LAZARUS TRAINING

EMERGENCY FIRST AID AT WORK HANDBOOK

Essential life-saving skills for the workplace



BE PREPARED | ACT CONFIDENTLY | SAVE LIVES | MAKE A DIFFERENCE

01 CALLING 999

Call 999 as early as possible. Use speaker phone so you can follow instructions.

WHAT INFORMATION WILL YOU NEED TO GIVE?

YOUR EXACT LOCATION
Address, site name, entrance, post code and nearest access point.

NATURE OF THE EMERGENCY
What has happened?
Give a clear description.

NUMBER OF CASUALTIES
Adults, children, unconscious, breathing, not breathing.

HAZARDS PRESENT
Traffic, chemicals, fire, electricity or other dangers.

WHAT YOU ARE DOING
First aid being given, AED used, bleeding controlled etc.

STAY ON THE LINE
Stay on the line and follow the call handler's instructions.

IMPORTANT
The call handler will give you important instructions. Stay on the line.

999 CALL FLOW

You call 999

↓

Call handler asks questions

↓

Answer clearly and calmly

↓

Help is sent to you

CALL 999 IMMEDIATELY

If the casualty is:

- Unresponsive
- Not breathing normally
- Severe bleeding
- Life-threatening

SEND HELP

Send somebody to meet the ambulance and bring the AED and first aid kit.

02

DR CAB
PRIMARY SURVEY

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Use DR CAB to quickly assess a casualty and identify life-threatening problems.

D — DANGER
- Check for danger to yourself, the casualty and others.
- Do not put yourself at risk.

R — RESPONSE
- Talk to the casualty.
- Gently shake their shoulders.
- Can you hear me?
- Do they respond?

C — CATASTROPHIC BLEED
- Look for severe external bleeding.
- Act immediately to control it.
- Use direct pressure, dressings or a tourniquet if required.

A — AIRWAY
- Open the airway using head tilt–chin lift.
- Use jaw thrust if a spinal injury is suspected and you are trained.

B — BREATHING
- Look, listen and feel for up to 10 seconds.
- Normal breathing only.
- Gasping or noisy breaths are NOT normal.

NOT BREATHING NORMALLY?
Call 999 and start CPR immediately



RCUK 2025 UPDATE: Modern first aid prioritises catastrophic bleeding before airway and breathing assessment.

03

DANGER

Your first priority is safety.
Always check for danger before helping a casualty.

THE PRIORITY ORDER FOR SAFETY

1. **SELF** — Ensure you are safe first.
2. **OTHERS / SCENE** — Make the area safe for others.
3. **CASUALTY** — Only then attend to the casualty.

WHY IT MATTERS
If you become a casualty, you create more casualties. A safe responder can provide effective help.



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KEY POINTS
- Check for danger before approaching.
- Follow the priority order: Self → Others/Scene → Casualty.
- Remove or isolate any danger if possible.
- If it is not safe to stay, remove the casualty from the danger.
- Do not take unnecessary risks.
- Re-assess the situation regularly.

DANGER CAN KILL
Do not put yourself or others at risk. Only help if it is safe to do so.

PLAN A – LEAVE THE CASUALTY IN PLACE

If the area is safe, or can be made safe, leave the casualty where they are.



REMOVE OR ISOLATE THE DANGER
- Identify the hazard.
- Remove the danger if you can.
- Isolate the area using barriers or warning signs.
- Prevent others from entering the area.

Once the area is safe, check the casualty and provide the appropriate first aid.

PLAN B – REMOVE THE CASUALTY FROM DANGER

If the area cannot be made safe, remove the casualty from the danger if you can do so safely.



- Assess the risk. Look for the safest escape route.
- Move the casualty without causing further harm.
- Move to a safe area. Then check casualty and call for help.

EXAMPLES OF DANGERS
- Fire and smoke
- Traffic or moving vehicles
- Hazardous chemicals or substances
- Electrical hazards
- Structural collapse
- Aggressive people or animals
- Water hazards

04 RESPONSE

Check if the casualty is responding.
A verbal response is the first sign of life.



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WHY IT MATTERS

A quick response check helps you what to do next and whether the casualty needs urgent help.

KEY POINTS

- Check for a response as soon as it is safe to do so.
- Use your voice and touch to get a response.
- A verbal response is the first sign of life.
- If there is no response, call for help and start your emergency assessment.

CHECK FOR A RESPONSE

1 CHECK IT IS SAFE



- Check for danger to yourself, others and the casualty.
- Do not put yourself at risk.

2 GET THEIR ATTENTION



- Gently shake their shoulders.
- Call their name loudly.

3 ASK LOUDLY



- Ask clearly "Are you OK?"

4 LOOK FOR A RESPONSE



- Look, listen and feel for any sign of a response.
- A verbal response is the first sign of life.

THE ACVPU SCALE

Use the ACVPU scale to assess the level of response.

A	ALERT	The person is awake, aware and responsive.
C	CONFUSED	The person is awake but not fully orientated.
V	VOICE	The person responds to your voice.
P	PAIN	The person responds only to pain, e.g. fingertip.
U	UNRESPONSIVE	No response to voice or pain.

WHAT TO DO NEXT



THEY ARE RESPONDING

- Reassure them.
- Find out what is wrong.
- Monitor them regularly.
- Get help if needed.
- Treat any injuries.
- Keep them comfortable and warm.

THEY ARE NOT RESPONDING

- Shout for help.
- Send someone to call 999 and get an AED if available.
- Open the airway.
- Check for normal breathing.
- If they are not breathing normally, start CPR.



05 CATASTROPHIC BLEEDING

**Severe bleeding can kill in minutes.
Act quickly.**

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CHECK FOR SEVERE BLEEDING

- Blood pooling on the ground
- Soaked clothing
- Traumatic limb injury
- Deep cuts or penetrating injuries

TREAT IMMEDIATELY

1 APPLY DIRECT PRESSURE
Use a pad or cloth and press firmly on the wound.

2 USE A TOURNIQUET
If bleeding cannot be controlled. Place 5–7 cm above the wound (not on a joint).

3 USE A HAEMOSTATIC DRESSING
If available, follow the instructions on the pack.

KEY POINTS

- Act fast – every second counts.
- Apply direct pressure first.
- Use a tourniquet if needed.
- Keep checking for bleeding.

RCUK 2025 UPDATE

Modern first aid prioritises catastrophic bleeding before airway and breathing assessment.

06 PRESSURE TO CONTROL BLEEDING

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Applying direct pressure is the most effective way to control serious bleeding.

KEY POINTS

- Put on gloves if available.
- Apply firm, direct pressure to the bleeding site.
- Use a sterile dressing, clean cloth or even your hand.
- Maintain pressure until the bleeding stops or help arrives.
- Do not remove the dressing to check – add more on top if needed.
- If bleeding soaks through, continue applying pressure.
- Seek medical help as soon as possible.



SEVERE BLEEDING CAN BE LIFE-THREATENING
Act quickly

- Do not delay – apply pressure immediately.
- Call for help or ask someone else to call 999.
- Continue to monitor the casualty.

1 OBJECT IN THE WOUND



Do not remove the object.

Apply pressure around the sides of the object.

Support the object and apply pressure on both sides.

HOW TO APPLY PRESSURE

1 EXPOSE THE WOUND



Carefully expose the wound and remove any obvious debris or clothing around it.

2 APPLY DIRECT PRESSURE



Place a sterile dressing or clean cloth over the wound and apply firm, direct pressure with both hands if needed.

3 MAINTAIN PRESSURE



Keep constant pressure. Do not remove the dressing to check the wound.

4 ADD MORE IF NEEDED



If blood soaks through, do not remove the dressing. Place another dressing on top and continue applying pressure.

5 COMFORT AND REASSURE



Reassure the casualty, keep them still and monitor their until help arrives.

USE AVAILABLE ITEMS

Use whatever is available to apply pressure:



Sterile dressing | Clean cloth | Clothing | Your hand (with a barrier if possible)

OTHER IMPORTANT INFORMATION

Quick action saves lives. Apply pressure immediately.

If possible, elevate the injured limb while applying pressure (unless injury is suspected).

Treat the casualty for SHOCK: keep warm, reassure and monitor them.

WHAT NOT TO DO

- Do not remove the dressing to check the wound.
- Do not use powders, creams or antiseptics.
- Do not stop applying pressure unless another qualified responder takes over.

07 TOURNIQUET AND WOUND PACKING

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Used for life-threatening bleeding that cannot be controlled with direct pressure.

TOURNIQUET – FOR EXTREMITY BLEEDING

Use a tourniquet for severe bleeding from an arm or leg that cannot be controlled with pressure or wound packing.

1 PLACE



Place the tourniquet 5–7 cm above the bleeding site. Do not place over a joint.

2 TIGHTEN



Pull the strap tight and secure the fastener. The tourniquet should be tight enough to stop the bleeding.

3 WIND



Turn the windlass until the bleeding stops and distal pulse is not felt. Do not overtighten.

4 SECURE



Secure the windlass in the clip or strap retainer.

5 RECORD TIME



Record the time the tourniquet was applied on the label tab or on the casualty's forehead.

KEY POINTS

- Use a tourniquet only when necessary for life-threatening bleeding.
- Do not delay applying a tourniquet while using the other measures in arms.
- Do not remove or loosen a tourniquet once applied.
- Tourniquets can be applied to the upper or lower arms and legs.
- It can remain in place until transferred to definitive medical care.
- Monitor the casualty and treat for shock.

WOUND PACKING – FOR SEVERE BLEEDING

Use wound packing for severe bleeding from areas where a tourniquet cannot be applied, such as the neck, armpit or groin.

1 EXPOSE AND INSPECT



Expose the wound and check for any visible objects.

2 PACK THE WOUND



Using sterile gauze or a wound packing bandage, force the material firmly into the wound.

3 APPLY PRESSURE



Apply direct pressure with your hand on top of the packed material for 3 minutes.

4 ADD MORE IF NEEDED



If bleeding continues, add more packing material and maintain firm pressure.

KEY POINTS

- Use enough packing to fill the wound cavity.
- Pack firmly – the material should not be easy to pull out.
- Do not remove the packing. Add more on top if needed.
- Use a pressure dressing after packing, if possible.
- Monitor the casualty and treat for shock.

1 OBJECT IN THE WOUND

If an object is embedded in the wound, do NOT remove it.

Apply pressure and pack around the sides of the object. Support the object so it does not move.



WHEN TO USE

Use a tourniquet or wound packing when:

- The bleeding is severe and will not stop with direct pressure.
- The casualty is in immediate danger from blood loss.

These interventions can save a life.

AFTERCARE FOR BOTH

Reassure the casualty and continue to monitor them.

Treat for shock, keep warm and reassure.

Get urgent medical help as soon as possible.

IMPORTANT WARNINGS

- Tourniquets can be applied to upper or lower arms and legs.
- Wound packing is for areas where a tourniquet cannot be used.

08 ADULT CHOKING

Act quickly if someone is choking.
Follow these steps.

SIGNS OF CHOKING

- Unable to speak
- Struggling to breathe
- High-pitched wheezing between breathing
- Holding throat
- Panicked distressed expression
- Skin or lips may turn blue



1 ENCOURAGE COUGHING



Ask, "Are you choking?"
If they can cough, speak or breathe, encourage them to keep coughing.

2 GIVE UP TO 5 BACK BLOWS

Stand to the side and slightly behind the person.
Support their chest with one hand and lean them forward.
Give up to 5 firm blows to the middle of their back with the heel of your hand.

3 GIVE UP TO 5 ABDOMINAL THRUSTS



If the blockage is not relieved, stand behind the person.
Place a fist just above their belly button.
Grasp your fist with your other hand.
Give up to 5 quick, inward and upward thrusts.

4 REPEAT AND CHECK

Repeat steps 2 and 3 until the blockage is cleared or the person becomes unresponsive.

Check the airway.

If the blockage clears, encourage the person to rest and seek medical advice.



KEY POINTS

- Act quickly.
- Encourage the person to keep coughing if they can.
- Do not intervene if they can cough, speak or breathe.
- If their airway becomes completely blocked, follow the steps below.
- Call 999 if they become unresponsive.

IF THE PERSON BECOMES UNRESPONSIVE

Call 999 immediately.
Start CPR.
Use an AED as soon as it is available.

RCUK 2025 UPDATE

Prompt recognition and early action can prevent a partial blockage from becoming a complete airway obstruction.

09 AIRWAY MANAGEMENT

Open and maintain the airway to allow air to reach the lungs.

HEAD TILT – CHIN LIFT (Use if no spinal injury suspected)



1 PLACE HANDS CORRECTLY

Place one hand on the forehead and the fingers of your other hand under the bony part of the chin.



2 TILT THE HEAD

Gently tilt the head back by pressing on the forehead. Avoid pressing on the soft tissue under the jaw.



3 LIFT THE CHIN

Lift the chin to open the airway. The mouth should fall open slightly.



CHECK THE AIRWAY IS OPEN

Look
Look in the mouth for any obstructions.

Listen
Listen for breathing sounds.

Feel
Feel for breath on your cheek for no more than 10 seconds.

KEY POINTS

- Open the airway before checking for normal breathing.
- Do not use head tilt–chin lift if a spinal injury is suspected.
- Do not over-extend the head.
- Re-check the airway regularly, especially before giving rescue breaths.
- Remove any obvious obstructions if safe to do so (e.g. vomit, foreign objects).

IF YOU CANNOT OPEN THE AIRWAY

Do not force it.
Continue with CPR and use the jaw thrust technique.

RCUK 2025 UPDATE

Effective airway management remains essential.

Agonal or gasping breaths should be treated as cardiac arrest.

10 AIRWAY – JAW THRUST

The jaw thrust is used to open the airway when a neck or spinal injury is suspected.

Do not tilt the head.

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WHEN TO USE

Use the jaw thrust if you need to open the airway and cannot use a head tilt–chin lift.

BEFORE YOU START

- Carry out the Primary Assessment.
- Explain what you are going to the casualty.

SAFETY FIRST

Always support the head throughout the manoeuvre. Keep movements gentle and controlled.

HOW TO PERFORM A JAW THRUST



1. Kneel at the head of the casualty. Place your hands either side of their head, with your elbows resting on the floor.



2. Place your fingers behind the angle of the lower jaw on each side of the casualty's face. Your thumbs should not be on the face.



3. Gently lift the jaw upwards using your fingers. This will move the lower jaw forwards and open the airway.



4. Keep the mouth slightly open and visually check for any obstructions. Remove if safe to do so.



5. Reassess breathing. Look, listen and feel for normal breathing for up to 10 seconds.



6. If the casualty is breathing, place them in the recovery position. If not, start CPR.

KEY POINTS

- Do not tilt the head.
- Lift the jaw, do not push on the soft tissue.
- Use a gentle, controlled movement.
- Keep the airway open while you assess.
- If unsure, or if conditions change, reassess often.

IMPORTANT

Only use the jaw thrust when you suspect a neck or spinal injury.

If there is no suspicion of injury, use the head tilt–chin lift instead.

11 ADULT CPR

Start CPR immediately if the casualty is unresponsive and not breathing normally.

1 CHECK RESPONSE & BREATHING

Tap and shout. If there is no response and they are not breathing normally (only gasping), call 999 and start CPR.

2 30 CHEST COMPRESSIONS

Place the heel of one hand in the centre of the chest. Place your other hand on top and interlock fingers.

3 PRESS HARD & FAST

- Push down 5–6 cm (2–2½ inches).
- At a rate of 100–120 compressions per minute.
- Allow full chest recoil after each compression.

4 GIVE 2 RESCUE BREATHS

Open the airway using head tilt–chin lift. Pinch the nose, seal your lips around theirs and blow steadily for 1–2 seconds. Watch for the chest to rise.

5 REPEAT 30:2

Continue CPR without unnecessary delays. Switch rescuer every 2 minutes if possible or if you become tired.



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KEY POINTS

- 30 compressions : 2 breaths
- Push hard: 5–6 cm deep (2–2½ inches)
- Rate: 100–120 compressions per minute
- Allow full chest recoil
- Minimise interruptions in chest compressions

ABNORMAL BREATHING IS NOT NORMAL BREATHING

Treat as cardiac arrest. Start CPR immediately.

RCUK 2025 UPDATE

Agonal or gasping breaths should be treated as cardiac arrest.

12 CPR & AED USE ON WOMEN

CARDIAC ARREST TREATMENT IS THE SAME REGARDLESS OF GENDER – START CPR AND USE THE AED IMMEDIATELY.

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WHY THIS MATTERS

Research shows women experiencing cardiac arrest are sometimes less likely to receive:

- bystander CPR
- early AED use
- rapid defibrillation

Hesitation may happen because people worry about:

- exposing the chest
- touching breasts
- removing a bra
- "doing the wrong thing"

REMEMBER

In cardiac arrest:

- the casualty is unconscious
- every minute counts
- CPR and defibrillation are medical treatment

AED PAD PLACEMENT

- Use AED pads on bare skin.
- Remove or cut away clothing if needed.
- Bras may need to be removed.
- Move breast tissue aside if required.
- Follow the diagram shown on the AED pads.

CORRECT PAD PLACEMENT

1. Upper right of chest
2. Lower left side of chest (below breast)



CPR ON WOMEN

CHEST COMPRESSIONS

- Hand position is the centre of the chest.
- Push hard and fast.
- CPR can begin through light clothing.
- Do not delay treatment.

LEGAL & PROFESSIONAL REASSURANCE

People acting in good faith to save a life are extremely unlikely to face legal action in the UK.

TRAINING POINT

Saving life takes priority over modesty concerns.

KEY TAKEAWAYS

- Anyone can suffer cardiac arrest.
- Start CPR immediately.
- Use an AED as soon as possible.
- Pads must go on bare skin.
- Gender does not change treatment.

REFERENCES

Based on guidance from Resuscitation Council UK (2024) Lone & Young Interactive Guidance and relevant sources

13 USING AN AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

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An AED can help restart the heart in a person who is in cardiac arrest.

Use it as soon as possible – it can save a life.

HOW TO USE AN AED

1 CHECK SCENE SAFETY



- Ensure the area is safe for you and the casualty.
- Tap and shout to check for response.

2 CHECK FOR BREATHING



- If unresponsive and not breathing normally or only gasping, call for help.
- Start CPR immediately.

3 GET THE AED



- Send someone to get the AED.
- If you are alone, do 2 minutes (5 cycles) of CPR, then get the AED.

4 TURN ON THE AED



- Open the lid and press the power button.
- The AED will give you voice instructions.

5 APPLY PADS TO BARE CHEST



- Remove clothing from the chest.
- Apply pads firmly as shown on the diagrams on the pads.
- If the chest is wet, wipe it dry.

6 ANALYZE HEART RHYTHM



- Make sure no one is touching the casualty.
- The AED will analyse the heart rhythm.

7 SHOCK IF ADVISED



- If a shock is advised, make sure no one is touching the casualty.
- Press the shock button.
- The AED will deliver the shock.

WHEN TO USE AN AED

Use an AED on any casualty who is:

- Unresponsive
- Not breathing normally (or only gasping)

This includes adults, children over 1 year and infants.

AEDs CAN BE USED ON

- Adults
- Children (over 1 year)
- Infants (under 1 year)

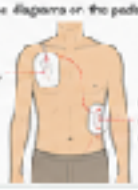
Use paediatric pads if available. If not available, use adult pads.

KEY POINTS

- Turn the AED on as soon as it is available.
- Follow the voice and visual prompts exactly.
- Do not delay CPR while waiting for the AED.
- Continue CPR and follow the AED prompts until help takes over or the casualty shows signs of life.
- An AED is safe to use – it will only deliver a shock if needed.

PAD PLACEMENT

Follow the diagrams on the pads and AED



IF MULTIPLE RESCUERS ARE PRESENT

- Call emergency services and get the AED.
- One person performs CPR.
- The other prepares and applies the AED as soon as it is available.

IMPORTANT

- Do not delay using an AED.
- Do not remove AED pads once applied – they can be re-used if needed.
- Keep going until help arrives or the casualty recovers.

SIGNS OF LIFE – STOP CPR AND AED USE IF THE CASUALTY:

- Opens their eyes
- Talks or responds normally
- Breathes normally
- Moves purposefully

If any signs of life return, place in the recovery position (if no injuries prevent this) and monitor breathing.

Be ready to restart CPR and use the AED if they become unresponsive again.



14 SECONDARY ASSESSMENT

Check the whole body for injuries or problems that may not be life-threatening but may affect care and treatment.

Ask the casualty if they have pain as you assess.

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1 TORSO (FRONT & BACK)

- Look for injuries such as stab wounds, burns, bruises or bleeding.
- Check ribs, chest and back.
- Ask if it is painful to breathe.
- Look for deformity or swelling.

2 ABDOMEN

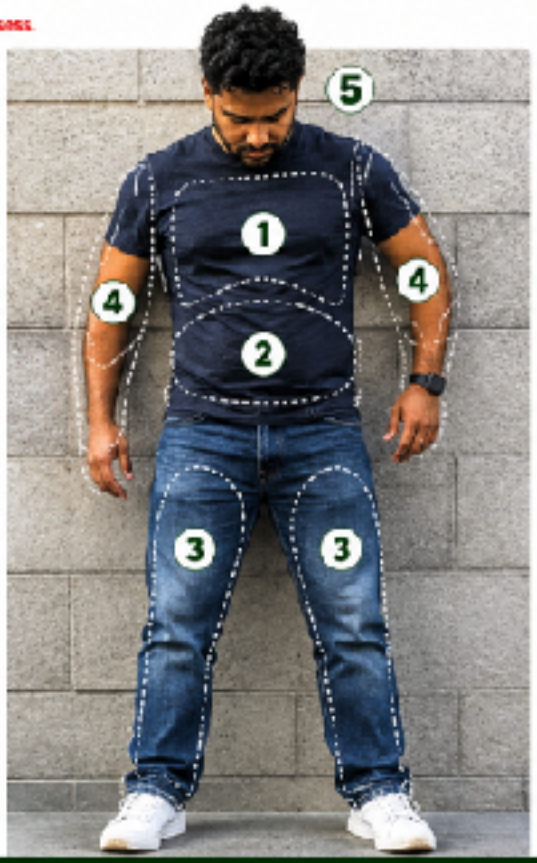
- Ask if there is any pain in the stomach.
- Look for tenderness, swelling or bruising.
- Check for signs of bleeding.
- DO NOT squeeze or rock the pelvis.

3 LEGS

- Look for injuries to the hips, thighs, knees, lower legs and feet.
- Check each limb for deformity, swelling, bruising or bleeding.
- Ask the casualty if they can move their legs and if it is painful.

REMEMBER

Be gentle. Do not move the casualty unless absolutely necessary or unsafe.



4 ARMS

- Ask the casualty if they can move their arms, hands and all the joints.
- Check each limb for deformity, swelling, bruising or bleeding.
- Look for pain when moving.

5 HEAD AND NECK

- Ask if they have hit their head.
- Check for cuts, bruises, swelling or bleeding.
- Check the face, ears and nose (look for bleeding or discharge).
- Check the neck for tenderness or pain when moving.

CLUES TO LOOK FOR

Medic alert bracelet · Needle marks · Medications or inhalers · Loose items (ID, wallet) · Tight or unusual clothing · Eyewear, hearing aids · Jewellery or dentures · Mobile phone or valuables

15 THE RECOVERY POSITION

The recovery position helps to keep the airway open and protects the casualty if they are breathing but unconscious.

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1. Place the **arm nearest to you** out to the side at a right angle to their body, with the palm facing up.
2. With your other hand, **bend the far leg** at the knee.
3. Bring the **far arm** across their chest. Place the back of their hand against their near cheek, with your hand supporting it.
4. Hold the hand against their cheek, pull on the **bent knee** to roll the casualty towards you, onto their side.



If in doubt, leave them in the position you found them and get urgent help.

KEY POINTS

- The recovery position helps prevent the tongue from blocking the airway.
- It allows any fluid to drain from the mouth.
- Stay with the casualty and monitor them continuously.
- Reassess breathing and circulation regularly.
- Be ready to turn them onto their back and start CPR if they stop breathing normally.

NOTE

If the casualty is a child or infant, place them in the recovery position using the same steps, but be gentle and adjust the leg position to suit their size.

WHAT TO DO AFTER

Call emergency services if you haven't already · Stay with the casualty and keep them warm · Monitor their breathing, response and circulation · Be ready to act if their condition changes

If they stop breathing normally at any time, turn them onto their back and start CPR immediately.



IMPORTANT

The recovery position is not a treatment. It is a safe position while you wait for professional medical help to arrive.

16 ANAPHYLAXIS

Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate treatment.

Act quickly. Call 999. Use adrenaline.

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SIGNS AND SYMPTOMS



- Swelling of the face, lips, tongue or throat
- Difficulty breathing, wheezing or noisy breathing
- Tightness in the throat or chest
- Feeling faint, dizziness or collapse
- Abdominal pain, nausea or vomiting
- Itchy skin, hives or rash

Symptoms can develop quickly and can worsen rapidly.
Not everyone will have all symptoms.

WHAT TO DO

1 ASSESS THE SITUATION
Check for signs of anaphylaxis.
Ask the person if they have an adrenaline auto-injector (AAI).



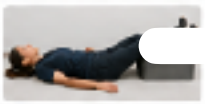
2 CALL 999 IMMEDIATELY
Say it is anaphylaxis.
Follow any instructions given.



3 GIVE ADRENALINE
Use the AAI without delay.
Inject into the outer mid-thigh (through clothing if needed).



4 LIE THE PERSON DOWN
Lie them flat with legs raised, unless they are struggling to breathe – then sit them up.



5 MONITOR AND REASSURE
Stay with the person.
Monitor their breathing, level of response and pulse.



6 REPEAT ADRENALINE IF NEEDED
If symptoms do not improve after 5–10 minutes, use a second AAI if available.



WHAT NOT TO DO

- Do not leave the person alone.
- Do not give food or drink.
- Do not give any medication unless advised by emergency services.
- Do not delay giving adrenaline.
- Do not stand the person up.

REMEMBER
Anaphylaxis can be fatal.
Treat it as a medical emergency.
Early use of adrenaline saves lives.

SEEK URGENT MEDICAL HELP IF:
- Symptoms do not improve after 5–10 minutes
- Symptoms return after initial improvement
- A second dose of adrenaline is required
- You are unsure about their condition

TIPS
- Know who in your workplace is at risk.
- Know where AAIs are kept.
- Regularly check AAIs are in date.

17 MAJOR ILLNESS IN THE WORKPLACE

Serious illness can affect anyone, at any time.
Recognising that someone is seriously unwell and calling for help quickly can save lives.

LAZARUS TRAINING

In an emergency call 999 immediately

1 ASSESS THE CASUALTY



Follow DR CAB
- Check for danger.
- Check response.
- Clear the airway.
- Check breathing.

Look for signs of serious illness:
- Chest pain
- Difficulty breathing
- Sudden weakness or collapse
- Confusion or altered behaviour
- Seizures
- Severe allergic reaction
- Signs of stroke
- Uncontrolled bleeding
- Unresponsiveness

2 CALL 999 EARLY



Call 999 immediately if:
- The casualty is unconscious.
- Breathing is absent or abnormal.
- You suspect a heart attack.
- You suspect a stroke.
- They are having severe breathing difficulties.
- They have suffered a seizure lasting more than 5 minutes.
- You believe the illness is life-threatening.

Provide:
- Exact location.
- Nature of illness.
- Number of casualties.
- Any first aid given.

3 SUPPORT THE CASUALTY



Help them rest
- Reassure them.
  Keep them comfortable.
- Loosen tight clothing if appropriate.
- Assist with prescribed medication if trained and appropriate.

If they become unresponsive
- Open the airway.
- Check breathing.
- Begin CPR if required.
- Use an AED as soon as available.

AED

4 MONITOR AND REASSURE



- Stay with the casualty.
- Monitor response and breathing.
- Observe for changes.
- Keep them warm.
- Be prepared to update emergency services.

WHAT NOT TO DO

- Do not leave the casualty alone.
- Do not delay calling 999.
- Do not give food or drink.
- Do not force medication.
- Do not assume the casualty will improve without treatment.

KEY POINT

You do not need to know exactly what is wrong.

Recognise that the casualty is seriously unwell, call for help early, and provide appropriate first aid until professional assistance arrives.

WHAT TO DO AFTER

- Keep the casualty under observation until help arrives.
- Document what happened and any first aid given.
- Inform the appropriate person in your workplace.
- Wash your hands and clean any equipment used.
- Seek support if you feel affected by the incident.

18 HEART ATTACK

LAZARUS TRAINING

A heart attack (myocardial infarction) occurs when blood flow to part of the heart is blocked.

Call 999 immediately – early help saves lives.

SIGNS AND SYMPTOMS

- Pain, pressure, tightness or heaviness in the chest
- Pain may spread to one or both arms, back, neck, jaw or shoulders
- Shortness of breath
- Cold sweat, nausea or feeling sick
- Light-headedness or dizziness
- Feeling anxious or weak



Symptoms can be mild or severe and may come and go.

WHAT TO DO

1 CALL 999
Get help immediately. Say it may be a heart attack.



2 REST IN A COMFORTABLE POSITION
Help the person to sit down and rest. Keep them calm and still.



3 GIVE ASPIRIN (IF APPROPRIATE)
Give 300 mg aspirin to chew and swallow, if the person is not allergic and it is safe to do so. Follow local guidelines.



4 MONITOR AND REASSURE
Stay with the person and monitor their condition while waiting for emergency services.



NOTES
Even if symptoms improve, the person must be checked by a healthcare professional.

REMEMBER
Every minute counts. Early treatment can reduce heart damage and improve survival.

SEEK URGENT MEDICAL HELP IF:
The person collapses, stops breathing or becomes unresponsive. Start CPR if needed.

19 SHOCK

LAZARUS TRAINING

Shock is a life-threatening condition that occurs when the body is not getting enough blood flow. It can result from blood loss, injury, burns or severe illness.

Early recognition and treatment are critical.

SIGNS AND SYMPTOMS

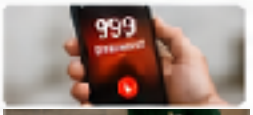
- Pale, cool, clammy skin
- Rapid or weak pulse
- Rapid breathing
- Feeling faint, dizzy or confused
- Nausea or vomiting
- Thirst
- Restlessness or agitation
- Loss of consciousness
- Decreased urine output



Shock can develop quickly. Treat the cause if known.

WHAT TO DO

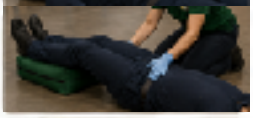
1 CALL 999
Get medical help immediately.



2 LIE THE PERSON DOWN
Lay them flat on their back. If breathing is difficult, raise the upper body slightly.



3 RAISE THEIR LEGS
Raise legs 20–30 cm if no injury is suspected.



4 KEEP WARM
Cover with a blanket or coat. Prevent heat loss.



5 MONITOR
Check their breathing, level of response and pulse. Be ready to give CPR if needed.



WHAT NOT TO DO

- Do not leave the person alone.
- Do not give food or drink.
- Do not move the person unnecessarily.
- Do not raise their head.

GET MEDICAL HELP IF:
- Symptoms do not improve rapidly.
- The person becomes unconscious.
- You are unsure of the cause.

REMEMBER
Shock can be life-threatening. Quick action and monitoring can save lives.

SEEK URGENT MEDICAL HELP IF:
- Severe bleeding.
- Major injury or burns.
- Difficulty breathing or chest pain.

TIPS
- Reassure the person.
- Treat any obvious injuries.
- Keep them warm and comfortable.

20 FRACTURES – RECOGNISE AND FIRST AID

A fracture is a break or crack in a bone. It can be caused by a fall, a direct blow, a twisting injury or an accident.

With the right first aid, you can reduce pain, prevent further injury and help the person until medical help arrives.

LAZARUS TRAINING

WHAT IS A FRACTURE?

Fractures vary from small cracks in a bone to bones that are broken into several pieces.

They can be closed (the skin is not broken) or open (the bone breaks through the skin).



WHAT CAUSES FRACTURES?

Common causes include:

- Falls from height or on the same level
- Road traffic collisions
- Sports injuries
- Direct blows or impacts
- Crushing injuries
- Twisting or bending forces

KEY FACTS

- Fractures can be very painful and may cause swelling and bruising.
- Moving the injured part can make the injury worse.
- There may also be damage to muscles, blood vessels, nerves or skin.
- Do not try to realign the bone.
- Do not give food or drink in case surgery is needed.

These interventions can save a life and prevent further harm.

HOW TO RECOGNISE A FRACTURE

Signs and symptoms may include:

- **Pain** – Severe pain at the time of injury which may worsen with movement or pressure.
- **Swelling and bruising** – Swelling, bruising or tenderness around the injured area.
- **Deformity** – The injured part may look bent out of shape or at an odd angle.
- **Reluctant movement** – Difficulty moving the injured part or not wanting to move it.
- **Grating or abnormal movement** – You may feel or hear a grating sensation (crepitus).
- **Other signs** – Numbness, tingling, coldness, or wounds (in open fractures).

If in doubt, treat it as a fracture.

FIRST AID TREATMENT FOR FRACTURES

Follow these steps.

1 CHECK AND ASSESS



- Ensure the area is safe.
- Check the person and the injured limb.
- Look for any open wounds and control any serious bleeding.

2 DO NOT MOVE THE INJURED PART



- Do not try to straighten or move the bone.
- Movement can cause more pain and damage.

3 SUPPORT AND IMMOBILISE



- Support the injured part in the position you find it.
- Use a splint, rolled magazine, board or your hands and padding.
- Immobilise the joint above and below the fracture.

4 CHECK CIRCULATION BEYOND THE INJURY



- Check for sensation, feeling and movement beyond the injury (e.g. fingers or toes).
- Look for, warmth, normal colour and ability to move and feel.

5 SEEK MEDICAL HELP



- Call 999 or seek urgent medical help.
- Monitor the person and reassure them.
- Do not leave them alone.

KEY POINTS

- Keep the person still and comfortable.
- Treat any open wounds with a clean dressing around the wound (do not push anything back in).
- Watch for signs of shock.
- Do not allow the person to eat or drink if they may need surgery.
- Reassure the person and explain what you are doing.

NOTE

If the person has an obvious deformity, severe pain, or numbness/tingling beyond the injury this may indicate a serious fracture. Get urgent medical help.

CALL 999 IMMEDIATELY IF:

- The fracture is open (bone is through the skin).
- There is heavy bleeding that cannot be controlled.
- The person has signs of shock (see page 20).
- There is loss of feeling or they cannot move their fingers or toes.
- You suspect a fracture of the hip, pelvis, upper leg or upper arm.

AFTERCARE

- Reassure the person and keep them warm and still.
- Monitor their breathing, response and circulation.
- Note what happened and what action was taken.
- Hand over to medical professionals when they arrive.

IMPORTANT

- Do not try to realign the bone.
- Do not remove any embedded objects.
- Splint in the position you find it.
- If in doubt, immobilise and get medical help.

21 BURNS AND SCALDS

Quick and correct treatment can reduce pain, prevent infection and minimise scarring.

Assess the burn, cool it, protect it and get help if needed.

LAZARUS TRAINING

WHAT TO DO

CHECK SAFETY
Ensure the area is safe. Remove the person from the source of heat.

COOL THE BURN
Cool the burn under cool running water for at least 20 minutes.

REMOVE RESTRICTIVE ITEMS
Remove tight clothing and jewellery near the burn. Do not remove anything stuck to the skin.

COVER THE BURN
Cover loosely with cling film or a sterile, non-fluffy dressing. Do not use creams or ointments.

GET HELP
Seek medical advice for large, deep or facial burns or if in doubt.

Watch for signs of shock. Reassure the person and monitor their condition.



SEEK IMMEDIATE MEDICAL HELP

- Burns to the face, hands, feet, genitals or major joints
- Large burns (larger than the person's palm)
- Deep burns (white, charred or leathery skin)
- Burns in children under 5 years old
- Any burn with signs of shock or breathing difficulties

22

THE DUTIES OF A FIRST AIDER

First aiders play a vital role in keeping people safe at work. Your actions can save lives and prevent injuries from getting worse.

Assess the situation. Act safely. Get help. Care for the person.

YOUR KEY DUTIES

1. BE PREPARED

Know where first aid equipment is kept.
Keep your skills and knowledge up to date.
Be ready to act at any time.



2. ASSESS SAFETY

Check for any dangers to yourself, the casualty and others.
Make the area safe if you can.



3. GET HELP

Call 999 if required.
Ask someone to get help or an AED.
Follow any local emergency plan.



4. PROVIDE FIRST AID

Give appropriate care using the skills you have been trained in.
Treat the person with dignity and respect.



5. RECORD AND REPORT

Record what happened, what you did and the person's response.
Report to your line manager as required.



6. LOOK AFTER YOURSELF

After an incident, take time to reflect.
Seek support if needed and look after your own wellbeing.



You are not expected to diagnose or give medical treatment.
Your role is to provide first aid until medical help arrives.
Act within your training and company procedures.

CONTENTS OF A FIRST AID KIT

A well-stocked first aid kit helps you give effective care. Check regularly and restock any used or missing items.

LAZARUS TRAINING

ESSENTIAL CONTENTS



Adhesive dressings
- Assorted sizes
- Sterile



Sterile dressings
- Medium and large
- Individually wrapped

Triangular bandages
- For slings and support
- Non-sterile



Conforming bandages
- Assorted sizes
- For securing dressings



Adhesive tape
- For securing dressings
- Microporous preferred



Disposable gloves
- Powder-free
- Multiple pairs



Face shield
- For CPR protection



Cleansing wipes
- For cleaning wounds
- Alcohol-free



Scissors
- Blunt-ended
- For cutting dressings and clothing



Tweezers
- For removing splinters and debris



Safety pins
- Assorted sizes



Instant cold pack
- For sprains, strains and swelling



Foil blanket
- For shock and temperature control



First aid guidance
- Instruction leaflet

CHECK REGULARLY
Check your first aid kit at least monthly and after each use.
Replace used or out-of-date items immediately.

STORE SAFELY
Keep your kit in an easily accessible, clearly marked location.

23

MEDICAL HANDOVER TO THE AMBULANCE SERVICE

A clear, concise handover ensures the ambulance crew have the information they need to continue the best possible care.

Use AT MIST – it takes less than 60 seconds and can save lives.

LAZARUS TRAINING

WHY A GOOD HANDOVER MATTERS

- Helps ambulance crews understand the situation immediately
- Reduces delays in treatment and decision-making
- Ensures nothing important is missed
- Creates a clear record of care given
- Supports continuity of care and patient safety



Keep your handover focused, structured and chronological.
Speak clearly and confidently.

USE AT MIST

A – AGE & GENDER
The patient's age and gender.

T – TIME
When the incident happened (or when you first saw them).

M – MECHANISM OF INJURY / ILLNESS
What happened?
How did it happen?

I – INJURIES / ILLNESS
What do you think is wrong?
What have you found?

S – SIGNS & SYMPTOMS
Initial and current observations, including changes.

T – TREATMENT GIVEN
What have you done?
Medications, interventions, equipment.

PRACTICAL HANDOVER TIPS

Introduce yourself and the patient.
"I'm the first aider. This is Mr Smith."

Use AT MIST in order.
Keep it brief and structured.

Be ready to answer questions.
Ambulance crews may need more detail.

Hand over any relevant items.
Medications, ID, medical history, first aid record.

Let them know if there are any changes while they are with you.

Confirm the handover is complete.
"Is there anything else you need?"

REMEMBER
If anything changes – tell them.
Update your AT MIST.

THINGS TO HAVE READY

- First aid / treatment given
- Times of key events and treatments
- Medications given (dose and time)
- Any allergies or medical history
- Your contact details



KEEP IT FACTUAL

- ✓ Stick to what you observed and did.
- ✓ Avoid assumptions or opinions.
- ✓ Use times (e.g. "Pain started at 09:30").
- ✓ Be honest if you don't know.

EXAMPLE HANDOVER (AT MIST)

"Male, 45 years old.
"Incident at 09:30."
"Fall from ladder about 2 metres."
"Pain and swelling in left ankle."
"Alert. In pain. No other injuries."
"Given pain relief at 09:35 and immobilised ankle."
"No known allergies. No regular medication."
"No other relevant medical history."

24 ACCIDENT REPORTING

Reporting accidents and incidents helps prevent further harm, improves safety and ensures legal duties are met.

Report all accidents and near misses – no matter how minor.

LAZARUS TRAINING

KEY PRINCIPLES



1. REPORT ALL INCIDENTS

Report every accident, injury and near miss. It could prevent someone else being hurt.

2. REPORT PROMPTLY

Report as soon as possible after the incident, while details are clear and accurate.

3. BE FACTUAL

Stick to the facts. Do not guess or blame. Record what happened, not who was at fault.

4. KEEP CONFIDENTIAL

Share reports only with those who need to know. Respect everyone's privacy.

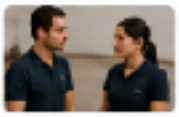
5. LEARN AND IMPROVE

Reporting helps identify risks and improve safety systems and procedures.

REPORTING PROCESS



1 MAKE SAFE
Ensure the area is safe. Provide first aid if needed and call for medical help.



2 REPORT IMMEDIATELY
Tell your line manager, supervisor or responsible person as soon as possible.



3 RECORD THE DETAILS
Complete the accident/incident report form. Include all the facts.



4 SUBMIT THE REPORT
Submit the report to your employer as per local procedures.



5 INVESTIGATION
Your employer may investigate the incident to find causes and prevent recurrence.



6 FEEDBACK AND ACTION
Lessons learned will be used to improve safety measures and training.

WHAT TO INCLUDE IN A REPORT

- Date and time of the incident
- Exact location of the incident
- Name, job role and contact details of the injured person
- Details of anyone else involved or witnesses
- What happened – sequence of events
- What caused the incident (if known)
- Injuries sustained and body part affected
- First aid given and by whom
- Equipment, substances or objects involved
- Action taken to make safe
- Photos or sketches (if helpful)

LEGAL RESPONSIBILITIES

Employers must record certain accidents and incidents.
They must report specified incidents to the HSE under RIDDOR.
Failure to do so can result in prosecution.

You have a legal duty to report certain injuries and incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
See your employer's procedures or HSE guidance.

REPORT TO THE HSE WHERE REQUIRED

Report to the HSE online at www.hse.gov.uk/riddor for reportable accidents, occupational diseases or dangerous occurrences.

KEEP RECORDS

Keep a record of all accident reports in line with company policy and data protection requirements.

25 SUMMARY: DRCAB, CPR & AT MIST

These core skills help you respond confidently and effectively in an emergency.

Stay calm, act safely, and always call for help if you are unsure.

LAZARUS TRAINING

DRCAB – PRIMARY SURVEY

Use DRCAB to assess the situation and identify life-threatening problems.

D – DANGER
- Check for danger to yourself, the patient and others.
- Make the area safe.

R – RESPONSE
- Check for a response.
- Gently talk and touch the patient.
- No response? Shout for help.

C – CATASTROPHIC BLEEDING
- Look for any severe bleeding.
- Apply direct pressure.
- Control bleeding.

A – AIRWAY
- Open the airway.
- Look, listen and feel for normal breathing.

B – BREATHING
- Is the patient breathing normally?
- If not, start CPR.

Once life-threatening problems are managed, continue with a secondary survey and ongoing care.

CPR – ADULTS

If the patient is unresponsive and not breathing normally, start CPR and call 999.

1 CALL 999
- Call for help or ask someone else to call.
- Get an AED if available.

2 30 CHEST COMPRESSIONS
- Place hands in the centre of the chest.
- Push hard and fast.
- 5–6 cm deep, 100–120 compressions per minute.

3 2 RESCUE BREATHS
- Tilt head, lift chin.
- Pinch nose and cover mouth.
- Blow steadily for 1 second.
- Watch for chest rise.

4 REPEAT
Continue 30:2 until:
- The patient starts breathing normally
- Help arrives
- You are unable to continue

USE AN AED AS SOON AS POSSIBLE
Turn it on and follow the voice prompts.

AT MIST – MEDICAL HANDOVER

Give a clear, concise handover to the ambulance crew.
Use AT MIST – it takes less than 60 seconds.

A – AGE & GENDER
The patient's age and gender.

T – TIME
When the incident happened (or when you first saw them).

M – MECHANISM OF INJURY / ILLNESS
What happened?
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What do you think is wrong?
What have you found?

S – SIGNS & SYMPTOMS
Initial and current observations, including changes.

T – TREATMENT GIVEN
What have you done?
Medications, interventions, equipment.

Speak clearly, be factual and stick to what you have observed and done.

BE PREPARED.
ACT CONFIDENTLY.
SAVE LIVES.



DISCLAIMER

This handbook is intended as a quick reference guide and does not replace formal first aid training.

It is designed for individuals who have attended a Lazarus Training first aid course.

Always follow your training, use your judgement and seek professional medical help when needed.

VISIT OUR WEBSITE

Scan the QR code to visit our website for more information, course dates, resources and the latest first aid updates.

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- Saving Lives

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LAZARUS TRAINING

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Use this handbook to quickly find the information you need in an emergency.



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REMEMBER

- Assess the situation and ensure safety
- Call 999 if appropriate
- Use effective first aid
- Stay with the casualty
- Monitor and re-assess

SCAN FOR RESOURCES

Scan the QR code for training videos, resources and reference materials.