First Aid Training - Free Download

Introduction - Greeting Your Trainees

Good morning everyone. My name is _____, and I am your Safety Officer.
Today we are going to focus on First Aid Training. First aid is the immediate care given to an injured or suddenly ill person using readily available equipment and simple, proven techniques. It buys time, prevents a condition from getting worse, and can save a life before professional help arrives. Our aim is simple: know what to do, act confidently, and keep each other safe.
In this session you will learn how to assess a scene, protect yourself, call for help, and manage the most common emergencies we see on jobsites and in daily life: bleeding, burns, fractures, fainting, shock, choking, heart attack, stroke, seizures, diabetic emergencies, heat and cold illness, eye injuries, and more. We will also practice CPR basics and the safe use of an AED.

1. What First Aid Is - and Is Not

First aid is the first line of care, not the final treatment. It is:
- Quick assessment and simple actions to sustain life and prevent further harm.
- Use of common items (gloves, bandages, clean cloths, water, splints).
- A bridge to professional medical care.

First aid is not: diagnosing complex conditions, performing surgery, prescribing medication, or replacing care from trained clinicians. If you are ever unsure, do the basics well: make it safe, call for help, and support breathing and circulation.

2. The Priorities - DRABC Primary Survey

Use DRABC to structure your actions:
D - Danger: Check for hazards to you, the casualty, and bystanders. Make the scene safe before touching the person.
R - Response: Is the person responsive? Speak loudly, tap their shoulders, ask their name.
A - Airway: If unresponsive, open the airway. Use head-tilt/chin-lift unless you suspect spinal injury, then use jaw thrust if trained.
B - Breathing: Look, listen, and feel for normal breathing for up to 10 seconds.
C - Circulation: If not breathing normally, start CPR. If breathing, check for severe bleeding and control it.
Call emergency services early; send someone to bring the first aid kit and AED.

3. Calling for Help - What to Say

Be clear, calm, and concise:
- Who you are and where you are (address, landmarks, site gate, floor or area).
- What happened (fall, burn, collision, chest pain, seizure, exposure).
- How many injured and their conditions.
- What first aid is being given and whether an AED is available.

Keep the line open for instructions. Assign a person to meet responders.

4. Personal Safety and Infection Control

Protect yourself first. Use gloves whenever possible. If blood or body fluids are present, add eye protection and a mask. Avoid contact with sharp objects. Dispose of contaminated materials in a biohazard bag or sealed plastic. Wash hands with soap and water or use sanitizer after care. If you are exposed to blood, wash thoroughly and report it so you can be assessed.

5. CPR Basics and AED Use (Adult)

If a person is unresponsive and not breathing normally, begin CPR:
- Place the person on a firm, flat surface.
- Hands on the center of the chest; compress at least 2 inches deep at 100-120 compressions per minute; allow full recoil.
- After 30 compressions, open the airway and give 2 rescue breaths if trained and willing. If not, do hands-only CPR.
- Turn on the AED as soon as it arrives; follow voice prompts; attach pads to bare chest as shown.
- Make sure no one touches the person during rhythm analysis or shock delivery.

Continue CPR until the person shows signs of life, another trained responder takes over, or professionals tell you to stop.

6. CPR for Children and Infants - Key Differences

For a child (1 year to puberty): compress about 2 inches with one or two hands; give 30:2 compressions to breaths if trained. For an infant: two fingers in the center of the chest, compress about 1.5 inches; give gentle breaths with just enough air to see the chest rise. If you are alone with a child or infant, give about 2 minutes of CPR before leaving to call for help.

7. Severe Bleeding and Shock

Uncontrolled bleeding kills quickly. Do this:
- Put on gloves. Expose the wound.
- Apply firm, direct pressure with a clean cloth or dressing for at least 5-10 minutes without checking too often.
- If bleeding soaks through, add more dressings. Do not remove the first layer.
- Elevate the limb if no fracture is suspected.
- Use a tourniquet for life-threatening bleeding from an arm or leg when direct pressure fails or is impractical. Place 2-3 inches above the wound (not over a joint), tighten until bleeding stops, note the time.
- Treat for shock: lay the person flat, keep warm, and avoid food or drink.

8. Burns and Scalds

First, stop the burning. Turn off power, remove from heat source, or smother flames with a blanket if safe. Then cool the burn with cool running water for 20 minutes. Remove rings, watches, and tight clothing before swelling starts. Do not break blisters. Cover loosely with non-stick sterile dressing or clean plastic wrap. Seek urgent care for: electrical or chemical burns, burns to face, hands, feet, genitals, or major joints, deep or large burns, and inhalation injuries.

9. Fractures, Sprains, and Spinal Precautions

Signs of a fracture include pain, swelling, deformity, and inability to use the part. Support the injured limb in the position found; use a splint or sling to prevent movement. Apply ice wrapped in cloth for 20 minutes to reduce swelling. If you suspect spinal injury (high fall, vehicle collision, numbness, tingling, severe neck/back pain), keep the head and neck aligned and still. Do not move the person unless necessary for safety or CPR.

10. Head Injury and Concussion

Watch for headache, confusion, nausea, vomiting, dizziness, memory loss, or drowsiness. If the person lost consciousness, has repeated vomiting, worsening headache, seizure, unequal pupils, or fluid from nose/ears, call emergency services. For mild symptoms, rest, avoid screens and alcohol, and seek medical evaluation. Do not give strong pain medicines unless advised by a clinician.

11. Choking - Adult and Child

Ask, 'Are you choking?' If the person can speak or cough forcefully, encourage coughing and watch closely. If unable to breathe, cough, or speak:
- Stand behind and slightly to the side; place your fist above the navel and grasp with the other hand.
- Pull inward and upward sharply (abdominal thrusts) up to 5 times.
- If still choking, give 5 back blows between the shoulder blades with the heel of your hand.
Alternate 5 thrusts and 5 back blows until the airway clears or the person becomes unresponsive. If unresponsive, start CPR and check the mouth for visible objects between compressions.

12. Asthma, Allergic Reactions, and Anaphylaxis

For asthma: help the person sit upright and use their reliever inhaler (usually a blue inhaler) with a spacer if available. If symptoms do not improve after 5 minutes or worsen, call emergency services.
For severe allergy (anaphylaxis): symptoms include swelling of lips/tongue, difficulty breathing, wheeze, hives, vomiting, and collapse. Use an epinephrine auto-injector immediately in the outer thigh; hold for the time specified on the device. Call emergency services and give a second dose if symptoms persist after 5-10 minutes and a second auto-injector is available.

13. Heart Attack and Stroke

Heart attack warning signs: chest pressure, squeezing, pain spreading to arm, neck, or jaw, shortness of breath, sweating, nausea, or a sense of doom. Call emergency services. Help the person rest sitting upright; loosen tight clothing; offer aspirin 160-325 mg to chew if not allergic and no bleeding risk is suspected.
Stroke signs: FAST - Face drooping, Arm weakness, Speech difficulty, Time to call emergency services. Note the time symptoms started and keep the person comfortable, on their side if drowsy or vomiting.

14. Seizures

Clear the area to prevent injury. Do not restrain the person or put anything in their mouth. Place something soft under the head. Time the seizure. After it stops, roll into recovery position (on the side) to maintain the airway. Call emergency services if the seizure lasts over 5 minutes, another seizure

follows, the person is injured, pregnant, diabetic, or this is a first seizure.

15. Diabetic Emergencies

Low blood sugar (hypoglycemia) can cause sweating, shaking, confusion, aggression, and collapse. If the person can swallow, give 15-20 grams of fast sugar (glucose tablets, sugary drink, gel), wait 15 minutes, and repeat if needed. Follow with a longer-acting carbohydrate like bread. If the person is unconscious or cannot swallow, do not give food or drink; call emergency services and monitor breathing.
High blood sugar (hyperglycemia) develops more slowly; if suspected, encourage fluids without sugar (unless advised otherwise) and seek medical advice.

16. Heat Illness and Cold Injury

Heat exhaustion: heavy sweating, weakness, headache, dizziness, nausea. Move to a cool place, loosen clothing, give cool fluids, and use cool wet cloths. If symptoms persist or worsen, call for help.
Heat stroke: hot, confused, seizure, or unconscious. Call emergency services and cool aggressively: ice packs to neck, armpits, groin; continuous cooling with water and airflow.
Cold exposure and hypothermia: shivering, confusion, slurred speech. Move indoors, remove wet clothing, wrap in blankets, warm the trunk first, give warm sweet drinks if conscious. Frostbite: white or waxy skin, numbness. Warm gently with body heat or warm water (not hot) and protect from refreezing.

17. Eye, Nose, and Ear Injuries

For chemical exposure to eyes: flush with clean water for at least 15 minutes; hold eyelids open; remove contact lenses if easy; seek urgent care.
For particles in the eye: rinse with water; do not rub. If embedded, cover both eyes and seek care.
Nosebleed: sit leaning forward, pinch the soft part of the nose for 10 minutes, spit blood out; if persists, repeat once and seek help.
Objects in ear: do not insert tools; seek medical removal.

18. Poisoning and Substance Exposure

If you suspect poisoning, check the container or material safety data and call the poison center or emergency services. Do not induce vomiting. For inhaled toxins, move to fresh air; for skin exposure, remove contaminated clothing and rinse with water for at least 15 minutes. Keep the container or label for responders.

19. Bites and Stings

Remove the stinger by scraping with a card (avoid squeezing). Wash the area, apply a cold compress. Watch for allergic reactions. For snake bites, keep the person calm, immobilize the limb at heart level, remove tight jewelry, and seek emergency care. Do not cut, suck, or apply ice. For animal bites, control bleeding, rinse with running water for several minutes, cover, and seek care for rabies and tetanus assessment.

20. Wounds and Bandaging

Clean minor wounds with clean water; remove dirt with sterile tweezers if needed. Apply an antibiotic ointment if available and cover with a sterile dressing. For deep or dirty wounds, punctures, or those with embedded objects, do not close tightly; control bleeding and seek medical care. Learn simple bandages: roller bandage for limbs, triangular sling for arm support, and figure-of-eight for joints. Check circulation beyond a bandage and loosen if needed.

21. Splinting and Moving Casualties

Only move a casualty if there is immediate danger or you must start CPR. If moving is necessary, use the recovery position for unresponsive, breathing people. For limb injuries, splint in the position found using padded boards or rolled newspapers, securing above and below the injury. Keep the person warm and reassured.

22. Mental Health First Aid

Crises can be psychological as well as physical. If someone is panicking, hyperventilating, or overwhelmed, help them sit, slow their breathing, and ground themselves by naming five things they can see and feel. If someone expresses thoughts of self-harm, stay with them, remove means if safe, and call for professional help. Treat mental health emergencies with the same seriousness you give to physical ones.

23. First Aid Kits and Workplace Readiness

Your kit should match your risks. Minimum contents include gloves, assorted dressings, adhesive bandages, gauze, triangular bandages, elastic wraps, adhesive tape, antiseptic wipes, burn dressing, splint, scissors, tweezers, CPR face shield, instant cold pack, and a blanket. Check monthly for supplies and expiry dates. Ensure AEDs are accessible and pads are in-date. Post emergency numbers and site address near phones.

24. Documentation and Reporting

After giving first aid, record: date/time, location, what happened, what you found, care provided, and to whom you handed over. Reports help improve safety and fulfill legal duties. Protect privacy and store records securely.

25. Training, Refresher, and Drills

Skills fade without practice. Take refresher training at least annually for CPR/AED and every 2-3 years for general first aid, or sooner after an incident or process change. Run drills that simulate real scenarios: collapse in the warehouse, chemical splash in the lab, heat illness in the yard. Evaluate response time, communication, equipment, and handover to EMS.

26. Cultural Safety and Communication

Be respectful of cultural and language differences. Use interpreters or simple visuals when needed. Ask for consent before touching when the situation allows. Maintain dignity by covering the person and limiting observers. Encourage a culture where asking for help is celebrated.

27. Summary and Key Messages

- Make the scene safe, call for help early, and use DRABC.
- If not breathing normally, start CPR and use an AED as soon as it arrives.
- Control severe bleeding with direct pressure; use a tourniquet when necessary.
- Cool burns with water for 20 minutes; cover and seek care for serious burns.
- Recognize signs of heart attack, stroke, anaphylaxis, and seizures and act fast.
- Keep kits stocked, practice often, and document care.

First aid is a skill you carry everywhere. With calm actions and simple tools, you can make the difference between a scare and a tragedy.