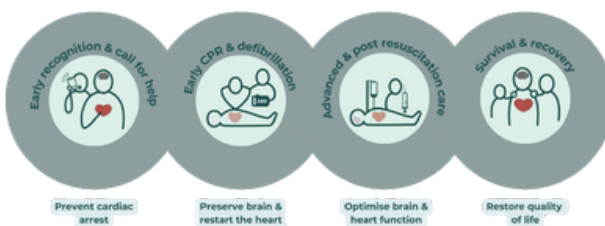
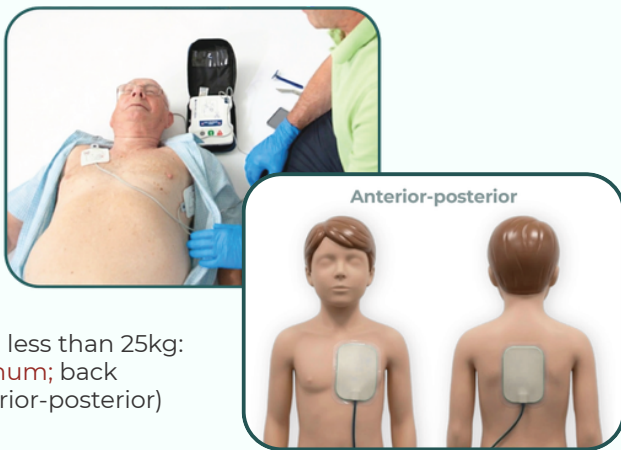


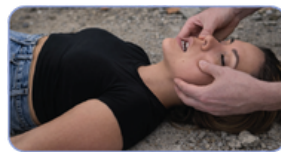
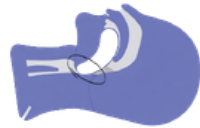


Change	Book Page							
	FAW	EFAW	PFA	BLS				
<p><b>Age Definitions Updated</b>                      Child redefined from 1-18 to 1-12 years old.                      Adolescent: 13-18 years old added as a new category</p>	<p>The following definitions apply throughout this book:</p> <table border="1"> <tr> <td>Adult: 18+ years old</td> <td>Child: 1-12 years old</td> </tr> <tr> <td>Adolescent: 13-18 years old</td> <td>Infant: Under 1 year old</td> </tr> </table>				Adult: 18+ years old	Child: 1-12 years old	Adolescent: 13-18 years old	Infant: Under 1 year old
Adult: 18+ years old	Child: 1-12 years old							
Adolescent: 13-18 years old	Infant: Under 1 year old							
<p><b>Prevention of Paediatric Cardiac Arrest</b>                      Early recognition of critical illness and prompt action allows first aiders to call for professional medical help before a child's condition becomes life-threatening or they go into cardiac arrest. The BBB tool helps to identify critical illness:</p> <p><b>Behaviour</b> Not fully conscious, difficult to rouse, floppy/rigid, confused, agitated, acting abnormally, or crying inconsolably, unable to move one or more limbs, in severe pain or unable to speak or walk if previously able to do so, having a seizure</p> <p><b>Breathing</b> Abnormal, not breathing, unable to take a deep breath, working hard to breathe, grunting or flaring of the nostrils or breathing too fast/too slow, making additional noises while breathing, adopting an abnormal posture to aid breathing</p> <p><b>Body Colour:</b> Cyanosed, mottled, abnormally pale or greyish. In children with darker skin tones check inside the lips or the palm of the hands/soles of the feet</p> <p>If at any point you identify any of the above signs, call 999 immediately and begin appropriate first aid treatment</p>	x	x	8	x				
<p><b>Response Levels (Adult) - AVPU to ACVPU</b>  <b>Confused (C)</b> added: New or sudden onset of disorientation, they can speak but responses are not as expected. <b>Unresponsive (U)</b> now states: Deemed unconscious, suspect cardiac arrest. Call 999/112</p>	11	11	x	7				
<p><b>The Primary Survey - DR ABC to DR ABCDE</b>                      Expanded from DR ABC to DR ABCDE adding <b>D - Disability</b> - Check for and treat any conditions affecting brain function. <b>E - Exposure</b> - Perform a secondary survey to check for and treat any remaining life-threatening conditions.                      Airway note added: <b>Conscious:</b> Treat any life-threatening airway problems e.g. asthma</p>	12-13	12-13	10-11	8-9				
<p><b>Unresponsive Casualty - Suspect Cardiac Arrest</b>                      If the casualty is unresponsive, suspect cardiac arrest, call 999/112 and assess breathing while the call is being connected</p>	12-13	12-13	10-11	8-9				
<p><b>CPR sequence - Rewording of step 1 &amp; 2</b>                      Step 1 previous: Primary Survey. <b>New:</b> Check for Danger &amp; Response                      Step 2 previous: Call 999/112 &amp; Request AED. <b>New:</b> Call 999/112 &amp; Assess Breathing</p>	15-17	15-17	13-15	11-13				
<p><b>Infant Airway - Chin Lift Updated</b>                      Previous: Use 1 finger under the chin. <b>New:</b> Use 2 fingers under the chin to tilt head to neutral position</p>	16	16	14	12				
<p><b>Paediatric CPR - Chest Compressions</b>                      Infant CPR new technique - previous: 2 fingers on centre of chest. <b>New:</b> 2 thumbs (encircling technique) thumbs one on top of the other in the centre of the chest, both hands encircling the chest. At least 1/3 depth.                      Adolescent chest compression depth added, 5-6cm</p>								
<p><b>Paediatric CPR Ratio</b>                      Updated CPR ratio for paediatric casualties: 15 chest compressions to 2 rescue breaths for first aiders who have attended a paediatric specific course - others who are untrained or trained in adult CPR may use a ratio of 30:2. This remains a valid approach.</p>	17	17	13-15	13				
<p><b>CPR Flow Chart</b>                      Updated order - previous: Open airway, check for normal breathing then call 999/112. <b>New:</b> Check for danger and response then shout for help and call 999/112, while the call connects open airway and assess breathing.</p>	18	18	18	14				

Change	Book Page			
	FAW	EFAW	PFA	BLS
<p><b>Chain of Survival</b> Updated in line with the Resuscitation Council UK 2025 guidelines</p> 	19	19	x	5
<p><b>AED - Pad Placement</b> Updated adult, adolescent and larger children placement: One pad below the right collarbone, the other on the casualty's left side directly under the armpit, avoiding breast tissue</p>  <p>Children: Under 8 years old or weighing less than 25kg: Front pad directly to the left of the sternum; back pad between the shoulder blades (anterior-posterior)</p>	21	18	16	15
<p><b>Exposing the Chest and Removing a Bra</b> Cutting through clothing, including a bra, is usually the most efficient method. If a bra does not interfere with pad positioning, it can remain in place. Prioritise life-saving treatment over concerns about modesty</p>	22	18	x	16
<p><b>Recognising Cardiac Arrest</b> Agonal gasps statistics updated to: Present in up to 60% of cardiac arrests. Panting, slow laboured breathing and seizure-like activity have been added as indicators of cardiac arrest</p> <p>Seizure-Like Activity: Once the seizure stops, open the airway, assess breathing and begin CPR if required</p>	22-23	20	18	18
<p><b>CPR on a Soft Surface</b> If a casualty in cardiac arrest is on a bed or soft surface, do not move them. Begin CPR immediately and compress deeper as the soft surface will absorb some of the force. Kneel beside them if possible to create a firmer base</p> 	23	20	18	19
<p><b>Infant Choking - Technique and Sequence</b> Get Help (call 999/112) moved to step 1. Previous technique: Two fingers on chest. New technique: Two thumb encircling technique, similar to CPR but sharper in nature and delivered at a slower rate</p> 	33	27	26	25
<p><b>Seizures - Recovery Position</b> Previous: place in the recovery position if airway and breathing problems occur New: once the seizure stops, open the airway and assess breathing. Begin CPR if required. If breathing is normal, gently place the casualty in the recovery position and continually monitor until they have fully recovered</p>	35	29	29	x

Change	Book Page			
	FAW	EFW	PFA	BLS
<p><b>Febrile Convulsions</b>                      Introduced a clearer timescale for convulsions (typically 2–3 minutes, rarely exceeding 10 minutes). Removed guidance on removing additional clothing to cool the casualty, advising instead to follow the standard treatment for generalised seizures</p>	x	x	31	x
<p><b>Burns - Electrical and Chemical</b>  <b>Electrical Burns:</b> treatment updated:                     <ul style="list-style-type: none"> <li>Keep yourself safe and do not touch the casualty until you are sure they are no longer connected to the source of electricity. Call 999/112 as soon as possible</li> <li>Taking into account the entry and exit point, cool the burn with running water for at least 20 minutes</li> </ul> <b>Chemical Burns:</b> treatment updated:                     <ul style="list-style-type: none"> <li>Safely brush off any dry chemicals (if present); then cool the affected area with running water for at least 20 minutes, removing any contaminated clothing that is not stuck to the skin</li> </ul> </p>	46	x	68	x
<p><b>Amputations</b>                      New treatment: Wrap severed body part in a sterile dressing moistened with saline or water. Then place into a clean water-tight plastic bag or container. Place that bag or container inside another bag containing ice or ice water. Ensure the severed body part does not freeze or come into direct contact with water/ice</p>	51	39	37	25
<p><b>Bites and Stings - Treatment</b>                      Updated guidance on the duration for applying a cold compress to bites and stings (20 minutes), aligning it with the recommended maximum time for ice application</p>	52-53	40-41	65	x
<p><b>Concussion - Recognition and Treatment</b>                      Confusion and sensitivity to light/noise added to recognition.                      Remove from physical activity immediately. DO NOT allow return until medically assessed</p>	59	44	53	x
<p><b>Spinal Injuries</b>  <b>Jaw Thrust technique introduced:</b> Allows you to open the airway by lifting the tongue from the back of the throat without tilting the head. Position your thumbs on the cheekbones and your fingers beneath the lower jaw. Lift the jaw upwards until the lower teeth sit higher than the upper teeth</p> <p>If jaw thrust method does not work, a clear and open airway always takes priority over in-line immobilisation. Consider spinal injuries when treating a head injury</p>	62-63	46	56-57	x
<p><b>Poisons - Corrosive substance</b>                      Removed give frequent sips of milk, water, or other non-alcoholic drink - New advice: if a corrosive substance has been swallowed: ask the casualty to rinse their mouth with water and spit it out to help remove any remaining substances. Do not induce vomiting. If the casualty does vomit, collect a sample using a bag or container and pass this to the emergency services</p>	66	x	63	x
<p><b>Diabetes - Hypoglycaemia</b>                      Chronic malnutrition can also lead to hypoglycaemia, even in casualties without diabetes</p>	68	48	43	x
<p><b>Heart Attack Symptoms &amp; Treatment</b>                      Updated to include non-classic symptoms for female casualties. More specific symptoms for heart attacks, such as vice-like crushing chest pain, pressure or heaviness, which may spread to other areas of the body. Aspirin dosage specified by the Resuscitation Council as 300mg</p>	70-71	x	x	4



Change	Book Page			
	FAW	EFAW	PFA	BLS
<p><b>Button Battery</b> If the casualty is over one year old and able to swallow safely, give 10ml of honey every 10 minutes (up to 6 doses) as this may help reduce internal injury. Do not let this delay seeking urgent medical attention</p>	x	x	59	x
<p><b>Asthma - Air and Mart inhalers</b> AIR/MART combination inhaler (usually red/white) added: <b>one puff every 1-3 minutes, max 6 puffs. If the casualty has their own asthma action plan, follow it.</b></p>	74	47	45	x
<p><b>Anaphylaxis - Nasal Spray Treatment Added</b> Adrenaline devices (not just AAI). Nasal Spray: insert into nostril, hold straight, press plunger firmly (do not test spray)</p>	75	52	47	26
<p><b>Meningitis and Sepsis - Symptoms</b> <b>New symptoms list:</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cold hands/feet and shivering</li> <li>• Vomiting and severe sickness</li> <li>• Severe headaches</li> <li>• Agitated/confused</li> <li>• Rapid heartbeat</li> <li>• Fast or difficulty breathing</li> <li>• Seizures/convulsions</li> <li>• Sensitivity to light</li> </ul> <ul style="list-style-type: none"> <li>• Unusually sleepy/difficult to wake</li> <li>• Stomach pain/diarrhoea</li> <li>• Mottled skin or rash that does not fade when a glass is rolled over it</li> <li>• For darker skin check paler areas (palms, soles, whites of eyes or inside of eyelids)</li> <li>• Stiff neck and severe muscle/joint pain</li> <li>• Bulging or tense fontanelle (the soft spot on an infant's skull)</li> </ul>	77	x	75	x
<p><b>Fainting - Treatment</b> New step added: <b>Open airway and assess breathing to rule out cardiac arrest</b></p>	77	x	x	x
<p><b>Body Temperature</b> Heat exhaustion and heat stroke guidance updated: <b>Improved recognition and cooling techniques e.g. Neck down cold water immersion, tarp-assisted cooling oscillation (taco)</b></p> <p>Hypothermia guidance updated: <b>Clearer risks (incl. cardiac arrest), revised recognition and added emphasis on insulation from cold ground</b></p>	78-80	x	70-73	x
<p><b>Support after a distressing incident</b> Providing first aid, particularly for a serious incident, can be emotionally challenging. It is normal to feel unsettled, upset or blame yourself afterwards. If you need support, speak to your employer or GP. Further information and guidance is available from:</p> <ul style="list-style-type: none"> <li>• NHS: <a href="http://www.nhs.uk">www.nhs.uk</a> – search PTSD</li> <li>• Resuscitation Council UK: <a href="http://www.resus.org.uk">www.resus.org.uk</a> – search Support After Cardiac Arrest</li> </ul> <p>Looking after your well-being is an important part of being an effective first aider.</p>	84	x	80	28

