracture, a sprain or a dislocation. Therefore it is safest to assume a fracture.

Watch the Video



VIDEO: How To Improve a Femur Splint

Femur Splint - A broken femur can be potentially life threatening; try to immobilise the whole body. The casualty's leg may appear shortened. In a remote setting or when emergency services are significantly delayed, consider a traction splint.

Remember for serious fractures

- **ABC** - Don't be distracted by the casualty's pain or an obvious fracture.
- If the casualty loses Colour, Sensation or Movement in the limb below the site of injury, this is a medical emergency.
- Shock is a significant risk with these injuries.
- Do not move casualty unless they have an airway problem.

Concussion

Concussion is a mild form of Traumatic Brain Injury and even suspected concussions should be taken very seriously. Anyone who is suspected of suffering a concussion should not be allowed to recommence activity until certified as symptom-free by a medical professional.

Second Impact Syndrome, where a second impact occurs while concussion symptoms are still present, is fatal in up to 50% of cases, including undiagnosed concussions. It is the first aider’s job to remove this possibility by monitoring the casualty.

If any of the symptoms in the following table are present, assume concussion. Some may only become apparent some time (up to 72 hours) after the incident.

Concussion Symptoms				
Headache	“Pressure in head”	Balance Problems	Nausea or vomiting	Drowsiness
Dizziness	Blurred Vision	Sensitivity to Light	Sensitivity to noise	Fatigue or low energy
‘Don’t feel right’	More emotional	More irritable	Sadness or depression	Nervous or anxious
Neck Pain	Difficulty concentrating	Difficulty remembering	Feel slowed down	Feeling “in a fog”

Concussion Testing can involve cognitive, memory and physical ability assessments as well as consideration of the history of the incident, and evidence of head trauma. This should be carried out on as part of a head injury assessment protocol.



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Remember:

If in doubt,
sit them out

Concussion Recovery can take a long time, but symptoms will gradually improve with the appropriate treatment.

If in doubt, or if symptoms are getting worse, seek immediate professional help.

READ THE
CONCUSSION
BLOG

Head Injury

The brain is a soft vulnerable organ protected by the hard skull. As well as concussion, you should watch out for signs of compression and skull fractures. These often don’t appear immediately and the casualty may appear OK initially before deteriorating. This is known as a Lucid Interval.

In the outdoor setting, time is crucial. Early evacuation before symptoms worsen is key in effective incident management. If the casualty has sustained a head injury, always suspect a spinal injury too.

What do you see	What do you do
- Altered level of consciousness - Signs of Concussion - Strong bounding pulse - Face flushed - Bleeding or bruising around eyes, mouth, ears - Pupils NOT equal and reactive	- Lie casualty down, elevate head and shoulders. - Do not stop bleeding from nose or ears. - Call 999/112. - Monitor vital signs carefully. - Place unconscious casualty in recovery position.

Close and then open the casualty’s eyes and observe any difference in the pupils as below



Remember P.E.A.R.L.

P – Pupils

E – Equal

A – And

R – Reactive to

L – Light



Cerebral compression occurs when there is a build-up of pressure on the brain caused by bleeding or swelling inside the skull – this is a life-threatening condition and you should call the emergency services immediately.

A Skull Fracture is where the bone is cracked or broken following a trauma. Sometimes identifiable by a soft boggy depression on the scalp, can also be hidden underneath external swelling. Skull fractures are almost always accompanied by concussion or a cerebral compression, and should be treated in hospital.

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Spinal Injury

Spinal injuries can involve the back or neck bones (vertebrae), intervertebral discs or spinal cord. These can be difficult injuries to manage, especially injuries to the neck. One key indicator for spinal injury is the mechanism of injury which usually involves a fall or impact.

What do you see	What do you do
• Loss of limb control. • Casualty complains of pain in the neck or back. • Loss of feeling or a tingling sensation in limbs. • Loss of bladder or bowel control.	• Call 999/112 immediately. • Reassure casualty and maintain an open airway. • Take care to keep casualties head in line with the rest of their body – ‘Spine in Line’. • If the casualty loses consciousness, place in recovery position. • Use jaw thrust to open airway if trained to do so.



Watch the Video



Spinal Log Roll. Two or more people can roll a casualty safely using a spinal roll which includes the use of a jaw thrust.

Lifesaving Priorities

- Maintaining an open airway is always the priority. Unconscious casualties should always be placed into a recovery position.
- Care must be taken to maintain spinal alignment when moving casualties with a suspected spinal injury.

Chest Injury

A chest injury is any form of physical injury to the chest including the ribs, heart and lungs.

What do you see	What do you do
Broken rib	
• Pain when taking a breath. • Tenderness to chest or back over area of ribs. • A “crunchy” feeling under the skin. • Shortness of breath.	• Very little you can do for it. Take to hospital.
Penetrating (sucking) chest wound	
• Assume all penetrating wounds are sucking chest wounds. • It can be difficult to identify when a penetrating wound is sucking air or not. They don’t always make noise.	• Leave an open wound uncovered. • Sit the conscious casualty down leaning towards the injured side. Unconscious casualties should be put into the recovery position and rolled onto the injury. • Evacuate immediately.
Flail chest	
• One or more broken ribs that are broken in more than one place each. • Uneven chest movement when breathing.	• Press a hard pad onto the flail segment to apply pressure. • Sit the conscious casualty down leaning towards the injured side. Unconscious casualties should be put into the recovery position and rolled onto the injury. • Evacuate immediately.

Monitoring

Chest injuries are complex to diagnose and treat. Deterioration is indicated by:

- Unequal chest movement (one side looks bigger than the other)
- Trachea (windpipe) moves towards uninjured lung
- Blue lips and neck

Subcutaneous emphysema is when air is in the layer under the skin. This has a crackling feel to the touch, a sensation that has been described as similar to touching Rice Krispies. This can be a symptom of an underlying chest injury.

Remote Environments. Consider covering an open chest wound with plastic and securely taping. Or using a chest seal if trained to do so.

Abdomen/Pelvis Injury

Abdominal and pelvic injuries can cause internal bleeding which may lead to [shock](#). The initial injury can be difficult to detect but there may be a history of impact to the abdomen. If casualty becomes unconscious, carefully place in recovery position.

What do you see	What do you do
Abdomen	
• Bruising, tenderness, swelling. • Hardness of abdomen near injury. • May be confused or aggressive. • May be blood in urine. • Think SHOCK.	• Find out history. • Call 999/112 and keep them calm. • Lie down and support legs if possible. • Do not remove penetrating objects. • Cover any wound but DO NOT push any protruding organs back into stomach.
Pelvis	
• Casualty unable to walk or stand. • Pain around groin, hips or back increasing with movement. • Difficulty in passing urine or priapism in men. • Think SHOCK.	• Find out history. • Do not move unless in an emergency. • Immobilise legs by tying together. • Call 999/112 and reassure and keep warm.



Internal Bleeding is often caused by impact (car crash) or fall from height. Blood (oxygen) can fill spaces between organs or drain from body (anus, ear, nose, mouth). Casualty may start to show signs of [shock](#) (cold, pale, clammy, anxious, fast shallow breathing) and require immediate evacuation.

Pelvis Splint - Move the pelvis as little as possible. Do not press or ‘spring’. If possible immobilise the legs by padding between them and bringing knees together. Gently tie a broad bandage around the widest part of the pelvis like a ‘nappy’ if you need to move the casualty.

Asthma

Asthma is an allergic reaction that causes the tubes in the lungs to narrow. The amount of air (oxygen) leaving the lungs is therefore reduced meaning less fresh air can enter. This reduces the supply of oxygen to the body. Asthma triggers include: cat hair, pollen, cold air, stress or exertion.

What do you see	What do you do
• Difficulty breathing (mainly out). • Wheezing. • Tightness in chest. • Worried and anxious. • Difficulty speaking. • Blueness around lips. • Veins become prominent on neck.	• Make them comfortable, possibly by sitting them down and leaning forwards. • Assist them with the use of their inhaler. • Reassure the casualty. • Remove the factor causing the asthma. • If it doesn’t improve in 5 minutes, call 999/112. • If they collapse place in recovery position. • If they stop breathing begin CPR.



Inhalers and spacers

Asthma sufferers should have their inhaler with them. If not, it is reasonable to ask bystanders if they have one the casualty can use. Spacers help administer the medication more effectively. Assist casualty with using their inhaler if required.

Watch the Video

VIDEO: How To Use An Asthma Inhaler and Improvise a Spacer



READ THE
ASTHMA BLOG

Diabetes

Diabetes results in an imbalance of the levels of sugar in the blood. Commonly we see hypoglycemia (low blood sugar levels) and occasionally we may see hyperglycemia (high blood sugar levels). Non-diabetics can also experience low blood sugar levels in certain circumstances.

What do you see	What do you do
Hypoglycemia – Low Blood Sugar Levels	
- One or more of feeling tired, weak, hungry, dizzy. - Change in personality, becoming irrational. - You may find a Medi-tag on the casualty.	- Sit casualty down and give sugar in form of a drink or glucose (sweets or biscuits). - Assist casualty to locate and use their glucose testing kit. - If casualty collapses call 999/112, try rubbing sugary gel into their gums (e.g. jam or syrup).
Hyperglycemia – High Blood Sugar Levels	
- Thirst, breathless, nausea. - Fruity sweet breath. - Bleeding or bruising around eyes, mouth, ears. - You may find a Medi-tag on the casualty.	- Call 999/112 immediately. - If casualty collapses or loses consciousness, place in recovery position.



Sugar Lows - In an outdoor environment we are most likely to have to deal with Hypoglycemia, or sugar lows. Carrying a ‘hypostop’ type glucose gel, or carbohydrate sports gel in your pack can be a lifesaver.

Sugar Highs – Hyperglycemia is less likely for most casualties as it develops slowly. Medical assistance is required immediately if you suspect this.

Glucose - The brain exclusively uses glucose for energy. Hence the brain is very sensitive to changes in blood sugar level. A casualty with a poor blood sugar balance will have a disordered brain.

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Stroke

Strokes are more common in later life and affect the brain. A stroke can be a blood clot or burst blood vessel in the brain. It may be possible to break up a clot with drugs in hospital. The quicker the casualty reaches hospital the better their chance of rehabilitation and recovery.

What do you see	What do you do
F – Facial weakness. Casualty can’t smile properly or may put their tongue to the side when they stick it out. A - Arm weakness. Casualty can only raise one arm or has uneven strength in their hands. S – Speech problems. Unable to speak clearly or understand. T - Time to call 999/112.	- Don’t waste time – if you suspect a stroke, call for the emergency services. - Reassure the casualty. - If conscious keep them supported in a comfortable position, possibly the lazy W. - If the casualty becomes unconscious, place in the recovery position.

Time. It is important to note the time that the casualty was last known to be OK. This is vital information for the emergency services and may influence their decisions.

A Mini Stroke (TIA) is similar to a stroke but symptoms may only last a few minutes and may improve. A TIA may be the pre cursor to a full stroke.

If in doubt think **STROKE** and seek medical advice as soon as possible.

Stroke - Think F.A.S.T.

F – Face

A – Arm

S – Speech

T – Time to phone 999

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Suspension Trauma

Advice for first-aiders responding to harness suspension incidents

In 2008 the Health and Safety Executive produced an evidence-based review of published medical literature, which clarified guidance on the first aid management of a person falling into suspension in a harness who may develop ‘suspension trauma’.

HSE key recommendations
No change should be made to the standard first aid guidance for the post recovery of a semi-conscious or unconscious person in a horizontal position, even if they have been subject to prior harness suspension.
No change should be made to the standard UK first aid guidance of ABC management, even if the casualty has been subject to prior harness suspension.
A casualty who is experiencing dizziness, light headedness, blurry or narrowed vision (tunnel vision), nausea (feeling sick) and / or vomiting (being sick), headache, sweating, heart palpitations (faster, heavier, or irregular heartbeat felt by the person) or who is unconscious whilst suspended in a harness should be rescued as soon as is safely possible.
If the rescuer is unable to immediately release a conscious casualty from a suspended position, elevation of the legs by the casualty or rescuer, where safely possible, may prolong tolerance of suspension.



“The term “suspension trauma” is one that has developed as a parlance amongst many who work in the fall protection industry and training sector. It is used to describe the situation of a person falling into suspension in a harness and then becoming unconscious. In this scenario the loss of consciousness is not due to any physical injury, but rather, it is thought that orthostasis, motionless vertical suspension, is responsible. “Trauma” is therefore an inappropriate term which may be better replaced by the descriptive term “syncope” which is the sudden transient loss of consciousness with spontaneous recovery, as may occur with a simple faint.” - HSE 2008

Burns and Scalds

A range of things can cause burns such as; sunburn, electricity, hot water or chemicals. Fortunately the treatment is the same for each – cooling the affected area. If the skin is broken, take extra care, as the body’s natural infection barrier is not effective. Serious burns lead to fluid loss and [shock](#).

What do you see	What do you do
Minor Burns	
Redness on skin, painful.	- Remove heat source. - Irrigate with tepid/cool water for at least 20 minutes. - Remove constrictions (jewellery). - Prevent infection with a sterile dressing.
Major Burns	
- Skin broken (partial thickness). - Skin gone, can see fat, tendons, bone (full thickness).	- Cool quickly with cool water. - Remove clothing if loose. If clothing is stuck, leave in place. - Remove constrictions (jewellery). - Cover with sterile dressing. - Consider calling 999/112. - Lay down and treat for SHOCK.



The following burns should be treated in hospital:

- Burns to face and mouth, hands, feet and genitals
- Burns which completely circle a digit or limb
- Minor burns larger than 5 times the size of the casualty’s palm
- Partial thickness burns larger than the size of the casualty’s palm
- Any full thickness (third degree) burn

READ THE BURNS
TREATMENT
BLOG

Acid Attack

Acid is extremely corrosive to skin and can burn through all layers of flesh. The first few minutes of an acid burn are critical to the outcome for the casualty.

The first aider should be very careful to not come into contact with the acid themselves.

Acid Burn Treatment
1. Stay safe, move away from any pooled acid on ground. Do not touch the casualty or their clothing without wearing rubber gloves.
2. Treat as soon as possible to minimise the effects and depth of the burn.
3. Flood the burn with litres of water for at least 20 minutes until burning sensation subsides.
4. Do not apply any creams, lotions or ointments.
5. Carefully remove any contaminated clothing and jewellery that might be restrictive.
6. Do not allow the casualty to touch their burn, especially eyes.
7. Call the emergency services as soon as practical, or ask a bystander to do so.
8. Monitor casualty's vital signs.

Hygiene is important in ensuring that the wound does not become infected. In minor cases, carefully dress the wound with sterile dressings following flooding with water.

All cases should go to hospital for proper cleaning and dressing.



Remember:

Flood the burn with
LITRES and LITRES of
water

READ THE
ACID ATTACK
BLOG

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Poisoning

Poisoning occurs when a substance harmful to the body enters the system. This can be injected, inhaled, absorbed through skin, swallowed or eaten. Children are especially susceptible to objects that can be mistaken for sweets, such as washing machine tablets.

What do you see	What do you do
General Poisoning	
• Conscious casualty	• Take a history from the casualty or witnesses, (What have they come into contact with?) • DO NOT induce vomiting and • Seek medical advice.
• Unconscious casualty	• Place in the Recovery Position.
Special Cases	
• Absorbed poison	• Irrigate the skin with water.
• Swallowed poison	• Keep warm, reassure and monitor.
• Inhaled poison	• Think 'Airway'. If they stop breathing begin CPR. Provide a source of fresh air.
• Injected poison	• Stay safe. Look for needles and sharps.



DO - Attempt to collect or identify the poison. You can collect a sample of the vomit if you have no sample of the poison.

In the workplace COSHH cards should be available.

DO NOT INDUCE VOMITING

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Suspected Overdose

Drug use is the misuse or overuse of any medicine or drug, including alcohol. Any alcohol, medication, or illegal drug can cause damage if an overdose is taken.

A key thing for a first aider to always do, and especially in the case of intoxication or drug overdose, is assessing the danger to themselves. This could be danger from the casualty themselves acting irrationally, or from the substance they have overdosed on, or from things such as sharps or broken bottles laying around on the ground.

If there is a danger to the first aider that cannot be safely removed or mitigated, then calling for professional help (999/ 112 and asking for the Police) is a sensible response. After that, if you are able to do so, follow the ABCDE protocol.

What do you see	What do you do
• Blue, purple, grey lips • Cold and clammy skin • PEARL (Are pupils equal and reactive to light?) Pinpoint pupils = depressants (eg: Opiates/ Opioids) Pupils wide open – stimulants (eg: Ecstasy/ MDMA) • Breathing – may be very slow, weak, gurgly, snoring sounds, or absent • Not fully alert (Confused or lower on ACVPU scale)	• Assess for Danger (eg: Sharps, the Casualty – altered level of consciousness) • If unresponsive and breathing normally – Recovery Position, call for help (999/ 112) and monitor carefully • If unresponsive and breathing is ineffective call for help (999/ 112) and start CPR • If severe respiratory depression with suspected opiate/ opioid overdose, administer Naloxone/ Narcan if trained to do so.



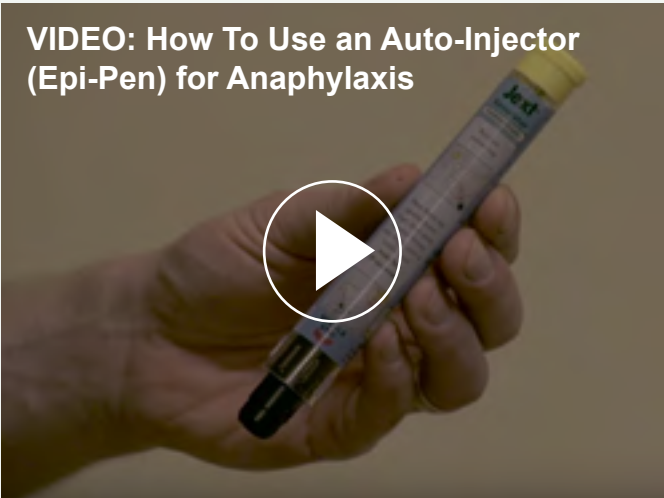
For more information on Naloxone/ Narcan go to the Scottish Drugs Forum or contact your local NHS Trust.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction to a substance that is introduced to the casualty’s body. The body releases histamine as a natural defence mechanism and this causes swelling. If the swelling is in the mouth or throat, airway management becomes critical. Common causes of anaphylaxis include bee stings, latex, nuts, seafood and many fruits.

What do you see	What do you do
• Swelling of face, lips, neck, eyes. • Red blotchy patches on skin. • Difficulty in breathing. • Anxiety.	• Call 999/112 immediately. • Make the casualty comfortable. • Use their auto-injector if they have one. • If the casualty becomes unconscious put them in Recovery Position. • If the casualty stops breathing, start CPR.

Watch the Video



Can a first aider give an auto-injector? – YES. In the UK, a first aider should help the casualty use their auto-injector (Epi-pen, Amerade, Jext), even if the casualty is unconscious. Instructions are written on the side of the pen. Remove cap, press into thigh (through clothing), hold for 10-15 seconds, remove and rub the thigh. Use a second pen in the other leg if symptoms don’t improve after 5 minutes..

READ THE
EPI-PEN USE
BLOG

Eye Injury

Eye injuries are painful and troubling. They can cause permanent sight loss or severe damage to sight. Prevention is better than cure and correct personal protective equipment should be worn when needed. Chemicals, wind blown particles, impaled objects and bright light injuries are all of concern.

What do you see	What do you do
• Chemical burn. • Grit, sand, or dust in eye. • Impaled objects. • Sunlight (ultra violet exposure) and flash burn (glare from welders torch). Gritty feeling in eyes. Redness and watering of eyes. Symptoms may develop slowly.	• Irrigate with copious amounts of water. Ensure water drains away from good eye. Seek medical assistance if required. • Lay the casualty flat, irrigate, then cover the affected eye with a non fluffy dressing. If possible cover both eyes. Take to hospital. • Reassure, cover eyes with light, moist bandages and take to hospital. Do not try and remove contact lenses. Protect from further brightness.



Eye protection – sunglasses

Look for sunglasses that protect you from 99 to 100% of both UVA and UVB light. This includes those labelled as “UV 400”. Consider wrap-around sunglasses to prevent harmful UV rays from entering around the frame. Some contact lenses provide UV protection but they don’t cover the whole eye and protection will still be required.

READ THE
EYE FIRST AID
BLOG

Sea Sickness

Sea (or motion) sickness is a term that describes an unpleasant combination of symptoms, such as dizziness, nausea and vomiting, that can occur when you’re travelling or at sea. In most cases, the symptoms of motion sickness will start to improve as your body adapts to the conditions causing the problem.

What do you see	What do you do
• Pale, cold sweaty skin. • Dizziness. • An increase in saliva . • Nausea and vomiting . • Drowsiness or extreme tiredness.	• Keep still – if possible in the middle of a boat, this is where you’ll experience the least movement. • Look at a stable object – the horizon. • Fresh air – go outside and avoid getting too hot. • Stay hydrated and avoid alcohol. • Stay calm – keep calm about the journey. You’re more likely to get sea sickness if you worry about it.



Motion sickness is thought to occur when there’s a conflict between what your eyes see and what your inner ears sense. Your brain holds details about where you are and how you’re moving. The nerves in your inner ears give your brain a sense of motion and balance. If there’s a mismatch of information between these two systems, your brain can’t update your current status and the resulting confusion will lead to symptoms of sea sickness.

Animal Bites

Insect bites

Prevention of insect bites is better than cure. Wear long sleeves tops and trousers, use repellents and avoid swarming bees or wasps. [Be alert to anaphylactic reactions.](#)

What do you see	What do you do
Honey bees - leave their sting inside the wound. It's important to remove the sting to stop infection setting in. The area around the sting will become painful, red, itchy and swollen.	Scrape the sting out sideways with something with a hard edge, such as a bankcard or similar flat edge, if you don't have anything else to hand. Don't pinch the sting with your fingers.
Wasps – around the sting site will become painful, red, itchy and swollen. - Stings from wasps cause the most allergic reactions in the UK.	Reassure casualty. Wash the area, avoid scratching, apply cold compress.
Scottish Midge - Bites are painful, itch intensely and can swell up alarmingly!	- Prevention: Protective gear, such as mesh covers for your face. - Reassure casualty. Wash the area, avoid scratching, apply cold compress.

Adder bites

Adder bites are scary but not life threatening for adults. Keep the casualty calm; keep the bite lower than their heart. Avoid excessive movement and evacuate them to hospital as soon as possible.

READ THE
ADDER BITE
BLOG

Dog, horse, human bites

Serious animal and human bites can get infected if they are not checked and treated quickly. Always seek medical advice if you have been bitten and the bite has broken the skin. Infections are rarely serious if treated quickly.

READ THE
HORSE BITE
BLOG

Facial Injury

Immediate problems concern breathing issues. Maintaining the airway is a priority for facial issues. Always monitor the airway and casualties level of consciousness.

Problem area	What do you see and do
Scalp wound	Can bleed heavily. Help the casualty apply direct pressure with their hand to stem the blood loss.
Gum shield	Are typically removed (in conscious and unconscious casualties) as blood can accumulate behind the shield.
Jaw	Stepped appearance in teeth or unable to bite normally. Casualty can hold their jaw for support.
Nose bleed	Lean forward and pinch fleshy part of nose. Should stop within 10 minutes.
Nose fracture	Pain and deformity around nose. Do not touch, or blow nose. Go to hospital.
Cheek fracture	Try not to cough, sneeze or blow nose. Go to hospital.
Teeth	If tooth is still attached, leave in situ. If tooth has come out take to dentist with tooth in milk or saline solution.



Seek Medical Advice

If in doubt, especially injuries involving the face and a potentially compromised airway, seek medical advice.

Lightning Strike

How Far Away Is It? Count how many seconds pass between the flash of the lightning and sound of the thunder. Divide the number of seconds by 5 to find the distance in miles (divide by 3 for kilometres) from you to the lightning (5 seconds = 1 mile).

Use the 30/30 Rule. If the time between seeing the flash of lightning and hearing the thunder is less than 30 seconds, take shelter. You are in a strike area.

Remain in shelter for 30 minutes after the last flash of lightning as you are still in a potential strike area.

Good advice

- Do not seek shelter under a picnic shelter, lone tree or other object to keep you dry. It will attract lightning. The rain won't kill.
- Avoid standing near tall objects.
- Cars are very safe places to be during lightning storms.
- If you are not able to get to any shelter, you need to become a small target and cross your fingers. Minimise your contact with the ground and minimise your height.
- If you are above the treeline, seek shelter in the lowest area you can reach.
- Your group should not huddle together. Instead have each person find shelter about 30 metres apart.
- If there are multiple casualties, prioritize care needed. A victim that is not breathing is highest priority. There is a relatively good chance of reviving a lightning casualty with CPR.



READ THE
LIGHTNING STRIKE
BLOG

Avalanche

Even small avalanches are a serious danger to life, even with properly trained and equipped companions who avoid the avalanche. Searches should be started immediately, if safe to do so. Victims ideally need rescuing within 15 minutes of being avalanched.

Issues	What do you do
• Asphyxia due to burial in snow. • Traumatic injuries. • Hypothermia is a significant complication of avalanche.	• Clear airway of snow and ice. • If not breathing and it is safe to do so, start CPR and continue for at least 30 minutes. • Traumatic injuries are extremely common in avalanched casualties. Spinal injuries should be suspected and patients should be carefully moved.



Multiple casualty burials are difficult to manage. Avalanche triage is beyond the scope of this manual. In principle rescue those with the greater chance of survival. Partially buried first, then deeper buried and less accessible casualties.

READ THE
AVALANCHE
BLOG

Altitude Issues

As altitude increases, barometric pressure decreases and the density of oxygen molecules decreases. At altitude our bodies have less access to oxygen than at sea level. Our bodies can acclimatise to this but it takes time to do so. Generally affecting people travelling to an altitude of >3500m.

What do you see	What do you do
Acute mountain sickness (AMS) - Common	
- Throbbing headache. - Nausea or vomiting. - Anorexia. - Fatigue or weakness. - Dizziness. - Difficulty sleeping.	- Stop further ascent, rest. - Oral fluids. - Simple analgesics (Paracetamol). - Wait and see. If no better DESCEND.
High altitude pulmonary oedema (HAPE) - 1-10% of those ascending above 4500m	
- Normally preceded by AMS. - Breathless at rest. - Cough, dry and annoying. - Cough, wet, bubbly and blood stained. - Needs to sleep upright.	- DESCEND immediately. - Keep casualty upright. - Oxygen produces immediate and dramatic improvement. - Keep warm.
High altitude cerebral oedema (HACE) - 1-2% of those ascending above 4500m	
- Sometimes preceded by AMS, but not always. - Quiet, Sleepy, Lethargic. - Confused. - Clumsy. - Seizures.	DESCEND immediately.

If in doubt descend – you can always go back up later. Assume altitude illness until you descend. If symptoms don't disappear, altitude sickness is not the cause of the illness.

Safe rates of ascent - Above 3000m, sleeping altitude should not increase by more than 300m per night. For every 1000m further ascent, you should spend a second night at the same altitude. 'Climb high, sleep low'.

Weil's Disease and Leptospirosis

A bacterial infection where 90% of cases are mild and are Leptospirosis. In its more severe form, it is Weil's disease. Symptoms of Leptospirosis can be seen up to a month after infection. Weil's disease can show up within 1-3 days.

Carriers of leptospirosis in the UK are cattle and small mammals such as rats.

What do you see	What do you do
Mild form - leptospirosis	
- High temperature 38°C and 40°C. - Chills. - Sudden headaches, nausea and vomiting. - Loss of appetite. - Muscle pain, particularly the calves and lower back. - Conjunctivitis (irritation and redness of the eyes). - Coughing. - A short-lived rash.	- These symptoms usually resolve within five to seven days. - Seek advice from your GP – see below.
Weil's disease - Severe form of leptospirosis - 10% of cases	
- Jaundice (yellowing of the skin and the whites of the eyes). - Swollen ankles, feet or hands. - Chest pain. - Headaches, vomiting and seizures. - Shortness of breath. - Coughing up blood.	Seek advice from your GP – see below.

The Casualty should see a GP if they have:

- Been exposed to a freshwater source, such as a river or lake
- Been exposed to animal urine or animal blood
- Travelled to parts of the world where leptospirosis is widespread

Can leptospirosis be prevented?

The risk of contracting leptospirosis in the UK is very low. If you work with animals or are in regular contact with freshwater sources, wear appropriate protective clothing and avoid swallowing the water. Ensure any wounds are cleaned and dressed properly. Always wash your hands before eating.

READ THE
WEIL'S DISEASE
BLOG

Ticks and Lyme Disease

Lyme Disease is a bacterial infection spread by ticks. Once thought to be rare it has now common and widespread in the UK. Symptoms can be seen up to a month after infection.

To avoid being bitten, ‘tuck in’ long trousers and tops, use insect repellents, and carry out regular tick checks when walking through areas of long vegetation. Always have a tick removal tool in your first aid kit.

What do you see	What do you do
• Circular bull’s-eye rash. • Tiredness (fatigue). • Muscle pain. • Joint pain. • Headaches. • A high temperature (fever). • Neck stiffness.	• Ticks should be removed as soon as possible (see below). • If you have been bitten by a tick and suffer from symptoms listed, go and see your GP. • Give the GP a history.



Tick Removal

Ticks should be removed with an appropriate tool such as a tick twister or card. Do not try and pull the tick out with your fingers or smear it in a liquid or gel to kill it. Don’t risk the tick’s internal contents being pushed into the bite site.

READ THE
TICK REMOVAL
BLOG

Dangerous Plants

Giant hogweed can grow up to five metres tall, often along footpaths and riverbanks. If the toxic sap of the plant comes into contact with your skin, this increases sensitivity to UV rays causing severe, painful burns. Can cause blindness if in contact with eyes.

What do you see	What do you do
• Sap can get onto your skin through touching any part of the plant, which causes your skin to react to ultraviolet light.	• Do not touch Giant Hogweed, avoid it. If you do come into contact, immediately wash the area with copious soap and water.
• On a sunny day burning, inflammation and blisters can be very severe and lead to scarring.	• Stay out of any sunlight for at least 48 hours, whilst monitoring for any delayed reaction.
• Contact with the eyes can be very damaging.	• Flush the eyes with copious fresh water.



Cow Parsley - For some people, Cow Parsley can cause skin irritation, although typically with much milder effects. Treat in the same way as Giant Hogweed. If in doubt, contact a medical professional.

Stinging Nettles - Nettle leaves are covered in tiny, needle-like hairs. When you brush against a nettle, the hairs break off, penetrate your skin and sting you, producing the familiar burning sensation and rash. The dock leaf or a cold compress are effective natural remedies for nettle rash.

READ THE
GIANT HOGWEED
BLOG

Sea Creatures

Jellyfish can cause a nasty burn if the skin comes into contact with the tentacles. These don't need to be attached to still cause a burn.

Lion's mane jellyfish are the most common cause of injury in UK waters, and large burns from a significant number of jellyfish can be extremely painful.



What do you see	What do you do
- History of being in the sea. - Burning sensation often accompanied by a red rash.	- Scrape the stinging tentacles off with a stick or credit card. - Rinse with sea water. - Immersion in warm to hot water can help ease pain. - Consider rinsing with vinegar if local advice recommends.

Weever Fish hunt their prey by burying themselves in sand in the shallows. Their dorsal fin spines can cause severe pain if the fish is stepped on or sat on.

What do you see	What do you do
- History of being in the sea on a sandy beach. - Stinging sensation similar to that of a small cut. - Pain quickly increases to the point of becoming unbearable. - Pain spreads, can feel like "leg is on fire".	- Quickly immerse the sting in hot water, more than 40 deg C, until pain subsides. - Gently remove any spines with tweezers. - Monitor for longer lasting, or more serious symptoms and seek medical advice if concerned.



READ THE
JELLYFISH
BLOG

READ THE
WEEVER FISH
BLOG

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Hypothermia

Hypothermia is caused by the cooling of the body's core organs when cold blood from the body's surface reaches the body core. This affects the function of the heart and brain. It can occur in the outdoors in cold temperatures, or on warm days if casualties have been active e.g. road cyclists on long mountain descents.

What do you see	What do you do
Mild Hypothermia	
- Conscious and violently shivering. - Significantly reduced physical ability. - Cold, pale, dry skin.	- Insulate and wrap in foil or plastic blanket. - Shelter the casualty and insulate from the ground. - Remove and replace wet clothing. Rewarm slowly, give warm drinks and high energy food if available. - Keep casualty horizontal and handle with care.
Moderate Hypothermia	
- Conscious and fully alert on the ACVPU scale. - Shivering. - Cold, pale, dry skin.	- If conscious, as above but no food or drink. - Must be kept horizontal. - Call 999/112 and arrange professional evacuation as quickly as possible.
Severe Hypothermia	
- No response. - No apparent breathing. - Cold dry skin to touch.	- Treat as for Moderate Hypothermia. - Handle with extreme care. - Call 999/112, ask for advice and arrange professional evacuation as quickly as possible.



Casualties who are cold but not yet hypothermic may be classed as 'Cold Stressed'. They will be shivering, but mental and physical ability remain constant. Provide shelter, change them out of wet clothes, provide high calorie food & drink, and encourage exercise to generate heat.

In all cases beware of Circum-Rescue Collapse, which can be caused by cold blood circulating, incorrect rewarming, or rough handling.

Prevention of hypothermia is better than cure. Remind others to zip up coats and put on gloves and hats. If one person is cold and shivering it is a sign others may be close to becoming mildly hypothermic. Consider shortening the activity, refueling with warm drinks and food.

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Hyperthermia

Hyperthermia is caused by the warming of the body’s core. Heat exhaustion (mild hyperthermia) can occur after exposure to high temperatures or on colder days if the casualty has exerted themselves. It is often accompanied by dehydration. It occurs when the core body temperature rises to up to 40 °C.

If untreated, heat exhaustion can lead to heat stroke. Heat stroke occurs if the body’s core temperature rises above 40 °C when the body’s natural thermostat can’t control body temperature. The cells in the body begin to break down, important functions cease, internal organs can fail, and in extreme cases death can occur. Heat stroke is a medical emergency, and you should summon immediate medical help (call 999/ 112 for an ambulance).

What do you see	What do you do
Mild Hyperthermia (Heat Exhaustion)	
• Conscious and fully alert on the ACVPU scale. • Weak and unwell. • Thirsty. • Headache, nausea. • Moist warm skin.	• Move to a cool area. • Shade. • Fluids to drink. • Oral rehydration solution will help.
Severe Hyperthermia (Heat Stroke)	
• Apathy, disorientation, irrational behaviour. • Rapidly decreasing response • Cold, pale and dry skin. • Slow shallow breathing. • Shivering rapidly decreasing.	• If conscious, as above but no food or drink. • Must be kept horizontal. • Call 999/112 and arrange professional evacuation as quickly as possible.

Prevention

- Wear lightweight, light-coloured, loose-fitting clothing and a wide-brimmed hat.
- Use a sunscreen with an SPF of 30 or more.
- Drink extra fluids. Especially before, during and after activity.
- Avoid fluids containing either caffeine or alcohol, these will cause further dehydration.



Dehydration occurs when the amount of fluid lost from the body is not replaced quickly. As well as fluid, essential salts are lost through sweating. Dehydration commonly occurs due to exercise on hot days, prolonged exposure to sun or illness such as diarrhea or vomiting.

Severe dehydration can cause muscle cramps.

Rehydrate with electrolyte solution to replace water and salt.



Cold Water Immersion

The most common misunderstanding about cold water immersion is that it leads to immediate hypothermia. In fact, immersion in cold water causes multiple problems and we tend to use the 1-10-1 rule of thumb as a guide to each stage.

Three phases of cold water immersion
Within 1 minute
Cold shock - is the body’s involuntary response to being suddenly immersed in cold water. It lasts for only about a minute. On entering the water the blood vessels constrict and the heart rate increases dramatically, an involuntary “gasp” as breathing rate increases too, leading to a feeling of panic. This can cause cardiac arrest and many casualties die due to these effects. Wearing a lifejacket or buoyancy aid greatly increases survival rates.
Within 10 minutes
Cold incapacitation - Muscle and peripheral nerve cooling leads to weakness and drowning. This occurs within 5 – 15 minutes in cold water. Blood flow decreases to the extremities, to preserve warmth in the core & vital organs. Muscle and nerve fibres don’t work well when cold, resulting in loss of effective movement in the hands and feet. Swimming or effecting any form of self rescue is increasingly difficult.
Within 1 hour
Hypothermia – leading to unconsciousness and drowning. While times vary with water temperature and body mass, it can take 30 minutes or more.



Treatment for a cold casualty who is removed from the water immediately is to warm them quickly. Put on dry clothes give warm drinks and food.

Any cold incapacitated or hypothermic casualty must be treated with care and handled gently. Keep horizontal and limit movement. Monitor for Circum-Rescue Collapse, which can be caused by cold blood circulating, incorrect rewarming, or inhaled water.

Frost Bite and Trench Foot

Frostbite is damage to skin and tissue caused by exposure to freezing temperatures – typically any temperature below 0°C. Frostbite can affect any part of your body. However, the extremities, such as the hands, feet, ears, nose and lips are most likely to be affected.

What do you see	What do you do
Frostnip (early stage)	
• Skin becomes cold, numb and white. • Tingling sensation, pins and needles. • Throbbing or aching.	• Replace wet clothing with soft, dry clothing. • Warm the body, using warm hands or wrapping it in dry clothing. • Don't rub the affected area or apply direct heat because this can cause further injury.
Superficial frostbite	
• Affects the top layers of skin and tissue, but treatment is needed to make sure there's no lasting damage. • Affected area will feel hard and frozen. • Swelling and itching. • Once out of the cold and the tissue has thawed out, the skin will turn red and blister.	• The frostbitten areas need to be re-warmed. • Re-warming shouldn't be attempted until you're out of the cold. • Re-warming can be painful. • The affected area should be re-warmed slowly by immersing it in warm water (40-41C). • Repeat twice daily.
Deep frostbite	
• Continued exposure to the cold. • Skin becomes white, blue or blotchy and tissue underneath feels hard and cold to touch.	• Requires urgent medical attention. • As the skin thaws, blood-filled blisters form and turn into thick black scabs. • Tissue dies and affected tissue will be removed to prevent infection.

Trench Foot is caused by prolonged exposure to damp, unsanitary and cold conditions. Affected feet become numb, turn blue and may begin emanating a decaying odor, feet may begin to swell.

Feet need to be dried and warmed slowly.

Trench foot can be prevented by keeping the feet clean, warm and dry.

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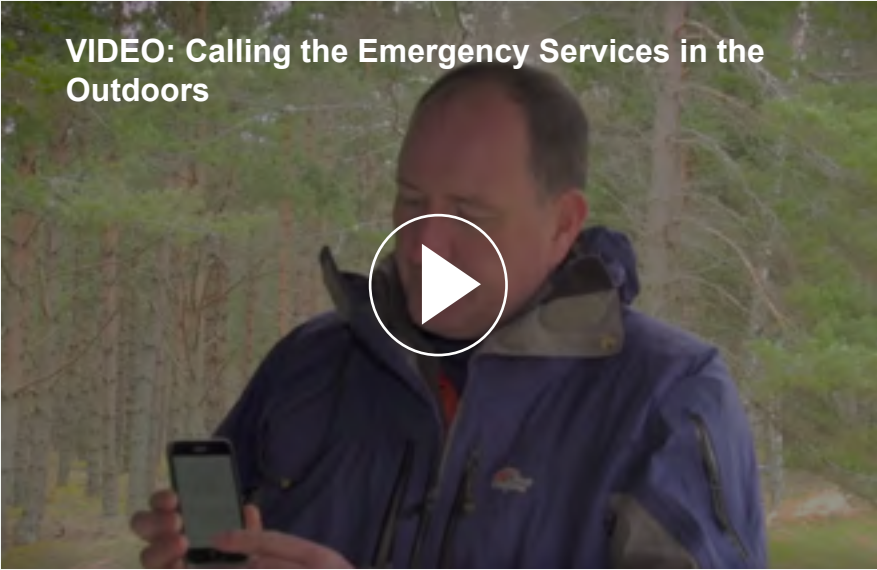
Calling for Help on Land and Sea



General points to know in the UK, other countries will vary:

- To raise mountain rescue, you must first ask for police.
- In the absence of a signal on the phone's home network it may be possible to obtain a signal on another network.
- You can still dial 112/999 in the UK if there is network coverage without charge or call credit.
- You can send a text to 112/999 (you have to be pre-registered). You can only send a text from your own network.
- Mobile phones can be located from mobile phone masts when 999/112 is called.

Watch the Video



Other Methods Of Calling For Help

- At sea, a VHF radio is much more reliable than a mobile phone.
- A Personal Locator Beacon, or other Satellite Tracking devices can be useful in remote locations on land or at sea.
- Modern mobile Apps such as 'What3Words' & 'OSLocate' provide a quick and reliable method of identifying your location.
- Don't forget the basics: 6 blasts of a whistle, or flashes of a torch repeated every minute, and raising and lowering your arms at your sides without crossing above your head are all recognised distress signals.

Marine Mayday Call

Say slowly and clearly:

- “Mayday, Mayday, Mayday”
- “This is (name of vessel)” [spoken three times]
- “Mayday”
- Your vessel’s name, call sign and MMSI number [spoken once]
- Your position
- The nature of distress [for example, “medical emergency”]
- Immediate assistance required
- How many people are on board
- Any other information
- “Over”

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Multiple Casualties (Triage)



Triage is simply a method of quickly (< 1 minute each) categorising casualties to identify those which have immediately life-threatening injuries AND those with the best chance of surviving.

When additional rescuers arrive on scene, they are directed first to those patients. In triage, the first aider needs to divide resources to do the most good for the most people.



Don't forget the basics

- Who is in charge? Someone needs to make decisions and manage the incident.
- How many casualties are there?
- What scale of response do we need from emergency services?
- Walking wounded can help with casualty treatment.
- Write down information to help make decisions and hand over to emergency services.
- Once help arrives, reassess casualties to check for change.
- [ATMIST](#)

Triage Categories

Casualties are divided in the following categories:

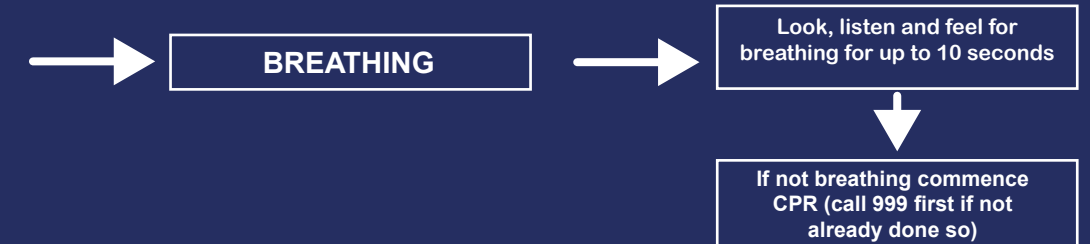
- **Life-threatening** - Immediate treatment required.
- **Serious but not life-threatening** or will move to immediate in the next 20 minutes.
- **Minor walking wounded.**
- **Not Breathing.**

FIRST AID INCIDENT PROCEDURE

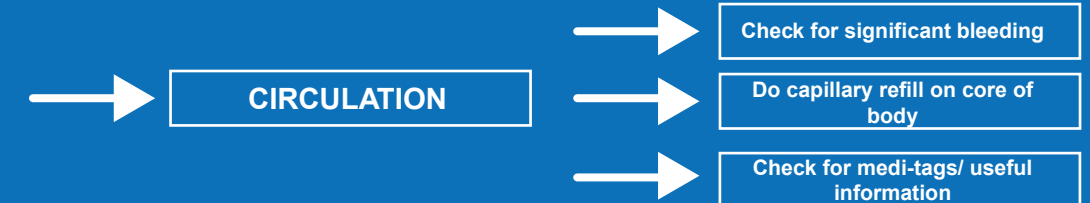
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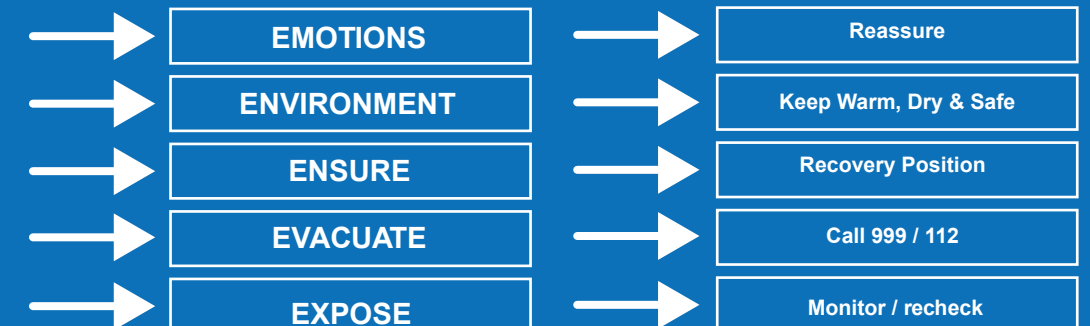
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What Next?

The Digital Manuals

This digital manual is part of a series published by the First Aid Training Co-operative, all available to purchase on our [website](#):

- First Aid at Work
- Sports First Aid
- Outdoor First Aid
- Paediatric First Aid
- Equestrian First Aid
- Mental Health First Aid

Further Resources

Our website features a wealth of [free resources](#), including downloadable casualty monitoring cards, First Aid Hazard Assessment templates, and a library of over 250 blogs featuring in-depth information and ‘how to’ advice for multiple different first aid topics

First Aid Courses

The First Aid Training Co-operative delivers a range of specific first aid training courses. These include:

- [First Aid at Work](#)
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- [Outdoor First Aid](#)
- [Emergency First Aid at Work + Forestry](#)
- [First Aid for Sports Coaches and Exercise Professionals](#)
- [Sports and Pitchside First Aid](#)
- [Dentists and Doctors Basic Life Support](#)
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- [Paediatric First Aid](#)
- [Defibrillator / AED Training](#)
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We work hard for the benefit of our clients and trainers alike. Discover the benefits of co-operative working as a first aid trainer [here](#).

FIRST AID TRAINING CO-OPERATIVE

Web: www.fatc.uk

Email: courses@fatc.uk

Tel: 0333 4330 731

Further Resources

The First Aid Training Co-operative Video List

Primary survey (ABC)	
Recovery position	
Recovery position alternatives	
Secondary survey	
Insulate a casualty urban	
Insulate and monitor a casualty outdoors	
Monitoring a conscious casualty	
Treating a face down collapsed casualty	
Adult CPR for cardiac arrest	
Child CPR	
Infant CPR	
Adult CPR with 2 people	
Adult CPR and AED	
Drowning CPR	
Full choking adult	
Child and infant choking	
Helmet removal - full face and open face	
Using an asthma inhaler	
Auto-injector use (Epi Pen demo)	
Lower leg realignment	
Slings for arm injuries	
Improvised arm slings	
Improvised femur splint	
Treating a significant bleed	
Bandaging impaled object	
Bandaging minor amputation	
Major bleeding incident	
Shock treatment	
Collapse in an outdoor environment	
2 person spinal roll	
Calling the Emergency Services in the outdoor environment	
CPR for drowning outdoors	
Assessing a sports injury - SALTAPS	

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Design and Layout

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A Note About Hygiene and Taking Care of Yourself

The first edition of First Aid Training Co-operative's Digital Manuals series was produced in 2016. This third edition of the Digital Manuals Series was published in June 2026.

The review of the digital manuals was timed to coincide with the 5 yearly European Resuscitation Council's Resuscitation Congress. This manual edition has been updated in line with the 2025 ERC Resuscitation guidelines.

A Note About Hygiene

Dealing with first aid incidents always carries some risk of cross contamination, and the lessons learnt during the Coronavirus pandemic are still relevant. It is highly recommended to implement the first rule of any first aid situation, and look after yourself as a priority.

With this in mind, consider protecting yourself by:

- Putting extra gloves and medical face masks in your first aid kit.
- Maintaining physical distancing between you and the casualty where possible.
- Wear a mask and gloves yourself and consider asking the casualty to wear a mask too if possible.
- Thoroughly cleaning up after a first aid incident. Make sure you use hand sanitiser, or better still, thoroughly wash your hands with soap and water.

Taking Care of Yourself

After an incident it is important to put some time aside for yourself. It is common for the first aider to feel they didn't do enough or worry that they made mistakes.

Often just talking through the incident will allow you to clear your head. Talking to a fellow first aider can be particularly useful if possible.

Remember that first aiders are lay-people, not professionals. You can only do your best in what is sometimes a very stressful or traumatic situation. However, if feelings persist or return in the future it is important to seek counselling.

Notes:

