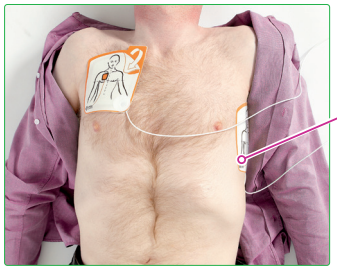
FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

qualsafe

First Aid Guidelines – 2026 Book Updates

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
The primary survey – DR<C>ABCDE **<C>, D and E have been added to the primary survey:** **D**anger **R**esponse **<C> Catastrophic Bleeding** – control any life-threatening bleeding using direct manual pressure, packing the wound or applying a tourniquet. **A**irway **B**reathing **C**irculation **Disability** – assess the casualty's level of response. Identify and treat any life-threatening conditions that affect brain function, such as stroke, low blood sugar, head injury or heat stroke. **Exposure** – check for external injuries systematically from head to toe and prevent hypothermia. The new primary survey can be remembered as Doctor C, ABCDE.	4–5	6–7	8–9	8–9	n/a
Resuscitation (CPR)					
Response: Call 999 and send for a defibrillator (AED) as soon as you establish that the casualty is unresponsive. Shout for help and use the speaker function on your phone. Open the Airway and assess Breathing while you wait for the call to be answered. Ask someone to fetch an AED, but if you are alone, don't leave the casualty just yet.	8, 61, 62 & 63	8 & 39	10, 12, 16 & 18	10 & 63	10 & 30
Breathing: Look, listen and feel to assess breathing for no more than 10 seconds. **Agonal gasps** *(infrequent gasps, or noisy gasps)*, **slow, laboured breathing** or **panting** are **not normal** – this is a sign of cardiac arrest. If in any doubt, start CPR. If you are alone, but you can fetch and apply an AED within 1 minute, get it now. If you have no phone signal and no help – leave to call 999.	8, 62 & 63	8	12, 16 & 18	10	10
AED pad positioning:  This pad is now placed immediately below the armpit on the casualty's left side.	10	11	15	13	13

Copyright Qualsafe Ltd. 2025

FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

qualsafe

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
Cardiac arrest in bed: If the casualty is in bed, do not remove them from the bed. Instead, remove the pillows and increase the overall compression depth to compensate for the soft mattress. Kneeling on the bed next to the casualty to give CPR can help as your own body weight compresses the mattress.	9	9	13	11	11
Removing clothing: Speed is critical for defibrillation, so prioritise life-saving interventions over modesty. Cutting clothing from waist to neck, including the bra, is often fastest. If tuff-cut scissors aren't available or modesty concerns remain, this example shows how AED pads can be placed under a bra. 	10	11	15	13	13

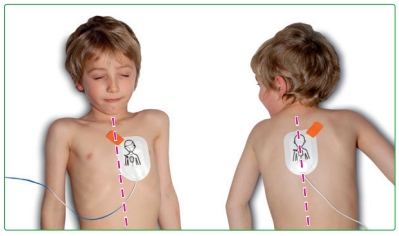
CPR for Babies, Children and Teenagers
Age Definitions:
Baby: under 1 year.
Child: 1 to 12 years.
Adolescent: 13 to 18 years.
It is okay to use the adult sequence of resuscitation on a baby, child or teenager who is unresponsive and not breathing, because they are far more likely to be harmed if you do nothing.
Children differ in size, and paediatric cardiac arrest most often results from a progressive lack of oxygen, so the following minor modifications to adult CPR can make it even more suitable for under 18s:
• Give 5 initial rescue breaths before starting chest compressions.
• For a **baby or child**, compress the chest by at least **one-third** of its depth:
  • For a baby use **both thumbs** (chest encircling technique).

  • For a child use 1 or 2 hands as required to achieve adequate depth.
• For **adolescents** depress the chest **5–6cm**, like adult CPR.
• Those who are **specifically trained and assessed** in paediatric CPR can give chest compressions and rescue breaths at a ratio of **15:2.**
• Those who are untrained or only trained in adult CPR should use a ratio of 30:2 (guidance unchanged).
• If you don't have a phone, give CPR for 1 minute before going for help.
	11, 62 & 63	12	11, 17 & 19	14	14

Copyright Qualsafe Ltd. 2025

FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

qualsafe

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
AED Pad placement on children: **Baby or Child:** • Place one pad immediately to the left of the breastbone and the other pad between the shoulder blades. **Under 8 years / 25kg:** • Use paediatric pads or a paediatric setting if available. • If only adult pads are available, use them anyway, as using an AED is always better than not. **Adolescent:** • The pads can be placed in the same positions as an adult. 	10	n/a	20	n/a	15
Choking baby (under 1 year) Suspect choking if the baby is unable to cry aloud, especially during feeding, eating or playing unsupervised. Chest thrusts are now delivered using the 2 thumbs encircling technique. If 5 back blows have not relieved the obstruction, turn the baby onto their back and lay them on your knees with the head lower than the chest. Give up to 5 chest thrusts. These are similar to chest compressions but sharper in nature and delivered at a slower rate. Repeat cycles of 5 back blows and 5 chest thrusts. If the baby becomes unconscious, ensure someone has called 999 and start CPR. 	13	19	28	56	26
Levels of response the ACVPU scale 'Confused' has been added to the AVPU scale – so it is now ACVPU. **A**lert – the casualty is responsive and fully orientated to place, date and time. **C**onfused – The casualty is confused as they are not orientated to place, date and time. Establish if this is a NEW onset of confusion. Any sudden onset of confusion requires medical attention. **V**oice, **P**ressure and **U**nresponsive remain unchanged.	14	14	22	16	22
Anaphylaxis In addition to adrenaline auto-injectors, a new adrenaline nasal spray has become available. For either presentation, the first aider can help the casualty to self-administer it. The dose of adrenaline can be repeated after 5-minute intervals if there is no improvement or symptoms return – with an adrenaline auto-injector, give the second injection in the other leg *(blood vessels at the first injection site will have constricted)*.	17	35	51	50	n/a

Copyright Qualsafe Ltd. 2025

FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

qualsafe

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
Asthma inhalers Asthma patients usually carry a reliever inhaler, to open the windpipes in an emergency. The casualty should know which inhaler this is and how to use it. Children should have a treatment plan. • Most casualties have a bule reliever inhaler (salbutamol). The casualty should take one puff of their **blue** reliever inhaler every 30–60 seconds, for up to 10 puffs, using a spacer device if possible. • A new type of reliever inhaler is now available, called a MART inhaler. If the casualty has a MART inhaler *(usually **maroon/red**)*, they can take one puff every 1–3 mins, for up to 6 puffs, using a spacer device if possible.	18	34	53	49	n/a
Heart attack recognition in women Every heart attack is different. Only a few of the symptoms may be present. 25% of heart attacks are 'silent' without any chest pain (more likely in elderly or diabetic casualties). 25% of women report jaw pain, nausea or shortness of breath instead of the classic symptoms.	24	32	n/a	51	27
Amputated body part • Manage severe bleeding first and call **999/112 for emergency help**. • Wrap the amputated part in a sterile dressing moistened with saline or water. • Place the wrapped part in a clean, watertight plastic bag or container. • Place the bag or container on or in a bag of ice or ice water to preserve it. • If ice is unavailable, you can use a cooler or instant ice packs. • Keep the part cooled. DO NOT allow it to come into direct contact with ice, to freeze or get wet *(other than the moist dressing)*. • Label the container with the casualty's name and send it with them to hospital as quickly as possible.	31	26	34	28	n/a
Ice on bruises and stings The time limit for applying ice is now 'up to 20 minutes' to bring it in line with the maximum time ice should be applied for other injuries.	32 & 34	24 & 25	32 & 33	26 & 27	n/a
Button battery ingestion New topic. Button batteries can lodge in the oesophagus and cause life-threatening alkali burns. • Take the casualty to hospital urgently. • If they are over 1 year old, give 10ml of honey every 10 minutes (max 6 doses) en-route.	35	n/a	48	46	n/a
Chemical burns The advice to not use water on phenols, dry lime, muriatic acid, concentrated sulphuric acid or elemental metals has been removed. Do, however, ensure that dry/powdered chemicals are brushed off the skin before irrigating.	36	n/a	n/a	45	n/a

Copyright Qualsafe Ltd. 2025

FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

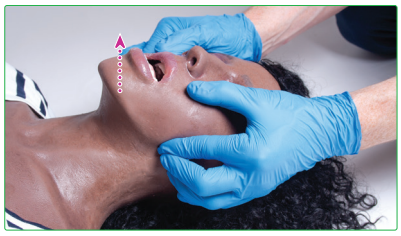
qualsafe

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
Sprains and Strains – RICE Contemporary evidence reviews have questioned the benefit to applying a compressive bandage, so 'compression' has been changed to 'comfort'. **C**omfort – keep the injury comfortable. Use padding and support if needed.	40	n/a	42	36	n/a
Heat Exhaustion Heat exhaustion occurs when the body overheats *(>38°C)*, often as a result of exposure to high temperatures, physical exertion in hot weather, or both. If left untreated, it can quickly develop into **heat stroke**, which is a life-threatening emergency. Children *(and the elderly)* are susceptible to heat illness in hot weather. **Recognition** • Loss of appetite, nausea, vomiting, muscle cramps, fatigue, weakness, headache, dizziness, tunnel vision. Fast heart rate, fast breathing rate. Colour varies from pale to flushed. May feel uncomfortably hot or have the 'chills' but feel warm to touch. **Treatment** • Cool the casualty using '**S**hade **S**trip **S**pray **F**an' *(3SF)*. Lay them down in the shade, strip off outer clothing, spray with cold water *(e.g. spray bottle, shower, hose)* and fan vigorously. Keep the skin damp and continue until their temperature is below 38°C. • Re-hydrate the casualty. Oral rehydration solutions or isotonic drinks are best as they also replace lost body salts. Obtain medical advice, even if the casualty recovers quickly. • Carefully monitor response levels and look out for subtle behaviour changes. If less than A on the ACVPU scale – treat as **heat stroke** *(below)*.	45	n/a	59	n/a	n/a
Heat Stroke Heat stroke is a medical emergency and will lead to severe organ damage and death if the core temperature is not urgently lowered. The condition often follows prolonged exercise or prolonged exposure to heat (e.g. in the sun all day). **Heat stroke is a life-threatening, time critical emergency.** **Recognition** A casualty with heat stroke can have all the signs of heat exhaustion *(above)*, but with heat stroke, **brain function** is affected – so look out for confusion, personality or behaviour changes, agitation, loss of ability to walk, floppy or rigid muscles. **Treatment** • Cool the casualty as rapidly as possible and call **999/112 for emergency help**. The fastest method is neck down cold-water immersion. Other (less effective) methods are: Bags of ice on neck, armpits and groin. Oscillating the child on a tarpaulin sheet filled with ice. Cold water shower/hose with fanning. Combining methods can speed up cooling. • Continue cooling until the casualty is fully alert or 15 minutes of cooling have elapsed (whichever is sooner). Watch out a for rebound in temperature. • If the casualty becomes unconscious, starts fitting, or needs CPR, combine treatment for this with rapid cooling if possible.	45	n/a	59	n/a	n/a

Copyright Qualsafe Ltd. 2025

FIRST RESPONDERS LTD EST.1989
FRL999.UK
FIRST AID TRAINING

qualsafe

FAME – First Aid Made Easy **EFA** – Emergency First Aid Made Easy **PAED** – Paediatric First Aid Made Easy **CON** – Concise First Aid Made Easy **CPR** – CPR & AED Made Easy	Page references				
	FAME	**EFA**	**PAED**	**CON**	**CPR**
Spinal Injury For an unconscious casualty, open the airway using the jaw thrust technique: The jaw thrust technique allows you to open the airway without tilting the head. Position yourself at the casualty's head, looking down their body. • Place your thumbs on the casualty's cheek bones and your fingers under the jaw-bone. • Gently lift the jaw upwards with your fingers, looking for the lower teeth to be higher than the upper teeth. • This will lift the tongue from the back of the throat and clear the airway. 	41	30	43	41	n/a
Covid 19 Adaptations to CPR Topic no longer required.	64	40	64	64	32

Copyright Qualsafe Ltd. 2025