PROCEDURE

First aid

First aid is immediate care given after an injury or sudden illness until further help is available.

PURPOSE
Preserve life, limit harm, and support recovery

PROCEDURE TYPE
Therapeutic - immediate care at the scene or bedside

WHERE IT IS DONE
At the scene, outpatient clinic, or bedside

ANAESTHESIA
None

HOW LONG IT TAKES
Minutes to hours, until appropriate care takes over

PREPARATION
Safety check, emergency plan, protective equipment, first-aid supplies

RECOVERY
Immediate reassessment; driving restrictions follow the illness or injury

MAIN RISKS
Delayed emergency care, infection, unsafe movement, incorrect technique

RESULTS
Immediate response; further medical assessment may be needed

Overview

First aid is the immediate help given to someone who is injured or suddenly unwell. It can include calling emergency services, controlling bleeding, cooling a burn, helping someone who is choking, or providing cardiopulmonary resuscitation, known as CPR.

The aim is to keep the person as safe and stable as possible until they recover or professional care takes over. First aid does not replace medical assessment when an illness or injury may be serious.

Before helping, check that the area is safe. Hazards may include traffic, fire, electricity, chemicals, unstable structures, or violent behavior. Do not enter a dangerous area. Call emergency services and follow the dispatcher's instructions.

Ask permission before helping a conscious adult when possible. Explain what you plan to do. In a life-threatening emergency, an unresponsive person may need immediate assistance.

Why the procedure is performed

First aid may be needed after an injury, sudden illness, or exposure to a harmful substance. It is performed to:

Some situations require simple care, such as cleaning and covering a small cut. Others require first aid while emergency services are on the way, such as cardiac arrest, severe choking, major bleeding, stroke symptoms, or a serious allergic reaction.

- Support breathing and circulation
- Control serious bleeding
- Prevent further injury
- Reduce pain or tissue damage when possible
- Arrange the right level of medical care
- Provide reassurance and continued observation

Who should and should not have it

Anyone with an injury or sudden illness may benefit from appropriate first aid. The exact steps should match the situation, your training, and the equipment available.

Certain actions may be unsuitable or unsafe:

A conscious adult who understands the situation can refuse help. Do not force treatment. You can still call emergency services if there is concern about serious danger.

- Do not move someone with a possible neck, back, or major limb injury unless they are in immediate danger or must be moved to protect their airway.
- Do not give food, drink, or medicine to an unresponsive person.
- Do not put anything in the mouth of someone having a seizure.
- Do not induce vomiting after suspected poisoning unless a poison service specifically instructs you to do so.
- Do not apply ice, butter, toothpaste, or creams to a fresh burn.

- Do not remove an object deeply embedded in a wound.
- Do not perform a technique you cannot do safely. An emergency dispatcher may guide you.

How to prepare

First aid is often unplanned, but preparation can make it easier to respond. Consider taking a recognized first-aid and CPR course. Keep a stocked first-aid kit at home, at work, and in your vehicle where practical. Check supplies regularly and replace expired or damaged items.

If you are helping someone:

If a treating facility has provided instructions for a known condition, emergency plan, or aftercare, the facility's own instructions take priority.

- Check for danger before approaching.
- Use gloves or another barrier if blood or body fluids are present.
- Check whether the person responds and is breathing normally.
- Call your local emergency number when the condition may be serious.
- Send someone to find an automated external defibrillator, or AED, if cardiac arrest is possible.

What happens during the procedure

First aid begins with a quick assessment. If the person is unresponsive and not breathing normally, call emergency services, begin CPR, and use an AED as soon as one is available. Follow the AED's spoken instructions. Occasional gasps are not normal breathing.

For severe bleeding, apply firm, steady pressure with a dressing or clean material. If blood soaks through, add more material without removing the first layer. A commercial tourniquet may be used for life-threatening bleeding from an arm or leg when direct pressure is ineffective or impractical. Follow your training and the device instructions.

If an unresponsive person is breathing normally, place them on their side in the recovery position when it is safe to do so. Avoid unnecessary movement after major trauma. Continue checking their breathing.

For choking, encourage coughing if the person can cough effectively. If they cannot breathe, speak, or cough, call emergency services and use the age-appropriate choking technique

taught in an accredited course.

Cool a fresh thermal burn under cool or lukewarm running water for 20 minutes. Remove nearby jewelry or loose clothing, but do not pull away anything stuck to the skin. Cover the burn loosely with a clean, non-fluffy dressing.

During a seizure, clear nearby hazards, protect the person's head, and note the time. Do not restrain them. When the movements stop, check their breathing and stay with them.

For suspected poisoning, move away from the source only if it is safe. Contact emergency services or a poison information service. Keep the container or product label for identification.

Recovery and what to expect afterward

Pain: Minor soreness may follow a small wound, sprain, or burn. Pain that is severe, worsening, or out of proportion to the visible injury needs medical assessment.

Eating and drinking: Once fully alert, a person with a minor problem may usually eat and drink normally. Do not offer anything by mouth after serious injury, reduced alertness, severe choking, or possible emergency surgery unless a healthcare professional says it is safe.

Activity: Rest may be appropriate after a minor injury. Avoid using an injured body part if movement causes significant pain. Follow any activity restrictions given after medical assessment.

Driving: First aid itself does not create a driving restriction. The underlying event may. Do not drive after fainting, a seizure, a significant head injury, severe pain, breathing difficulty, reduced alertness, or medicines that impair concentration. Arrange another way home if emergency or urgent assessment is needed.

Returning to work: This is guided by the illness or injury, not by first aid. Light duties may be suitable for a minor injury. Work involving driving, machinery, heights, food handling, or heavy lifting may require more recovery time or formal clearance.

Risks and possible complications

First aid is intended to reduce harm, but problems can occur. The most important risk is delaying emergency care while trying to manage a serious condition alone.

Other possible problems include infection from wound contamination, exposure to blood or body fluids, worsening an injury through unnecessary movement, or skin damage from treatments such as direct ice or unapproved burn products.

CPR can cause rib or breastbone injuries. This should not stop CPR when someone is unresponsive and not breathing normally. Without CPR, cardiac arrest is usually fatal.

After contact with blood or chemicals, wash exposed skin promptly and seek occupational or medical advice when appropriate.

Results and follow up

The immediate result may be controlled bleeding, improved safety, reduced burn damage, or support of breathing and circulation. A lack of visible improvement does not mean that first aid has no value. Continuing CPR or pressure on a wound can provide essential support until help arrives.

Routine follow-up may be appropriate for wound review, dressing changes, removal of stitches, assessment of a sprain, or checking tetanus vaccination status. Follow the instructions given by the treating service.

Some problems develop later. Continue to watch for increasing pain, swelling, redness, drainage, fever, weakness, confusion, vomiting, or changes in breathing. After a head injury, another responsible adult may need to observe the person according to the discharge instructions.

Alternatives

The alternatives depend on how serious and stable the situation is.

- Observation without treatment may be reasonable for a very minor problem that has fully settled. It can miss delayed deterioration.
- Telephone or video advice can help with minor injuries or poison exposures. It cannot provide hands-on treatment or a full examination.
- A pharmacist or primary care clinic can manage some small wounds, minor burns, and mild sprains. Access to imaging and emergency treatment may be limited.
- Urgent care offers in-person assessment for stable problems but may not have the resources needed for major trauma, stroke, cardiac arrest, or severe breathing difficulty.
- Emergency medical services or an emergency department provide advanced assessment and treatment. They should not be delayed when a condition may threaten life, breathing, circulation, or brain function.

- A prescribed emergency medicine , such as an adrenaline auto-injector, can provide faster and more targeted treatment. It must be used according to the person's emergency plan and does not replace calling for help when advised.

When to call your healthcare team

Arrange routine medical advice for a wound that may need closure, a burn that is not healing, persistent pain or swelling, possible infection, or questions about tetanus protection.

Call emergency services now for:

If you are unsure whether the situation is an emergency, an emergency dispatcher can help assess what to do next.

- Unresponsiveness or abnormal breathing
- Chest pressure, stroke warning signs, or severe breathing difficulty
- Severe choking or a blocked airway
- Bleeding that is heavy or will not stop
- A severe allergic reaction
- A seizure lasting five minutes or longer, repeated seizures, or a first seizure
- Major trauma, suspected neck or spine injury, or a serious head injury
- A large, deep, electrical, chemical, or airway burn
- Sudden confusion, severe weakness, or rapidly worsening symptoms

Common questions

Will I be asleep?

No. First aid does not use sedation or anaesthesia. An unconscious person can still receive emergency first aid.

Can I drive home afterward?

Only if the illness or injury does not affect alertness, movement, vision, or safe control of a vehicle. Do not drive yourself for emergency assessment.

How painful is first aid?

Some steps, such as pressure on a bleeding wound, can be uncomfortable. The helper should use only the force needed and avoid unnecessary movement.

When will I know if it worked?

Some effects are immediate, such as slowed bleeding. Other results require medical examination or observation over time. CPR should continue until the person shows signs of life, trained help takes over, the scene becomes unsafe, or you cannot continue.

Can I give someone their medicine?

You may help with a prescribed emergency medicine if the person's plan, your training, and local rules allow it. Do not give someone else's medicine or an unprescribed drug.

Do I need formal training to give first aid?

Training is strongly useful, especially for CPR, AED use, choking, and major bleeding. In an emergency, call for help and follow the dispatcher's instructions even if you have not been trained.

Sources

- NHS. First aid .
- Resuscitation Council UK. First Aid Guidelines . 2021.
- Zideman DA, Singletary EM, Borra V, et al. European Resuscitation Council Guidelines 2021: First aid. Resuscitation . 2021;161:270-290.
- Singletary EM, Zideman DA, Bendall JC, et al. 2020 International Consensus on First Aid Science With Treatment Recommendations. Circulation . 2020;142(Suppl 1):S284-S334.
- American Red Cross. First Aid Steps .
- Centers for Disease Control and Prevention. Clinical Guidance for Wound Management to Prevent Tetanus .