LAZARUS TRAINING

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

LAZARUS TRAINING

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

LAZARUS TRAINING

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.



LAZARUS TRAINING

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.

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.

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

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

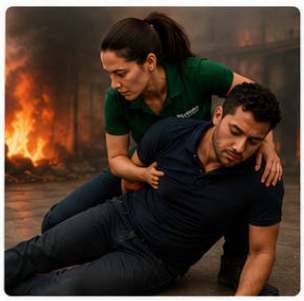
PLAN A – LEAVE THE CASUALTY IN PLACE
If the area is safe, or can be made safe, leave the casualty where they are.



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 the 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.



LAZARUS TRAINING

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.

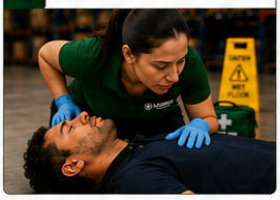
CHECK FOR A RESPONSE

1 CHECK IT IS SAFE



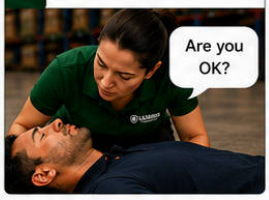
- Check for danger to yourself, others and the casualty.
- Do not put yourself at risk.

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.

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.



THE ACVPU SCALE

Use the **ACVPU** scale to assess the level of response.

A – ALERT
The person is awake, alert 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. firm pinch.

U – UNRESPONSIVE
No response to voice or pain.

05 CATASTROPHIC BLEEDING

Severe bleeding can kill in minutes.
Act quickly.

LAZARUS TRAINING



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

LAZARUS TRAINING

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.

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 CONVINCE AND REASSURE



Reassure the casualty, keep them still and monitor them 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

LAZARUS TRAINING

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 time 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 waiting for other measures to work.
- 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.

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 WOUND PACKING WITH A HAEMOSTATIC DRESSING

LAZARUS TRAINING

Used for severe bleeding in wounds where direct pressure and a tourniquet cannot be applied or are not effective, such as the neck, armpit or groin.

WHAT IS A HAEMOSTATIC DRESSING?

Haemostatic dressings contain agents that help the blood to clot. They are designed to stop or control severe bleeding faster than standard dressings.

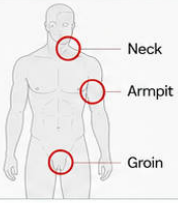


WHEN TO USE

Use when bleeding is severe and cannot be controlled with direct pressure and a tourniquet cannot be applied or is not effective.

Examples: deep wounds to the torso, neck, armpit or groin.

These interventions can save a life.



KEY POINTS

- Pack the dressing deep and firmly.
- Fill all dead space in the wound.
- Do not remove the packed dressing to check the wound.
- Keep pressure on the dressing at all times.
- Use additional dressings if bleeding continues.
- Monitor the casualty continuously.
- Seek urgent medical help as soon as possible.

HOW TO PACK A WOUND WITH A HAEMOSTATIC DRESSING

1 EXPOSE AND INSPECT



- Expose the wound fully and check for any visible objects.
- If an object is embedded, do not remove it.

2 PREPARE THE DRESSING



- Take the end of the haemostatic dressing and create a small ball to help with pushing it in.
- Do not remove or unfold the rest of the dressing.

3 START PACKING



- Using firm pressure, push the dressing deep into the wound.
- Pack it in as far as you can.

4 PACK FIRMLY



- Continue adding dressing and pushing it in firmly.
- Fill the entire wound cavity.

5 APPLY PRESSURE



- Apply direct pressure with your hand on top of the packed material for 3 minutes.
- Do not let go.

6 ADD MORE IF NEEDED



- If bleeding continues, add more haemostatic dressing on top.
- Maintain firm pressure for a further 3 minutes.

7 SECURE AND MONITOR



- Secure the dressing in place with a pressure bandage or other means.
- Monitor the casualty and treat for shock.

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.



IMPORTANT WARNINGS

- Use haemostatic dressings only as instructed.
- Do not remove the dressing once packed.
- If bleeding is not controlled, continue to pack and apply pressure.
- Transport the casualty to hospital as soon as possible.

AFTERCARE

Reassure the casualty and continue to monitor them.

Treat for shock, keep warm and reassure.

Get urgent medical help as soon as possible.

WHAT TO EXPECT

The packed dressing will help the blood to clot. Some oozing may continue around the dressing – this is normal. Do not remove the dressing.

Professional medical care is required to remove the dressing.

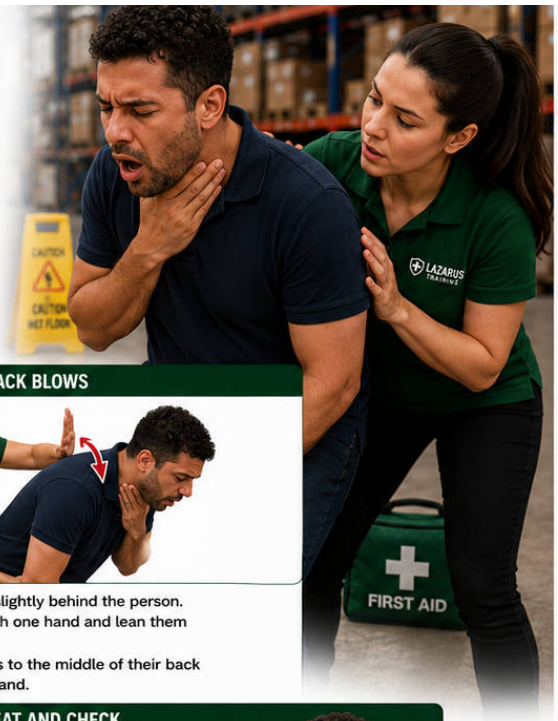
09 ADULT CHOKING

LAZARUS TRAINING

Act quickly if someone is choking.
Follow these steps.

SIGNS OF CHOKING

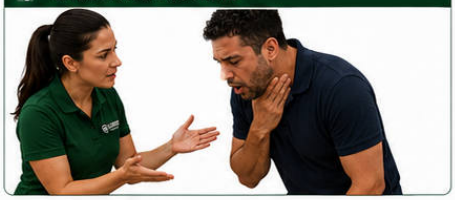
- Unable to speak
- Struggling to breathe
- High-pitched noise when breathing
- Holding throat
- Panic or distressed expression
- Skin or lips may turn blue



KEY POINTS

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

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.



IF THE PERSON BECOMES UNRESPONSIVE

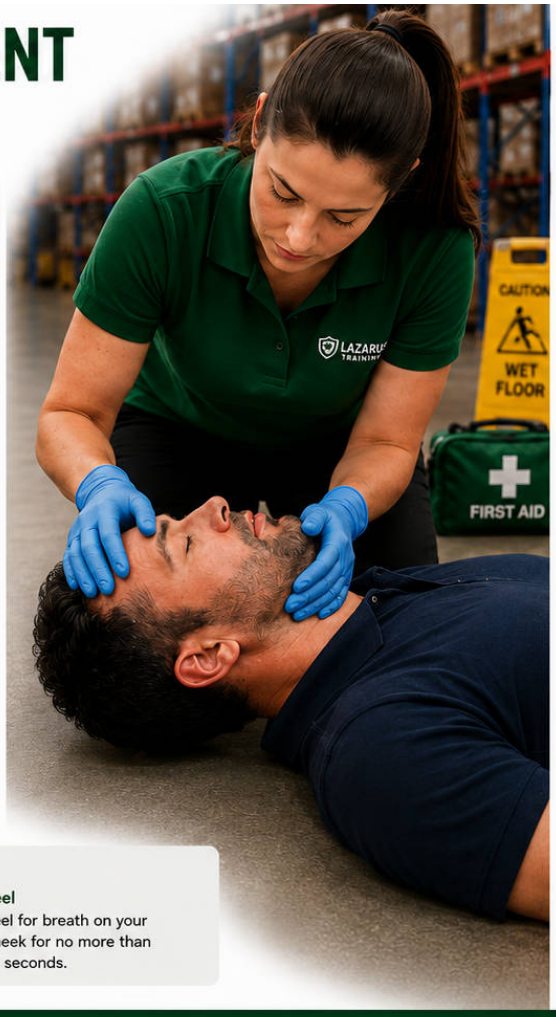
Call 999 immediately.
Start CPR.
Use an AED as soon as it is available.

RCUK 2025 UPDATE

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

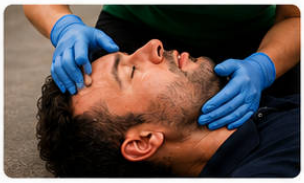
10 AIRWAY MANAGEMENT

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



LAZARUS TRAINING

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.

11 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.

LAZARUS TRAINING

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 doing to the casualty.

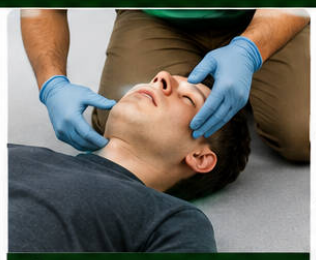
SAFETY FIRST

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

HOW TO PERFORM A JAW THRUST



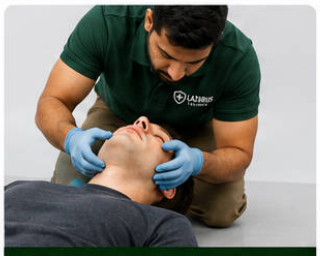
1 Kneel at the head of the casualty. Place your hands either side of their head, with your elbows resting on the floor.



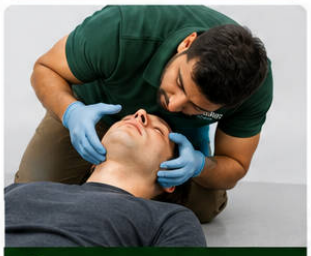
2 Place your fingers behind the angle of the lower jaw on each side of the casualty's face. Your thumbs should not be on the face.



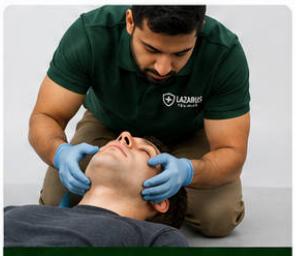
3 Gently lift the jaw upwards using your fingers. This will move the lower jaw forwards and open the airway.



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.

12 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.



LAZARUS TRAINING

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

AGONAL 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.

13 CPR & AED USE ON WOMEN

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

LAZARUS TRAINING

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:

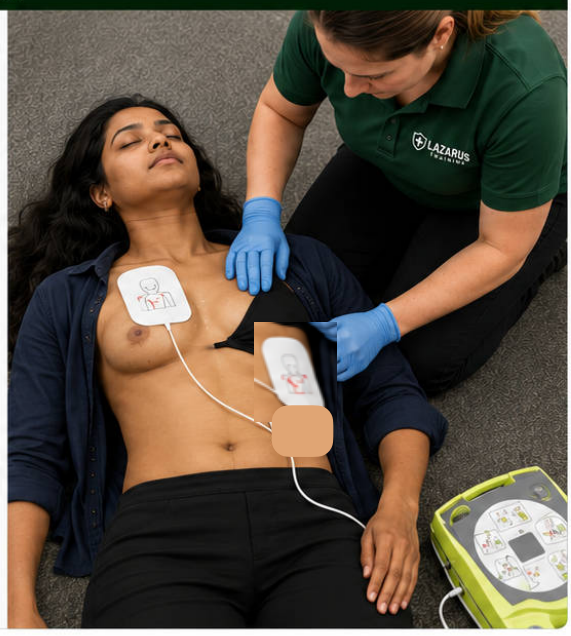
- the casualty is unconscious
- every minute counts
- CPR and defibrillation are medical treatment

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) Lazarus Training Instructor Guidance and current evidence.

14 USING AN AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

LAZARUS TRAINING

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.

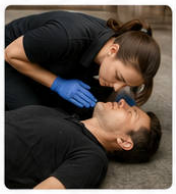
HOW TO USE AN AED

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



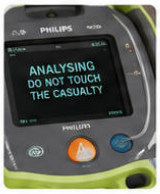
- Open the lid and press the power button.
- The AED will give you voice instructions.

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 ANALYSE 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)

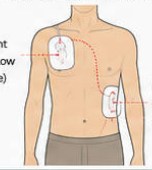
Use paediatric pads if available. If not available, use adult pads.

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.

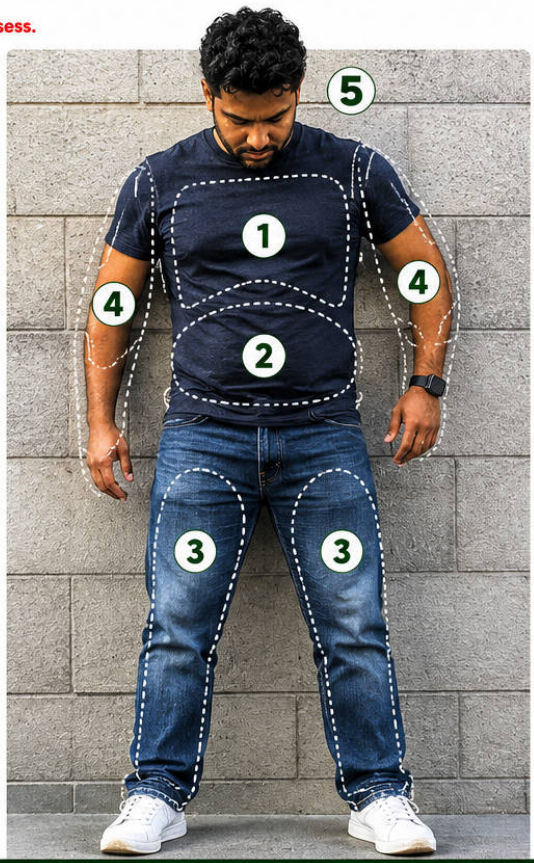
Be ready to restart CPR and use the AED if they become unresponsive again.



15 SECONDARY ASSESSMENT

LAZARUS TRAINING

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.



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 bracelets
- Needle marks
- Medications or inhalers
- Loose items (ID, wallet)
- Tight or unusual clothing
- Eyewear, hearing aids
- Jewellery or dentures
- Mobile phone or valuables

16 THE RECOVERY POSITION

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

LAZARUS TRAINING

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.

17 CHEST INJURIES

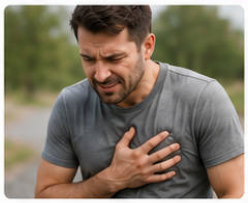
Chest injuries can affect the ribs, muscles, or internal organs and may make it hard to breathe.

Get medical help immediately if the injury is severe.

LAZARUS TRAINING

COMMON CAUSES

- Falls or direct impact to the chest
- Road traffic collisions
- Sports injuries
- Blows or punches
- Crushing injuries



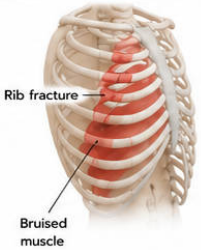
TYPES OF CHEST INJURIES

Rib fractures – cracks or breaks in one or more ribs.

Bruised or injured chest – damage to muscles or soft tissue.

Penetrating injuries – objects that break the skin and enter the chest.

Flail chest – a section of the chest wall becomes detached and moves separately from the rest.



SIGNS AND SYMPTOMS

- Pain in the chest, especially when breathing, moving or touching the area
- Shortness of breath or difficulty breathing
- Bruising, swelling or tenderness
- Coughing or coughing up blood
- Feeling light-headed, weak or faint
- Visible deformity or uneven movement of the chest

WHAT TO DO

1. GET HELP
Call 999 or seek urgent medical help.



2. HELP THEM BREATHE
Help the person sit up in a position of comfort.
Do not let them lie flat.
Keep them calm and still.



3. MANAGE OPEN WOUNDS
If there is an open wound, cover it with plastic (e.g. cling film or a plastic dressing) and tape on all four sides.
Do not remove objects that are stuck in the chest.



4. MONITOR
Check their breathing and level of response regularly. Be ready to give CPR if needed.



5. KEEP WARM
Cover the person with a blanket or jacket to help prevent shock.



WHAT NOT TO DO

- Do not let the person lie flat on their back.
- Do not remove any object stuck in the chest.
- Do not give food or drink.
- Do not leave the person alone.

POTENTIAL SERIOUS COMPLICATIONS

- Collapsed lung (pneumothorax)
- Internal bleeding
- Damage to the heart or major blood vessels
- Shock
- Respiratory failure

These conditions can be life-threatening. Urgent medical care is essential.

SEEK URGENT MEDICAL HELP IF:

- The person has trouble breathing.
- There is heavy bleeding.
- They cough up blood.
- They become drowsy, confused or lose consciousness.

REMEMBER

Even if the injury seems minor, chest injuries can worsen quickly. It is always best to get medical attention.

NOTE

This information is not a substitute for professional medical care. When in doubt, always seek help.

18 ANAPHYLAXIS

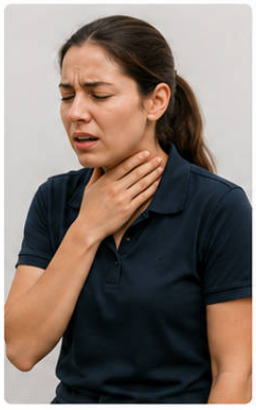
Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate treatment.

Act quickly. Call 999. Use adrenaline.

LAZARUS TRAINING

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.

19 ASTHMA – RECOGNISE AND FIRST AID

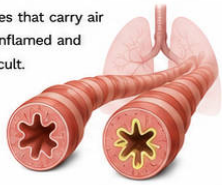
Asthma is a common long-term condition that affects the airways in the lungs.

With the right first aid, you can help someone recover and prevent their asthma from becoming life-threatening.

LAZARUS TRAINING

WHAT IS ASTHMA?

Asthma causes the airways (the tubes that carry air in and out of the lungs) to become inflamed and narrowed. This makes breathing difficult.
Asthma is not contagious.



WHAT TRIGGERS ASTHMA?

Triggers vary from person to person but may include:

- Exercise
- Allergens (e.g. pollen, dust, animal dander)
- Cold air
- Respiratory infections (colds, flu)
- Smoke, fumes or strong smells
- Stress or strong emotions

KEY FACTS

- Asthma can affect people of any age.
- Most people with asthma carry a reliever inhaler.
- Asthma can get worse quickly.
- Severe asthma attacks can be life-threatening.

These interventions can save a life.



HOW TO RECOGNISE ASTHMA

Signs and symptoms can vary, but may include:

- **Shortness of breath** – Breathing may be fast or difficult.
- **Wheezing** – A whistling or squeaky sound when breathing out.
- **Tight chest** – Feeling a tightness or pressure in the chest.
- **Coughing** – May be persistent, especially at night or early morning.
- **Difficulty speaking** – May only be able to speak in short sentences.
- **Pale, sweaty or anxious** – May appear distressed or frightened.

FIRST AID TREATMENT FOR ASTHMA

Follow these steps. If symptoms worsen or do not improve, seek urgent medical help.

1 REASSURE AND SIT THEM UP



- Stay calm and reassure them.
- Help them sit upright in a comfortable position.
- Keep them calm and encourage slow breathing.

2 ASK ABOUT THEIR ASTHMA



- Ask if they have asthma.
- Ask if they have their reliever inhaler.
- If yes, help them use it. If no, move to the next step.

3 HELP THEM USE THEIR RELIEVER INHALER



- Shake the inhaler.
- Use with a spacer if available.
- 4 puffs, one at a time.
- Shake before each puff.
- Have them take 4–6 slow breaths from the spacer.
- Wait 4 minutes.

4 REASSESS AFTER 4 MINUTES



- If symptoms improve, continue to monitor.
- If there is no improvement or symptoms worsen, give another 4 puffs.
- Wait another 4 minutes and reassess.

5 KEEP CALM AND MONITOR



- Stay with them.
- Encourage slow, steady breathing.
- Keep them sitting up.
- Do not leave them alone.

6 SEEK URGENT MEDICAL HELP IF NEEDED



- Call triple zero (999) if:
  - Symptoms are severe or worsening.
  - No improvement after 2 rounds of inhaler.
  - They are struggling to breathe or speak.
  - You are concerned.

SEVERE ASTHMA – CALL 999 IMMEDIATELY IF:

- The person is struggling to breathe.
- They can't speak in sentences.
- Their lips or face look blue.
- They are confused, drowsy or losing consciousness.
- Their inhaler is not working.

AFTERCARE

- Continue to reassure and monitor them.
- Encourage them to use their reliever inhaler as needed.
- Advise them to seek medical advice if symptoms continue.
- Record what happened and what action was taken.

IMPORTANT

- Do not force the person to lie down.
- Asthma attacks can come on quickly – act fast.

20 HYPERVENTILATION

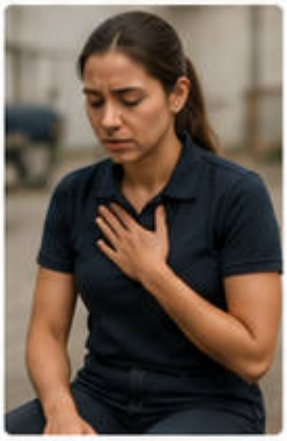
LAZARUS TRAINING

Hyperventilation is rapid or deep breathing, often caused by stress, anxiety, fear or panic.

It is not usually life-threatening but can be very distressing.

SIGNS AND SYMPTOMS

- Rapid breathing
- Shortness of breath
- Dizziness or light-headedness
- Tingling in fingers, hands or around the mouth
- Chest tightness
- Palpitations
- Feeling anxious or panicky



Symptoms usually develop suddenly and can come in waves.

WHAT TO DO

1 REASSURE

Reassure the person. Tell them they are not having a heart attack and that the symptoms will pass.



2 ENCOURAGE SLOW BREATHING

Ask the person to breathe slowly in through their nose and out through their mouth.



3 USE BREATHING TECHNIQUE

Ask them to breathe into a paper bag or cup with hands around it to rebreathe some of their air. (Do not use plastic bags.)



4 STAY WITH THEM

Stay with the person until their breathing returns to normal and they feel better.



WHAT NOT TO DO

- Do not leave the person alone.
- Do not use plastic bags.
- Do not give any medication.
- Do not force the person to calm down.

REMEMBER

Hyperventilation is common but can be frightening. Reassurance and slow breathing are the most effective help.

SEEK URGENT MEDICAL HELP IF:

- Symptoms do not improve after 10–15 minutes.
- The person faints or becomes confused.
- Chest pain is severe.
- You are worried about their condition.

TIPS

- Speak calmly and confidently.
- Encourage the person to focus on their breathing.

21 ANGINA – RECOGNISE AND FIRST AID

LAZARUS TRAINING

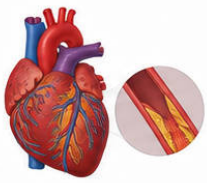
Angina is chest pain or discomfort caused by reduced blood flow to the heart.

With the right first aid, you can help relieve symptoms and get the person the medical help they need.

WHAT IS ANGINA?

Angina occurs when the heart muscle doesn't get enough oxygen-rich blood. It usually feels like pressure, tightness or discomfort in the chest.

It is a symptom of coronary heart disease (CHD).



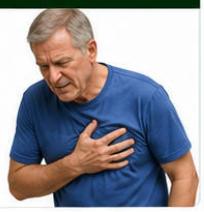
WHAT TRIGGERS ANGINA?

Triggers vary from person to person but may include:

- Physical exertion or activity
- Emotional stress or anxiety
- Cold weather
- Heavy meals
- Smoking
- Illness

KEY FACTS

- Angina is not the same as a heart attack, but it can lead to one.
- Angina usually settles with rest and medication.
- People with angina need medical assessment, as their condition can worsen.
- **These interventions can save a life.**



HOW TO RECOGNISE ANGINA

Symptoms can vary, but may include:

Chest discomfort
Pressure, tightness, squeezing or heaviness in the chest.

Discomfort in other areas
May spread to the arms, shoulders, neck, jaw, back or upper abdomen.

Shortness of breath
May occur with or without chest discomfort.

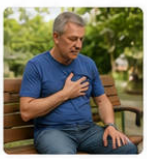
Other signs
Sweating, nausea, light-headedness or unusual tiredness.

Symptoms usually come on with activity or stress and ease with rest or medication.

FIRST AID TREATMENT FOR ANGINA

Follow these steps.

1 STOP AND CHECK



- Stop what they are doing.
- Check their symptoms.
- If symptoms do not settle quickly, or you are unsure, seek medical help.

2 SIT THEM DOWN AND REST



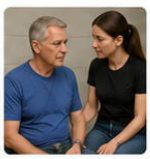
- Help them to sit down in a comfortable position.
- Loosen tight clothing.
- Keep them warm.

3 GIVE THEIR ANGINA MEDICATION



- Help them take their GTN (glyceryl trinitrate) tablet or spray as prescribed.
- Follow their plan.

4 STAY AND MONITOR



- Stay with them.
- Reassure them.
- Monitor their condition and response to medication.

5 IF SYMPTOMS DO NOT SETTLE – CALL 999



- If pain lasts more than 5 minutes after resting and taking medication, call 999.
- Tell them it is angina.

6 GIVE FURTHER GTN IF PRESCRIBED AND SAFE



- If symptoms continue and they are prescribed GTN, they may take another dose as per their plan.
- Usually wait 5 minutes between doses.
- Do not exceed 3 doses.

KEY POINTS

- Encourage the person to rest and avoid further exertion.
- Do not leave them alone.
- Keep them calm and reassured.
- Angina usually settles within a few minutes of rest and/or medication.
- Always seek medical help if symptoms do not settle, worsen or feel different from usual.

NOTE

If the person is prescribed GTN, help them use it. If they do not have their medication with them, seek medical help.

CALL 999 IMMEDIATELY IF:

- Chest pain lasts more than 5 minutes.
- Pain returns after resting and taking medication.
- The pain is severe, worsening or different from usual.
- They have other symptoms such as heavy sweating, breathlessness, nausea or collapse.
- You are concerned.

AFTERCARE

- If symptoms settle, encourage them to rest for the rest of the day.
- Encourage them to review their angina management plan with their doctor.
- Encourage a heart-healthy lifestyle: stop smoking, healthy eating, exercise, manage stress.
- Advise them to seek medical advice if angina is getting worse or more frequent.

IMPORTANT

- This information is not a substitute for medical treatment.
- People with angina should have an up-to-date management plan from their doctor.
- Ensure they carry their angina medication at all times.

22 HEART ATTACK

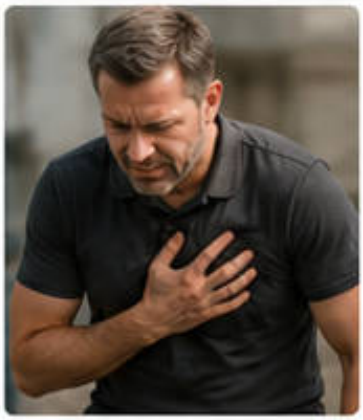
LAZARUS TRAINING

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.

23 INTERNAL BLEEDING

LAZARUS TRAINING

Internal bleeding can occur after injury without obvious external bleeding.

It can be life-threatening and requires urgent medical treatment.

SIGNS AND SYMPTOMS

- Pain, swelling or tenderness
- Bruising (especially around the abdomen or chest)
- Pale, cold or clammy skin
- Weakness or dizziness
- Rapid or weak pulse
- Nausea or vomiting
- Shortness of breath
- Feeling faint or confused
- Restlessness or agitation



Symptoms may be delayed and can worsen over time.

WHAT TO DO

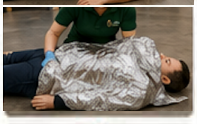
1 CALL 999
Call 999 immediately.



2 LAY THE PERSON DOWN
Lay the person flat. Raise their legs slightly if possible.



3 KEEP WARM
Cover the person with a blanket or jacket to help prevent shock.



4 DO NOT GIVE ANYTHING
Do not give food, drink or medication.



5 MONITOR
Monitor their breathing, pulse and level of response.



WHAT NOT TO DO

- Do not give food or drink.
- Do not give medication.
- Do not move unless in danger.
- Do not leave the person alone.

REMEMBER
Internal bleeding is not always obvious. Treat seriously and act early.

SEEK URGENT MEDICAL HELP IF:
- Severe or worsening pain.
- Signs of shock (pale, cold, weak, dizzy).
- Vomiting blood or coughing blood.
- You are concerned.

TIPS
- Keep the person calm and still.
- Continue monitoring until help arrives.

24 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 unnecesarily.
- 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.

25 HEAD INJURIES

LAZARUS TRAINING

Head injuries can range from minor bumps to serious brain injuries.
Early assessment and monitoring are essential.

SIGNS AND SYMPTOMS

- Headache
- Dizziness or feeling dazed
- Nausea or vomiting
- Blurred vision
- Loss of consciousness
- Confusion or disorientation
- Difficulty speaking
- Bleeding from the scalp
- Seizures or fits
- Unequal pupil size
- Weakness or numbness in arms or legs



Symptoms can appear immediately or develop later.

WHAT TO DO

1 CALL 999
Call 999 for all head injuries that cause loss of consciousness, confusion, vomiting, or if the injury is severe.



2 CHECK RESPONSE
Talk to the person. Check their response, breathing and pulse.



3 CONTROL BLEEDING
Apply gentle pressure to any bleeding on the scalp using a dressing.



4 KEEP STILL
Keep the person still. Do not move them unless in danger. Support their head.



5 MONITOR
Monitor their breathing, level of response and pupils until help arrives.



WHAT NOT TO DO

- Do not move the person unless in immediate danger.
- Do not give the person food or drink.
- Do not remove a helmet unless trained to do so.
- Do not give any medication.

REMEMBER
Even a minor head injury can become serious. Monitor for at least 24–48 hours.

SEEK URGENT MEDICAL HELP IF:
- Loss of consciousness.
- Repeated vomiting.
- Increasing drowsiness or confusion.
- Seizures or convulsions.

TIPS
- Reassure the person.
- Keep them warm.
- Watch for changes.

26 STROKE

LAZARUS TRAINING

A stroke occurs when blood flow to part of the brain is interrupted.

Act FAST – early treatment can save lives and reduce long-term damage.

SIGNS AND SYMPTOMS

Use the FAST test to spot the signs of a stroke:

F – FACE
Has their face fallen on one side? Can they smile?



A – ARMS
Can they raise both arms? Does one arm drift down?



S – SPEECH
Is their speech slurred or strange? Can they speak and understand you?



T – TIME
Call 999 immediately. Time is critical.



WHAT TO DO

1 CALL 999 IMMEDIATELY
Time is critical. Every minute counts.



2 REASSURE THEM
Stay calm. Reassure the person and explain help is on the way.



3 KEEP THEM COMFORTABLE
Help them sit in a comfortable position with head and shoulders supported.



4 CHECK RESPONSE
Monitor their breathing, level of response and pulse.



5 DO NOT GIVE FOOD OR DRINK
They may have difficulty swallowing.



WHAT NOT TO DO

- Do not leave the person alone.
- Do not give food or drink.
- Do not give them medication.
- Do not delay calling 999.

GET MEDICAL HELP IF:

- Any signs of a stroke, even if they improve or go away.

REMEMBER
Act FAST.
Call 999.
Early treatment saves lives.

SEEK URGENT MEDICAL HELP IF:

- Any sudden weakness or numbness.
- Sudden confusion.
- Sudden trouble speaking.

TIPS

- Note the time symptoms started.
- If possible, record other symptoms.
- Stay with the person and monitor.

27 EPILEPSY – RECOGNISE AND FIRST AID

LAZARUS TRAINING

Epilepsy is a neurological condition that affects the brain and can cause recurrent seizures.

With the right first aid, you can help keep the person safe and support their recovery.

WHAT IS EPILEPSY?

Epilepsy is a long-term condition that affects the brain.
It causes a tendency to have seizures (also called fits).

Seizures happen when there is a sudden burst of electrical activity in the brain.



WHAT TRIGGERS SEIZURES?

Triggers vary from person to person but may include:

- Lack of sleep
- Stress or anxiety
- Flashing lights
- Illness or fever
- Alcohol or drugs
- Missing medication

KEY FACTS

- Epilepsy can affect people of any age.
- Most seizures are not life-threatening.
- Seizures usually last 1–3 minutes.
- People with epilepsy lead full and active lives.
- **These interventions can save a life.**

HOW TO RECOGNISE A SEIZURE

Signs and symptoms can vary, but may include:

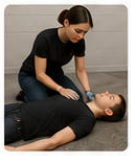
- **Loss of awareness** – May stare blankly or become unresponsive.
- **Muscle stiffness and jerking** – Arms and legs may stiffen and jerk repeatedly.
- **Breathing changes** – Breathing may become irregular or noisy.
- **Other signs** – Drooling, foaming at the mouth, or blue lips or face.
- **Tired or confused after** – The person may be confused, drowsy or have a headache.

Not all seizures involve falling or jerking. Some people have brief absences or unusual sensations.

FIRST AID TREATMENT FOR A SEIZURE (CONVULSIVE SEIZURE)

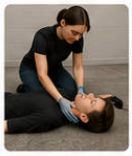
Follow these steps. Most seizures stop on their own.

1 CHECK AND STAY CALM



- Check the area is safe.
- Stay calm and reassure others.
- Time the seizure from when it starts.

2 PROTECT FROM INJURY



- Gently guide them to the ground.
- Cushion their head with something soft (e.g. a folded jacket).
- Move sharp or hard objects away.

3 DO NOT RESTRICT MOVEMENT



- Do not hold them down or try to stop their movements.
- Do not put anything in their mouth.

4 MONITOR AND REASSURE



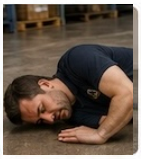
- Stay with them.
- Reassure them as the seizure ends.
- Monitor their breathing and colour.

5 AFTER THE SEIZURE



- When the movements stop, gently roll them onto their side.
- Keep their airway clear.

6 STAY AND SUPPORT



- Stay with them until they are fully alert and orientated.
- They may be confused, tired or have a headache.

7 SEEK MEDICAL HELP IF NEEDED



- Call 999 if the seizure:
  - lasts longer than 5 minutes
  - happens again without recovery in between
  - occurs in water
  - causes injury
  - occurs in someone who is pregnant, has diabetes, or is unwell.
- Get medical help if you are unsure or it is the person's first seizure.

KEY POINTS

- Stay calm and reassure the person and others.
- Protect the person from injury.
- Do not hold them down.
- Do not put anything in their mouth.
- Most seizures stop on their own.
- After a seizure, the person may be confused or sleepy.
- Respect the person's privacy and dignity.

NOTE
If the person has a seizure medication (e.g. Buccolam®) and their seizure lasts longer than 5 minutes, follow their individual care plan if available. You do not need special training to administer Buccolam®.

CALL 999 IMMEDIATELY IF:

- The seizure lasts longer than 5 minutes.
- Another seizure starts as soon as the first one stops.
- The person is not breathing normally after the seizure.
- The seizure happens in water.
- The person is injured or badly hurt.
- The person is pregnant, has diabetes, or is unwell.

AFTERCARE

- Stay with them until they are fully recovered.
- Let them rest in a quiet place.
- Speak calmly and explain what happened.
- If appropriate, help them contact family or friends.
- Note the time, how long the seizure lasted and what happened.

IMPORTANT

- Do not give food, drink or medication until they are fully alert and able to swallow safely.
- Take any seizure medication from them or with them to hand to paramedics if called.
- Follow any individual first aid plan for epilepsy if available.

28 EYE INJURIES

Eye injuries can range from minor irritation to serious damage that may affect vision.
Act quickly and seek medical help if in doubt.

LAZARUS TRAINING

UNDERSTANDING EYE INJURIES

The eye is delicate and can be easily injured by chemicals, particles, blunt trauma or penetrating objects.

Even minor injuries can become serious if not treated correctly.

Always protect the eye, avoid rubbing, and seek medical help when needed.



COMMON CAUSES

- Dust, dirt or debris
- Foreign bodies (e.g. metal or wood particles)
- Chemical splashes
- Blunt trauma (e.g. hit to the eye)
- Sharp objects penetrating the eye
- Exposure to strong light (e.g. welding arc)

i Wear appropriate eye protection when working with tools, chemicals or in dusty environments.

SIGNS AND SYMPTOMS

- Pain or discomfort in the eye
- Tearing or watering
- Redness
- Blurred or reduced vision
- Sensitivity to light
- Swelling or bruising around the eye
- Nausea (may occur with severe injuries)

i Any change in vision, severe pain, or penetrating injury requires urgent medical assessment.

WHAT TO DO

1 CHECK THE SITUATION
Ensure the area is safe for you and the casualty.



2 DO NOT RUB THE EYE
Rubbing can cause further damage. Ask the person not to rub their eye.



3 REMOVE CONTACT LENSES
If present and easy to do, remove contact lenses.



4 IRRIGATE THE EYE
Rinse the eye with clean, lukewarm water or sterile eye wash.
Let water flow from the inner corner (near the nose) outwards.



5 CONTINUE RINSING
Continue for at least 15 minutes or until the irritation is relieved.



6 COVER AND PROTECT
Cover the eye with a sterile eye pad or clean sterile dressing.
Do not apply pressure.
Protect both eyes if injury is severe.



7 GET MEDICAL HELP
Seek medical attention as soon as possible, even if symptoms improve.



! If there is a penetrating object in the eye, **do not remove it. Immobilise and seek urgent medical help.**

SPECIFIC INJURIES – WHAT TO DO

FOREIGN BODY (e.g. dust, grit)
Rinse the eye with clean water.
Do not try to remove an object stuck in the eye – seek medical help.



CHEMICAL SPLASH
Irrigate the eye immediately with plenty of water for at least 15 minutes.
Remove contaminated clothing if safe.
Seek urgent medical help.



BLUNT TRAUMA
Apply a cold compress (wrapped in a cloth) to reduce swelling.
Cover the eye and seek medical help.



PENETRATING INJURY
Do not remove any object.
Stabilise the object if possible.
Cover and get emergency medical help.



WHAT NOT TO DO

- Do not rub or press on the eye.
- Do not remove an object stuck in the eye.
- Do not use eye drops unless directed by a medical professional.
- Do not delay getting medical help for serious injuries.

! GET MEDICAL HELP IF:
- Pain is severe or gets worse
- Vision is blurred or changes
- There is bleeding in the eye
- An object has penetrated the eye
- Symptoms do not improve quickly

REMEMBER
Early treatment can prevent serious complications and protect vision.

SEEK URGENT MEDICAL HELP IF:
- Loss of vision or sudden changes
- Severe pain
- Penetrating injury
- Chemical exposure

FOLLOW UP
The casualty should be seen by a healthcare professional, even if they feel better.

TIPS
- Keep a first aid eye wash or saline solution in the workplace.
- Ensure eye protection is used where risks exist.
- Be aware of emergency eyewash stations.

29 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.

Reduced 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).

i 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, rigid object (e.g. rolled magazine, board) or your hands and padding.
- Immobilise the joint above and below the fracture.

4 CHECK CIRCULATION BEYOND THE INJURY



- Check for circulation, 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.

i 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 02).
- 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.

30 SPINAL INJURIES (PART 1 OF 2)

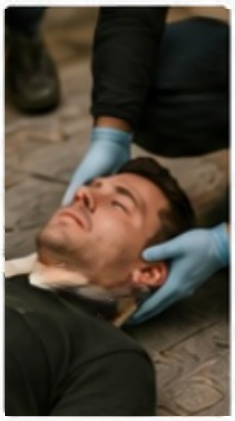
Spinal injuries can be caused by falls, road traffic collisions, heavy objects or sports injuries. Incorrect movement can cause further damage and paralysis.

Stabilise the head, neck and spine. Get help.

LAZARUS TRAINING

SIGNS AND SYMPTOMS

- Neck or back pain
- Numbness, tingling or weakness in arms or legs
- Loss of movement
- Loss of sensation
- Abnormal position
- Loss of bladder or bowel control



Assume a spinal injury if the mechanism of injury is significant.

WHAT TO DO

1 CALL 999
Get emergency help.



2 STABILISE THE HEAD
Hold the head firmly in line with the body.



3 DO NOT MOVE THEM
Keep the person still. Do not turn or sit them up.



4 CHECK RESPONSE
Talk to the person. Do not move the head to open the airway.



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



WHAT NOT TO DO

- Do not move the person unless they are in immediate danger.
- Do not remove helmets or neck support.
- Do not let them sit up.
- Do not give food or drink.
- Do not guess or improvise.

GET MEDICAL HELP IF:

- Any numbness, weakness of movement.
- Severe neck or back pain.

REMEMBER
Protect the spine. Stabilise, monitor and await help.

SEEK URGENT MEDICAL HELP IF:

- Any loss of movement or sensation.
- Difficulty breathing.
- Significant neck or back pain.

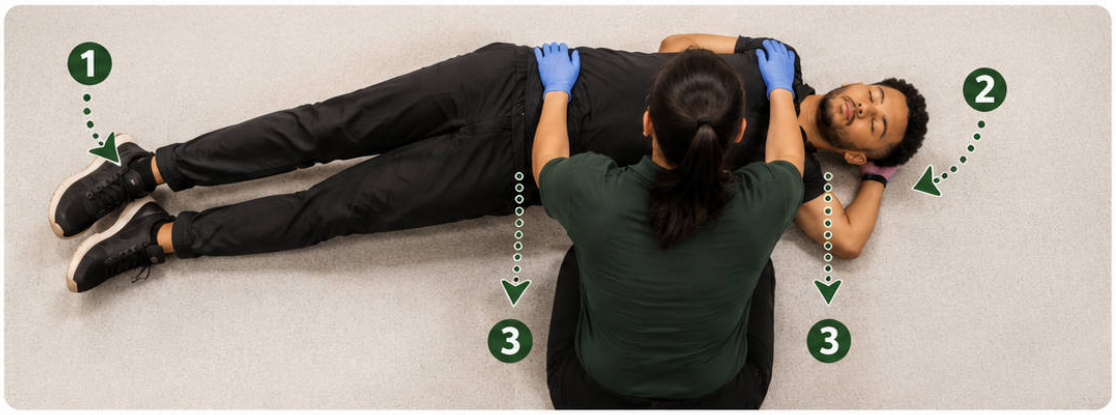
TIPS

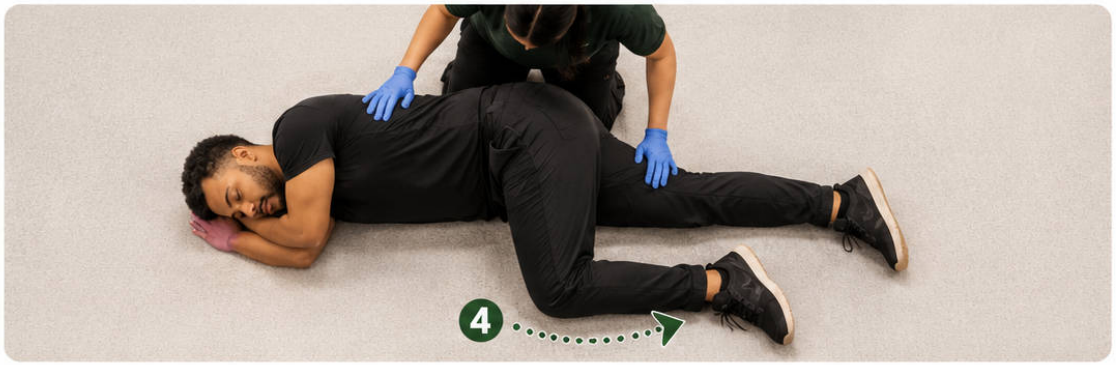
- Reassure the person.
- Keep them warm.
- Do not leave them alone.

31 SPINAL RECOVERY POSITION

Only move a spinal injury casualty if they are unresponsive, and the airway is at risk (e.g. fluids in the airway).

LAZARUS TRAINING





1. Kneel at the side of the casualty and cross their legs, bringing the far leg towards you **(1)**.
2. Carefully slide the casualty's nearest hand under their head, palm upwards. Do this with **absolute minimal movement of the head (2).**
3. Bring the far arm towards you, across their chest, then grasp the far shoulder and the hip. Pull equally on the shoulder and hip to roll the casualty towards you, onto their side **(3).**
4. Adjust the upper leg so the hip and knee are at right angles **(4).**

32 USING A SLING – SUPPORTING AN INJURED ARM

LAZARUS TRAINING

A sling supports an injured arm, reduces pain and helps prevent further injury.

Use a sling for suspected injuries to the arm, elbow, wrist, hand, collarbone or upper arm.

WHEN TO USE A SLING

- Pain, swelling or tenderness in the arm, elbow, wrist, hand or collarbone.
- Suspected fractures, sprains or strains.
- After first aid treatment to help support the injury.
- While waiting for medical help.

Do not try to push bones back into place.

WHAT YOU NEED

A triangular bandage (or large piece of cloth)

Safety pins (optional)



KEY POINTS

- Support the whole arm – from hand to upper arm.
- Keep the elbow at a right angle.
- The hand should be higher than the elbow.
- Make it comfortable but not too tight.
- Check circulation in the hand before and after applying the sling.

Check: Is the hand warm?
Can the person feel their fingers?
Are they able to move their fingers?

SLING POSITIONS – OVERVIEW

UPPER POSITION
(for most injuries to the forearm, wrist, hand or elbow)



Supports the hand higher than the elbow. Use for wrist, forearm, hand or elbow injuries.

LOWER POSITION
(for upper arm or shoulder injuries)



Supports the forearm with the hand lower, close to the waist. Use for upper arm or shoulder injuries.

HOW TO APPLY A SLING – UPPER POSITION (FOR FOREARM, WRIST, HAND OR ELBOW INJURIES)

1. Hold the triangular bandage by the top point and let it hang down.



2. Place the injured arm on the bandage with the elbow about 5–10 cm (2–4 inches) above the bottom point.



3. Bring the top point up over the shoulder on the injured side.



4. Bring the two ends behind your neck.



5. Tie the ends together with a knot. Use a safety pin if needed.



6. Check the sling supports the whole arm, the hand is higher than the elbow and feels comfortable. Check circulation.



HOW TO APPLY A SLING – LOWER POSITION (FOR UPPER ARM OR SHOULDER INJURIES)

1. Hold the triangular bandage by the top point and let it hang down.



2. Place the injured arm on the bandage with the elbow near the bottom point.



3. Bring the top point up over the opposite shoulder.



4. Bring the two ends behind your neck.



5. Tie the ends together with a knot. Use a safety pin if needed.



6. Check the sling supports the arm and feels comfortable. Check circulation.



CHECK CIRCULATION

After applying the sling, check:

- **Warmth** – is the hand warm?
- **Feeling** – can they feel their fingers?
- **Movement** – can they move their fingers?
- **Colour** – is the skin normal colour (not pale or blue)?

TIPS

- Use a triangular bandage at least 96 × 96 × 136 cm (38 × 38 × 54 in).
- Roll up a shirt or towel and place in the sling for extra support if needed.
- Adjust for comfort – the sling should support, not cause more pain.
- Recheck regularly.

GET MEDICAL HELP IF:
- The pain is severe.
- There is swelling, deformity or bruising.
- The person cannot move their fingers.
- The injury is to the shoulder, upper arm or collarbone.

REMEMBER
A sling is not a substitute for professional medical care. It is a temporary support to reduce pain and prevent further injury until help is available.

SEEK URGENT MEDICAL HELP
If there is any sign of a serious injury, poor circulation, numbness, or if pain is severe or worsening.

NOTE
For suspected spinal or neck injuries, do not move the person unless in immediate danger. Seek emergency help.

33 SPRAINS AND STRAINS

LAZARUS TRAINING

Sprains and strains are common soft tissue injuries.
A sprain is an injury to a ligament (the tissue that connects bones at a joint).
A strain is an injury to a muscle or tendon (the tissue that connects muscle to bone).

Use RICE (Rest, Ice, Compression, Elevation) and get medical help if needed.

COMMON SIGNS AND SYMPTOMS



- Pain
- Swelling
- Tenderness
- Bruising
- Stiffness
- Difficulty moving the injured area

The severity of sprains and strains can range from mild to severe.

COMMON CAUSES



- Twisting or rolling a joint
- Overstretching or tearing a muscle
- Sudden, awkward movements
- Overuse or repetitive movements
- Poor conditioning or inadequate warm-up

Sprains commonly affect ankles, knees, wrists and fingers.
Strains commonly affect the back, hamstrings, calves and shoulders.

WHAT TO DO – RICE

R – REST
Stop the activity and rest the injured area. Do not put weight on it.



I – ICE
Apply ice wrapped in a cloth or towel to the injured area for 15–20 minutes every 2–3 hours.



C – COMPRESSION
Apply a compression bandage to reduce swelling. Do not wrap too tightly.



E – ELEVATION
Elevate the injured area above the level of the heart to help reduce swelling.



HOW TO APPLY A COMPRESSION BANDAGE

1. Start by wrapping the bandage around the injured area once to secure it.



2. Continue wrapping the bandage around the area, overlapping each layer by about half the width.



3. Keep the bandage smooth and even. Do not wrap too tightly.



4. Secure the end with a clip or tape.



5. Check circulation: fingers or toes beyond the bandage should be warm, pink and move normally.



TIPS

- Use ice for the first 48–72 hours. After this, heat may help relax muscles.
- Do not massage the injured area in the first 48 hours.
- Wear supportive footwear and use braces or supports if recommended.
- Do proper warm-up and stretching to help prevent injuries.

GET MEDICAL HELP IF:
- You hear or feel a "pop" at the time of injury.
- You cannot put weight on the injured area.
- Pain, swelling or bruising is severe.
- Symptoms do not improve within 48–72 hours.
- You have numbness, tingling or loss of movement.
- The injured joint looks deformed.

REMEMBER
RICE helps reduce pain and swelling and supports healing.
Continue to rest and protect the injured area.
Return to activity gradually and only when pain-free.
See a healthcare professional for diagnosis and treatment if needed.

SEEK URGENT MEDICAL HELP IF:
- You suspect a broken bone.
- You have severe pain or cannot move the injured area.
- There is numbness, pale or cool skin in the injured limb.
- You have head, neck or back pain with numbness or weakness.

NOTE
If you are unsure about the injury, seek medical advice. An accurate diagnosis ensures the right treatment and a safer return to activity.

34 HYPOTHERMIA

LAZARUS TRAINING

Hypothermia happens when the body loses heat faster than it can produce it, causing the body temperature to drop.

Act early – it can become life-threatening.

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Shivering
- Tiredness
- Cold, pale skin
- Confusion
- Clumsiness
- Slurred speech



SEVERE

- No shivering
- Very cold skin
- Blue lips or fingertips
- Drowsiness or unconsciousness
- Slow breathing and pulse

Risk increases in cold, wet and windy conditions, especially if tired or undernourished.

WHAT TO DO

1 GET THEM TO SAFETY

Move the person to a warm, dry, sheltered area.



2 CALL 999 IF NEEDED

If the person is severely affected, unconscious or not improving.



3 REMOVE WET CLOTHING

Remove any wet clothing and replace with dry layers.



4 WARM THEM UP

Wrap in warm blankets or a thermal (foil) blanket. Cover head, neck and torso. Provide warm, sweet drinks if conscious and able to swallow.



WHAT NOT TO DO

- Do not rub the skin or massage limbs.
- Do not use direct heat (e.g. heaters or fires).
- Do not give alcohol.

GET MEDICAL HELP IF:

- The person is unconscious.
- Breathing is slow or irregular.
- They are not improving.
- You are unsure how severe it is.

REMEMBER

Rewarm slowly and gently. Continue to monitor breathing and responsiveness.

SEEK URGENT MEDICAL HELP IF:

The person is unconscious, not breathing normally, or shows severe symptoms.

TIPS

- Wear warm, dry clothing.
- Take regular breaks in cold environments.
- Stay hydrated and avoid fatigue.

35 TRAUMA INDUCED HYPOTHERMIA

LAZARUS TRAINING

Trauma induced hypothermia is a drop in core body temperature that can occur after an injury, even in mild conditions.

It can happen quickly and can make a casualty's condition worse.
Early recognition and treatment can save lives.

WHAT IS IT?

Hypothermia occurs when the body loses heat faster than it can produce it, causing a drop in core body temperature below 35°C.

It is common in trauma because of:

- Blood loss
- Exposure to cold
- Shock
- Wet clothing
- Immobility

Normal core body temperature **37°C**

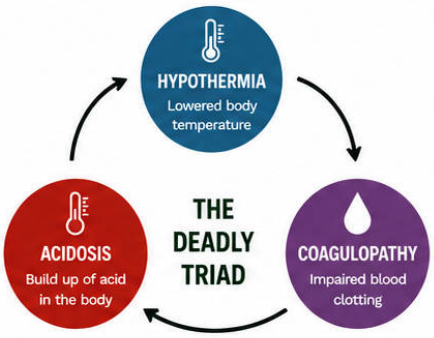
SIGNS AND SYMPTOMS

- Shivering (may stop in severe cases)
- Cold, pale, or clammy skin
- Slurred speech
- Confusion or drowsiness
- Slow breathing and heart rate
- Loss of coordination or decreased responsiveness



THE DEADLY TRIAD

Hypothermia, acidosis and coagulopathy can develop together in a cycle, making bleeding worse and harder to treat.



Treating hypothermia early helps reduce the risk of this dangerous cycle.

TREATMENT – KEEP THEM WARM

- Remove wet clothing and replace with dry layers or blankets.
- Cover with a blanket or thermal (space) blanket.
- Protect from wind and moisture.
- Handle gently – rough handling can cause more heat loss.
- Monitor breathing and level of response regularly.
- Call emergency services if not already done.

REMEMBER

- Prevent heat loss at all times.
- Think warm, dry and protected.
- Monitor the casualty regularly.
- Get help early.

36 HEAT EXHAUSTION

LAZARUS TRAINING

Heat exhaustion occurs when the body loses water and salt, usually due to heavy sweating in hot conditions.

Act early to prevent it from becoming heat stroke.

SIGNS AND SYMPTOMS

- Heavy sweating
- Pale, clammy skin
- Muscle cramps
- Tiredness or weakness
- Dizziness or light-headedness
- Headache
- Nausea or feeling sick
- Fast heartbeat
- Thirst

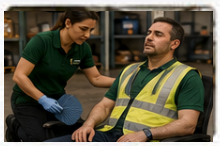


May happen on hot days or in hot indoor workplaces with poor ventilation.

WHAT TO DO

1 REMOVE FROM HEAT

Move the person to a cool, shaded area or indoor space.



2 COOL DOWN

Loosen tight clothing. Use cool cloths or cool water to the neck, armpits and groin. Use a fan if available.



3 GIVE FLUIDS

Give cool water or an oral rehydration drink. Sip slowly and regularly.



4 REST AND MONITOR

Keep the person resting and monitor their condition. Symptoms should improve within 30–60 minutes.



WHAT NOT TO DO

Do not leave the person alone.

Do not give alcohol or caffeine.

Do not allow them to return to activity too soon.

GET MEDICAL HELP IF:

- Symptoms do not improve within an hour.
- They vomit repeatedly.
- They become confused or drowsy.
- Symptoms get worse.

REMEMBER

Replace lost fluids and salts. Early treatment can prevent heat stroke.

SEEK URGENT MEDICAL HELP IF:

The person faints, becomes confused, has chest pain or has seizures.

TIPS

- Encourage regular water breaks.
- Wear light clothing and use sun protection.
- Take extra care during hot weather and high activity.

37 HEAT STROKE

LAZARUS TRAINING

Heat stroke is a medical emergency. It occurs when the body overheats and cannot cool itself down. It can be life-threatening.

Call 999 immediately.

SIGNS AND SYMPTOMS

- High body temperature (above 40°C)
- Hot, dry or sweaty skin
- Confusion or agitation
- Slurred speech
- Seizures or fits
- Loss of consciousness
- Rapid pulse
- Headache
- Nausea or vomiting



Heat stroke can cause organ damage or death if not treated quickly.

WHAT TO DO

1 CALL 999 IMMEDIATELY

This is a medical emergency.



2 MOVE TO A COOL AREA

Move the person to a shaded or indoor area and lay them down.



3 COOL THE BODY FAST

Remove excess clothing. Use cool water, ice packs or wet cloths on the body – neck, armpits and groin. Fan the person.



4 MONITOR AND RECOVERY POSITION

If they are unconscious and breathing, place in the recovery position. Monitor breathing and pulse.



WHAT NOT TO DO

Do not give fluids.

Do not delay calling 999.

REMEMBER

Act fast. Rapid cooling can save lives and reduce the risk of serious complications.

SEEK URGENT MEDICAL HELP IF:

The person is unconscious, having seizures, or their condition does not improve quickly.

38 POISONING

Poisoning can happen by swallowing, breathing in, skin contact or injection of harmful substances.
Act quickly and get medical help.

LAZARUS TRAINING

SIGNS AND SYMPTOMS

GENERAL

- Nausea or vomiting
- Abdominal pain
- Dizziness or headache
- Sweating
- Confusion or drowsiness
- Seizures or fits

DEPENDS ON SUBSTANCE

- Breathing difficulty
- Burns to mouth or skin
- Unconsciousness
- Changes in pupil size



Symptoms vary depending on the substance and route of exposure.

WHAT TO DO

1 CALL 999
Call 999 or the Poisons Information Centre (0800 111 999 in the UK) for advice.



2 REMOVE FROM EXPOSURE
Remove the person from the source of poisoning to fresh air (if safe).



3 CHECK RESPONSE & BREATHING
Check their response, breathing and pulse.



4 DO NOT INDUCE VOMITING
Do not induce vomiting unless advised to do so by a professional.



5 MONITOR AND REASSURE
Monitor their condition and keep them calm until help arrives.



WHAT NOT TO DO

- Do not give food or drink.
- Do not induce vomiting.
- Do not leave the person alone.
- Do not touch unknown substances without protection.

REMEMBER

Early action can make a critical difference. Follow medical advice.

SEEK URGENT MEDICAL HELP IF:

- Loss of consciousness.
- Breathing difficulties.
- Seizures or convulsions.
- You are concerned.

TIPS

- If safe, collect information about the substance.
- Show labels or packaging to medical staff.

39 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

40 DIABETES

Diabetes affects how the body controls blood sugar (glucose).
Too much or too little glucose can cause serious illness.
Act early – low blood sugar (hypoglycaemia) can become life-threatening.

LAZARUS TRAINING

UNDERSTANDING DIABETES

Diabetes is a long-term condition where the body does not produce enough insulin or cannot use it properly.

This can cause blood sugar levels to become too high (hyperglycaemia) or too low (hypoglycaemia).



COMMON CAUSES

- Missed meals or delays in eating
- Too much insulin or diabetes medication
- Strenuous activity without enough food
- Illness, stress or infection
- Alcohol consumption (can cause low blood sugar)
- Equipment failure (insulin pump/CGM)

Not everyone with diabetes will show the same symptoms. Always treat the person, not just the number on a meter.

SIGNS AND SYMPTOMS

LOW BLOOD SUGAR (HYPOGLYCAEMIA)

Blood glucose below 4 mmol/L.

Signs may include:

Sweating · Shakiness · Pale, cool skin · Hunger · Irritability or confusion · Dizziness · Blurred vision

If not treated quickly, the person may become confused, drowsy, lose consciousness or have a seizure.

HIGH BLOOD SUGAR (HYPERGLYCAEMIA)

Blood glucose above 13–15 mmol/L.

Signs may include:

Thirst · Frequent urination · Tiredness · Dry mouth · Blurred vision · Nausea · Fruit-smelling breath

Very high levels can lead to diabetic ketoacidosis (DKA) or hyperosmolar hyperglycaemic state (HHS), both of which require urgent medical treatment.

WHAT TO DO

LOW BLOOD SUGAR (HYPOGLYCAEMIA)

1. **CHECK** – If possible, check their blood sugar level.
2. **GIVE FAST-ACTING SUGAR** – If conscious and able to swallow, give 15g of fast-acting sugar, such as:
   - glucose tablets (follow packet)
   - 3–4 glucose gel sachets
   - 150ml (¼ pint) of regular (not diet) sugary drink
3. **WAIT AND RECHECK** – Wait 15 minutes, then recheck blood sugar if possible.
4. **REPEAT IF NEEDED** – If still low, give another 15g of fast-acting sugar and recheck.
5. **FOLLOW UP** – When blood sugar is normal, give a longer-lasting snack (e.g. sandwich or biscuits) if the next meal is more than 1 hour away.
6. **GET HELP IF NEEDED** – If the person becomes confused, drowsy, seizes or loses consciousness, call 999 immediately.

If the person is unconscious or unable to swallow, put them in the recovery position and call 999.

HIGH BLOOD SUGAR (HYPERGLYCAEMIA)

1. **CHECK** – If possible, check their blood sugar level.
2. **ENCOURAGE FLUIDS** – Give water or sugar-free drinks regularly.
3. **DO NOT GIVE SUGAR** – Do not give sugary foods or drinks.
4. **CHECK FOR KETONES** – If they use a ketone test and it is positive, or they are vomiting and unwell – treat as an emergency.
5. **GET MEDICAL HELP** – Call 999 or seek urgent medical help if they:
   - are vomiting
   - have stomach pain
   - are very drowsy or confused
   - have fruity-smelling breath

High blood sugar can become life-threatening, especially if the person is becoming unwell.

GET MEDICAL HELP IF:

- The person is unconscious
- They have a seizure
- They are confused or very drowsy
- They are vomiting or have severe stomach pain
- You are unsure or worried

USE THEIR PLAN

If the person has a diabetes care plan or wears a medical alert bracelet, follow it. Ask if they have medication or equipment with them.

REMEMBER

Treat the person, not just the reading. If in doubt, treat for low blood sugar – it is more immediately dangerous.

SEEK URGENT MEDICAL HELP IF:

- Blood sugar remains very high
- Ketones are present (if tested)
- The person is getting worse
- You are worried at any time

TIPS

- Encourage regular meals and hydration
- Help them rest in a quiet place
- Never leave them alone if unwell

41 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.

42 MEDICAL HANDOVER TO THE AMBULANCE SERVICE

LAZARUS TRAINING

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.

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 basic pain relief at 09:35 and immobilised ankle."
"No known allergies. No regular medication."
"No other relevant medical history."

43 ACCIDENT REPORTING

LAZARUS TRAINING

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.

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.

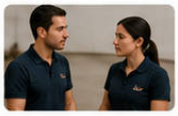


REPORTING PROCESS

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.



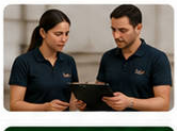
3 RECORD THE DETAILS
Complete the accident/ incident report form. Include all the facts.



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.

44 MENTAL WELLBEING FOR THE FIRST AIDER

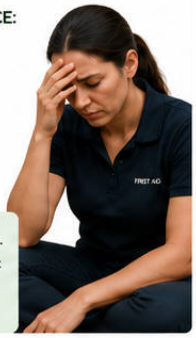
Caring for others can be rewarding, but it can also be emotionally demanding.
Looking after your own mental wellbeing helps you stay effective and resilient.
You cannot pour from an empty cup.

LAZARUS TRAINING

WHY IT MATTERS

FIRST AIDERS CAN EXPERIENCE:

- Stress and pressure
- Exposure to injury, distress or traumatic events
- Feelings of helplessness
- Fatigue and burnout



It is normal to have a reaction. It is important to recognise it and take steps to look after yourself.

LOOK AFTER YOUR BASICS

SLEEP
Aim for regular, quality sleep. Rest when you can.

EAT WELL
Good nutrition supports your mood and energy.

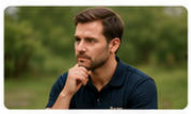
STAY HYDRATED
Dehydration can worsen stress and fatigue.

MOVE
Physical activity helps reduce stress and improve your mood.

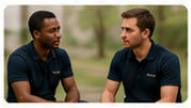
CONNECT
Spend time with people who support you.

PRACTICAL STRATEGIES

KNOW YOUR LIMITS
- It's OK to say no.
- Take breaks when you need them.
- Recognise your signs of stress.



TALK ABOUT IT
- Speak with someone you trust.
- Don't keep difficult experiences to yourself.
- Use peer support and debriefs.



DEBRIEF AFTER INCIDENTS
- Take part in team debriefs.
- Share how you feel.
- Listen to others – you are not alone.



FOCUS ON WHAT YOU CAN CONTROL
- You did your best with the information and resources you had.
- Avoid blaming yourself.
- Focus on learning, not perfection.



RELAX AND RECOVER
- Use relaxation techniques that work for you (breathing, mindfulness, stretching).
- Do things you enjoy.
- Give yourself time to switch off.



RECOGNISE BURNOUT
Signs include: constant tiredness, irritability, loss of motivation, feeling numb, withdrawal. Seek support early.



SEEK SUPPORT IF YOU NEED IT

It's a sign of strength, not weakness, to ask for help.

TALK TO YOUR LINE MANAGER
They can support you and signpost further help.

USE YOUR SUPPORT NETWORK
Colleagues, friends, family or your faith community.

EMPLOYEE ASSISTANCE PROGRAMME
If available, confidential support is there for you and your family.

SAMARITANS
116 123 (free 24/7)
samaritans.org

MIND
0300 123 3393 (Mon–Fri 9am–6pm)
mind.org.uk

NHS 111 – OPTION 2
For urgent mental health support if you are in crisis.

REMEMBER
Your wellbeing matters.
A healthy first aider is an effective first aider.

NORMAL REACTIONS
Everyone reacts differently. Emotional reactions can happen now or in the future.
There is no right or wrong way to feel.

PEER SUPPORT
Look out for each other.
Check in with your team mates.
A simple conversation can make a big difference.

CELEBRATE THE POSITIVES
Remember the difference you make.
Acknowledging your impact can boost your resilience and satisfaction.

45 PATIENT'S VITAL SIGNS

Vital signs help you assess a patient's condition, recognise deterioration and decide when to seek urgent medical help.
News quickly. Act early. Get help if you are concerned.

LAZARUS TRAINING

WHAT ARE VITAL SIGNS?

They are basic measurements that indicate how well the body is working.

The key vital signs a first aider can check are:

RESPIRATION RATE
How often the patient is breathing.

PULSE RATE
How many times the heart beats in one minute.

CONSCIOUSNESS
The patient's level of alertness and response.

TEMPERATURE
The body's temperature.

REMEMBER
- ✓ Check in a calm and safe environment.
- ✓ Explain what you are doing.
- ✓ Reassure the patient.
- ✓ Record your findings and keep monitoring.

ASSESS AND SCORE THE VITAL SIGNS (NEWS2 SIMPLIFIED)

PHYSIOLOGICAL PARAMETER	SCORE 3	2	1	0	1	2	3
RESPIRATION RATE (breaths per minute)	≤8			12–20		21–24	≥25
PULSE RATE (beats per minute)	≤40		41-50	51–90	91–110	111–130	≥131
CONSCIOUSNESS				Alert			ACVPU (see right)
TEMPERATURE (°C)	≤35.0	35.1–36.0	36.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

HOW TO MEASURE

RESPIRATION RATE
- Watch the chest rise and fall.
- Count breaths for 60 seconds.
- Do not tell the patient you are counting.

PULSE RATE
- Use two fingers on the wrist or side of the neck.
- Count beats for 60 seconds.
- Note regularity and strength.

CONSCIOUSNESS
- Talk to the patient and observe.
- Ask: "Can you tell me your name?"
- If no response, use the ACVPU scale.

TEMPERATURE
- Use a thermometer if available.
- Measure under the tongue or armpit.
- Check for signs of fever or chills.

ACVPU SCALE (CONSCIOUSNESS)

A	**Alert** Responds normally.
C	**Voice** Responds to voice.
V	**Pain** Responds to pain.
P	**Unresponsive** No response to pain.
U	**Unresponsive** No response.

SCORING GUIDE

RED ZONE
Urgent medical help required. Call 999. Monitor closely.

AMBER ZONE
Urgent review needed. Seek medical help soon.

YELLOW ZONE
Continue to monitor. Escalate if concerned.

GREEN ZONE
No immediate concern. Continue to observe.

GET HELP IF YOU NOTICE:
- Breathing very fast or very slow
- Pulse very fast, very slow or irregular
- Drowsiness, confusion or collapse
- Very high or low temperature

When in doubt, escalate and get help.

46 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?
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.

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

NOTES:

LAZARUS TRAINING

BE PREPARED. ACT CONFIDENTLY. SAVE LIVES. FIRST AID AT WORK HANDBOOK

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.

QUALITY TRAINING. CONFIDENT RESPONDERS. SAFER WORKPLACES.

- Expert Instructors
- Practical Training
- Ofqual Regulated
- Workplace Focused
- Saving Lives

LAZARUS TRAINING

Lazarus Training
Warren House, 10-20 Main Road
Hockley, Essex SS5 4QS

0800 242 5210
www.lazarustraining.co.uk
info@lazarustraining.co.uk

QUALITY TRAINING THAT SAVES LIVES

LAZARUS TRAINING

CONTENTS

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



Calling 999	01
Primary Assessment	02
Danger	03
Response	04
Catastrophic Bleeding overview	05
Cat Bleed – Pressure	06
Cat bleed – tourniquet & packing	07
Cat bleed – wound packing	08
Airway – Choking	09
Airway – head tilt – chin lift	10
Airway – Jaw thrust	11
Breathing assessment – CPR	12
Use of an AED	13
CPR & AED use in women	14
Secondary Assessment	15
The recovery position	16
Chest injuries	17
Anaphylaxis	18
Asthma	19
Hyperventilation	20
Angina	21
Heart Attack	22
Internal Bleeding	23
Shock	24
Head injuries	25
Stroke	26
Epilepsy	27
Eye Injuries	28
Fractures	29
Spinal injuries	30
Spinal recovery position	31
Using a sling	32
Sprains and strains	33
Hypothermia	34
Trauma induced hypothermia	35
Heat exhaustion	36
Heat stroke	37
Poisoning	38
Burns and Scalds	39
Diabetes	40
Duties of a first aider & contents of a first aid kit	41
Accident reporting	42
Handover of the casualty	43
Well being of the first aider	44
Vital signs	45
The essentials	46

REMEMBER

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

SCAN FOR RESOURCES

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