

## Paediatric first aid product update

### General

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

- Paediatric First Aid handbook – 12<sup>th</sup> Edition, April 2022
- Paediatric First Aid PPT – 10<sup>th</sup> Edition, May 2022

### Qualifications

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

Below is a summary outlining the main updates.

Existing book/PPT - content	New book and PPT - content
<p><b>Provision of first aid in early years settings</b> Paediatric first aid focuses on the provision of first-aid for both infants and children.</p> <ul style="list-style-type: none"><li>• An infant is under the age of 1 year</li><li>• A child is between 1 year and 18 years of age</li></ul>	<p><b>Provision of first aid in early years settings</b> Paediatric first aid covers first-aid for infants, children and adolescents.</p> <p>The definitions of infant, child and adolescent are:</p> <ul style="list-style-type: none"><li>• infant: under 1-year-old</li><li>• children: 1 to 12 years old</li><li>• adolescent: 13 to 18 years old</li></ul>
<p><b>Introduction</b></p> <p><b>What is first aid?</b></p> <p><b>Definition</b> 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><b>The role of the first aider</b> 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"><li>• <b>Preserve life</b></li><li>• Administer immediate effective first aid to a casualty in order to save life</li><li>• <b>Prevent the condition from worsening</b></li><li>• Recognising and treating the cause will assist with preventing the condition from worsening</li><li>• <b>Promote recovery</b> Administer ongoing</li></ul>	<p><b>The role and responsibilities of the first-aider: content updated.</b></p> <p><b>The role and responsibilities of the first-aider</b></p> <p><b>The role of the paediatric first-aider</b> As a paediatric 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"><li><b>1. Check for scene safety</b></li><li><b>2. Call 999</b></li><li><b>3. Only use available equipment or medications you have been trained to use</b></li></ol> <p>There are occasions when a paediatric first-aider may be directed to use equipment by the emergency services that they may not have previously had in-depth training by the emergency services that they may not have previously had in-depth training on.</p>

<p><b>Disposal and cleaning – not in the book or PPT</b></p>	<p><b>Minimise the risk of infection to self and others: content reflowed to sit underneath the roles and responsibilities</b></p> <p><b>Disposal and cleaning: new content.</b></p> <p><b>Disposal and cleaning</b></p> <ul style="list-style-type: none"> <li>• All used dressings, gloves and contaminated items should be disposed of safely, following workplace procedures</li> <li>• Blood or bodily fluid spills should be cleaned and disinfected as soon as possible using appropriate cleaning materials</li> <li>• Reusable equipment should be cleaned or disposed of according to manufacturer’s instructions and workplace policy</li> </ul>
<p><b>Incident recording and reporting</b></p> <p>Reporting incidents involving infants and children is slightly different to reporting incidents and accidents involving adults. Dependent on the sector in which you are working HSE, RIDDOR and Ofsted may require informing. You will also be required to inform your local child protection agency of serious injury or death of an infant or child in your care. Your local authority will be able to supply advice on reporting procedures. 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. Please see an example accident/injury report form on page 70.</p>	<p><b>Incident recording and reporting: content updated.</b></p> <p>Reporting incidents involving infants and children is different from reporting incidents involving adults.</p> <p>Depending on your work setting, you may need to inform:</p> <ul style="list-style-type: none"> <li>• The Health and Safety Executive (HSE)</li> <li>• The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)</li> <li>• Ofsted</li> </ul> <p>You must also inform your local child protection agency if there is a serious injury or death of an infant or child in your care.</p> <p>Your local authority can give advice on reporting procedures.</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 (see example on page 69). The information recorded should be clear, accurate and concise. In some cases, the incident may need to be reported under RIDDOR.</p>
<p><b>Header: Assessing an emergency situation safely</b></p>	<p><b>Header title updated.</b></p> <p><b>Assessing an emergency situation</b></p>

### Primary survey

Having conducted a scene survey and established that the immediate area is safe from any dangers, you can now approach the casualty. When approaching the infant or child, an initial casualty assessment should be conducted. This initial assessment is called a primary survey. The primary survey is a systematic process of approaching, identifying and dealing with immediate and or life-threatening conditions.

The primary survey can be remembered by the acronym DRABCD (or the easy way to remember, Doctor ABCD).

### Primary survey content updated.

#### Primary survey

After completing a scene survey and making sure the area is safe, you can approach the infant, child or adolescent.

When you first approach the infant, child or adolescent, 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

The infographic is titled 'Doctor ABCD' and 'DRABCD'. It features a cartoon character of a person with a green cross on their chest. The steps are as follows:

- DANGER (D):** Prior to approaching the child or infant, ensure their safety, your safety and the safety of any members of staff. (Illustrated with a person in a green shirt and a red cross icon).
- RESPONSE (R):** (Illustrated with a person checking on a child lying down and a blue cross icon).
- AIRWAYS (A):** Open the airway. Place the infant/child onto their back. Open the airway using the head-tilt/chin-lift method. (Place your hand on their forehead and gently tilt back the head; with your fingertips under the point of the infant's/child's chin, lift the chin to open the airway). (Illustrated with a person performing the head-tilt/chin-lift method and a diagram of human lungs).

**INFANT**

1. Talk to the infant.
2. Gently stimulate the infant.
3. If a response is gained, check for further injuries (secondary survey) and call for an ambulance (999) if required.

**CHILD**

1. Talk to the child.
2. Gently stimulate the child and ask loudly 'Are you alright?'.
3. If a response is gained, check for further injuries (secondary survey) and call for ambulance (999) if required.

The infographic also includes an illustration of a woman in a blue shirt and a child sitting on the ground, with a first aid kit nearby.

### DRC ABCDE – Infant, child and adolescent: content updated.

The compression to breaths (30:2) has been update to 15:2.

Refer to the image at the end of this table

**B** BREATHING

**BREATHING:**  
After opening the airway look, listen and feel for normal breathing for no more than 10 seconds.

**C** CALL 999 CIRCULATION

**CALL AN AMBULANCE (999):**  
Ask a helper to call otherwise call yourself. If you are on your own perform CPR for 1 min before going for help (5 initial rescue breaths before starting chest compressions). Stay with the casualty when making the call if possible or, if able to, carry the infant or child whilst summoning help, activate speaker function on the phone to aid communication with ambulance service. Send someone to get an AED if available.

**D** DEFIBRILLATION

**DEFIBRILLATION:**  
If an AED arrives, switch it on and follow the spoken or visual prompts. An AED is used in conjunction with CPR.  
An AED with paediatric pads should be used on children aged 1 - 8 years of age. For children aged 8 years and over standard AED pads are suitable.

**Agonal Gasps**  
In the first few minutes after a cardiac arrest, a casualty may be barely breathing or taking infrequent, slow agonal gasps. Do not confuse this with normal breathing. If in any doubt that breathing is normal, act as if not breathing normally and prepare to start CPR.  
If the infant or child 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. Check breathing regularly. If the casualty deteriorates or stops breathing normally, be prepared to commence CPR immediately.

**Casualty not breathing**  
Commence CPR. 5 initial rescue breaths (30 compressions 2 breaths). Compress the chest by at least one third of its depth, approximately 4 cm for an infant and approximately 5 cm for an older child at a rate of 100 - 120 compressions per minute.

### CPR for an infant and child (after 5 rescue breaths)

#### Infant

2 fingers:

- Place 2 fingers vertically on the lower half of the sternum
- Compress at least one third of the chest's depth, approximately 4cm
- Repeat **15** times

#### Helpful hint

1. Open the infant's, child's or adolescent's mouth and check for any visible obstructions (do not perform a blind finger sweep).

**CPR an infant and child (after 5 rescue breaths): the technical term has been updated to 2 thumbs encircling technique. The content for finger sweep has been updated.**

#### Infant

- Place both thumbs on the lower half of the sternum. Wrap your fingers around the infant's chest to support the back.
- Compress at least one third of the chest's depth approximately 4cm.
- Repeat **15** times.

#### Helpful hint

1. Open the infant's, child's or adolescent's mouth and check for any visible obstructions (do not perform a single finger sweep unless dealing with an infant).

### Action for a choking infant – chest thrusts

- If after **5** sharp back blows the obstruction still remains, then carefully turn the infant over to face you, once again ensuring that the head is below chest level, support the infant down your arm, which is placed down or across your thigh.
- Administer up to a maximum of 5 chest thrusts, the landmark is the lower sternum (use two fingers to carry this out; chest thrusts are similar to chest compressions but sharper in nature and delivered at a slower rate).
- The aim is to relieve the obstruction with each thrust rather than to give all 5.
- Assess the infant's condition, if the obstruction is still not relieved call for an ambulance (**999**) and continue Under no with cycles of up to 5 back blows and up to 5 chest circumstances should thrusts until qualified medical assistance arrives abdominal thrusts and takes over.
- If the infant becomes unconscious, give **5** initial rescue breaths and commence CPR.

### Treating choking infant – chest thrust: the technical term has been updated to 2 thumbs encircling technique.

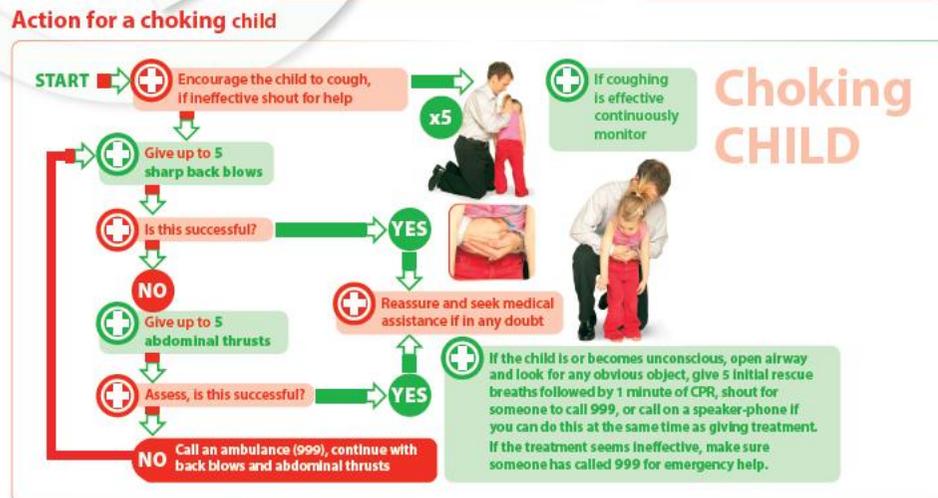
#### Action for a choking infant - chest thrusts

- If the obstruction is not cleared after **5** back blows, turn the infant onto their back. Keep the head lower than the chest.
- Support the infant along your arm or thigh.
- **Place both thumbs on the lower half of the sternum. Wrap your fingers around the infant's chest to support the back. This is the two thumbs encircling technique.**
- Give up to **5** sharp chest thrusts towards the spine.
- Check after each thrust to see if the obstruction has cleared. You may not need to give all **5** thrusts.

If the obstruction does not clear, call **999** for an ambulance. Continue cycles of up to **5** back blows and up to **5** chest thrusts until help arrives.

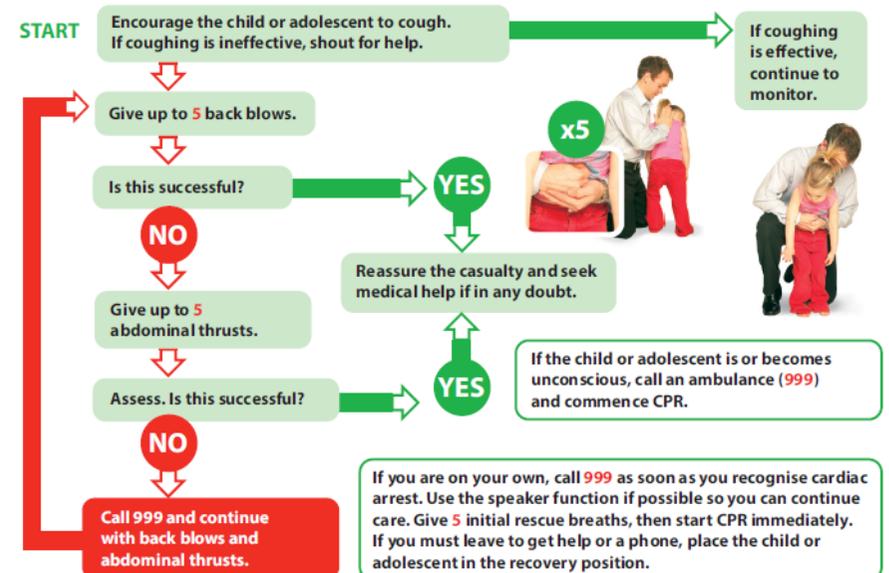
If the infant becomes unconscious, give **5** initial rescue breaths and start CPR.

### Action for choking child



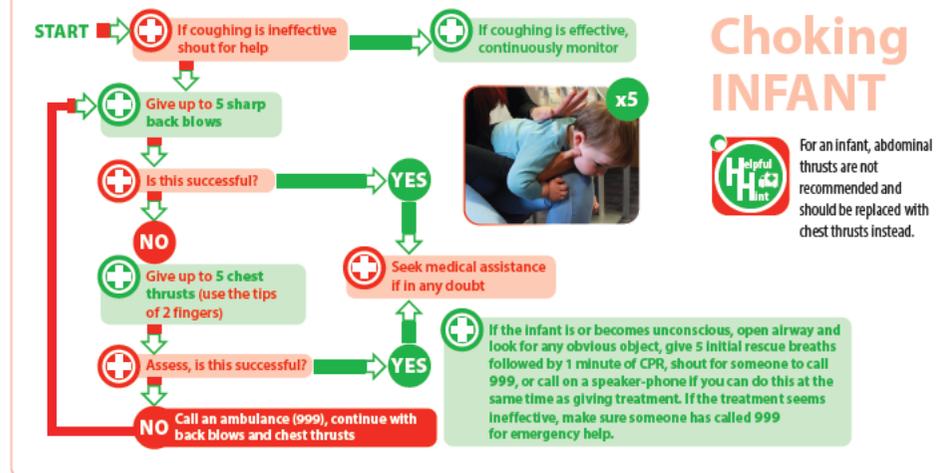
### Dealing with a conscious choking child or adolescent: chart updated.

#### Dealing with a conscious choking child or adolescent



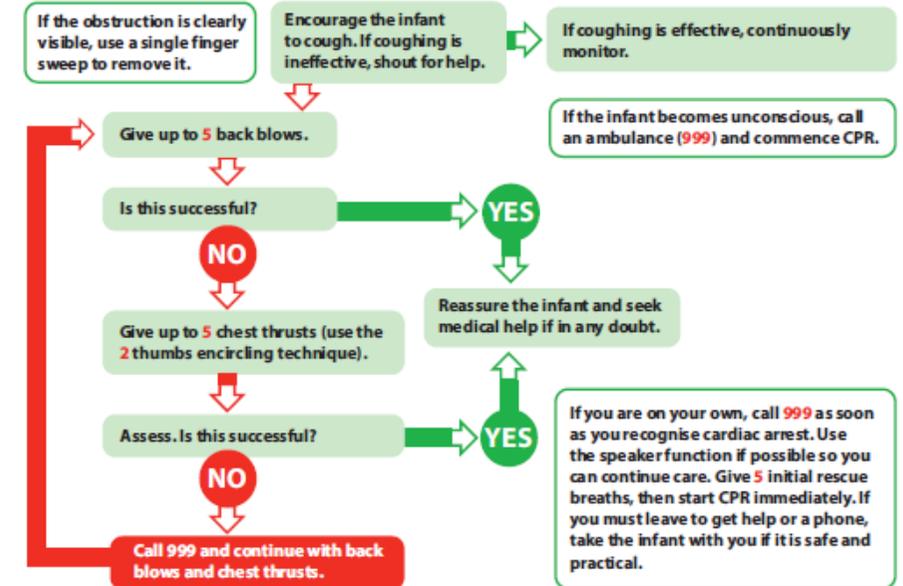
## Action for choking infant – use 2 the tips of 2 fingers

### 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



Catastrophic bleeding – this content was not in the book or PPT

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 infant's, child's or adolescent'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.

	<ul style="list-style-type: none"> <li>• If dressings are not available, use any clean material. The priority is to stop the bleeding.</li> <li>• Once bleeding is controlled, apply a pressure dressing to maintain haemostasis.</li> </ul> <p><b>Severe bleeding</b> If severe bleeding from an arm or leg is not controlled by direct pressure apply a tourniquet (manufactured or improvised) as soon as possible.</p> <ul style="list-style-type: none"> <li>• Place the tourniquet <b>5 to 7cm</b> above the wound. Do not place it over a joint.</li> <li>• Tighten the tourniquet until the bleeding slows or stops. This may be painful.</li> <li>• Record the time the tourniquet was applied.</li> <li>• Do not loosen or remove the tourniquet. It must only be removed by a healthcare professional.</li> </ul> <p><b>Wound packing</b> <b>For deep wounds with heavy bleeding.</b></p> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• Put on disposable gloves.</li> <li>• Pack the wound firmly with a dressing or clean material to help control bleeding.</li> <li>• Maintain constant pressure on the wound. Keep the infant, child or adolescent calm and still.</li> <li>• Call <b>999</b> as soon as possible and explain what treatment you have given.</li> </ul>
<p><b>Hypovolaemic shock</b></p>	<p><b>Hypovolaemic shock: the following content has been added to meet the amplification in the qualification specifications.</b></p> <p><b>Recognition</b></p> <ul style="list-style-type: none"> <li>• Pale skin, including inside the lips or mouth (for dark skin tones)</li> </ul>
<p><b>Allergic reactions – treatment</b></p> <ul style="list-style-type: none"> <li>• Use an adrenaline autoinjector if the child has one.</li> <li>• Call 999 for an ambulance</li> <li>• immediately and mention they are having an anaphylactic reaction.</li> <li>• Remove any trigger if possible, e.g. stings, allergenic food, etc.</li> <li>• Lie the child down flat and raise their legs, unless they are unconscious or having breathing difficulties.</li> <li>• Give another injection, if available, after <b>5 to 15</b> minutes if their symptoms don't improve.</li> <li>• Be prepared to give basic life support if required.</li> </ul>	<p><b>Allergic reactions - treatment: content updated.</b></p> <ul style="list-style-type: none"> <li>• Use the child's or adolescent's adrenaline auto injector immediately if available. You may need to give it if they cannot.</li> <li>• Call <b>999</b> straight away.</li> <li>• Help the infant child or adolescent to sit upright if they are breathing. If they feel faint, lay them down and raise their legs.</li> <li>• Remove the trigger if safe to do so.</li> <li>• Monitor airway and breathing closely.</li> <li>• Be prepared to start basic life support.</li> <li>• If symptoms do not improve after <b>5</b> minutes and a second auto injector is available, give a second dose in the opposite thigh.</li> </ul>

## Anaphylaxis treatment

- Call for an ambulance (**999**).
- Encourage the child to use their medication if applicable (adrenaline or auto-injector).
- Sit the child down (if responsive).
- Remove the trigger if possible.
- Monitor them (airway and breathing).
- Be prepared to carry out basic life support.

## Anaphylaxis: content updated.

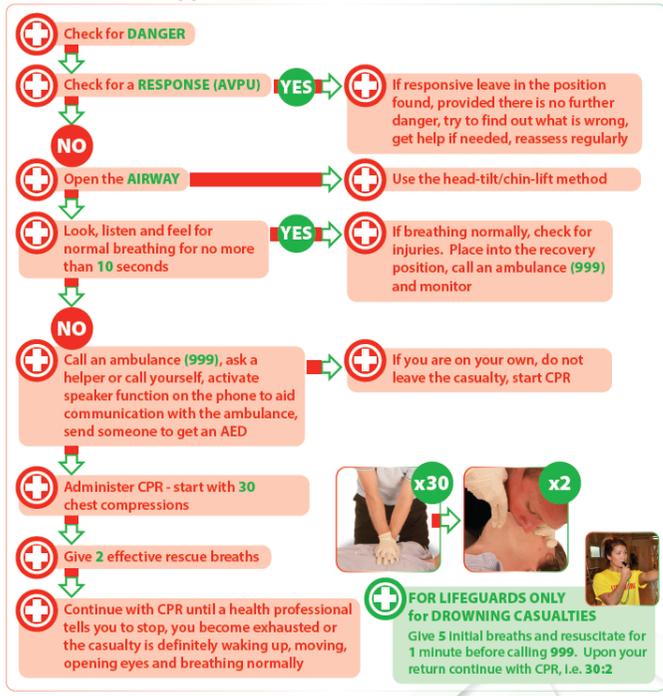
### Anaphylaxis treatment

- Use the child's adrenaline auto injector immediately if available. You may need to give it if they cannot.
- Call **999** straight away.
- Help the infant child or adolescent to sit upright if they are breathing.
- If they feel faint, lay them down and raise their legs.
- Remove the trigger if safe to do so.
- Monitor airway and breathing closely.
- Be prepared to start basic life support.

If symptoms do not improve after **5** minutes and a second auto injector is available, give a second dose in the opposite thigh.

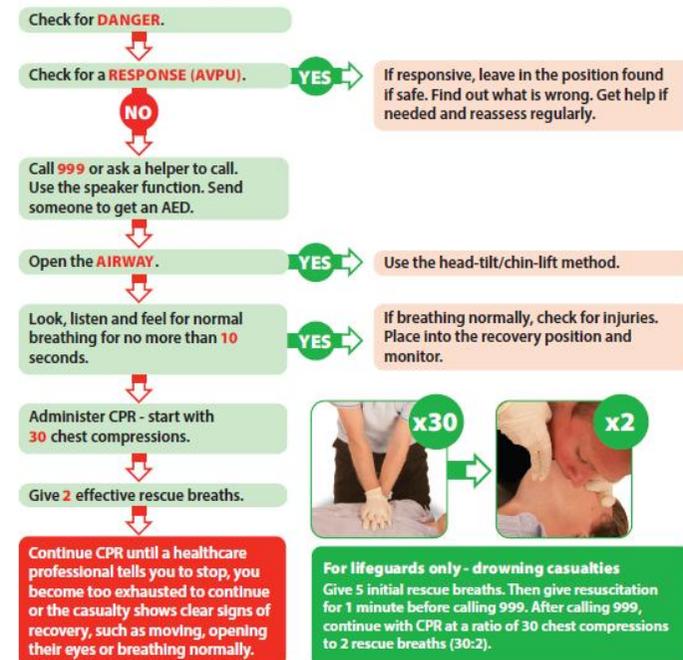
## Adult basic life support and automated external defibrillation

### 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



## Doctor C ABCDE - Infant, child and adolescent



**Danger**

Check that the area is safe for you, the infant, child or adolescent and others.





**Response**

**Infant**

1. Talk to the infant
2. Gently stimulate the infant
3. If the infant responds, check for further injuries using a secondary survey

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



**Catastrophic bleeding**

Look for severe bleeding.

If there is catastrophic (life-threatening) bleeding:

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

Use the speaker function on your phone if possible.



**Airway**

Place the infant, child or adolescent 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



**Child or adolescent**

1. Talk to the child or adolescent.
2. Gently stimulate the child or adolescent and ask loudly 'Are you alright?'
3. If the child or adolescent responds, check for further injuries using a secondary survey.

If the child or adolescent is unresponsive, shout for help and call **999**.

- 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 shoulders of the infant, child or adolescent and gently squeeze while asking, 'Are you alright?' If there is no response, proceed to U.
- U** Unresponsive - if there is no response from verbal and tactile stimulation treat the infant, child or adolescent as unresponsive and call 999.



**Breathing**

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

**If the infant, child or adolescent is not breathing normally:**

- call **999**
- start CPR

Send someone to get an AED if available.

Give **5** initial rescue breaths.

Then give **15** chest compressions followed by **2** rescue breaths.

Compress the chest to at least one third of its depth:

- about **4cm** for an infant
- about **5cm** for a child or adolescent

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

**If you are alone**

Give **5** initial rescue breaths before starting chest compressions.

Perform CPR for **1 minute** before going to get help.

Stay with the infant, child or adolescent while making the call if possible.

If safe to do so, take the infant with you. Place the child or adolescent in the recovery position. Use the speaker function on your phone so you can continue care while speaking to the ambulance service.



**Circulation**

Check the infant, child or adolescent for:

- bleeding
- signs of shock
- skin colour
- temperature





**Disability**

Check the level of consciousness. Is the infant, child or adolescent:

- alert
- verbal
- in pain
- responsive

Look for other life-threatening conditions:

- stroke
- seizure
- diabetes



**Exposure**

Check the infant, child or adolescent's body, front and back, for:

- injuries
- bleeding
- head injuries
- rashes
- burns
- temperature

Maintain the infant, child or adolescent's dignity and prevent heat loss.





### Helpful hints

If you are not sure whether breathing is normal, treat it as not normal and start CPR.

---- End ----

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