

DeGesh School of Entrepreneurship

Basic First Aid Awareness

Short Professional Course Handbook

Course title	Basic First Aid Awareness
Course type	Short professional course / CPD awareness training
Delivery mode	Online
Indicative duration	3-4 guided learning hours, adjustable to learner and organisational need
Target learners	Adults, employees, community volunteers, education, hospitality, business, childcare and health and social care support roles
Assessment	Short knowledge check which contains scenario-based questions
Certification	Certificate of completion or attendance, subject to DeGesh School requirements

Important scope statement

This handbook supports awareness-level learning only. It does not replace emergency medical care, employer first-aid needs assessment, paediatric first-aid training, or a regulated First Aid at Work / Emergency First Aid at Work qualification where one is legally, contractually or organisationally required. In a life-threatening emergency, call 999.

Course Introduction

The Basic First Aid Awareness course at DeGesh School of Entrepreneurship Ltd is designed as a short professional course that introduces learners to safe, practical and responsible first-aid actions. It focuses on the first few minutes of an emergency, when a calm bystander can reduce panic, call for help, prevent further harm and support a casualty until professional help arrives.

The course is suitable for learners in education, childcare, hospitality, business, community organisations, health and social care support roles, voluntary settings and workplaces where staff need a clear awareness of emergency response. It is written in simple language but aligned with current UK first-aid guidance from the Health and Safety Executive, Resuscitation Council UK, NHS resources and St John Ambulance (HSE, 2017; HSE, 2024; Resuscitation Council UK, 2025a; St John Ambulance, 2025a).

Learners should understand that first aid is not about replacing doctors, nurses, paramedics or formal workplace first-aid qualifications. It is about recognising danger, calling 999 when needed, using basic support safely, and knowing what should not be attempted without appropriate training.

Learning Outcomes

- Understand the responsibilities, boundaries and limitations of basic first-aid awareness.
- Apply a simple scene-safety and primary-survey approach before assisting a casualty.
- Recognise common emergency signs linked to blood loss, chest pain, fainting/collapse, fracture, seizure and choking.
- Explain safe first responses while waiting for emergency medical support.
- Identify when to call 999 and what information to communicate to emergency services.
- Demonstrate awareness of infection prevention, dignity, reassurance, reporting and incident recording.
- Use examples and scenarios to make safer decisions in workplace, learning and community environments.

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Chapter 1: Scene Safety

Chapter aim: to help learners assess danger before approaching a casualty and to use a simple primary-survey framework for safe first response.

Current UK guidance emphasises early help-seeking, scene safety and structured assessment. Resuscitation Council UK describes first aid as recognising, assessing and prioritising needs within the provider's competence, and it highlights scene safety, calling 999 and using equipment or medication only when trained to do so (Resuscitation Council UK, 2025a). St John Ambulance uses DR ABC - Danger, Response, Airway, Breathing and Circulation - to structure the primary survey (St John Ambulance, 2025a).

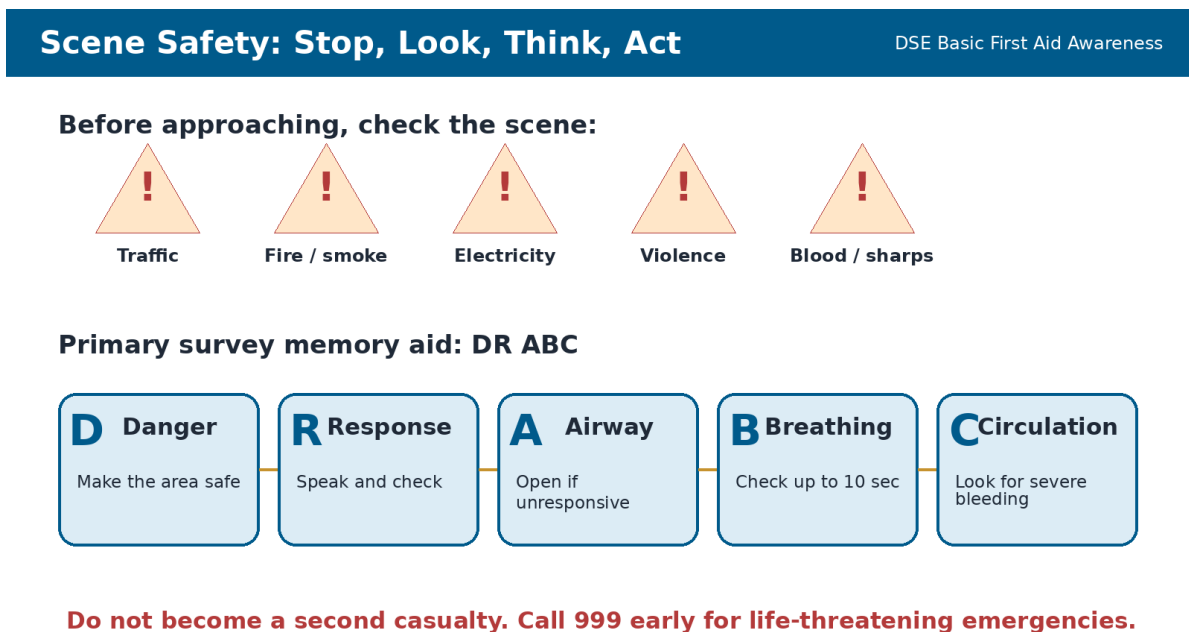


Figure 1.1: Scene safety and the DR ABC primary-survey approach.

Key learning points

- Pause before entering the scene and look for danger: traffic, fire, electricity, violence, chemicals, sharp objects, wet floors, blood, broken glass, animals or unstable structures.
- Do not become a second casualty; a first aider who is injured cannot help others.
- Ask bystanders to step back, call 999, collect a first-aid kit or AED, and guide emergency services to the location.
- Use available protective equipment such as gloves if there is blood or body fluid exposure risk.
- Gain consent if the casualty is responsive, speak calmly, explain what you are doing and protect privacy.
- For an unresponsive person, call 999 promptly and follow emergency call-handler instructions.

What scene safety means

Scene safety means checking the environment before touching the casualty. Learners should ask: Is it safe for me? Is it safe for the casualty? Is it safe for bystanders? If the answer is no, the first action is to make the area safer only if this can be done without personal risk.

Examples include switching off a safe electrical supply, asking people to move away from broken glass, warning traffic, opening a window if the environment is hot, or moving cleaning chemicals away from a classroom spill. If there is fire, violence, deep water, exposed electricity or serious traffic danger, learners should stay back, call 999 and wait for emergency services.

Using DR ABC in simple language

Danger: look for hazards before approaching. **Response:** speak loudly and gently check whether the person responds. **Airway:** if they are unresponsive, open the airway using the method taught by a qualified trainer. **Breathing:** check normal breathing for no more than 10 seconds. **Circulation:** look for severe bleeding and signs of shock.

The key message for awareness-level learners is not to perform beyond training. The aim is to recognise urgent situations, call 999 early, and follow the call handler while staying as safe as possible.

Making a good emergency call

When calling 999, provide the exact location, what happened, the number of casualties, the person's age if known, breathing status, bleeding status, level of responsiveness, and any risk at the scene. Put the phone on speaker if safe so both hands are free and the call handler can guide the first aider.

Suggested response sequence

1. Stop, look and listen before approaching.
2. Make the area safe only if it is safe to do so.
3. Check response by speaking clearly and gently stimulating the casualty.
4. If unresponsive, call 999, open the airway and check breathing as trained.
5. Treat severe bleeding before less urgent problems.
6. Keep monitoring until help arrives and be ready to update emergency services.

Actions to avoid

- Do not rush into danger.
- Do not move a casualty unless there is immediate danger or emergency services advise it.
- Do not delay calling 999 for an unresponsive casualty, abnormal breathing, severe bleeding or serious symptoms.
- Do not give medication or use equipment unless trained or instructed by emergency services.

Worked example for learners

A learner sees a colleague collapse near a wet floor and broken cup. The learner stops two metres away, asks another person to move people back, asks a helper to call 999, and only approaches after checking that there is no electrical danger, no violence and no sharp object directly under the casualty. This is better than rushing in and slipping on the same floor.

Learner reflection / knowledge check

1. What three hazards might stop you approaching a casualty immediately?
2. What information should be given to a 999 call handler?
3. Why is it dangerous to move a casualty without a clear reason?

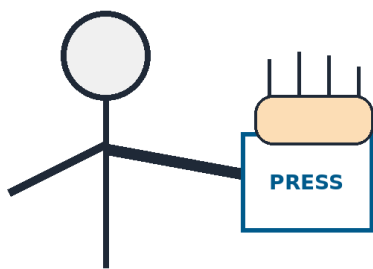
Chapter 2: Managing Blood Loss

Chapter aim: to enable learners to recognise serious bleeding and describe safe immediate action to slow or control blood loss while emergency help is arranged.

St John Ambulance advises wearing gloves where available, applying firm direct pressure with a sterile dressing or clean cloth, and calling 999 or 112 for severe bleeding. It also advises not removing an object embedded in a wound (St John Ambulance, 2025b). Resuscitation Council UK guidance highlights life-threatening bleeding as a priority condition requiring direct pressure and escalation where appropriate (Resuscitation Council UK, 2025a).

Managing Blood Loss: Direct Pressure Saves Time Basic First Aid Awareness

Severe bleeding: apply firm direct pressure and call 999.



- 1 Wear gloves if available
- 2 Press with sterile dressing or clean cloth
- 3 Keep pressure on - add more dressings if soaked
- 4 Call 999 for severe or uncontrolled bleeding

Embedded object?

Do not pull it out. Apply pressure around the object and wait for emergency help.

Figure 2.1: Applying direct pressure to a severe external bleed.

Key learning points

- Severe bleeding can become life-threatening quickly, especially if blood is spurting, pouring, pooling or soaking through clothing or dressings.
- Firm direct pressure over the bleeding point is the main awareness-level action for external bleeding.
- Use gloves or a barrier where available to reduce infection risk.
- Keep the casualty still, warm and reassured, and ask them to sit or lie down if safe.
- Call 999 for severe, uncontrolled, deep or large bleeding, or if the casualty shows signs of shock.
- If there is an object in the wound, do not remove it; apply pressure around it.

Recognising serious bleeding

Minor bleeding may be small cuts, scratches or grazes that slow down with light pressure. Serious bleeding may be heavy, fast, deep, hard to control, or associated with weakness, pale skin, sweating, dizziness, confusion, fast breathing or collapse. Learners should treat uncertainty as serious and call for help.

Blood loss is more dangerous when the casualty is a child, an older person, pregnant, taking blood-thinning medicine, or has a bleeding disorder. In an awareness course, the safest rule is to call 999 whenever bleeding is severe or does not slow with firm pressure.

Direct pressure explained

Direct pressure means pressing firmly on the bleeding point using a sterile dressing, clean cloth, towel or similar clean material. If a dressing becomes soaked, add another dressing on top and continue pressure. Removing the original dressing can disturb clotting and restart bleeding.

If the casualty is able and calm, ask them to press on their own wound while you put on gloves, call for help or collect a first-aid kit. This keeps pressure going continuously.

Shock awareness

Shock in first aid is not emotional upset; it is a potentially life-threatening state where the body is not getting enough oxygenated blood. Warning signs include pale clammy skin, weakness, dizziness, confusion, fast breathing, thirst and collapse. Keep the casualty warm, lying down if safe, and call 999.

Suggested response sequence

7. Check scene safety and put on gloves if available.
8. Expose the wound enough to identify where the bleeding is coming from.
9. Apply firm direct pressure with a sterile dressing or clean cloth.
10. Keep pressure on the wound; add extra dressings if blood soaks through.
11. Call 999 for severe or uncontrolled bleeding.
12. Monitor responsiveness and breathing while waiting for help.

Actions to avoid

- Do not remove an embedded object from the wound.
- Do not repeatedly lift the dressing to check the wound.
- Do not give food or drink to a seriously injured casualty.
- Do not use a tourniquet unless trained and equipped, or clearly instructed by emergency services.

Worked example for learners

In a kitchen, a learner sees a colleague with a deep cut from broken glass. The learner checks for sharp glass on the floor, puts on gloves, asks the casualty to sit, places a clean dressing over the wound, applies firm pressure, asks another person to call 999 because the bleeding is heavy, and keeps pressure until help arrives. If a piece of glass is stuck in the wound, the learner does not pull it out.

Learner reflection / knowledge check

1. What signs suggest bleeding is severe?
2. Why should you add more dressings rather than removing a soaked dressing?
3. What should you do if there is an object stuck in the wound?

Chapter 3: Managing Chest Pain

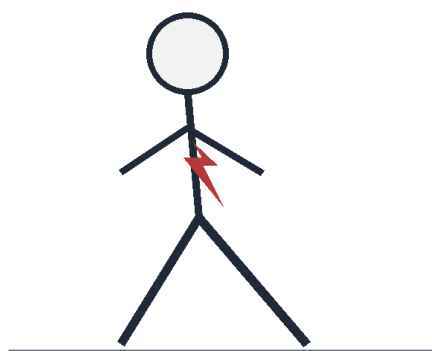
Chapter aim: to help learners recognise chest pain as potentially serious and understand safe support while waiting for emergency services.

St John Ambulance advises calling 999 or 112 straight away for suspected heart attack, helping the casualty into a comfortable position, giving one 300 mg aspirin tablet to chew slowly if appropriate, helping with their own angina medication, and monitoring their response until emergency help arrives (St John Ambulance, 2025c). NHS first-aid information also lists heart attack as an emergency first-aid topic (NHS, n.d.-a).

Managing Chest Pain: Sit, Call, Monitor

DSE Basic First Aid Awareness

Treat unexplained or severe chest pain as urgent.



Comfortable supported position: knees bent, head and shoulders supported.

Call 999 immediately

Say: possible heart attack, symptoms, start time, exact location.

300 mg aspirin

Only if conscious, suspected heart attack, not allergic, and not under 16.

Monitor

Reassure, help with own angina medicine, prepare for CPR/AED if unresponsive.

Figure 3.1: First-aid priorities for unexplained or severe chest pain.

Key learning points

- Chest pain can be caused by heart attack, angina, injury, anxiety, indigestion or other conditions; first aiders should not try to diagnose.
- Treat severe, persistent, unexplained or spreading chest pain as potentially serious.
- Call 999 if pain is severe, persistent, associated with sweating, breathlessness, nausea, collapse, or pain spreading to the arm, neck, jaw or back.
- Help the person rest; do not encourage walking, exertion or driving.
- If a heart attack is suspected and the person is conscious, help them chew 300 mg aspirin if they are not allergic and not under 16.
- If the person has prescribed angina medicine, assist them to take their own medicine as directed.

Recognising possible heart attack symptoms

Possible signs include central chest pressure, tightness, heaviness or squeezing; pain spreading to the left or right arm, neck, jaw, back or stomach; shortness of breath; sweating; nausea; pale or grey appearance; dizziness; collapse; or a feeling of severe anxiety. Some people, including women, older adults and people with diabetes, may have less typical symptoms.

Learners should avoid saying "it is only indigestion" or "it is probably panic". The safer approach is to call 999 when symptoms are worrying or not settling quickly.

Comfortable supported position

A person with suspected heart attack should rest. A commonly recommended position is on the floor with knees bent and the head and shoulders supported. This reduces physical effort and may ease breathing. The exact position should be guided by comfort, breathing and 999 call-handler advice.

Aspirin and angina medication

Awareness learners should understand that aspirin is not for everyone. It should not be given to someone under 16 or someone who is allergic to it. If the person has their own angina spray or tablets, help them access and use their own medicine according to their usual instructions. Do not give someone else's medication.

Suggested response sequence

13. Ask what happened, when the pain started, where it is and whether it spreads.
14. Call 999 if heart attack is suspected or symptoms are worrying.
15. Help the person into a comfortable supported position and keep them still.
16. Assist with their own prescribed angina medicine if they have it.
17. If appropriate, help them chew one 300 mg aspirin while waiting for emergency help.
18. Monitor response and breathing; if they become unresponsive, follow 999 instructions for CPR/AED.

Actions to avoid

- Do not leave the person alone when symptoms suggest a heart problem.
- Do not give aspirin to a person under 16 or someone allergic to aspirin.
- Do not give food or drink while waiting for emergency help, except advised/prescribed medication.
- Do not allow the person to drive themselves to hospital.

Worked example for learners

A learner is supporting a 58-year-old visitor who says his chest feels heavy and the pain is moving into his left arm. He looks sweaty and short of breath. The learner asks a colleague to call 999 immediately, helps the visitor sit on the floor with knees bent and shoulders supported, reassures him, helps him access his own angina spray, and continues to monitor him until paramedics arrive.

Learner reflection / knowledge check

1. What symptoms make chest pain more urgent?
2. When should aspirin not be given?
3. Why should the casualty not walk around or drive?

Chapter 4: Managing Fainting / Collapse

Chapter aim: to support learners to distinguish simple fainting from collapse that requires urgent help and to respond safely.

St John Ambulance describes fainting as a brief loss of response caused by reduced blood flow to the brain and advises lying the person down, slightly elevating the legs, providing fresh air, reassuring them and helping them sit up slowly once better. If the person stays unresponsive, first aiders should open the airway, check breathing and prepare to treat someone who is unresponsive (St John Ambulance, 2025d). NHS information notes that fainting usually involves passing out for a short time but should be checked by a GP if it occurs (NHS, n.d.-b).

Managing Fainting / Collapse: Lie Down and Reassure Basic First Aid Awareness

A simple faint is usually brief. Collapse can also signal a serious emergency.



If fully alert: help them sit up slowly after recovery.

What to do

- Help them lie flat
- Raise legs slightly
- Give fresh air and space
- Reassure and monitor

Call 999 if:

- Not waking or not breathing normally
- Chest pain, injury, seizure activity or stroke signs
- Repeated collapse or slow recovery
- Pregnancy, diabetes, head injury or serious concern

Figure 4.1: Supporting a person who feels faint and identifying red flags.

Key learning points

- Fainting is usually brief, but collapse can also be caused by chest pain, seizure, stroke, head injury, bleeding, low blood sugar, heat illness or other emergencies.
- Warning signs before fainting can include dizziness, sweating, nausea, blurred vision, weakness, feeling hot or cold, and looking pale.
- Help a person who feels faint to lie down before they fall.
- Raise the legs slightly if safe and comfortable, provide fresh air and ask bystanders to step back.
- If the person is unresponsive, call 999, open the airway and check breathing as trained.
- Do not rush them back to standing; help them sit up slowly after recovery.

Simple faint versus serious collapse

A simple faint is usually short and the person normally recovers quickly after lying down. Serious collapse may involve slow recovery, abnormal breathing, injury from falling, chest pain, seizure movements, repeated episodes, severe headache, weakness on one side, or confusion. Learners should call 999 when they are unsure or when red flags are present.

The most important awareness skill is reassessment. A person who was talking a minute ago may become unresponsive, and a person who seems to have fainted may have another problem. Continue checking response, breathing and general condition.

Positioning and reassurance

If the person feels faint but is awake, help them lie down and raise their legs slightly. This can improve blood flow to the brain. Loosen tight clothing around the neck, give fresh air and keep the environment calm. Do not crowd the person.

After recovery, sitting up should be gradual. If they feel faint again, ask them to lie back down. Advise medical advice if the faint is unusual, repeated, associated with injury, occurs during exercise, or does not resolve normally.

Unresponsive but breathing

If the person does not respond but is breathing normally and there is no suspected trauma, first-aid guidance supports the recovery position to help maintain the airway. In cases of trauma, abnormal breathing or uncertainty, follow the 999 call handler's instructions (Resuscitation Council UK, 2025a; St John Ambulance, 2025a).

Suggested response sequence

19. Help the person lie down safely before they fall.
20. Raise the legs slightly using cushions, a stool or another safe support.
21. Reassure them, keep the area calm and provide fresh air.
22. When they feel better, help them sit up slowly over several minutes.
23. If they remain unresponsive, call 999, open the airway and check breathing.
24. Monitor until fully recovered and advise medical advice for unusual or repeated fainting.

Actions to avoid

- Do not stand the person up quickly after fainting.
- Do not give food or drink unless they are fully alert.
- Do not assume collapse is a simple faint when there is chest pain, injury, seizure activity, stroke signs or slow recovery.
- Do not crowd around the casualty.

Worked example for learners

In a hot classroom, a learner notices a student looking pale and saying they feel dizzy. The learner helps the student lie down safely, raises the legs slightly using a bag, opens a window, asks other students to give space, and stays with the student. The student recovers after a few minutes and sits up slowly. If the student had remained unresponsive or developed chest pain, the learner would call 999 immediately.

Learner reflection / knowledge check

1. What are common warning signs before fainting?
2. What red flags suggest collapse may be serious?
3. Why should a person sit up slowly after fainting?

Chapter 5: Managing a Potential Fracture

Chapter aim: to help learners recognise a possible fracture, prevent further injury and know when emergency help is required.

St John Ambulance defines a fracture as a break or crack in a bone and highlights signs such as deformity, swelling, bruising, pain, difficulty moving, a limb looking shorter or bent, open wounds and signs of shock. It advises calling 999 or 112 for open fractures and suspected broken back, neck or pelvis injuries (St John Ambulance, 2025e).

Managing a Potential Fracture: Support and Keep Still

A fracture is a break or crack in a bone. Keep the injury still and seek help.



Signs to look for

- Pain, swelling, bruising
- Deformity or limb looks bent/shorter
- Unable to move normally
- Open wound or bone visible
- Signs of shock

Immediate action

- Keep still and support the injury
- Cover an open wound; do not push bone back
- Call 999 for open fractures, long bones, back/neck/pelvis injury
- Monitor for shock until help arrives

Support the injured part in the position found. Do not force movement.

Figure 5.1: Keep a suspected fracture still and support the injured part.

Key learning points

- A fracture may be closed, where the skin remains intact, or open, where there is a wound near the broken bone or bone is visible.
- Signs include pain, swelling, bruising, deformity, inability to use the limb normally, and sometimes shock.
- Keep the injured part still and support it in the position found.
- Call 999 for open fractures, severe deformity, major pain, suspected back/neck/pelvis injury, thigh fracture, serious fall or signs of shock.
- Cover open wounds with a sterile dressing if available; do not push bone back into place.
- Monitor response, breathing, circulation and comfort until help arrives.

Why movement can make it worse

Broken bones can damage blood vessels, nerves and surrounding tissues. Moving the injured part unnecessarily may increase pain, bleeding and further injury. Learners should avoid testing movement or asking the casualty to "see if you can move it" when a fracture is suspected.

Support can be simple: use the casualty's own hand, a cushion, folded coat, blanket, rolled towel or triangular bandage if trained. The goal is comfort and stillness, not perfect immobilisation.

Open fractures and bleeding

An open fracture needs urgent help because of bleeding and infection risk. Wear gloves if available, cover the wound with a sterile dressing or clean cloth, and apply pressure around bleeding areas without pushing on exposed bone. Keep the casualty still and call 999.

Spinal, neck and pelvis injury

Suspect serious injury after falls from height, road traffic incidents, diving accidents, heavy impact, or when the casualty has neck/back pain, numbness, weakness, loss of feeling, pelvic pain or altered responsiveness. Keep the casualty still and call 999. Do not move them unless there is immediate danger.

Suggested response sequence

25. Check scene safety and ask what happened.
26. Tell the casualty to keep still and support the injured part in the position found.
27. Cover any open wound with a sterile dressing if available.
28. Call 999 for serious, open, long-bone, back, neck, pelvis or shock-related injuries.
29. Keep the casualty warm and reassured.
30. Monitor for shock and update emergency services if the condition changes.

Actions to avoid

- Do not force a limb straight.
- Do not ask the casualty to move the limb to test it.
- Do not push visible bone back into the wound.
- Do not give food or drink when hospital treatment may be needed.
- Do not move a suspected back, neck or pelvis injury unless there is immediate danger.

Worked example for learners

A learner sees a person fall on stairs and land on their wrist. The wrist is swollen and painful, and the person cannot move it normally. The learner keeps the person sitting, supports the injured arm on a cushion, removes tight jewellery if this can be done easily before swelling worsens, applies a cold pack wrapped in cloth if available, and arranges medical help. If the bone were visible or the person showed signs of shock, the learner would call 999.

Learner reflection / knowledge check

1. What signs may suggest a fracture?
2. Why should you not force a suspected fracture back into position?
3. Which fracture situations require 999?

Chapter 6: Managing a Seizure

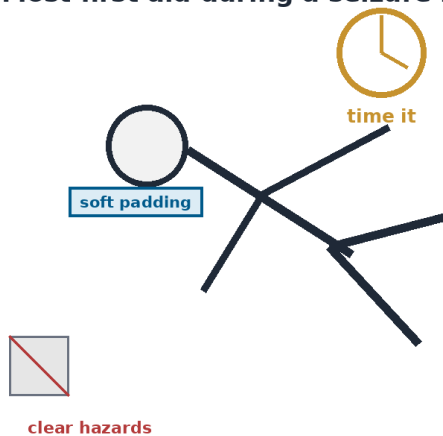
Chapter aim: to help learners respond safely to a seizure by protecting the casualty, timing the event and knowing when emergency help is needed.

St John Ambulance advises protecting the casualty from harm, asking bystanders to step back, clearing dangerous objects, timing the seizure, not restraining the casualty and not putting anything in the mouth. It advises placing the person in the recovery position after jerky movements stop if they are breathing, and calling 999 or 112 for first seizure, repeated seizures, unknown cause, seizure lasting more than five minutes, prolonged unresponsiveness, injury or abnormal breathing (St John Ambulance, 2025f).

Managing a Seizure: Protect, Time, Recover

DSE Basic First Aid Awareness

Most first aid during a seizure is about keeping the person safe.



During the seizure

- Move dangerous objects away
- Protect the head and privacy
- Do not restrain
- Do not put anything in the mouth

Call 999 if:

- First seizure or unknown cause
- Repeated seizures
- Seizure lasts more than 5 minutes
- Unresponsive more than 10 minutes after seizure
- Injured or not breathing normally

Figure 6.1: Protect the casualty, time the seizure and know when to call 999.

Key learning points

- A seizure can involve collapse, stiffening, jerking movements, unusual breathing, saliva, loss of bladder or bowel control, or a short period of confusion afterwards.
- The main first-aid role is to protect from injury, preserve privacy and time the seizure.
- Move dangerous objects away and cushion the head if safe to do so.
- Do not restrain the person and do not put anything in their mouth.
- When jerking stops, check breathing; if breathing normally, place in the recovery position if safe and appropriate.
- Call 999 when seizure red flags are present.

What learners may see

A tonic-clonic seizure may involve sudden collapse, the body becoming stiff, jerking arms or legs, noisy breathing, saliva or frothing, and confusion or tiredness afterwards. Some seizures may be less obvious, such as staring, unusual movements, confusion, or brief loss of awareness.

Learners should avoid panic. Most of the time, useful first aid is simple: make space, protect the head, time the event, do not restrain, and stay with the person as they recover.

After the seizure

After a seizure, the person may be sleepy, confused, embarrassed or emotional. Speak calmly, tell them what happened, protect their dignity and do not rush them. Check for injury. If they are known to have epilepsy, look for a medical alert bracelet or care plan where appropriate.

If they are breathing normally but not fully responsive, the recovery position can help protect the airway. If breathing is not normal, call 999 and follow CPR/AED instructions.

Why not restrain or put things in the mouth

Restraining the person can cause injury to the casualty or first aider. Putting an object or fingers into the mouth can damage teeth, block the airway or injure the first aider. Learners should clear hazards and protect the head instead.

Suggested response sequence

31. Check scene safety and ask bystanders to step back.
32. Move dangerous objects away and protect the head with soft padding.
33. Note the time the seizure starts and ends.
34. Do not restrain the casualty and do not put anything in their mouth.
35. When jerky movements stop, open the airway and check breathing.
36. If breathing normally, use the recovery position if safe; call 999 if any red flag is present.

Actions to avoid

- Do not hold the person down.
- Do not put anything in the mouth.
- Do not give food, drink or medication during or immediately after a seizure unless directed by a care plan or emergency services.
- Do not leave the person alone while confused or not fully recovered.

Worked example for learners

A learner sees a colleague suddenly fall and begin jerking. The learner asks bystanders to move back, removes a chair and hot drink from nearby, places a folded hoodie near the head for padding, notes the start time, and does not restrain the colleague. When the movements stop, the learner checks breathing and places the colleague in the recovery position. Because the seizure lasts over five minutes, another staff member calls 999.

Learner reflection / knowledge check

1. What are the two main things you should do during a seizure?
2. When should you call 999 for a seizure?
3. Why should you not put anything in the casualty's mouth?

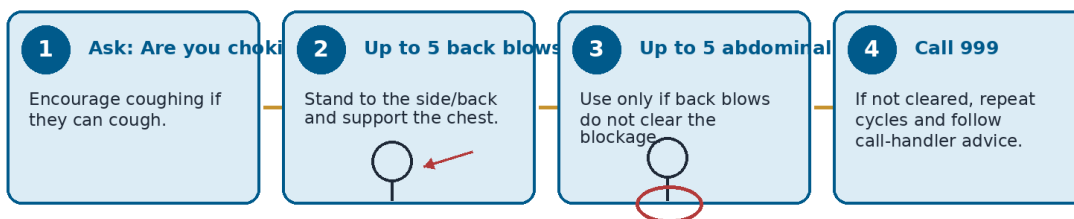
Chapter 7: Management of Choking

Chapter aim: to help learners recognise choking quickly and follow a safe adult choking response sequence.

Resuscitation Council UK advises suspecting choking when a person is suddenly unable to speak or cough, especially while eating. The recommended adult approach is to ask if they are choking, encourage coughing, then give up to five back blows if coughing is ineffective, followed by up to five abdominal thrusts if back blows are ineffective. If not relieved after five abdominal thrusts, call 999 and continue alternating back blows and abdominal thrusts; do not use blind finger sweeps (Resuscitation Council UK, 2025a).

Management of Choking: Cough, Back Blows, Abdominal Thrusts

Suspect choking when someone suddenly cannot speak, cough or breathe, especially v



Important safety notes

Do not use blind finger sweeps. If the person becomes unresponsive, call 999, start CPR and use an AED if available. Anyone who receives abdominal thrusts or chest compressions should be checked by a healthcare professional.

Figure 7.1: Adult choking response cycle: encourage cough, back blows, abdominal thrusts and 999.

Key learning points

- Choking can become life-threatening in minutes; act quickly and call for help.
- Mild choking: the person can cough, breathe or speak; encourage coughing and monitor.
- Severe choking: the person cannot speak, cannot cough effectively, cannot breathe, may clutch the throat, become blue/grey or collapse.
- For adult severe choking, use up to five back blows; if ineffective, use up to five abdominal thrusts if trained and appropriate.
- Call 999 if the blockage does not clear, the person becomes exhausted, or they become unresponsive.
- Anyone successfully treated with abdominal thrusts or chest compressions should be medically checked because internal injury may occur.

Recognising mild and severe choking

Ask, "Are you choking?" If the person can speak, breathe and cough, encourage strong coughing. Do not hit their back while they are coughing effectively because this may make the situation worse. Stay with them and be ready to act if coughing becomes weak or silent.

If the person cannot speak, cannot cough effectively, cannot breathe or is becoming weak, treat it as severe choking. Shout for help immediately.

Back blows and abdominal thrusts

For an adult, stand to the side and slightly behind the person, support their chest, lean them forward and give up to five sharp back blows between the shoulder blades. Check whether the blockage has cleared after each blow.

If back blows do not work, use up to five abdominal thrusts if trained. Stand behind the person, place a clenched fist between the navel and lower breastbone, grasp it with the other hand and pull sharply inwards and upwards. If the blockage remains, call 999 and continue cycles as directed.

Babies, children, pregnancy and obesity note

This awareness handbook focuses on adult first aid. Babies and young children require different techniques and learners working with children should complete appropriate paediatric first-aid training. For pregnancy, very large body size or uncertainty, call 999 early and follow call-handler instructions.

If the person becomes unresponsive

Call 999 immediately if this has not already been done. Start CPR if trained or follow the call handler's instructions. Use an AED if available. Do not carry out blind finger sweeps; only remove a visible object from the mouth if it can be safely reached.

Suggested response sequence

37. Ask, "Are you choking?"
38. Encourage coughing if the person can cough effectively.
39. If coughing becomes ineffective, give up to five back blows.
40. If back blows do not work, give up to five abdominal thrusts if trained and appropriate.
41. If the blockage does not clear after abdominal thrusts, call 999 and continue alternating cycles.
42. If the person becomes unresponsive, call 999, start CPR if trained and use an AED if available.

Actions to avoid

- Do not perform blind finger sweeps.
- Do not slap the back of someone who is coughing effectively.
- Do not delay 999 if choking is severe or not clearing.
- Do not use adult techniques on babies or young children without paediatric training.

Worked example for learners

During lunch, a learner notices a colleague suddenly stop talking, clutch the throat and make no sound while trying to cough. The learner asks, "Are you choking?" The colleague nods. The learner shouts for help, gives up to five back blows while the colleague leans forward, then uses abdominal thrusts when back blows do not work. Another person calls 999 when the blockage remains after the first cycle.

Learner reflection / knowledge check

1. What is the difference between mild and severe choking?
2. When should 999 be called?
3. Why are blind finger sweeps unsafe?

Chapter 8: Summary

This chapter brings together the core messages from the Basic First Aid Awareness course. Learners should leave the course with a calm and practical response framework: check safety, call for help early, give simple support within training, monitor the casualty and hand over clearly to emergency services.

Resuscitation Council UK summarises key expectations for first-aid providers as checking scene safety, calling 999 and using only equipment or medications they are trained to use; it also highlights structured assessment and early attention to life-threatening conditions (Resuscitation Council UK, 2025a). HSE workplace guidance also reminds organisations to assess first-aid needs and provide appropriate first-aid arrangements (HSE, 2024).

First Aid Summary: Simple Principles for Every Chapter



Stay safe. Reassure the casualty. Record and report the incident. Reflect and learn.

Figure 8.1: Recognise, call, care, monitor and handover.

Core first-aid principles

- Stay safe first. If the scene is unsafe, do not enter; call 999 and wait for trained emergency services.
- Call 999 early for unresponsiveness, abnormal breathing, severe bleeding, suspected heart attack, serious fracture, severe choking, or seizure red flags.
- Use simple actions confidently: reassurance, direct pressure, comfortable positioning, clearing hazards, timing a seizure, supporting an injured limb and following choking steps when trained.
- Avoid harmful actions: moving a casualty unnecessarily, giving unapproved medication, removing embedded objects, restraining seizures, blind finger sweeps or delaying emergency help.
- Keep monitoring the casualty until help arrives; conditions can change quickly.
- Record and report the incident according to DeGesh or workplace procedures.

When to call 999 immediately

Situation	Call 999 if...
Scene safety	Fire, violence, exposed electricity, serious traffic danger, deep water or hazardous substances.
Responsiveness/breathing	Unresponsive, not breathing normally, agonal gasping, or breathing difficulty.
Bleeding	Severe, spurting, uncontrolled or deep bleeding; signs of shock.
Chest pain	Suspected heart attack, severe/persistent chest pain, breathlessness, sweating, collapse or pain spreading.

Collapse/fainting	Does not wake, slow recovery, injury, chest pain, seizure activity, stroke signs or serious concern.
Fracture	Open fracture, back/neck/pelvis injury, thigh/long-bone injury, severe deformity or shock.
Seizure	First seizure, repeated seizures, unknown cause, more than five minutes, prolonged unresponsiveness, injury or abnormal breathing.
Choking	Severe choking not clearing, exhausted casualty, or becomes unresponsive.

Learner action plan

After the course, each learner should identify how first-aid awareness applies to their own environment. This might include knowing where the first-aid kit is kept, who the appointed first aider is, how to call for help, how to report incidents, where the AED is located, and what risks are most common in their workplace or learning setting.

Personal reflection prompt

Write down three actions you will take after the course: 1) one thing to check in your workplace or home, 2) one emergency number/location detail to memorise, and 3) one area where you may need further formal first-aid training.

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