OFFLINE RESILIENCE GUIDE // UK EDITION

First Aid When Help May Be Delayed

A calm memory aid for immediate first-aid actions while professional help is on the way. It is not a replacement for 999/112, clinical care or hands-on training.

OFFLINE REFERENCE | UPDATED 13 OCT 2026 | UK FOCUS

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LAYER 1 // ACT

FIELD CARD

Immediate actions first. Then read the conditions and limits below.

FIRST ACTIONS

- Check for danger to you and the casualty.
- If someone is unresponsive, call 999/112 as soon as possible and follow the call handler; assess breathing and start CPR if they are not breathing normally.
- Control life-threatening external bleeding with firm direct pressure while help is being arranged.
- Use an AED as soon as available; switch it on and follow its spoken/visual instructions.

DO NOT

- Do not delay a 999/112 call while reading this page.
- Do not give food or drink to an unconscious person.
- Do not induce vomiting after suspected poisoning unless a clinician specifically instructs you.
- Do not attempt surgery, invasive procedures or improvised prescription treatment.

IF THIS HAPPENS

- If mobile data is unavailable but a voice call works, call 999/112; do not wait for the website to return.
- If a casualty deteriorates, reassess responsiveness and breathing and update the emergency call handler.

WHAT YOU NEED

- First-aid kit and gloves
- AED location knowledge
- Warm covering
- Paper list of critical medical information the person chooses to carry

> **BOUNDARY**
> This is a practical reference aid. Current official instructions, emergency services, competent professionals and product documentation take priority where they conflict.

Unconscious and not breathing normally

Resuscitation Council UK 2025 guidance says to call 999 as soon as you find an unresponsive person, then assess breathing with the call handler’s support. If they are not breathing normally, start chest compressions in the centre of the chest: 100–120 compressions a minute, about 5–6 cm deep in an adult, allowing full recoil and minimising pauses. If trained and willing, use 30 compressions followed by 2 rescue breaths; otherwise continue chest-compression-only CPR. Switch on an AED as soon as one is available, attach the pads as shown and follow its spoken/visual prompts. Continue until professional help takes over, the person shows clear signs of life, or you cannot continue.

Choking

If the person can cough effectively, encourage coughing and watch for deterioration. If the cough becomes ineffective, give up to 5 back blows. If that does not clear the obstruction, give up to 5 abdominal thrusts. If choking is still not relieved, call 999/112 and continue alternating 5 back blows with 5 abdominal thrusts until it clears or the person becomes unresponsive. Do not perform a blind finger sweep. If they become unresponsive, start CPR. Anyone treated with abdominal thrusts or chest compressions after choking should be assessed by a healthcare professional because complications can occur.

Major bleeding

Expose the wound if you can do so safely and apply firm, continuous direct pressure with a dressing or clean material. Add more material on top if blood soaks through rather than repeatedly lifting the first pad to look. Call 999/112 for severe bleeding. If an object is embedded, do not pull it out; apply pressure around it and wait for professional help. Tourniquets require appropriate training and are for catastrophic limb bleeding when indicated by current first-aid guidance.

Burns

Move away from the heat source if safe. Cool any burn or scald with cool running water for 20 minutes as soon as possible, ideally within three hours. If running water is unavailable, the NHS

says cool bottled water or a wet towel can be used. Remove nearby loose jewellery or clothing unless it is stuck. After cooling, lay cling film over the burn without wrapping it tightly. Never use ice, butter, oils or creams, and do not burst blisters. Call 999 or go to A&E for very large or deep burns, burns on the face, genitals or bottom, or burns caused by chemicals or electricity. If unsure about a less severe burn, seek advice through the applicable local NHS service.

Shock

Shock after major bleeding, burns or injury is life-threatening. Treat the cause you can see, call 999/112, help the person lie down if appropriate, keep them warm and monitor breathing and responsiveness. Do not give food or drink if major injury or emergency treatment is likely.

Fractures and suspected spinal injury

Keep the injured area still and support it in the position found. Do not try to straighten a deformed limb. For major trauma, severe pain, loss of circulation/sensation or suspected spine injury, call 999/112. Move someone with a possible spinal injury only if remaining in place creates a greater immediate danger or airway/breathing requires it.

Head injury warning signs

A worsening headache, repeated vomiting, increasing drowsiness/confusion, seizure, difficulty speaking/walking, unequal pupils, loss of consciousness or fluid/blood from the ears/nose are reasons for urgent emergency assessment. After a serious head injury, call 999/112 and avoid unnecessary movement.

Poisoning

NHS guidance says to get medical advice immediately if poisoning is suspected and to call 999/A&E for severe features such as loss of consciousness, breathing difficulty or seizures. Keep packaging or container information for clinicians if safe. Do not make the person vomit and do not give them food or drink unless professionals instruct you.

Hypothermia and heat illness

If you suspect hypothermia, arrange emergency assessment: call 999/112 or go to A&E without driving yourself. While help is coming, move the person into shelter, replace wet clothes with dry layers, wrap them including the head and stay with them. Only offer a warm non-alcoholic drink or sugary food if they are fully awake and can swallow safely. Do not rub their limbs or use a hot bath, hot water bottle or heat lamp. For heat exhaustion, move to a cool place, remove excess clothing, give water only if fully awake and able to swallow, and cool the skin with water and airflow. Call 999/112 immediately for suspected heatstroke, including confusion, seizure, loss of consciousness or a person still unwell after 30 minutes of cooling. Continue cooling while help is coming.

Seizures and dehydration

During a seizure, protect the person from nearby hazards, cushion the head, do not restrain them and do not put anything in the mouth. Time the seizure and follow emergency guidance, especially if it is prolonged, repeated, a first seizure, occurs in water, involves injury/pregnancy, or recovery is abnormal. For dehydration in an awake person able to swallow, small regular fluids may help, but severe weakness, confusion, fainting or inability to keep fluids down needs urgent medical assessment.

Verify / learn

These references are resolved from GPN’s central source registry so authority, coverage and source changes can be managed in one place. If a current official source conflicts with this guide, follow the current official source.

> **PRIMARY / AUTHORITATIVE SOURCE**
> **Resuscitation Council UK 2025 Guidelines**
> Reference guidance does not replace practical first-aid training or emergency clinical care.
> https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines

> **TECHNICAL / REFERENCE SOURCE**
> **St John Ambulance first-aid advice**
> Reference aid only; call 999/112 for life-threatening emergencies and follow call-handler instructions.
> https://www.sja.org.uk/first-aid-advice/

> **PRIMARY / AUTHORITATIVE SOURCE**
> **NHS: poisoning**
> Use emergency services for severe symptoms; do not improvise treatment or induce vomiting.
> https://www.nhs.uk/conditions/poisoning/

> **PRIMARY / AUTHORITATIVE SOURCE**
> **NHS: Burns and scalds**
> Cooling, covering and when emergency care is needed. NHS 111 routing is nation-specific; do not assume online 111 access everywhere.
> https://www.nhs.uk/conditions/Burns-and-scalds/

> **OFFICIAL CLINICAL REFERENCE // REVIEW DATE OVERDUE**
> **NHS: Hypothermia**
> Emergency assessment and safe warming. NHS publisher review was due in June 2026; keep that source-review warning open.
> https://www.nhs.uk/conditions/hypothermia/

> **OFFICIAL CLINICAL REFERENCE**
> **NHS: Heat exhaustion and heatstroke**
> Emergency signs, cooling steps and the 30-minute escalation threshold; NHS England service routing applies.
> https://www.nhs.uk/conditions/heat-exhaustion-heatstroke/

Editorial review date: 13 October 2026. Next scheduled review: 10 February 2027. Follow current official instructions if they differ.

INFORMATION CHECK✓ CURRENT REVIEW

REVIEWED	NEXT REVIEW DUE	REGISTERED REFERENCES
13 Oct 2026	10 Feb 2027	6 sources

Source availability is not hazard status. Offline reference material must never be interpreted as a live all-clear.

GET PREPPED NOW // ORIGINAL GUIDE

Source page: https://getpreppednow.co.uk/guides/first-aid-delayed-help.html
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