

First aid product updates March 2026

General

The content for the first aid products listed below has been reviewed and updated to meet the revised Highfield first aid qualification specifications (January 2026) and the Resuscitation Council guidelines (October 2025).

- First aid handbook – 11th Edition, April 2024
- First aid at work (A4) course book – 6th Edition, April 2023 (reprinted: August 2024)
- First aid at work PPT – Edition 7, May 2022
- Emergency first aid at work PPT – Edition 8, May 2022

Qualifications

- Highfield Level 3 Award in Emergency First Aid at Work (RQF)
- Highfield Level 3 Award in First Aid at Work (RQF)

Below is a summary outlining the main updates (where applicable).

Existing books/PPTs - content	New books and PPTs - content
<p>Introduction</p> <p>What is first aid?</p> <p>Definition The immediate care given to a person who has been injured, or who has become ill prior to the arrival of qualified medical assistance.</p> <p>The role of the first aider The most important role of a first aider is to ensure that the aims of first aid are put into practice in an emergency. The main aims of first aid are to:</p> <ul style="list-style-type: none">• Preserve life• Administer immediate effective first aid to a casualty in order to save life• Prevent the condition from worsening• Recognising and treating the cause will assist with preventing the condition from worsening• Promote recovery Administer ongoing	<p>Introduction: content updated.</p> <p>What is first aid?</p> <p>First aid is described as a helping behaviour by anyone, for any emergency condition, in any situation, including self-care. 'Source Resuscitation Council UK www.resus.org.uk</p> <p>Helpful hint For all first-aid treatment you should wear disposable gloves.</p> <p>The role and responsibilities of the first-aiders</p> <p>The role of the first-aiders</p> <p>As a first-aid provider, you may minimise further injury, improve health and prevent death by following these 3 key principles:</p> <ol style="list-style-type: none">1. Check for scene safety2. Call 9993. Only use available equipment or medications you have been trained to use <p>There are occasions when a first-aiders may be directed to use equipment by the emergency services that they may not have previously had in-depth training on.</p>

<p>Consent (implied consent) Before commencing treatment of a casualty the first aider should ask for and receive the casualty's consent to treatment. If casualties are unable to give their consent due to their injuries or because they are unresponsive you can assume their consent to treatment.</p>	<p>Consent (implied): content updated.</p> <p>Consent (implied consent) Before giving first aid, the first-aider should ask the casualty for consent. The casualty must agree before treatment starts. Consent may be given verbally or by actions, such as holding out an injured arm.</p> <p>If a casualty refuses first aid, their decision must be respected.</p> <p>If the casualty cannot give consent because they are unresponsive or too injured to respond, consent is implied. This means the first-aider can give treatment that is necessary to save life or prevent the condition from getting worse, until qualified help arrives.</p>
<p>Incident recording and reporting After any first-aid incident it is important that the incident is recorded and reported in full. Ultimately the employer is responsible for the reporting of accidents; however, as the first aider, you should be clear on your role within this process. The accident record should be completed in full and populated with clear and concise information; there may also be the necessity to inform RIDDOR. In cases where a public access AED has been used, dependent on local authority policies, there may be a requirement to report the event using a prescribed audit reporting chain.</p>	<p>Incident recording and reporting: content updated.</p> <p>Incident recording and reporting After any first-aid incident, the details must be recorded and reported. The employer is responsible for accident reporting. However, the first-aider must understand their role in this process.</p> <p>An accident record should be completed in full. This may be done using an online system or a paper-based accident book used in the workplace. The information recorded should be clear, accurate and concise. In some cases, the incident may need to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).</p> <p>If a public access automated external defibrillator (AED) is used, the incident may also need to be reported to the local authority. This will depend on local rules and procedures.</p>
<p>Minimise the risk of infection to self and others</p> <p>Disposal and cleaning – not currently in products.</p>	<p>Minimise the risk of infection to self and others: content reflowed to sit underneath the roles and responsibilities</p> <p>Disposal and cleaning: new content.</p> <p>Disposal and cleaning</p> <ul style="list-style-type: none"> • All used dressings, gloves and contaminated items should be disposed of safely, following workplace procedures • Blood or bodily fluid spills should be cleaned and disinfected as soon as possible using appropriate cleaning materials • Reusable equipment should be cleaned or disposed of according to manufacturer's instructions and workplace policy

Header title - Assessing an incident

Header title updated.

Assessing an emergency situation

Primary survey content updated.

Primary survey

After completing a scene survey and making sure the area is safe, you can approach the casualty.

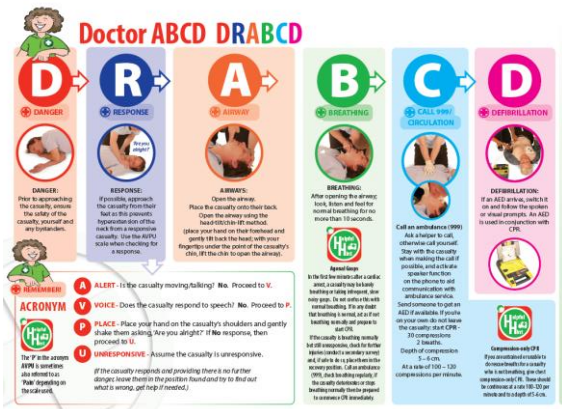
When you first approach the casualty, carry out an initial assessment. This is called a primary survey.

The primary survey is a structured check to find and treat immediate or life-threatening conditions. The primary survey can be remembered using the acronym **DRC ABCDE**, sometimes called Doctor **C ABCDE**.

DR ABC

DRC ABCDE – Adults: content updated.

Refer to the image at the end of this table.



Key task 1 (First aid handbook and PPT only)

Key task 1 – removed.

KEY TASK: 1

Link the word on the left to the correct description on the right.

<input type="radio"/> DANGER	<input type="radio"/> We need to open this to check for breathing.
<input type="radio"/> RESPONSE	<input type="radio"/> We need to check for no more than 10 seconds for this.
<input type="radio"/> AIRWAY	<input type="radio"/> This should be used alongside CPR.
<input type="radio"/> BREATHING	<input type="radio"/> Prior to approaching the casualty, visually check the area for ...
<input type="radio"/> CALL 999	<input type="radio"/> Use the 'AVPU' scale when checking for this.
<input type="radio"/> DEFIBRILLATION	<input type="radio"/> If not breathing...

First aid at work (A4) course book and PPT only

Gathering casualty information (What's key)

Whilst communicating with the casualty it is important to gather as much information about them and the situation as possible.

There are two main reasons for this; firstly to provide details for the first aider regarding injuries and what has caused them and secondly to feed back as much information as possible to the emergency services on their arrival.

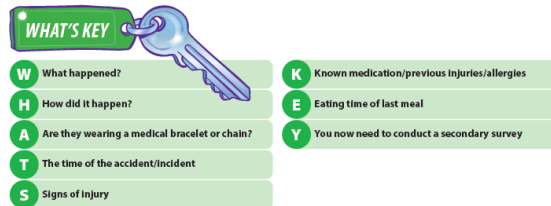
The best way to gather patient information is to look at the casualty's *history, signs and symptoms*.

HISTORY: is about uncovering as much information about the casualty and the incident as possible; this will cover the time and nature of the accident, witnesses and injuries sustained. It is also a good idea to ascertain if the casualty is currently taking any prescribed medication or has suffered from any previous injuries.

SIGNS: are what you as the first aider can see, smell or hear.

SYMPTOMS: are what the casualty actually feels. You should encourage them to tell you if they are suffering with pain, or are feeling nauseous or weak.

With regard to history, signs and symptoms the acronym 'What's key' can be used to remember vital information that we need to capture.



Note: not currently in the First aid handbook 11th edition

Gathering casualty information: content updated to SAMPLE.

Gathering casualty information

When communicating with a casualty, it is important to gather information about the person and what has happened. This helps the first-aider understand the injury and pass clear information to the emergency services.

Patient information can be gathered by looking at history, signs and symptoms.

History

History is information about the casualty and the incident. This includes what happened, when it happened and if anyone saw the incident. Where appropriate, ask if the casualty takes medication or has any previous medical conditions or injuries.

Signs

Signs are what the first-aider can see, hear or smell. For example, bleeding, swelling or difficulty breathing.

Symptoms

Symptoms are what the casualty feels. Ask them to describe any pain or if they feel sick, dizzy or weak.

To help remember the key information, use the acronym SAMPLE:

- S - Signs and symptoms
- A - Allergies
- M - Medication
- P - Past medical history
- L - Last meal
- E - Events leading up to the incident

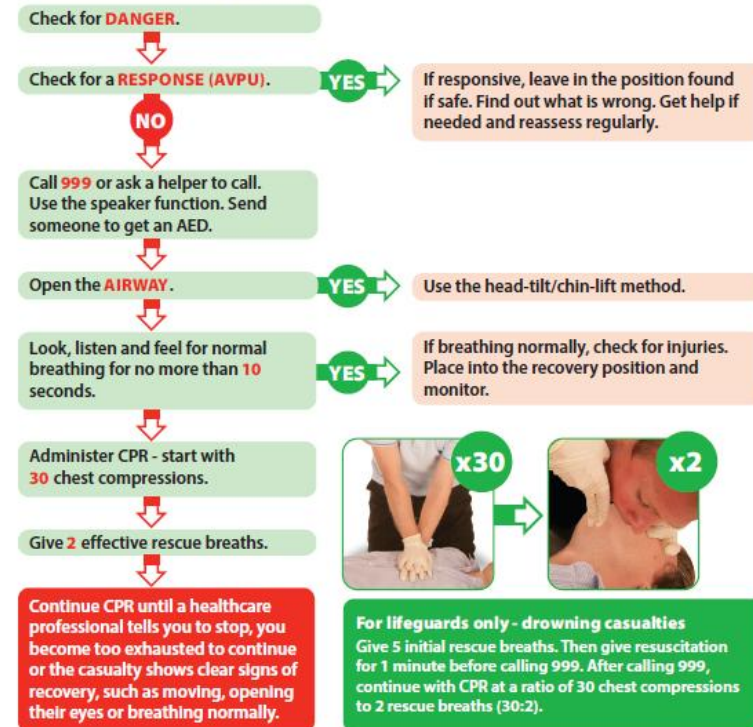
Adult basic life support and automated external defibrillation

Adult basic life support and automated external defibrillation



Adult basic life support and automated external defibrillation: chart updated.

Adult basic life support and automated external defibrillation



The information for carrying out CPR on a bed or other soft surfaces has been updated.

Helpful hints

CPR is most effective on a firm, flat surface.

If the casualty is on a bed or other soft surface, start CPR where they are.

Do not move them to the floor before starting CPR.

Press deeper if needed to allow for the soft surface.

Infant and child CPR

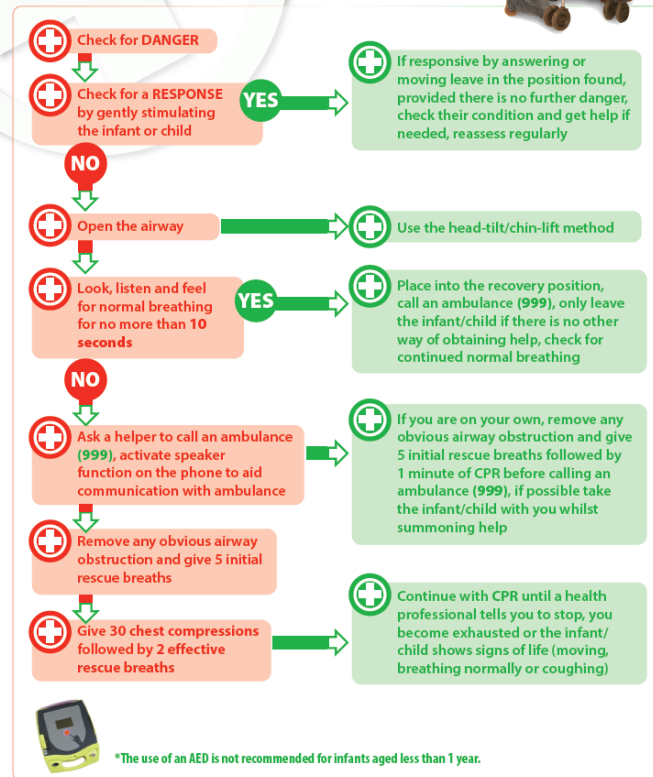
The definitions of infant and child are as follows:

- an infant is under the age of 1 year
- a child is between 1 year and 18 years of age

Infant and child CPR

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Definition for infant, child and adolescent.

Infant, child and adolescent CPR.

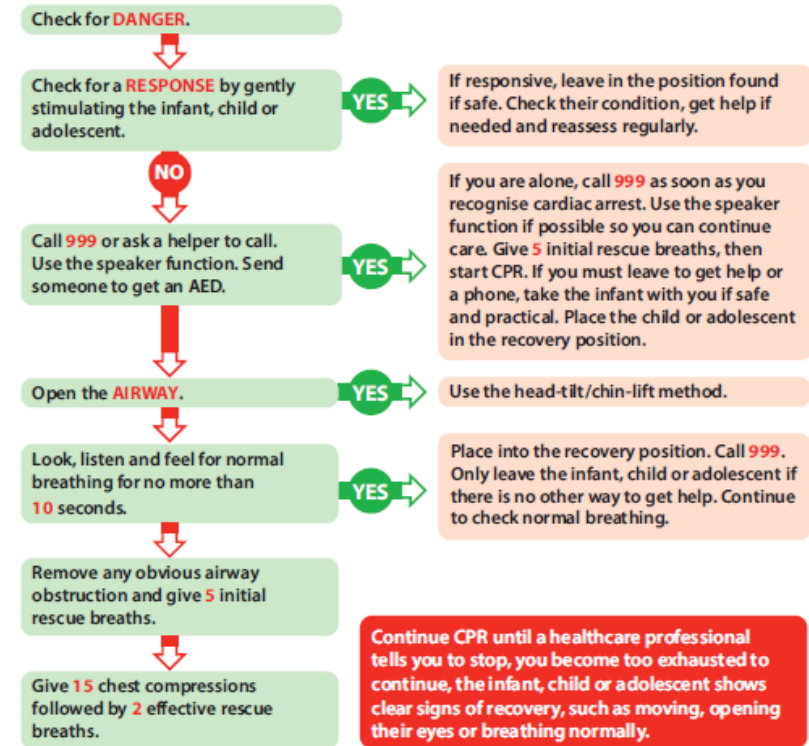
30:2 has been updated to 15:2.

Chart: updated

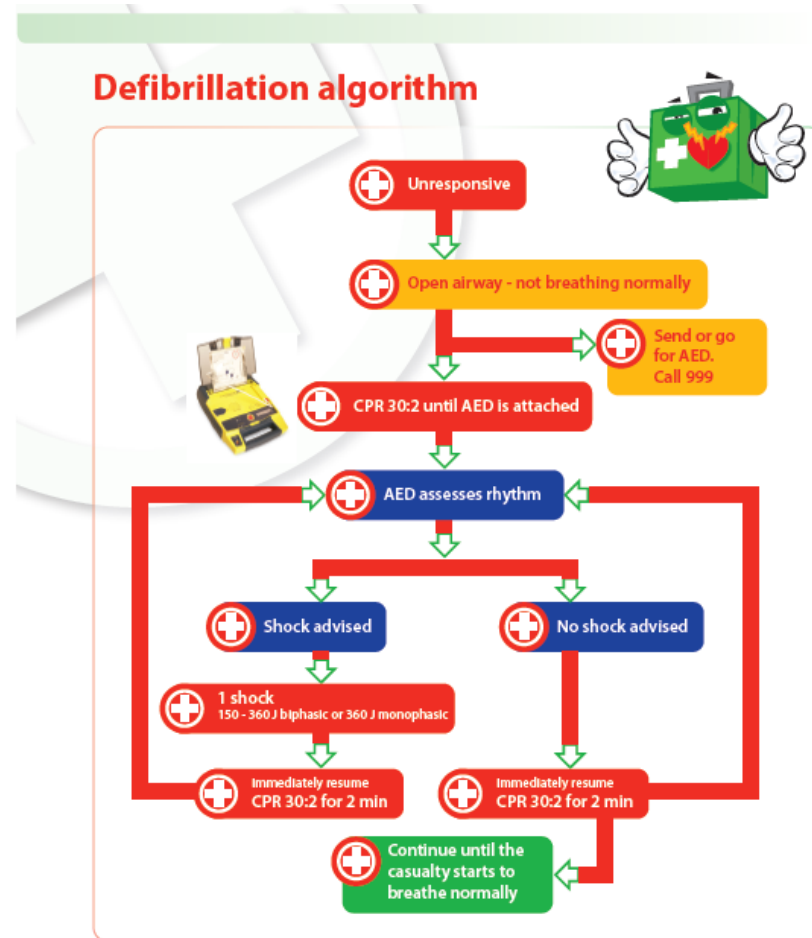
Infant, child and adolescent CPR

The definitions of infant, child and adolescent are as follows:

- **infant:** under 1-year-old
- **child:** 1 to 12 years old
- **adolescent:** 13 to 18 years old



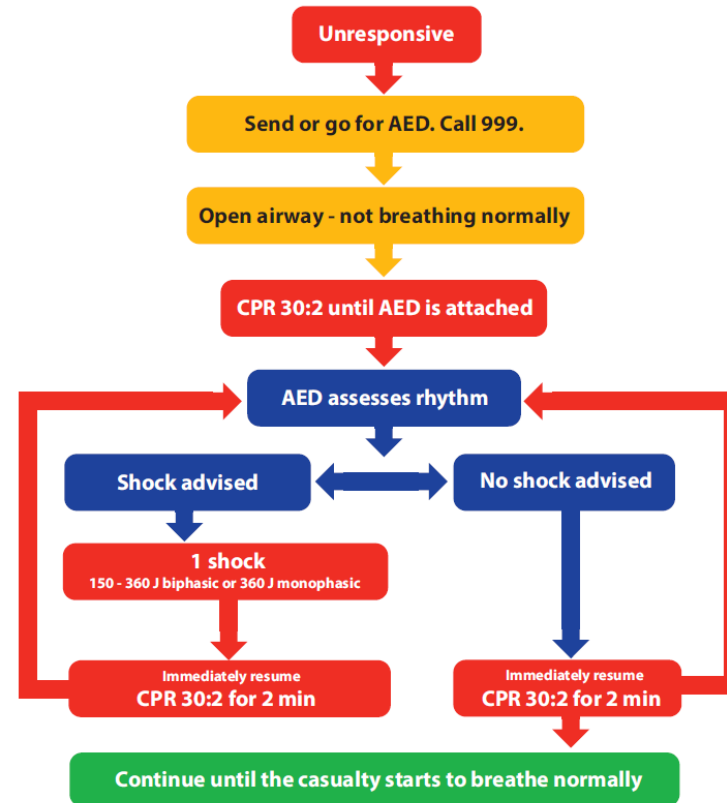
Defibrillation algorithm



Defibrillation chart: updated.

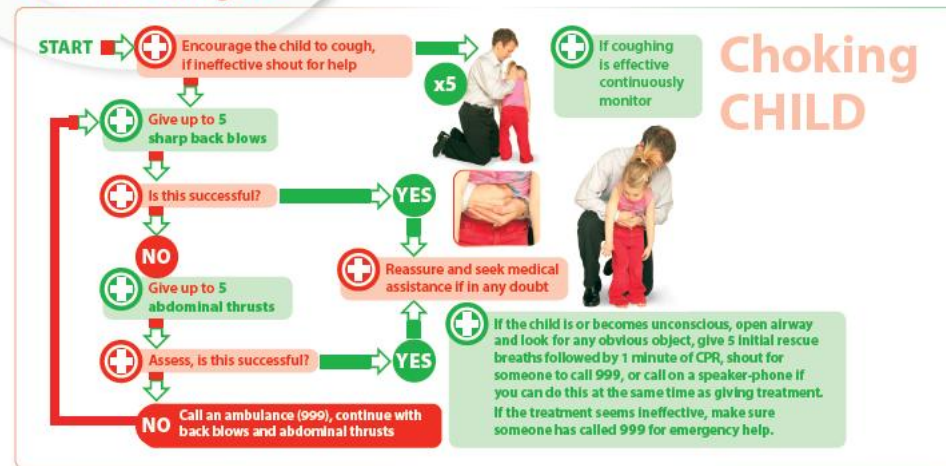
Send or go for AED. Call 999 is under 'Unresponsive'.

Defibrillation algorithm



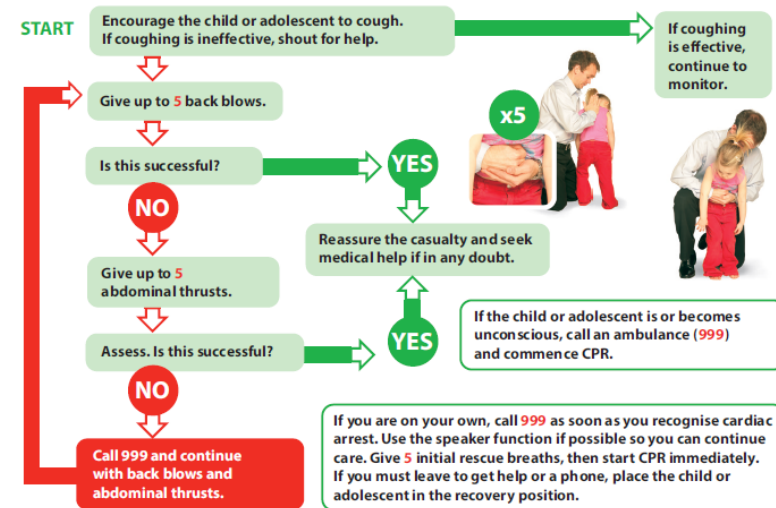
Action for choking child

Action for a choking child



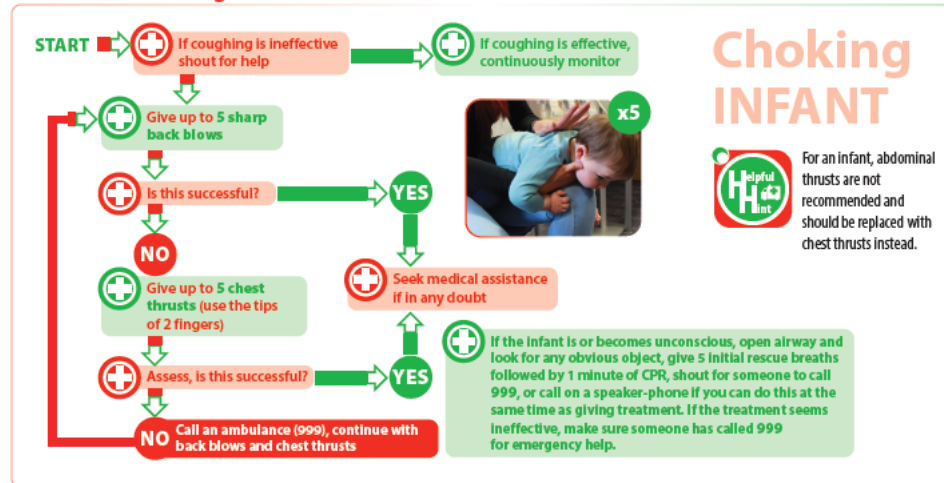
Dealing with a conscious choking child or adolescent: chart updated.

Dealing with a conscious choking child or adolescent



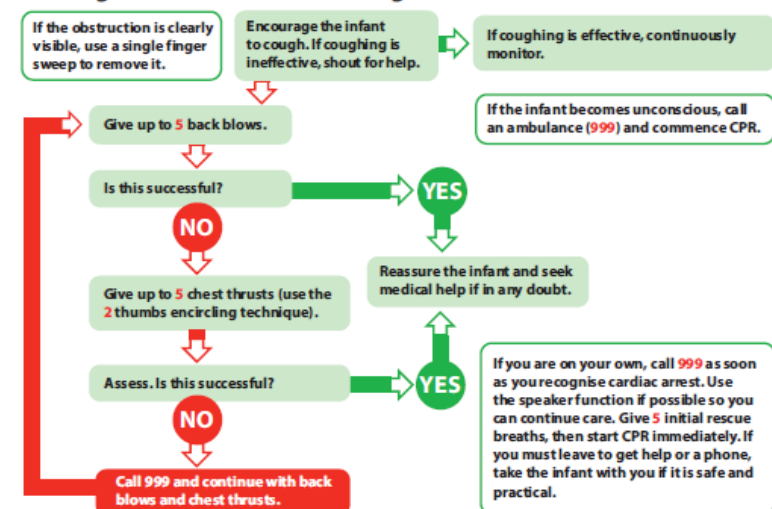
Action for choking infant – use 2 the tips of 2 fingers.

Action for a choking infant



Dealing with a conscious choking infant: the technical term has been updated to 2 thumbs encircling technique.

Dealing with a conscious choking infant



Wounds and bleeding

Major bleeding

A major bleed, if not treated promptly, can be life-threatening. The table below shows typical signs and symptoms in direct relation to the amount of blood lost from the body.

Major bleeding: the term 'major bleeding' has been updated to 'catastrophic bleeding'.

New content added:

- catastrophic bleeding
- wound packing

Catastrophic (life-threatening) bleeding

Catastrophic bleeding is severe, life-threatening bleeding that must be treated immediately. The amount of blood lost will affect the casualty's condition.

Treatment

- Call **999** as soon as possible.
- Put on disposable gloves.
- Apply firm, direct pressure to the bleeding wound.
- Apply a sterile dressing or, if available, a haemostatic dressing. Maintain firm pressure.
- Some wounds may need the dressing to be packed firmly into the wound.
- If dressings are not available, use any clean material. The priority is to stop the bleeding.
- Once bleeding is controlled, apply a pressure dressing to maintain haemostasis.

Severe bleeding

If severe bleeding from an arm or leg is not controlled by direct pressure apply a tourniquet (manufactured or improvised) as soon as possible.

- Place the tourniquet **5 to 7cm** above the wound. Do not place it over a joint.
- Tighten the tourniquet until the bleeding slows or stops. This may be painful.
- Record the time the tourniquet was applied.
- Do not loosen or remove the tourniquet. It must only be removed by a healthcare professional.

Wound packing

For deep wounds with heavy bleeding.

Treatment

- Put on disposable gloves.
- Pack the wound firmly with a dressing or clean material to help control bleeding.
- Maintain constant pressure on the wound. Keep the casualty calm and still.
- Call **999** as soon as possible and explain what treatment you have given.

<p>Hypovolaemic shock</p>	<p>Hypovolaemic shock: the following content has been added to meet the amplification in the qualification specifications.</p> <p>Recognition</p> <ul style="list-style-type: none"> • Pale skin, including inside the lips or mouth (for dark skin tones)
<p>Anaphylaxis Anaphylaxis is an extreme and potentially life-threatening allergic reaction, which results in rapid chemical changes in the body. Anaphylaxis can be caused by a 'trigger' such as insect stings, foods (for example, nuts or shellfish) and medicines (such as penicillin).</p> <p>Recognition</p> <ul style="list-style-type: none"> • Swelling of the mouth, tongue, face and neck • Difficulty in breathing • Red, blotchy and itchy skin • Nausea • Anxiety <p>Treatment</p> <ul style="list-style-type: none"> • If you think the person has anaphylaxis, encourage the casualty to use their medication if applicable (antihistamine or adrenaline auto-injector)* • Call for an ambulance (999) • Sit/lay the casualty down (if responsive) • Remove the trigger if possible • Monitor the casualty (airway and breathing) • Be prepared to carry out basic life support <p>* In the UK, there is no legal problem with any person administering adrenaline using an auto-injector if it could save someone's life. The first aider must be able to recognise an anaphylactic reaction and be trained to use an adrenaline auto-injector.</p> <p>Helpful hint It is important that the casualty is seen by a qualified medical practitioner.</p>	<p>Anaphylaxis: content updated to include:</p> <ul style="list-style-type: none"> • nasal spray • second dose of adrenaline <p>Anaphylaxis Anaphylaxis is a severe and potentially life-threatening allergic reaction. It causes rapid changes in the body.</p> <p>Anaphylaxis can be triggered by:</p> <ul style="list-style-type: none"> • insect stings • foods such as nuts or shellfish • medicines such as penicillin <p>Recognition Signs of anaphylaxis may include:</p> <ul style="list-style-type: none"> • swelling of the mouth, tongue, face or neck • difficulty breathing • red, blotchy or itchy skin • nausea • anxiety <p>Treatment</p> <ul style="list-style-type: none"> • If you suspect anaphylaxis, encourage the casualty to use their own medication if available. This may include an antihistamine, adrenaline auto-injector or nasal spray. • Call 999 immediately. • Help the casualty to sit or lie down if they are responsive. • Remove the trigger if possible and safe to do so. • Monitor the airway and breathing closely. • Be prepared to carry out basic life support. <p>If a second dose of adrenaline is needed, use the opposite thigh.</p>


<p>Fractures and dislocations – applying an elevated sling.</p> <p>This content was not in the first aid products listed above.</p>	<p>Fractures and dislocations: applying an elevated sling: new content has been added.</p> <p>Applying an elevated sling Use for injuries to the shoulder, collarbone or upper arm, or to help reduce swelling.</p> <ol style="list-style-type: none"> 1. Ask the casualty to support the injured arm across their chest, with the fingers resting on the opposite shoulder. 2. Place a triangular bandage over the injured arm and chest. Hold the point of the bandage just below the elbow on the injured side. 3. Tuck the lower part of the bandage under the injured arm. Bring it diagonally across the back to meet the other end of the bandage and secure. 4. Check circulation in the fingers. They should be warm, pink and have normal feeling. Loosen the sling if necessary.
<p>Amputations</p> <p>Treatment</p> <ul style="list-style-type: none"> • Put on your gloves. • Treat for bleeding and shock. • Call for an ambulance (999). • Dress the casualty's wound. • Place amputated part in a plastic bag or clingfilm. • Wrap cloth around the plastic bag or clingfilm and place on a bag of ice. • Write casualty's name on the bag along with details of the body part; (record the approximate time of the amputation if possible). <p>Helpful hints Retain the amputated part, place into a sealed bag, clearly label it and keep it cold with ice. Keep the amputated part with the casualty at all times.</p>	<p>Amputation: the content has been updated:</p> <p>Treatment</p> <ul style="list-style-type: none"> • Put on disposable gloves • Treat for bleeding and shock • Call for an ambulance (999) • Dress the casualty's wound • Wrap the amputated part in a clean cloth or sterile dressing dampened with clean water or saline • Place the amputated part in a waterproof bag or container and seal it • Put the bag or container on ice or cold packs to keep it cool • Write the casualty's name on the bag along with details of the body part (record the approximate time of the amputation if possible) <p>Helpful hints Retain the amputated part and do not let it touch the ice directly.</p>
<p>Spinal injury</p> <p>Recognition</p> <ul style="list-style-type: none"> • Weakness and tingling sensations 	<p>Spinal injury: the point below has been updated.</p> <p>Recognition</p> <ul style="list-style-type: none"> • Numbness, tingling or muscle weakness

Doctor C ABCDE - Adults

D

Danger

Check that the area is safe for you, the casualty and others.




R

Response

Approach from the feet if possible.

Check for a response using **AVPU**.

If the casualty is unresponsive, shout for help and call **999**.



C

Catastrophic bleeding

Look for severe bleeding.

If there is life-threatening bleeding:

- call **999** immediately
- control the bleeding before moving to airway and breathing

Use the speaker function on your phone if possible.


A

Airway

Place the casualty on their back.

Open the airway using the head-tilt/chin-lift method.

- Place 1 hand on the forehead and gently tilt the head back
- Place your fingertips under the chin and lift the chin to open the airway



- A
Alert - are they awake and moving or talking? If yes, leave in the position found if safe. If no, move to V.
- V
Voice - do they respond to speech? If no, proceed to P.
- P
Place - place your hands on the casualty's shoulders and gently squeeze while asking 'Are you alright?' If there is no response, proceed to U.
- U
Unresponsive - if there is no response to voice or gentle physical stimulation, treat the casualty as unresponsive and begin the primary survey.

Helpful hints

The 'P' in **AVPU** is sometimes referred to as pain. In this course, we use 'place', meaning gentle physical stimulus only.

B

Breathing

Look, listen and feel for normal breathing. No more than **10** seconds.

If the casualty is not breathing normally:

- call **999**
- start CPR


Send someone to get an AED if available.

If you are alone, do not leave the casualty.

Start CPR:

- **30** chest compressions
- **2** rescue breaths
- compress the chest to a depth of **5 to 6cm**

Give compressions at a rate of **100 to 120** per minute.



C

Circulation

Check the casualty for:

- bleeding
- signs of shock
- skin colour
- temperature

D

Disability

Check the level of consciousness using **ACVPU**.

- Alert
- Confused
- Vocal
- Painful
- Unresponsive

Look for other life-threatening conditions:

- stroke
- seizure
- diabetes
- exposure to heat or the cold
- poison

E

Exposure

Check the casualty's body, front and back, for:

- injuries
- bleeding
- head injuries
- rashes
- burns
- medical alert jewellery

Maintain the casualty's dignity and prevent heat loss.

Helpful hints

Agonal gasps

In the first few minutes after a cardiac arrest, a casualty may appear to be barely breathing. This may include gasping, panting, irregular or noisy breaths, known as agonal breathing. These are not normal breaths. CPR should be started if a casualty is unconscious and not breathing normally.

If the casualty is breathing normally but still unresponsive, check for further injuries (conduct a secondary survey) and, if safe to do so, place in the recovery position.

Call **999**. Check breathing regularly. If the casualty deteriorates or stops breathing normally, then be prepared to commence CPR immediately.

Helpful hints

Compression-only CPR

If unable to give rescue breaths, provide continuous chest compressions. Rate **100 to 120** per minute. Depth **5 to 6cm**.

---- End ----

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