

FIRST AID EDUCATION FACILITATION TOOLBOX: ADULT RISK



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Version 1.0

Refusing to ignore people in crisis

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First aid clues – North East England

Recap activity cards game – Wales and West Midlands

The skill and the will: What might stop you? – Wales and West Midlands

Traffic light support – South East England

Venn diagram card sort – North West England

Introduction

This toolbox includes a range of facilitation methods and activities for Everyday First Aid to help educators deliver effective first aid sessions. The activities are flexible and can be adapted to suit the needs of learners.

This toolbox aims to give new or existing educators:

- > guidance and insight for working with groups of learners
- > methodologies and activities that educators can use to facilitate sessions

The Everyday First Aid approach requires varied and interactive facilitation methods that enable learners to contextualise their learning in a range of relevant scenarios. To enhance the effectiveness of the learning experience, we strive to educate in ways which allow learners to value themselves and others, encourage them to participate as fully as possible in their own learning, and listen to opinions and contributions from others without passing judgement. This means we combine a range of different learning methods. Some relevant, more didactic styles of imparting first aid knowledge could be included (through methods such as presentations, films and leaflets). However, we also provide more participative methods that allow learners to develop their opinions and behaviours, explore their attitudes and values, and develop personal skills such as effective communication or critical thinking. A key principle is to give ample time to learners to practise using first aid skills and interventions in fun and innovative ways.

Our face-to-face first aid education generally occurs in groups. There are many factors present in a group that can have an effect on learners and fundamentally affect the overall quality of the learning experience they receive. These can include the way such groups function; the style in which sessions are led; the type of behaviours that are acceptable or not within the learning environment; and the amount of mutual support and care offered during the learning experience.

Facilitation guidance



Role of the educator

The educator's role is to ensure that all learners have learned the key action of each skill covered. However, good facilitation skills may mean that some learners learn more skills than others or absorb more about a skill. For example, some may only learn the 'got to know' content, while others may also learn some of the 'nice to know' content.

In this programme there is no ideal ratio of learners to educators, but having more than 16 learners to one educator will adversely affect the learning experience and make the educator's job significantly more difficult.



Time scales

The skills can be adapted to fit any time scale, e.g. covering some of the skills at a 'got to know' level, or covering fewer skills to the 'nice to know' level. It is important that educators do not give additional technical detail to fill time as this will only add unnecessary complexity. Learners who want more information should be signposted to other learning opportunities.



Guidance on group working

Establishing a safe group learning climate

If we want people to share their feelings, ideas, experience and existing knowledge about first aid and risk trying out skills with their peers, it is good to set a group climate which is warm, friendly and trusting. All of the steps you take as an educator to plan, organise and facilitate groups helps to create this, as does participation by the learners and their approach to contributing and sharing.

One method is to ensure there is a set of rules established by the members of the group on how they will work together. Some example activities that do this are given later in this resource. The main purpose is to establish group working norms, e.g. listening when someone speaks; sticking to timings; ensuring confidentiality; respect for peoples different viewpoints; the right to disagree or to pass, etc.

Working in small groups

Small group working is an important methodology to be used at regular points in the session. It allows everyone to get the chance to contribute, even if they are not confident to speak up in the full group discussions (or if they don't get a chance to if others are dominating these sessions). Mixing up groups for different tasks refreshes the energy in the group. It allows people to have a change in who they share ideas and learning with.

At the start of each group activity, brief the group clearly about the task, including:

- > the time frame to work within
- > where they can work – normally somewhere not too crowded and noisy
- > what is expected of them for feedback, e.g. if they need someone to be willing to feedback to the whole group; or if they are displaying words or a visual reflection on a flip chart, etc.

Check with the small groups how they are doing as the allocated time is coming to an end – you will know if you can afford to extend the time or not, or if you need to ask them to report back where they have got to without having fully completed the task.

Be careful not to over-facilitate the small groups – they should have reasonable space to do their thinking/sharing/practising without the educator intervening every few minutes. However, you may want to step in occasionally to help individuals with first aid skills practise, or provide appropriate praise and encouragement, etc.

At the point of feedback from each small group to the wider group, take the feedback one group at a time, clarifying anything as it is fed back and encouraging the other group members to ask questions/make further observations at appropriate points.

If time is limited, be clear how the person feeding back should package the feedback – e.g. just the top three things. If you choose a more visual way of processing the feedback, for example, summarising the points on the flip chart or asking the full group to walk around and read the post-it notes displayed or the visuals created, make sure you spend time at each group's output – checking and clarifying anything that is not clear. Ask the wider group if they

have anything they want to ask about the information or the display.

Take a bit of time to reflect and sum up differences, similarities or points that have provided interesting issues for debate. Another way to do this is to ask learners to reflect at the end of the activity on what has been interesting or has struck them in doing the activity, now that all the points from all the groups have been collected.

Circle activities/rounds

Activities where all participants are given the opportunity to input their thoughts or opinions on a matter are known as circle activities or rounds. Each participant is given the opportunity to contribute individually, without interruption from others. It is a good way to engage every learner and gauge the thoughts of individuals before entering a group discussion. This method is often used in group work and a range of activities are listed in this toolbox. A couple of general tips on rounds:

- > Try to ensure the round proceeds with few or preferably no interruptions or discussion by others in the group. This is especially important at the beginning of the session – it is part of making a ‘safe’ space for people to contribute. If people are feeling nervous and are immediately challenged on what they have shared, then this can damage the ‘safe’ climate for that person and the group.
- > Emphasise the ground rules for the activity. For example, that everyone will have a chance to speak first; ask everyone to listen; there will be a space at the end of the round to further reflect, etc. At the end of the circle activity/round invite any further thoughts, discussion or observations on the themes coming up. People have the right to pass if they don’t wish to say anything.

Reflection techniques

Setting tasks where an individual may have to do a short reflection activity on their own first allows them quiet space to gather their thoughts/ideas, which can be supported and encouraged if appropriate/required the educator. For example, you could ask a few short questions (to be kept to themselves) at the start of a section on what they think should be done if someone has a particular emergency. You could also use the skill cards or flashcards as source of ideas if people are struggling.

This can be moved on by sharing in pairs and getting feedback on what they have come up with as a pair – again this helps it feel less threatening or anxiety

provoking to less confident individuals, as it’s their collective thoughts being shared, not attributed to just one person. If the group has a challenging dynamic in terms of disengagement, or people not being able to contribute for whatever reason, it is always better to keep the working group sizes smaller.

Teaching and facilitating by asking questions

This technique is used in small groups and whole group discussions to draw out information about what learners already know of a subject, so that the session can build on prior knowledge. Asking questions also allows learners to share opinions, shape the session and empowers them to have confidence in the skills they are learning. Alternatively, you could use this method as an ending or consolidation activity too, pulling out what has been learned during the session.

Learners can work in pairs, small groups or as a whole group to answer dilemma-based questions using experience, prior knowledge or information from the session itself (if using as a consolidation activity). Learners can all have the same questions, or they can be given different questions on the same topic.

Some example questions:

- > How could you deal with this situation?
- > What do you think the best thing to do would be?
- > What other options might you have?
- > Who could you go to for help?
- > What could you say?

If one person is confident at writing, they can make notes of the discussion and feedback. As learners discuss the answers, it generates interest and thinking skills, as well as encouraging learners to have confidence in what they bring from their own experiences/knowledge and to help each other by sharing their skills/information.

You can also use questions directed at individuals to bring in people who are not contributing or haven’t had an opportunity to speak up in the full group discussion. For example, you could draw on something you discussed with them in a small group and ask them to share this with the whole group.

Allow learners time in the activities to formulate their own questions on issues they don’t know about or are unsure of the answer to. Invite ideas and wider contributions from the group before automatically answering this first as the educator. Be careful to debunk myths or misinformation on any skills

that may arise from discussions, using the skills framework and FAQs in Teaching First Aid: the Everyday Approach document if needed.

Variation:

Pose questions that open up a debate or discussion through a 'walking debate', where participants position themselves on a linear scale depending to what extent they agree or disagree with a given statement.

Guidance for developing first aid scenarios and role plays

Using role play enables participants to practise giving first aid in different situations and to rehearse, explore and discuss responses. Role play can be used as part of many of the core facilitation methods such as the creative or carousel methods.

Key features of using role play are:

- > Role play is a group activity in which learners are invited to take part in a scenario. They can do this as themselves or as invented characters if that is safer for them so they don't feel they have to explore aspects of their own lives or opinions if they do not wish to do so by being themselves. Role play activities can involve anything from two people, a small group or using the whole group.
- > It can be a very short activity lasting a few minutes or a complex simulation which requires detailed preparation.
- > Acting out situations in this way allows people to practise using first aid skills in a controlled and safe environment, while still allowing a chance to introduce some of the complex, dynamic issues they may face in a real situation.
- > Enacting the situation encourages learners to use many of the personal skills which improve overall confidence to take action in a crisis, like working collaboratively in a team to help the person or people who are having a first aid emergency, assessing the situation, thinking critically and practising acting in a caring and compassionate way.

Let the learners choose their own specific scenario or theme; for example, where they are, how they could get help, what the immediate environment is like. Generally, if they select these aspects themselves, the scenario will be relevant to the issues and situations that the group are familiar with.

Don't give learners dialogue or script to learn – this puts significant pressure on individuals to learn words – but let them come up with their own natural dialogue for the character they are playing in the situation or for how they would handle the situation. If the group are struggling you could use a flashcard or scenario from appendix 7 to provide some inspiration.

Ensure that you facilitate learning by providing coaching and constructive feedback whilst groups are practicing their interventions in the scenarios/ roles, so that the first aid outcome is achieved in the best possible way.

You can have several small groups acting out and practising different situations simultaneously, coaching and supporting as they do so. They don't need to be asked to perform to the whole group if they are not comfortable with that. Instead, they could debrief on the situation/scenario and what they did (and the key first aid action) – see some key questions below to address in debriefing. If all the groups are comfortable to act out their scenario to the wider group, the visual learning can bring about group benefits and promote learners' confidence.

Spend time with the wider group discussing what the first aid emergency was and which actions were taken; making sure the key action is understood and emphasised.

Suggested questions for discussion:

- > What first aid skills were used?
- > What were the main points from the story or scenario?
- > What would you do in a similar situation?
- > What was the key action?

Ensure that all the learners get a chance to ask any questions they may have, or things they were not sure of. If anything was missed or there were other considerations which were not covered in this situation, sensitively ask the wider group for ideas on these.

Additional methods to use with role play

Stop the clock

During the role play, invite observers to say "stop the clock!" to pause the action when they would like to highlight or discuss something that's happening. Learners acting in the role play can respond in or out of character and the group can discuss.

Hot seating

After the role play, characters could leave the scene and sit on the 'hot seat'. Other learners could ask the character in the hot seat questions about the scenario – for example, "How are you feeling?"

Role players in the hot seat respond in character. Remember to use the debriefing good practice tips above when this is finished to help individuals come out of role.

Chain reaction

If a group is having difficulty in creating a story, ask the learners to start by choosing a skill to cover in their story. Then ask one person to start the story off with an opening sentence. Everyone else then takes it in turn to add a sentence to the story until the character in the story has received help. Ensure that learners include the key action within their story – they can use their skills cards. Revisit the key action once the story is complete.

Getting a session started



Session materials and organisation

If we want people to share their feelings, existing knowledge or ideas, and to try out new skills so they can take action to help in an emergency; there needs to be an environment that is warm, friendly and trusting. The room itself can affect the way in which a group works. Ideally there should be comfortable seating which is moveable, allowing different activities to take place and helping people learn in a space, free from interruptions. Arranging the room with seats in a circle or horseshoe, with tables stacked away or in corners ready for break-out group activities, promotes a climate of informal learning.

As some of the activities require specific materials or resources, it is important to have these in place and set up before the session starts as it will help the session flow smoothly if things are organised and easily to hand. You should also have a prop bag with Everyday items to hand too - see appendix 5 for a list of suggested items.

In addition, you should have the relevant skill cards from the flexible resource pack ready to give out as you cover each respective first aid skill going through the session. The cards can be used to consolidate learning and emphasise the key action as you cover off each skill at the end of a particular learning activity.

Communicating the planned learner outcomes for the session at the start, so that participants know what to expect, is something that seems obvious but can be overlooked.



Introductory input

The purpose of a short introductory input is to set the scene for the session and give out simple information to learners:

- > welcome everyone, outline administrative arrangements/ refreshments, lunch, breaks, when the course will end, who the facilitators are, and any health and safety issues
- > cover the objectives of the session from the educator's point of view

- > check the first aid learning outcomes/expectations
- > explain what first aid skills you will be covering in the session
- > complete the pre-course evaluation
- > run a warm up /ice breaker
- > establish the ground rules
- > explain the style of the session – so that participants will be made aware that this will be an active session with lots of opportunities to work in pairs and groups to learn and practise skills.



Evaluation forms

The evaluation of learners is fundamental to developing our offer. Our evaluation forms measure the change in the learners' levels of confidence and willingness by asking learners to rate them on a scale of 0-10 before and after their learning session.

By analysing the 'before learning' and 'after learning' ratings of individual learners, we are able to determine the effectiveness of our education.

The 'before learning' questions on the evaluation form should be completed after introductions, warm up activities and when the learners understand what they are going to learn. It is important that learners are clear on which first aid skills they will be learning in the session before they complete the pre-sessions questions, in order to accurately gauge how confident and willing they think they would be to help in those specific first aid emergencies. It is also important to clearly explain:

- > why we ask learners to do this form – in order to have accurate data on how well we teach first aid to people
- > that we need learners to answer as honestly as possible (i.e. no-one will judge them on how they score – the form is/can be anonymous)
- > there is no right or wrong score to give – it's just how they feel overall when thinking about the particular first aid skills/emergencies

You might need to explain to individuals what the terms mean. For example:

- > Willingness – they would be prepared and ready and they intend to act if that situation occurred.
- > Confidence – they are certain they could do the correct thing and do so well if that situation occurred.

Educators may need to support learners to understand the scales on the form, with '0' being not at all confident or willing and '10' being very confident or willing. It is then important to allow enough time at the end of a session to support learners to complete the 'after learning' evaluation questions.

Educators can download the evaluation form and guidance from RedRoom (search 'education evaluation form') and print them locally. Educators should ensure that every learner completes an evaluation form. One batch header form should accompany each set of evaluations from a session and on it you should mark the skills covered in the session.

Introduction activities

Active learning exercises aimed at introducing people and breaking the ice, help people feel at ease. They are important because they help set the active tone of the session and involve learners doing things from the start. Even when learning occurs over a number of sessions, introductory activities can help to remind the learners of each other, build relationships, or discuss any issues carried over since last time. These need only take five or ten minutes, but should be considered as important as the technical content of any session.

The informal nature of warm up activities and ice breakers and their potential for sharing personal information or thoughts can mean that they can be threatening to some people and result in making people feel more uncomfortable rather than more comfortable. Therefore, it is important to gauge the atmosphere of the group as you run an ice breaker or warm up and establish some safe boundaries at the beginning of the activity on what sort of things are safe to share.

As adult risk education sessions usually last for around two hours (or shorter), it is important to be aware of timings and keeping the session as focused as possible. In this section there are some specific first aid starter activities that serve the dual purpose of introducing members of the group whilst also introducing first aid topics.

Getting to know the group

Below are some different activity ideas you can choose to use as warm ups or 'ice breakers'.

Round of introductions

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask each participant to introduce themselves with the following three pieces of information:

- > Their name
- > Why they have come to the session
- > If they have ever learnt or given first aid before

A word of caution: Some people may come with traumatic or sad situations where they have tried to help; or they may have come because they are very fearful about not being able to help their loved ones who are more likely to face an emergency due to their health (e.g. carers of people with CHD). If you choose this activity, be clear with participants at the start to focus on situations which are not too serious and they can talk about without causing themselves distress.

It is also sometimes hard for people who don't know each other, or who are not used to active learning situations, to speak about themselves in front of a group so bear this in mind if you choose to use a round of introductions.

Pairs variation

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

This is a slightly 'safer' version of the round of introductions activity on the previous page. Participants discuss the questions with a partner first and then each person introduces their partner to the group. You can add in a question about what they are most interested in learning from the course. This helps share everyone's agenda and their first aid interests. Responses can be collected on a flip chart. Check if any individual interests will not be covered on the course, and deal with this during the discussion. This can help you check expectations of the session with the group.

Alternatively, ask pairs to define what they think giving first aid means – remember to discuss what is and is not first aid, or give a definition. Some example definitions:

- > help given to a suddenly sick or injured person until medical assistance is available.
- > assistance given to any person suffering a sudden illness or injury with care provided to preserve life, prevent the condition from worsening, and/or promote recovery.

Bean bag game

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask the group to form a circle. Throw a small bean bag or soft ball to someone in the group, and explain that when they catch it they need to introduce themselves and explain if they've ever given or received first aid before, or what skill they would most like to learn about. It sometimes helps if you start and give the route of the sentence. For example:

- > "My name is Joe. I'm from Chelmsford and I helped my wife when she broke her arm."
- > "My name is Lucy. I'm from Gwent I was re-assured by a passer-by on the street when I fell and banged my head after being hit by a bike. They looked after me until help arrived."

Reassure learners that it is ok if they haven't given first aid before. You can give them the option to say what first aid skill they would most like to learn about instead.

Debrief

- > What was interesting or struck the group?
- > What were the range of emergencies like? How many similar ones?
- > What sort of things are included in giving first aid?

Circle tapping intros

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Bring the group together in a circle, sitting close to each other – within touching distance. Advise the group that when you say “go!” each person is to gently tap the shoulder of the person to their left, and ask them for three bits of information. This should always include their name as one of the three, but the remaining two can be anything else – such as what they had for breakfast, their favourite colour, how they travelled today, where they come from, etc. Tell them they need to remember what they learn from their partner, as they’ll be introducing them to the group once done.

Shout “go!”, and only allow a minute or two for them to get the information before stopping. Of course, as each person taps the shoulder of the person on their left, the person on their right is tapping them for the information, so this is a buzzy, energising activity with lots of people talking at once.

After two minutes, stop the activity and ask the people in the group individually to introduce the person on their left. You could comment on how many people like the same colour, ate the same things, etc. You can also use this to group the participants for future activities randomly. For example, all the people who travelled by car make up one group, all those who came by train in another, etc.

Names and adjectives

Activity type



Starter activity

Suggested time



Approx. 5 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Participants think of an adjective to describe how they are feeling or how they are. The adjective must start with the same letter as their name, for instance, “I’m Henri and I’m happy...” Or, “I’m Amelia and I’m active...” As they say this, they could also mime an action that describes the adjective.

Finish the sentence

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Go around the group and ask each participant to finish off the sentence. Some example sentence starters you could use are:

- > I'm ..., I have travelled from...
- > I'm ..., I want to learn first aid because...
- > I'm ..., the skill I am most interested to learn about is...

Compass introductions

Activity type



Starter activity

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Stand in the middle of the room, say that you represent the centre of the town/village you are in (e.g. Glasgow), and that you are facing North. Using that as a fixed point, ask everyone to go and stand somewhere that represents:

1. where they live
2. where they were born
3. where they have lived previously (if different from 1)
4. where they'd love to live – their dream location

As the learners move around for each statement, tell them to talk to each other for a few moments to introduce themselves to the people nearest them, once everyone's in position. Ask them to tell each other an interesting fact or something they like about the places they represent, whilst standing in each position – making sure everyone has someone to talk to. Keep it moving reasonably briskly.

Debrief after the last question by asking each group (where they are standing) briefly to say where their dream locations are, or, if time allows, ask each person to introduce their partner and their dream location.

Human bingo

Activity type



Starter activity

Suggested time



Approx. 5-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Do a brief round of names and where learners are from, then use the human bingo sheet (appendix 1a or 1b– choose or adapt one to suit your group). Give everyone a sheet – then get learners up and introducing themselves to each other, seeking someone who fits into each of the categories on the sheet. Keep it moving and active – this needs to be done quite swiftly so learners speak to each person for just a few moments to find something out about them, and note the person /info on the sheet.

Once you stop the activity, debrief with the full group. Ask if anyone filled all of the boxes. Were any categories not filled at all? If so which ones? Pick a couple of categories and find out who fitted into them for interest. You can also ask learners what it felt like doing that activity. What was interesting about themselves or their fellow participants?

As another option you can ask each person in the group to introduce the last person they spoke to and what they found out about them and then do the wider debrief. Let the learners know in advance if you decide to do this so that they remember to note names, etc.

Things in common

Activity type



Starter activity

Suggested time



Approx. 5-15 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening,
reading, writing

Description of activity

Divide the participants into groups of four or five people. Explain to the groups that their assignment is to find five or ten things that they all have in common. Encourage groups to be creative and avoid obvious similarities (e.g. we all have legs/arms; we all wear shoes, etc.). This helps the group explore shared interests more broadly. You could specify that groups should try to think of some first aid specific things, e.g. “I have put pressure on a bleeding wound before”; or “I have called 999 to help someone before”.

Ask that one person takes notes and is ready to read their list to the whole group upon completion of the assignment. Then, ask each group to share their list with the whole group. The lists can generate laughter and discussion around differences and things that are the same, etc.

Snowball

Activity type



Starter activity

Suggested time



Approx. 5-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Ask participants to write their name on a piece of paper and three things about themselves. Then they crumple the paper up into a 'snowball' and have a one-minute snowball fight (be prepared for this potential chaos!). At the end of the minute, everyone grabs the closest snowball. They then introduce that person to the rest of the group, sharing the three facts.

True or false

Activity type



Starter activity

Suggested time



Approx. 5-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

This is a good activity for second sessions; to remind everyone of names and let them learn a little bit more about each other, whilst getting the group working together again.

Give each person a pen and piece of paper. Ask them to write their name in large letters in the top right corner. In the remaining three corners ask them to write two true statements about themselves and one false statement. For example, they could write about their interests, holidays, etc.

When each person has finished, ask the whole group to walk around re-introducing themselves to each person they meet. As they meet, they should try guessing the false statement on each other's pieces of paper.

Encourage participation and reflection afterwards by asking whether anyone managed to get around the group without having their false statement guessed the first time, or what interesting things people found out while doing the activity. There might be something surprising that some of them have in common.

Agenda setting/course expectations activities

As mentioned earlier, it is good practice in group learning sessions to check expectations and set boundaries with the learner group. Here are some ways to do this.

Hopes and fears

Activity type



Starter activity

Suggested time



Approx. 10-15 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening,
reading, writing

Description of activity

This exercise helps to double-check peoples' expectations for the course, and helps you as the educator to adapt or plan activities that take account of any needs not in the original plan. This also helps establish clearly that the success of the learning experience is a shared responsibility.

Split the group into small groups of fours and fives. Ask each small group to make two lists on flip chart paper about what they 'hope' will happen on the course, and what they 'fear', or things they do not want to happen. Explain that this might include how they will work together as well as what they expect on content. 'Hopes' might include – fun; discussions; to learn about certain first aid emergencies. 'Fears' might include to be laughed at; to feel that I can't do the correct thing well enough; to run over time, etc.

Take feedback from each group and develop collective 'hopes' and 'fears' lists, allowing time to clarify any points that are not clear. This offers you an opportunity as a facilitator to share what you feel will be covered/ included in the 'hopes' and, if necessary, to set some ground rules to minimise the 'fears'. For example, explaining the importance of sticking to allocated time for breaks; starts and endings; confidentiality; listening to each other; responsibility for taking part; and accepting that people have different viewpoints, etc.

Post-it notes exercise

Activity type



Starter activity

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Give everyone in the group a few post-it notes in two different colours. Split into pairs and get them to complete the exercise together.

On one colour ask learners to complete one of the sentences below and on the other colour complete the other sentence. Clarify that it should be one issue per post-it, but that they can write as many as they need to.

- > Working with the group today I'd like to...
- > What I'd like to learn today is...

Explain that these might include how the group will operate, group rules that are important to learners and what they think they have come to learn about.

After five minutes collect the post-it notes on two flip charts headed up with the questions. Allow learners time to read them, discuss and draw out any key themes, clarify anything that people want to check about. You can also use this to correct any expectations about the session and the content that are not going to be covered.

Energisers

Energisers are good to use if the energy in the group is flagging. i.e. after breaks – especially lunch breaks or if the activities preceding have involved a lot of focused concentration or listening. They also play a role in helping support an informal and fun group learning climate. A few ideas are listed below and some of the introductory activities given earlier can also work as energisers.

First aid fruit salad

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

This is a variation on the game ‘apple, orange, banana’. Ask the group to sit or stand in a circle with you as the facilitator standing in the middle. Go around the circle assigning these three categories to each person: ‘help’, ‘999’, and ‘emergency’. When you call out one of the categories all those with that label must stand up and swap seats. The person in the middle tries to find a seat too, meaning that there will always be someone without a seat left in the middle. That person then calls out another category and the game continues. If the person in the middle calls out ‘first aid’ everyone in the group must get up and swap seats. This energiser is meant to be quick paced and fun.

Take care using this if any of the group has mobility issues – although it has been used successfully with wheel chair users, providing there is ample space.

Variation

Follow the same method above but rather than assigning categories to people, the person standing in the middle can say “change places if... you have blue eyes”, for example. You could also keep this first aid focused by just using first aid related content. Keep a listening ear that the group members keep the statements light-hearted and not too personal or inappropriate.

Get in line

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask the group to organise themselves and form a line without speaking according to height, i.e., tallest to the left, smallest to the right. The group must compose themselves accordingly. Once complete, ask individuals to come out and test the accuracy of the group line. This exercise can be adapted in all sorts of fun ways. Get in line according to – shoe size, colour of hair or eyes, month they were born, etc. Take care not to choose something that is too personal or people may be uncomfortable sharing. You can then use this as a way to subdivide into smaller groups of threes and fours for activities later in the session.

First aid alphabet

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask the group to form a circle. Explain that you are setting them the challenge of going through the alphabet and thinking of something first aid related for each letter as you go around the circle. Give them a time to complete the whole alphabet (e.g. in two minutes to keep it energetic). For example:

- > A is for: ambulance
- > B is for: bleeding
- > C is for: call 999

Encourage the rest of the group to help when needed if someone is stuck on a letter. Debrief by asking what was interesting about doing the activity, for example, drawing out that a range of things can form an emergency, as well as a number of ways of helping, etc.

Word race

Activity type



Energiser

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Organise the group into two teams at one end of the room. At the other end of the room set up a flipchart for each team. Explain that teams will be racing each other to think of the most words that they can think of to do with first aid. They will be working as a relay team, e.g. only one person from each team can run up to the board at any one time, and can only write one word each time. Teams have two minutes to list as many words as they can.

Once the two minutes are up, go through the words listed on each flip chart and discuss these as a whole group.

We've got rhythm

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Have the group sit in a large circle quite tight together – explain to the group that they have to copy what you do in sequence, one after the other, starting with the person on your left. Start with a simple clap of hands – so it goes all the way around the group to the person on your right. Time it a few times – the speed should increase. Next, make it a bit more complicated, e.g. two claps and shout Ho! Or whatever sound and rhythm sequence you might fancy. Try a few variations and see how the group get on – generally the reaction times get faster. You can change the direction of the sequence, or ask someone in the middle to make up their own sequence of claps, stamps, shouts, actions, noises. Take care not to highlight anyone who is struggling or is not feeling confident or comfortable about it. This activity should act to provide energy, light relief and team working.

Zip, zap, boing

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask learners to stand in a circle. Explain that you are going to play a game using first aid words. Learners can choose the terms after a brief discussion about what first aid is, or use the suggested terms below. Learners pass the phrases around the circle; each word has an action associated with it:

- > Give help – point and pass the action to the person on your left/right
- > First aid – change the direction and pass the action the opposite way
- > 999 – point and pass the action across the circle (at the person opposite you)

Each learner can interlock their hands with their index fingers extended to make a 'pointer'. They should turn their body and point their hands to show which direction the action should travel in. Those who hesitate or match different words and actions are 'out' and can sit down.

Knots of people

Activity type



Energiser

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Divide the group into teams of eight to 12 members. Have each person join right hands with another person in the group, but it has to be someone who is not standing immediately to their left or right.

Then have each person join left hands with another person in the group, but it has to be someone who is not standing immediately to the left or right and someone other than before.

Now the groups have to untangle themselves without letting go of hands. They may have to loosen their grips a little to allow for twisting and turning. They may have to step over or under other people. The first group to untangle their knot is the winner.

Note: There are four possible solutions to the knot: One large circle with people facing either direction, two interlocking circles, a figure of eight, a circle within a circle.

Consider carefully when and which groups to use this activity with as it is reasonably mobile and involves closer contact than normal, so the group need to be warmed up or know each other well.

An online search for energisers and warm ups can yield lots of new ideas for these types of activities but, as with the ones above, it is very important they are considered carefully. It is vital that an educator chooses activities which are appropriate for the individuals in the group on the day.

Small group activities

exploring what first aid is

These activities are short, small-group exercises that can help learners explore what first aid is and why it is important. They can be used after introductory activities and before going in to the main skills building activities.

Quick mind maps – helping others

Activity type



Building knowledge

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Ask learners to get into small groups and create a mind map by drawing a circle in the middle of the page and writing 'helping others' in the centre; give them a few minutes to draw lines from the circle, and write or sketch their ideas about what helping others means to them at the end of each line.

After a few minutes ask learners to share some of their ideas. Next, ask them to think about first aid: What does this mean in the context of helping others? They can continue to develop their mind map. You could use the following prompt questions to support their thinking:

- > Why might first aid be important? To individual people? Communities and society?
- > How does it relate to helping others?

Learners could feedback some of their example ideas to the wider group or display on walls and discuss.

Practical and emotional first aid

Activity type



Building knowledge

Suggested time



Approx. 5-10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Ask learners what they think the term first aid means, supporting them to think about helping someone when they are suddenly ill, injured or distressed.

In small groups ask learners to draw a line down a sheet of paper to make two columns. At the top of the columns ask them to write the headings – practical (e.g. to put pressure on a wound, to ring 999, etc.) and emotional (e.g. to keep speaking to someone, to reassure or comfort them until help arrives, etc.). Ask them to think about the kind of actions they might take to support someone either practically or emotionally, noting their ideas down in the columns.

Finally, ask them to consider if both approaches are necessary when it comes to first aid. Learners could think about how they might like to be treated if they were suddenly ill, injured or distressed.

Core methods to facilitate first aid education

We want each learner to have the best experience possible. As a guide for educators, this next section offers many different facilitation methods to help achieve a rich learning experience. Experienced educators may have their own favourite methods to meet the learning outcomes. Good facilitation skills and an interactive learning environment are key themes we look for in annual observation sessions for quality assurance purposes. Educators are encouraged to adapt these to suit the learning preferences and dynamics of the group on the day.

There is an example lesson plan and a blank template provided (appendix 2 and 3) to help you design your sessions.

1. Creative methods

Activity type



Main activity

Suggested time



Approx. 60 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening, reading, writing (optional)

What you need

One pack of materials per group:

1. Two different skills frameworks including FAQs OR 'got to know' (appendix 6) OR the Red Cross first aid app or website.
2. List of creative ways to teach first aid (appendix 4).
3. Everyday items (appendix 5).
4. Manikins (for unresponsive and not breathing, and choking).

Introduction

A core method that can be used for any mix of up to six different skills.

Groups have 20 minutes to learn two first aid skills and plan how to convey them to the other groups. They will then communicate these skills to the other learners.

Description of activity

Divide participants into groups of four. Explain that each group is going to have 20 minutes to learn about two first aid skills and plan how to convey them to the other groups. They will have ten minutes to communicate these skills to the other learners. Make it clear that the other learners need to leave the session with a clear idea of the 'got to know' information for each skill, and that learning should be interactive if possible.

Explain that they will have:

- > two first aid skill frameworks including the FAQs
- > ideas of ways to convey the skills to the group, e.g. role play, pub quiz, etc.
- > everyday items that learners can improvise with to treat people.

Give the groups their materials. Ask them to think about how they are going to convey the skill. Tell them they can use the first aid skill frameworks (or the Red Cross apps or websites) to research information about the skills. Encourage them to use the props and to have fun.

Coach and support the groups, helping with any questions as they decide how to convey the skills. Encourage each group to think about how they will use questions to check what their peers have learned, emphasise the key action, and check for questions.

After 20 minutes ask each group to convey the skills in no more than ten minutes to the other groups in whatever creative way they have chosen. This is intended to be a learner-led exercise. If anything vital has been left out in terms of the outcome for the skill, pick these up sensitively. Highlight the key actions when each of the groups has completed their method.

Debrief

It is important to have a full group debrief/discussion at the end of the activity to:

- > see if there are any outstanding questions
- > recap the skills learned if required
- > check if the entire group feel they have learned the skills.

2. Learning stations (option one)

Activity type



Main activity

Suggested time



Approx. 25-30 minutes

Suggested group size



3 people

Literacy



Speaking, listening, reading

What you need

One pack of materials per group:

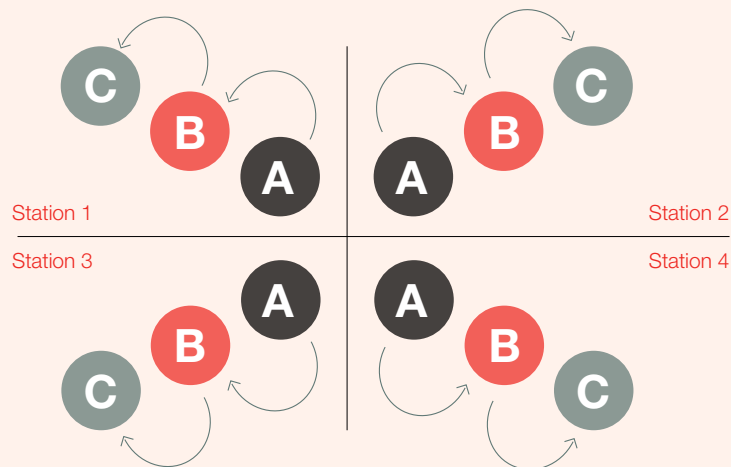
1. Two different 'got to know' skill cards per group (appendix 6).
2. Everyday items (appendix 5).
3. Reasonable space and chairs set up as indicated.
4. Manikins (for choking and unresponsive and not breathing).

Introduction

A core method that can be used for any mix of up to eight skills. Participants are split into groups of three people. This example shows 12 learners learning eight skills but it can be nine learners and three stations, six learners and two stations, etc. This should be a fast-paced activity to ensure everyone is engaged as much as possible.

Description of activity

Divide the group into four groups of three. Ask each person in the group to stand or sit in a line together – it can be radiating from the centre of the room or in a line facing each other – whatever works best in the room.



In each group, **B** moves back and forward from **A** to pass on info to **C** about two skills e.g. bleeding and broken bone. **B** also clarifies questions **C** asks with **A**.

Information therefore flows from **A** to **C** via **B**.

Give each **A** a 'got to know' skill card. Ensure that each **A** has a different skill to each other. Give them a selection of everyday items to improvise with.

A learns the skill from the handout (or the Red Cross app or website), and teaches it to the **B** in their group using the resources. When **B** feels they have understood the skill, they teach it to their **C**. **B** can go back and forward as many times as they like until they are sure they have understood the skill, have passed it on clearly, and have answered any questions **C** has asked about the skill.

You might like to explain to the **As** at the start that they should only give answers that reflect what is on the 'got to know' skill card and not get drawn into giving additional medical or complicated information – even if they know it.

2. Learning stations (option one)

Description of activity (continued)

For any very clinical/technical questions, explain or suggest that the people teaching can say “that isn’t something we cover – but the important thing you need to know to treat this injury/condition is..”

It should only take a few minutes for **A**, **B** and **C** to learn a skill.

Now swap their roles so **B** becomes **A**, **C** becomes **B** and **A** becomes **C**, and repeat the above process for a different skill. After the groups have completed that, you can move each group of three groups around onto the next area (or ‘station’ on the wheel) to learn two different skills. Continue until all the groups have both taught and learned all the skills – swapping roles each time they move on.

Debrief

While you should be circulating and listening to conversation as the activity is in full swing to check and support learners, it is important to recap at the end of the activity.

At the end of the 20–25 mins or so, ask the whole group to stand up and pass on the last skill they learned **without the teaching cards** to someone who was not in their group of three. Then their partner passes on their last skill learned to them. Then ask each pair to share the two skills they had with the whole group and check for questions or issues.

Debrief variation

Ask **C** to act as though they are experiencing the last emergency they learned about. Ask **A** and **B** in each group to go and help **C** using the skill they have learned about using props to improvise. Let them practise the skill then ask them to teach the rest of the full group by doing their simulation. Swap roles and then repeat for the second skill with that group.

2. Learning stations (option two)

Activity type



Main activity

Suggested time



Approx. 40-50 minutes

Suggested group size



3-5 people

Literacy



Speaking, listening, reading

What you need

One pack of materials per group:

1. One skill framework including FAQs per learning station OR 'got to knows' (appendix 6) OR the Red Cross first aid app or website.
2. Everyday items (appendix 5).
3. Manikins (for choking and unresponsive and not breathing).

Introduction

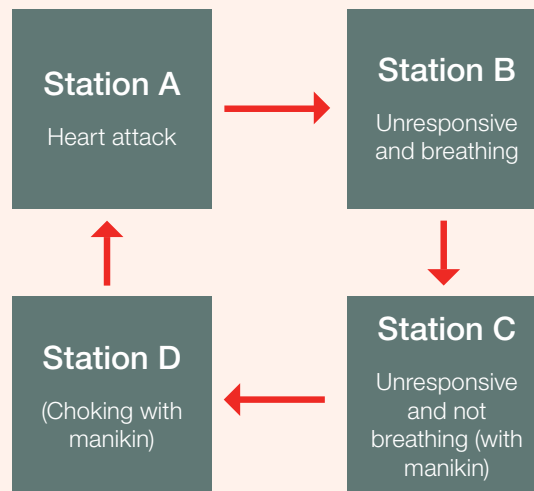
Suitable for more practical skills such as broken bone, bleeding, burns, choking, head injury, heart attack, hypothermia, seizure, stroke, unresponsive breathing, and unresponsive and not breathing.

Uses groups of three to five people per station. This example shows four stations but it could be five, three or two stations.

Description of activity

Set up the room with four stations around the outside, with each focusing on one skill. Each station should have one skill framework (or the Red Cross first aid app or website), everyday items, and manikin/s if applicable. Variation: if all skills require everyday items (burns etc.), the items could be placed in a box in the middle of the room to add a competitive edge.

Example set-up:



Groups of learners move around the stations

Ask learners to go to a station in groups of three to five to learn the skill. One or two learners can act as the casualty but with each learner getting a chance to practice the skills. Support learners in their small groups during this activity – it may help to have more than one educator to coach them as they practice the skills. Ensure that everyone in each group tries the key action.

After up to 10 minutes, ask them to move to the next station and repeat the exercise for a different skill.

2. Learning stations (option two)

Debrief

When all learners have completed all of the skills, ask each group for volunteers who are happy to demonstrate the skill from the station they are at. Prompt for questions and/or facilitate other learners to help with answers. Answer any questions or queries the learners have not managed to as you go through the re-cap.

3. Emergency scenarios (option one)

Activity type



Main activity

Suggested time



Approx. 30-40 mins

Suggested group size



2-4 people

Literacy



Speaking, listening, reading

What you need

1. 'Got to know' skill cards (appendix 6), OR the Red Cross first aid app or website.
2. First aid emergency scenarios (appendix 7).
3. Everyday items (appendix 5).

Introduction

Suitable for any mix of skills.

Description of activity

Spilt the learners into small groups and ask each group to choose a scenario that they would like to learn about.

Using the 'got to know' information (or the Red Cross first aid app or website) ask the group to research the skills they need and what actions to take to answer the question in the scenario.

Ask each group to teach the whole group the skill that they have just learned. (Could use a creative method for this – see appendix 4.) Alternatively, ask each group to team up with another group and teach each other the skills they have just worked on.

Debrief

Recap what skills each group has learned as a whole group.

3. Emergency scenarios (option two)

Activity type



Main activity

Suggested time



Approx. 30 minutes

Suggested group size



2-4 people

Literacy



Speaking, listening,
reading

What you need

1. First aid emergency scenarios (appendix 7).
2. Everyday items (appendix 5).
3. Manikins (for choking and unresponsive and not breathing).

Introduction

Appropriate for scenarios in appendix 7 that rely on everyday items (scenarios 1,5,8,9,10,11,13).

Description of activity

Choose the scenarios you want to cover and put the relevant everyday items together in a box. This is the treasure chest. Old mobile phones are helpful for calling 999 and you may wish to put manikins beside the treasure chest if unresponsive or choking skills are to be covered.

Give small groups one emergency scenario per group. Give them a short amount of time to discuss their scenario, the answer to the scenario question, and what the relevant everyday item they might be able to use to help.

At the end of the time limit, ask for a person from each group to go quickly to the treasure chest and choose the everyday item/s that they will be able to use in their scenario. This could be done in a competitive way with the winner announced, i.e. the person who gets their item quickest.

Once all groups have their item, ask each group in turn to explain their scenario, how they have decided to help and the purpose of the everyday item to the rest of the group. (This could be done using a creative method – see appendix 4).

Ensure that the key action and steps to take for each scenario are fully covered, interjecting where necessary as they pass on their skill to the group.

Debrief

Discuss the scenarios using questions like:

- > How did you feel doing that activity?
- > Has it helped you to learn the skills?
- > Any questions about any of the skills you have learned?

4. Flashcards (option one)

Activity type



Main activity

Suggested time



Approx. 40-50 minutes

Suggested group size



2-5 people

Literacy



Speaking, listening, reading

What you need

One pack of materials per group:

1. One skill framework including FAQs per learning station OR 'got to knows' (appendix 6) OR the Red Cross first aid app or website.
2. Everyday items (appendix 5).
3. Manikins (for choking and unresponsive and not breathing).

Introduction

Suitable for any of the skills.

Note: each first aid skill has an accompanying series of images that include:

- > A scene-setter where learners can identify the injury or illness, the context, and what they might do to help.
- > The key action to take to help, where learners can explore how to help.
- > Other actions to take, where learners can explore additional things to do and how to offer reassurance.

Important: As an educator, it is up to you to choose which of the flashcards from the scenario set to use in the session. For example, you may not want to show the rescue breath images for unresponsive and not breathing if you are only covering the 'got to know' information.

Description of activity

Ask groups of four people to look at the flashcards and use a flip chart to record their answers during this activity. Look at the scene-setter image and describe what they see using any of the following questions:

- > What has happened? Describe anything that indicates what sort of first aid emergency this is.
- > How does it make you feel?
- > How do you think the injured or ill person might feel right now?
- > What personal qualities might enable someone to help in this situation?

Review the key action image. Ask groups to identify/discuss:

- > What is the key action being taken to help the ill or injured person?
- > How will the key action help the ill or injured person?
- > How easy or hard do you feel this action might be?

Review the other action image/s. Ask groups to identify/discuss:

- > What else could you do in this situation?
- > How could you reassure the ill or injured person?
- > What other things might you consider?
- > What other steps could you take to calm yourself or help you take the action?

Debrief

Ask groups to present their flipchart findings back to the whole group. Encourage questioning and ensure that the key action for each skill is emphasised.

4. Flashcards (option one)

Extension

If appropriate for the group and they have cameras available, ask learners to create their own set of images which others could use to learn this skill. Learners need to pose and photograph:

- > A scene-setter image which shows what has happened and the setting or context in which the events took place.
- > The key action image which shows the key action being taken to help the person.
- > Other actions image/s which show other steps supporting the key action to help the person.

4. Flashcards (option two)

Activity type



Main activity

Suggested time



Approx. 5-15 minutes per skill

Suggested group size



2-5 people

Literacy



Speaking, listening, reading

What you need

One pack of materials per group:

1. Flashcards – set of cards for each skill to be covered.
2. Questions relating to each skill to be covered (appendix 8).
3. Flip chart paper and pens.
4. Manikins (for choking and unresponsive and not breathing).
5. Skill cards or skill frameworks, or the Red Cross first aid app or website.

Introduction

Suitable for any mix of skills. The group sizes are determined by the number of flashcards in the sets used.

Description of activity

Mix up all the flashcards and give out one card to each learner. Ask learners to find the other people that have the other cards in their set. Once everyone has found their group, ask them to try to put their flashcards in order of the sequence of help for that scenario (e.g. scene-setter, steps to take, reassurance, etc.).

Give each group the relevant question card and ask them to record their answers on the flip chart. The learners could research their condition/injury using the relevant skill card or skill framework. Alternatively they could carry out their research using the Red Cross first aid app or website.

Ask each group to teach the whole group (or another group) their skill. This could include demonstrating the skill and allowing for others to practise (could use a creative method to do this).

Important: As an educator, it is up to you to choose which of the flashcards from the scenario set to use in the session. For example, you may not want to show the rescue breath images for unresponsive and not breathing if you are only covering the 'got to know' information.

Debrief

Encourage each group to think of questions to check the others have understood the emergency situation and the 'got to know' element of the skill.

5. Videos to learn how to recognise (and help with) a condition

Activity type



Main activity

Suggested time



Approx. 5-15 minutes
per skill

Suggested group size



3-5 people

Literacy



Speaking, listening,
reading

What you need

One pack of materials per group:

1. Everyday First Aid videos for the skills you want to cover.
2. Audio-visual facilities for three learning stations.
3. Pens and paper (optional).
4. Flip chart paper and pen.
5. Got to know handouts (appendix 6).

Introduction

Suitable for meningitis, heart attack, hypothermia, stroke, severe allergic reaction, asthma attack, diabetic emergency, unresponsive and breathing, unresponsive and not breathing, and seizure.

Description of activity

Part one

Set up the room with three video viewing stations. Each station should have one or two videos available for learners to watch, plus pens and flip chart/paper. Divide participants into three groups.

Ask groups to watch the video/s at a station and list on their flipchart the signs and symptoms they can see that show how to recognise the condition, e.g. how to recognise someone is having a heart attack. Explain they may need to watch the video more than once.

Once groups have viewed the video, give each group the relevant 'got to know' handouts and ask them to compare their list on their flipchart with the information on the handout.

- > Do they match?
- > Could the video have shown the signs differently or better?
- > Would everyone show their condition in the same way?
- > How may presentation be different for different people?

Part two: freeze frames

Give each group (of about four people) one or two of the skills that were viewed and ask them to develop some 'freeze frames' or 'living statues' to show a person with the appropriate signs and symptoms, and how to help.

1. Create a freeze frame showing a person displaying the symptoms of the condition, and one or two other people who are in a position to help.
2. Create a second freeze frame that shows people taking action to help. Any objects in the room can be used to improvise first aid. Practice going from one image to the next. One person in each group will describe to the other groups what is happening in each image.

Now invite all the groups to demonstrate their freeze frame stories to everyone else. Use this opportunity to clarify the learning and respond to questions.

Debrief

Clarify any questions or queries which learners may have.

6. Story telling

Activity type



Main activity

Suggested time



Approx. 40 minutes

Suggested group size



2-5 people

Literacy



Speaking, listening, reading

What you need

One pack of materials per group:

1. Example stories (appendix 9 – optional).
2. Flipchart paper and pens.

Introduction

Suitable for any mix of skills.

Description of activity

Part one

Tell the group that you are about to tell a story that is a real account of a first aid situation. Read or tell the story to the group. (If you have a story of your own that is relevant to the skills being taught, you could use that).

Split learners into groups of four or five, or keep them as a whole group and ask them to decide:

1. What first aid skills were used in the situation?
2. What were the main learning points from the story they picked up? These might be about the skills to use – e.g. how to help someone with a head injury and/or helping someone who is distressed. Make sure you clarify whether or not the key action was appropriate.

Groups may also bring up wider learning, for example:

- > Why bystanders do or don't help.
- > Managing the situation and communicating with other people at the scene if you do help.
- > Coping with how the incident may have affected the helper.
- > Safety issues.

All are valid learning points and can be explored.

Part two

Once you have completed part one, explain that you are going to ask the groups to devise and develop a story to help teach other first aid skills.

Split into two or three smaller groups and give each group one or two skills from the agreed skills for the session to create a story about. Alternatively you could ask them to decide as a group which one or two skills they want to cover, as they may wish to use stories from their own experience. Ensure each group is looking at different skills.

Ask groups only to pick personal stories that they are comfortable to retell, and that are easy to explain.

6. Story telling

Description of activity (continued)

They can choose how they would like to tell it – acting it out with a narrator or group story creation. E.g. one person starts the story; the next person adds the next sentence and so on until the whole story is told. Emphasise that however they choose to retell the story, that the got to know information needs to be embedded in it somewhere with particular focus on the key action to take.

After 15 minutes ask the groups to share their stories with the whole group.

Ask the group telling their story to discuss with the listeners:

1. What were the key learning points for these first aid skills? (Make sure the listeners have understood what the key action is for each emergency).
2. Anything else the listeners felt or thought about the story as a tool for learning first aid.

An alternative to telling the story would be to act it out if the groups want to role play it – then discuss in the same way as above.

Debrief

Clarify any questions or queries which learners may have.

7. Consequences flip chart carousel activity

Activity type



Main activity

Suggested time



Approx. 40 minutes

Suggested group size



2-5 people

Literacy



Speaking, listening,
reading, writing

What you need

Each carousel requires:

- Emergency scenarios (appendix 7), (or scene-setting flashcards).
- Flip chart and pens.

Introduction

Any first aid skills can be used for this activity. This activity is useful to help learners recap or test their knowledge about the skills they have learned.

Description of activity

Set up four blank pages on flip charts with a first aid scenario stuck to the top of the flip chart. Or as an alternative if there are any language barriers, use a flashcard with the scene setter card (not the intervention).

Split the participants into small groups. Ask them to start at the bottom of one flipchart and to carefully write up their answer to the question on the scenario card (what should the person do to help?). Then ask them to carefully fold up the bottom of the flip chart so the next group cannot see it.

Move the groups around to the next station (or ask them to pass their folded flip chart on to the next group) and repeat until all the flip charts have been completed by all the groups.

Ask the groups to unfold the one that they have and put it on the wall to display. Walk round the flip charts with the groups discussing what has been written, clarifying any issues and making sure any missing information is added.

Debrief

As you go around each flip chart check that the right first aid emergency has been identified and that the flip charts cover the key learning. You may want to do a quick round up of the key actions for each skill.

The ‘skill and the will’

Introduction

British Red Cross research has shown that specific propensity-to-act activities can complement the learning of first aid skills to result in a more effective learning experience.

Using a coaching approach and praising groups and individuals when they perform even small tasks well, builds confidence and competence alongside increasing the likelihood that learners believe they can act to help others.

A relaxed, informal atmosphere where people feel happy to join in both practical activities and discussions also aids learning. Creating an atmosphere where people talk of their own experiences is a powerful tool, and this is welcomed and encouraged.

Participants’ experiences can be used to demonstrate issues such as:

- > overcoming fear
- > small actions make a difference
- > feeling good after helping others
- > how grateful people are when someone stops to help.

The following activities aim to provide guidance and activities to assist trainers and educators to increase the propensity to act of learners who participate in Red Cross first aid education.

The ‘skill and the will’ activities and language need to be woven into other parts of the learning. For example, the bystander effect could be discussed at the start and later referred to when unresponsiveness is covered.

The ‘helper qualities’ card sort could be done after a few of the first aid skills have been covered so a greater appreciation of the skills required has been established. Also at this point, the card sort can be used to emphasise that participants already have a number of the qualities needed to support others and these are merely being developed on the course.

The ‘you are not alone’ activity could be done when the importance of phoning the emergency services needs to be emphasised.

Many educators believe strongly that by weaving the helper qualities, like listening skills, together with an understanding of the bystander effect, participants are empowered to act in a first aid emergency. These activities help to develop a belief that not only should people in general help others, but also that they themselves could (and should) stop and help.

Language /key phrases

Everyone has their own way of delivering first aid education, but the following phrases have been found to be useful to reassure the general public and encourage them to help others.

Our research has shown that repeating these phrases throughout the course, particularly in the summary at the end, reinforces the ideas and helps participants to retain their increased confidence and willingness over time.

Many of you will be using one of more of the following already:

- > It is better to do something than nothing.
- > The more people that are around, the less likely anyone is to do anything.
- > In this situation, wouldn’t you want someone to help you?
- > Everyone feels scared – but you can do it anyway.
- > You are not alone – there are a number of people waiting to support you, such as the emergency operator, ambulance staff, etc.
- > Helping can make all the difference.
- > It cannot get worse than this (used when referring to person who needs help and dispelling the helper’s fears about giving chest compressions).

The phrases are best inserted throughout the session with one or two appropriate ones repeated during the summary at the end of the session.

The bystander effect

On the whole, the more people who are around when an emergency happens, the less likely an individual is to act. This is known as the bystander effect.

There are a number of documented cases of it and a variety of reasons given for it, which essentially come down to:

- > diffusion of responsibility
- > the need to behave in a socially acceptable way, i.e. if others are not reacting there is either no need to react or it is not appropriate.

It has been proven that those made aware of the bystander effect are more likely to act. But there is also evidence that awareness may not be sufficient. There is a need for people to deliberate and discuss an issue to be able to determine how and if they should alter their own behaviour.

Core 'skill and the will' activities

The 'skill and the will' activities are a key element of our first aid offer. Research has shown that the three activities listed below increase learners' willingness to act in a first aid emergency.

The bystander effect and addressing the barriers to helping

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading

Introduction

Any activity to educate people about the bystander effect needs to fulfil two roles:

- > Inform about the bystander effect.
- > Involve people in a discussion about it, encouraging them to put forward reasons why it occurs and consider how they would react should they be in the situation.

At an appropriate time during the session, the group may also consider worries about being unable to respond in a coherent manner to an emergency (paralysed with fear), particularly with a loved one or friend.

In the following activity, you will: choose a stimulus, the watch it or read it; have a group discussion using the prompt questions; and spend some time using a flip chart to list out barriers to helping, and then some solutions to these barriers.

What you need

- > There are a few videos about the bystander effect that educators can choose from: 'Let's make first aid second nature' video <http://vimeo.com/25716042> (Password: redcross); The bystander effect (Red Cross resource) available from the image library; The bystander effect video (Liverpool Street Station) www.youtube.com/watch?v=OSsPfbup0ac.
- > Or use a newspaper article with an example of bystander effect (some examples given below or use the print outs in appendix 10).
 - > theguardian.com/uk/2005/aug/04/ukcrime.features11
 - > worcesternews.co.uk/news/14325432.No_one_helped_me_says_biker_who_smashed_his_face_in_horror_fall_at_Worcester_skate_park/
 - > theguardian.com/commentisfree/2016/jan/06/bystander-stand-out-crowd-intervene-help
 - > standard.co.uk/news/london/family-of-tube-tragedy-dad-pay-tribute-to-londoners-who-battled-to-save-his-life-a3153236.html
 - > ew.com/article/2016/06/01/witness-ew-review
 - > independent.co.uk/news/uk/home-news/passers-by-film-women-trapped-in-crushed-car-instead-of-helping-a6842511.html

The bystander effect and addressing the barriers to helping

Description of activity

The short black and white start to the 'Let's make first aid second nature' video has been shown to be effective in raising awareness. This is especially true if only the black and white section is shown to enable the discussion (the coloured part can be shown later). However, the film needs an introduction and course participants need to be asked to concentrate from the start or they will miss the information.

A newspaper article can also be used to act as a trigger for discussion. Focus groups agree that showing UK examples of people walking into an emergency situation seem the most relevant. It is also good to be as up to date as possible, so use other articles you come across to illustrate this. There are a couple of examples and some links looking at the bystander effect from different angles given in the resources section.

Though people may doubt the accuracy of the articles, the bystander effect is a well researched and documented occurrence in the UK.

Be careful on the tone you set when discussing the bystander effect. Although the content is often very shocking, we need to be careful not to be overly judgemental of people who did not step in. The focus should be on using these stories to explore and discuss why people might not intervene and what barriers they may come up against.

Questions to initiate or encourage discussion:

- > Are you surprised by this?
- > Do you think this would happen in (town name)?
- > Why do you think this might happen?
- > Have you ever seen this happen?
- > Why might people be reluctant to help?
- > What barriers might there be to people helping?

Responses usually fall into the following two areas:

1. Spreading of responsibility.
 - > Because other people are present, people feel there is less pressure for them to do anything.
2. Need to behave in a socially acceptable way.
 - > If others are not reacting there is not a problem.
 - > If others are not reacting there is no need to react.

Other participants might require further information or discussion around the barriers of helping. Examples of these and some possible solutions are:

Barrier	Solution
I don't know what to do.	Ask the person how you can help. First aid is simple most of the time. Calling 999 means that the call handler will advise you of what you need to do. Be as clear as possible when you explain the situation to them and listen carefully to what the call handler tells you to do.
It could be dangerous.	Don't compromise your own safety. You can call 999 and get emergency help on its way. Listen carefully to what the emergency operator is telling you – they will give you advice on how to take safe action.

The bystander effect and addressing the barriers to helping

Barrier	Solution
I might get sued.	Our role is not to advise on legal issues, however, where someone is acting in good faith to help to save someone's life or prevent further injury, there is very little risk of them being successfully sued for doing that.
Someone else or someone who is more qualified will help.	What if they don't? Imagine if it was a member of your own family – would you want someone to help them?
I'm on my own and it's getting dark.	You can call 999 and get emergency help on its way. You could also ask other bystanders to help if it is safe to do so. Often once one person steps forward to help, others will follow.
I might do something wrong.	In most cases it is unlikely that you could make the situation worse. Doing something is better than nothing.
I can't stand the sight of blood.	You don't have to look at it, but the person does need help. You could tell the injured person to put pressure on their own wound. Ask someone else to do it, or cover the wound with something and press.
I might catch something from their blood (or infect them).	There is very little risk of infection unless you have an open wound or cut on your skin. However, if you are at all concerned you can use a plastic bag to protect yourself from fluids.
They might be drunk.	They might be but they still need someone to help them. They might also have a medical condition that makes them appear drunk.
I'm too busy/in a hurry.	Even if you just stop to see how someone is or call 999 it can make all the difference. Once you step forward to help others are likely to follow. You could also ask others to help if you can't stop.
I don't have first aid kit available	First aid does not require any special equipment. You can improvise with whatever you have on you. For example, a scarf or jumper can be used to help stop a bleed.
Cultural/gender issues	Enlist the help of others around you.

Acknowledge that it is important to look after one's own safety and it may be scary to stop and help when no one else is. People often express horror that people could walk past and suggest that people should stop and at least phone 999. By valuing, and possibly repeating these comments, you can encourage participants to be aware that the bystander effect exists, but that they can avoid being part of it. Try not to be judgemental and avoid implying one form of behaviour is better than another. Try to enable people to come to their own conclusions.

The bystander effect and addressing the barriers to helping

Addressing worries about being able to respond in a coherent manner

Suggested actions for the 'helper' could be:

- > Taking a few deep breaths.
- > Trying to focus on the needs of the person who is injured.
- > Doing **something**. Once you take an initial action you'll often think of what to do next.

Qualities of a helper

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening,
reading

What you need

Qualities of a helper card sort packs (appendix 11).

Introduction

Often people on a first aid course are worried that they will be asked to take too much responsibility if they were to stop at a first aid incident and believe they do not have the qualities to enable them to help.

Purpose of the activity

The following activity enables learners to:

- > debate the qualities required to help
- > realise they have at least some of these qualities.

The coaching and praise during the session can also reinforce people's belief that they have the qualities to enable them to support others in need of first aid.

Description of activity

Give out one pack of helper sort cards per group.

Ask the course participants to prioritise the qualities with the most important at the top and the least important at the bottom. Everyone's view will be different and many put several qualities at the same level. There is no right or wrong answer. It is the deliberation that is important so if groups are not discussing the advantages of having the qualities, try asking them questions, e.g. which quality would you need when initially approaching someone who you think might need help? How can you find out what is wrong?

Briefly go around the groups and ask them which qualities they have put at the top and why. It is also important to ask which qualities they think they have themselves.

Qualities of a helper

Description of activity (continued)

You may want to pick out similarities between the groups, e.g. "I see that all groups have put 'listens and observes' in the top three. What made you do this?"

It is vital to get people to associate with the qualities and it is great if you can suggest a quality you have seen them display during the session. You could get learners to pick the quality that they feel best represents them. They could then take this card home with them to keep as a reminder that they have qualities that would help people in an emergency.

You are not alone

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening, reading

What you need

- > Arrows, ambulance, hospital, you and emergency operator cards (appendix 12)
- > Photo of the emergency operator (appendix 12)
- > Photo of an ambulance (appendix 12)
- > Flashcards

Introduction

This activity enables participants to explore and understand the support they can expect once they have phoned 999:

- > the ambulance on its way
- > the emergency operator can advise on the action to take.

In all likelihood this will spark discussion of fears, myths or barriers to calling 999. The activity should also draw out that speed in calling 999 can be important.

Description of activity

Whole group version

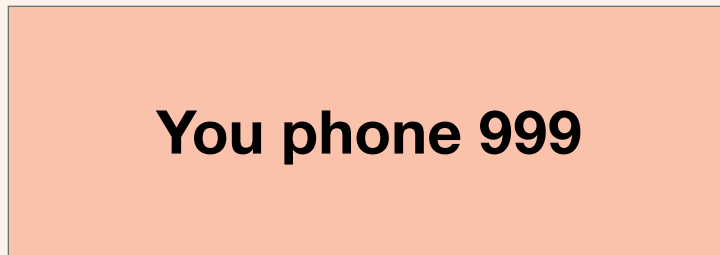
Explain that this exercise looks at what happens once you have taken the action of calling 999. You will find a way that works for you to facilitate this, but the activity uses questions to get people to think through the support available to them.

Choose an appropriate flashcard. Some good examples are:

- > unresponsive and not breathing (lady in the bedroom)
- > bleeding heavily (homeless stabbing)
- > unresponsive and breathing (drugs overdose).

Description of activity (continued)

Place the following card beside the flashcard.



Then ask:

1. Who will then be there to support you? When people suggest the emergency operator place an arrow from 'You phone 999' to the photo of the operator.
2. What will they do? People usually know they contact the ambulance and other emergency services but are often not aware that the operator will ask questions to help identify what is wrong and will give intervention suggestions. Either insert the ambulance card and the arrow from the operator to the ambulance, or the arrow from the operator to 'You phone 999', depending on the answer.
3. Keep asking appropriate questions until all cards have been used. It emphasises that there is a team of people who will help as soon as you call 999.

You could also mention that in certain circumstances, speed of action is important.

Also if it doesn't come up in the discussion from learners, mention that call handlers will help talk them through the first aid action as they give it to the person who is hurt. Remember that people using a mobile phone to call can place the phone on speaker phone so they can use their hands and continue to talk to the call handler.

Calling 999 can be daunting for a number of reasons:

- > Worry that it is not appropriate. Reassure people that the ambulance service would much prefer to be called, for example, if a heart attack is suspected, rather than risk someone's life.
- > In a situation where there is drug abuse. Often the fear here is that the police will be called. This is not necessarily the case and if a life is at risk it is important to get medical help urgently.

Small group variation

Divide participants into small groups and get them to use the arrows and cards to map out their version of what will happen when they call 999.

As they are doing so, ask them to discuss:

- > the support they think is available to the helper or first aid provider in the chain of
- > people communicating
- > any concerns or questions they have about calling 999.

Ask for a spokesperson from each group to explain their communication chain, and highlight any key issues or questions that they feel are important.

Additional activities for exploring the ‘skill and the will’

Below are some activities in addition to those which have been tested and researched that may help encourage learners to step in and help if they come across a first aid emergency.

Think, pair, share

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



Pairs

Literacy



Speaking, listening, reading, writing

Description of activity

Ask learners to get into pairs; give each pair one question to consider (see appendix 13 for cut outs):

- > Should you always help someone if you see they are in need?
- > Why should someone in need receive help?
- > What personal qualities might enable you to help others?
- > What might stop someone from helping another person? How might they overcome this?
- > Do we all have a right to receive help?
- > Do we all have a responsibility to give help?

Ask learners to think independently about their own response to the question for one minute. They then share their question and discuss their ideas with their partner for another minute.

Ask learners to find another partner from a different pair to share their question and ideas with; repeat this as time allows.

Alternative method

This could be run as a decision line activity, where the facilitator reads out a number of statements and participants position themselves by how much they agree or disagree with the statement.

Debrief

Bring the group back together and discuss – you could use these suggested questions:

- > Why is it important to help people in first aid situations?
- > Why might it be important to know first aid?
- > How might knowing first aid help you, your friends or family? Your community or society?
- > What qualities or attributes does a person need to be able to help someone?

Why don't people stop to help?

Activity type



Main activity

Suggested time



Approx. 20-25 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening

Description of activity

Ask learners to imagine a scenario. They are walking down the street when someone collapses in front of them. Ask them to discuss – in small groups – how might they respond if:

- > They were alone in the street during day time
- > They were alone in the street but it is getting dark
- > They were with one or two friends, but no one else was around
- > The street was busy with lots of other people.

Next, ask how their responses might change if the person who collapsed was:

- > The same age as them and/or wearing smart clothing
- > An older man in scruffy clothing
- > A young woman in a suit
- > A child in school uniform
- > A family member

Learners can discuss the scenarios in their small groups. When they have had time to do this, bring the discussion together as a whole group.

Prompt questions – select a few from here:

Note: try to take the feedback as collective views from the small group rather than putting individuals on the spot about their own fears and barriers in front of the whole group.

- > What types of situations would you choose to intervene/stop to help in?
- > Is this based on the number of people who are around; if you are with friends, or on your own?
- > What influences people to help or not?
- > Does the time of day or our circumstances affect decisions?
- > What might have been another way of getting help if it seems unsafe to intervene (e.g. calling 999)?
- > Do you think people are more comfortable to help if the person is of a similar age?
- > Would you try to help even if you weren't sure what to do?

Debrief

Re-convene the groups and ask them to discuss what the key strategies for helping are. Take a round of feedback on the key barriers from each group and how they might overcome some of these barriers to helping. Also discuss if doing this exercise has made learners aware of or consider things that they may not have thought of before.

Bricks and hammers – exploring barriers to helping

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening,
reading, writing

Description of activity

Divide learners into small groups and give each group a ‘wall of bricks’ (appendix 14). Display and discuss the phrase – ‘the more people who are around when an emergency happens, the less likely an individual is to act.’

Ask learners to discuss in their small groups and write down reasons why someone might not help. Encourage them to think about what a bystander might be thinking or feeling. Ask them to write as many reasons as they can think of that people may have for not helping – one per brick.

Once the groups have completed the wall of barriers, explain that they are going to use sticky notes as the ‘hammers’ that break down the wall of barriers. Ask the groups to discuss and write down a solution for each barrier, sticking the solution on the note over the barrier on the brick.

Ask the groups to share and discuss their ideas for overcoming barriers to helping.

Prompt questions:

- > Do the groups see any themes emerging from the wall of barriers? E.g. people think someone else will help and don’t want to step outside of what appears to be the ‘normal’ behaviour of the rest of the people around them.
- > What might the consequences be if someone experiencing a first aid emergency doesn’t get help?
- > How could someone not helping impact on the person’s family? Their community?
- > What are some strategies to break down or overcome the barriers identified?
- > What were some of the key solutions (‘hammers’) to break down the barriers?

Debrief

Wind up with discussing the exercise and if it has made learners aware of or consider things that they may not have thought of before to overcome barriers or challenges.

What might stop you?

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



Individuals

Literacy



Speaking, listening,
reading, writing

Description of activity

- > Place the laminated statements from appendix 15 around the room, either alone or attached to flipchart paper (as with carousel activity). They can be on walls or tables depending on the size of group/venue. Alternatively, you could get learners to write out their own barriers to action on flipchart paper.
- > Give sticky dots to all individuals and ask them to put a dot under a statement if they agree that it would be a personal barrier for them.
- > When everyone has had a chance to place their dots ask them to return to their seats and count up how many there are in each case.
- > Look at the statements with the most dots first, working down to the statement with the least.
- > Lead a group discussion around why these may be barriers and how the group feel they could overcome these barriers.
- > Alternatively, give small groups the top three or four barriers and ask them to come up with how they could be overcome – record these suggestions on the flip charts if possible.

Debrief

You could sum up the activity by reminding learners that in the vast majority of first aid emergencies, the person needing help will be a family member or someone you know.

Traffic light support activity

Activity type



Main activity

Suggested time



Approx. 20 minutes

Suggested group size



4-5 people

Literacy



Speaking, listening,
reading, writing

Description of activity

This game helps learners to think about what support is available to them, as well as establishing the different critical levels of an emergency. It is building on the 'You are not alone' activity. The discussions are around the NHS services local to them, how they can access them and which ones are appropriate depending on the nature of the first aid emergency.

Ask learners to split into groups of around four people to discuss a pre-agreed set of medical conditions or injuries, (these will have been set by the session plan). Each condition is represented with the appropriate flashcard and groups assign the condition to a green, amber or red card (see appendix 16). The condition or injury could be discussed in terms of what help they may access and at what stage.

The educator will then ask each group to share their choices and discuss their reasons for classifying them. During this discussion there is often a lot of difference and so the opportunity to debate and potentially story-tell how a condition can change over short or long periods of time and how this might change the status from minor to critical and vice-versa.

Recap/consolidation activities

These activities can be used to debrief and consolidate what the participants have learnt in the session. It is important to check that the key actions are all understood too.

First aid clues

Activity type



Concluding activity

Suggested time



Approx. 15-20 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening,
reading, writing

Description of activity

This activity uses a set of four different first aid clue cards – characters, places, signs and symptoms, and ‘wildcards’ – to engage learners in thinking about what actions to take in a first aid emergency (see appendix 17 for the cards).

Split the groups in to small groups of 3-4 people. Place your four piles of clue cards – ‘characters’, ‘places’, ‘signs and symptoms’, and ‘wildcards’ – face down on the table, making sure you have given them a shuffle before you start. If you prefer, you can play this without the ‘wildcard’.

One player from each group takes the top card off the ‘characters’ pile so they know the age/ gender of their casualty. Another player then takes the top card off the ‘place’ pile so that the group can start to think about what everyday items might be around them. Finally, another player chooses the top card off the ‘signs and symptoms’ pile.

The group then have to think through what they can do to help the person and whether their age/location may slightly alter the action they take. For example, if the cards they had were for a burns scenario, the approach to cooling the burn would be different if the character was in the street than if they were in the kitchen. Draw out discussion from the groups about what the key action is and how they might need to adapt/make this work given the whole scenario.

You could then offer them the wildcard, as this could alter how they handle the whole situation. For example, if they picked: Thomas, 71; in the park; and the sign/symptom ‘The person has pain, swelling and bruising around their wrist after a sharp or sudden movement’ – the action would be to put an ice pack on the injury site – but if they were to then pick the wildcard that says ‘the person or their family is refusing your help’ it could make their approach different.

Venn diagram card sort

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening,
reading, writing

Description of activity

This is a card sort activity to help learners recognise the difference in the signs and symptoms between two certain skills. Appendix 18 contains cards displaying information on the following two pairs of skills:

- > broken bones and sprains or strains
- > heart attack and stroke

As the signs and symptoms are similar for both of the conditions/injuries in each pair, but the causes and basic interventions are different, this exercise helps learners consolidate their learning around the recognition and treatment of the condition or injury. Please see appendix 18 for the cards and Venn diagram. The cards are coloured for distinction here (with grey being cards in the intersection of the overlapping circles), but of course they need to be printed out in black and white to make the exercise work for learners.

The exercise requires either the Venn diagram printed out on A3 paper (see appendix 18), or a piece of flip chart paper with the Venn diagram and labels on it.

1. Learners work in small groups to sort the information cards into the correct area of the diagram.
2. The groups move to another group's diagram, review that version, and then return to their own diagram and change if they think they would like to.

A whole group discussion brings out the main points of the exercise, focusing on the 'got to knows' and the key actions. After the discussion, the educator asks the group to pick out the causes and interventions for the conditions/injuries, and the 'got to knows' for each skill. This is an essential part of the exercise.

Mystery Bag Game

Activity type



Concluding activity

Suggested time



Approx. 15-20 minutes

Suggested group size



Individuals

Literacy



Speaking, listening

What you need

A large shopping bag or similar container filled with assorted everyday items that could be used in an emergency (e.g. empty bag of frozen veg, empty bottle of water, cushions, items of clothing, etc.); vary the contents according to skills that have been taught.

Mystery Bag Game

Description of activity

At end of a session the educator takes the bag around to the learners, or invites them to come one at a time, and without looking in the bag (lucky dip style) they pick an item from the bag and describe which skill they would use it for and how.

As an extension, learners can also look in their personal bags to see what items might be useful to help someone in need of first aid; e.g. a bottle of water/soft drink to cool a burn, a scarf or t-shirt to put pressure on a wound, etc. Note that some learners may not be comfortable sharing the contents of their bag, so be sensitive if choosing this extension.

Alternatively, the educator could send learners on treasure hunt of the building/neighbouring room, etc. to find everyday items.

Recap activity cards game

Activity type



Concluding activity

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

The cards can be used in a number of ways to confirm learning as an ending activity (see appendix 19 for the cards). The cards can be used to match the key action to the skill. There are a number of variations on how the game can be played:

Game one

- > Place the red cards face up on the table.
- > Take the white cards and holding them firmly as a fan face down, invite participants in turn to pick a card and then match it with the correct red card.
- > At the end all the skills should be displayed with the correct action alongside them.

Game two

- > Give each participant one red card and one white card, (mix the cards up so that the skill given does not match the action).
- > Ask the participants to move around the room and ask others what they have in order to find the correct matching cards for the two they hold. Learners should swap cards to complete the correct pair.
- > Return to their seats and in turn read out the correct pairs that they should now hold.

Game three

Additional resources: everyday items, picture flashcards

Run as game one or two but instead of using the written cards, use the scene-setter flashcard of the skill and items that could be used in an emergency, e.g. the card showing heavy bleeding matches with the tea towel, etc.

Key action catch

Activity type



Concluding activity

Suggested time



Approx. 5 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Ask learners to stand up and form a circle. Throw a small soft ball or bean bag to someone in the group and call out one of the skills you have learnt today as you throw it. Explain that the person catching the ball needs to call out the key action as quickly as they can. For example, if the person throwing the ball calls out “bleeding”, the person catching the ball should reply with “put pressure on it.” That person then throws the ball on to someone else whilst calling out another skill. – the action would be to put an ice pack on the injury site – but if they were to then pick the wildcard that says ‘the person or their family is refusing your help’ it could make their approach different.

Quizzes and questions

Activity type



Concluding activity

Suggested time



Approx. 15 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening,
reading, writing

What you need

- > First aid app or website
- > Skills cards

Description of activity

Put the learners in small groups and ask them to design a quiz on a given skill or selection of skills. They can make up their own questions, perhaps using their skill cards, the app or the website to research the information. Alternatively, they could use questions from the ‘test’ section on the app; learners could pick three or four questions that tests what they have learnt today. Get each group to test the quiz with the rest of the learners. You can make this competitive by giving out a silly prize to the person who scores the most points.

Acrostic poem

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



3-4 people

Literacy



Speaking, listening,
reading, writing

Description of activity

Ask learners to work in groups of 3-4 to create an acrostic poem. Ask them to spell out first aid vertically, and to create a poem that uses the letters starting each line to highlight and consolidate the key things that they have learnt in the session. For example:

Fun it was to learn today
I discovered key skills to give first aid
Really enjoyed working together
Skills practice and blether
The things I learned I'll take away
And cool a burn with water for 10 minutes, any day
I hope lots folk try learning these skills
Do help someone when injured or ill.

Today we learned **F**irst aid skills
 To help **I**f someone is ill
 OR injured or hurt
 It's not **S**o hard to make a start
 The person could be someone you know
 'Feel the fe**A**r' but step forward and go
 It's easy to help we now understand
 Just **D**o what you can when their life's in your hands

Alternatively, you could ask learners to come up with a first aid motto in small groups, perhaps linking back to the bystander effect or something else that they have learnt in the session.

Flashcard shout out

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Display the scene-setter flashcard one by one for each skill that you have covered during the session. Ask learners to shout out what the emergency is and then what the key action for that emergency is as you go through the images. Keep this fast paced; though be sure to address any incorrect answers if they arise. If you feel this activity is being dominated by a small number of individuals always answering, you could introduce a rule where once someone has given an answer they then need to wait for three more questions before they can answer again. This will allow others in the group to participate too.

Which key action?

Activity type



Concluding activity

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Place a piece of flipchart paper on each of the walls, each with a different key action – this will depend on what skills you have taught, though some examples are:

- > Call 999 and follow the call handler's instructions
- > Put pressure on it
- > Put them on their side
- > Apply an ice pack to the injury

Read out some short scenarios and ask learners to move around the room to go and stand by what they think is the correct key action for that scenario.

Use the scenario cards E6 in the Teaching first aid: the Everyday approach document for some example scenarios (see example below), or come up with some of your own.

Example: *Jessie is in the supermarket walking around doing her weekly shop. She sees fellow pensioner and neighbour Duncan, who she knows is diabetic. He is leaning against one of the supermarket shelves and, as she passes him, she turns to say hello. His face seems to be drooping on one side, he is unable to speak back, and is very confused. What should Jessie do?*

Closing the session

The activities in the recap and consolidation section may form part of the 'ending activities' of the session in terms of allowing time for consolidating the first aid skills and knowledge covered. Just like the introductory activities, evaluation and reflection activities are important and we should strive to include well planned and considered endings.

They give the individuals in the group time to assess how the session went. If the session has been one where the onus has been working with groups and on participation and involvement then the evaluation and endings should be likewise.



User evaluation form completion – (this is required for all sessions)

Ask the group to complete the 'after' section of the evaluation form (remember that the 'before' section should have been filled in at the start). Learners will complete the confidence and willingness questions again, as well as answering how likely they are to recommend the session to a friend or colleague. Again, be on hand to help anyone who is struggling with the scales.

You can do this either before or after a final whole group reflection activity – if done before it might help learners begin to reflect on how the session has been for them. If done after then the reflection and listening to others will support them as they complete the form.



Certification

The flexible skill cards resource (provided to learners for use in the session and taken away as record of their learning) includes a certificate which can be given out to learners. There is also an alternative A4 presentation style certificate available which may be appropriate for some groups of learners.

Educators are not required to make a formal assessment of learners but are instead asked to make a judgement that each person has learned the

key actions for the skills covered. The way learners demonstrate their first aid learning may vary but should have a consistent outcome. For example, to help an unresponsive person who is breathing, one person may push them onto their side and tilt their head back, while another may pull them onto their side and tilt their head back. But the outcome is the same – the person is on their side with their head tilted back.

If learners are receiving certificates, they should be given out at the end of the session. Educators may ask learners to fill in their own name on the certificate. Alternatively, an educator may print or type the learners' names onto the certificate before the session and then present them at the end. The certificates are a record of learning and are not evidence of formal skills assessment. It is not necessary to give all groups of learners a certificate. In fact, there is some evidence that giving out certificates actually decreases people's confidence to act in an emergency as they position first aid as a qualification that only specialised people can do.



Complaints, compliments, or comments policy

The Red Cross' complaints, compliments and comments policy encourages service users¹ to provide feedback² on our work in the UK. Educators should comply with this policy by providing learners with information on how to make a complaint, compliment or comment on the education experience we provide.

Service users can make a complaint, compliment or comment via telephone (0300 456 1981), in person, through the online form on our website ([redcross.org.uk/feedback](https://www.redcross.org.uk/feedback)) or in writing (email or posted letter). The national, dedicated telephone number captures complaints, compliments and comments and passes them to the nominated lead manager in the relevant Area or Division. The full policy can be found on RedRoom. A leaflet for service users summarising this information can be ordered via Agresso.

1 Service user refers to anyone who accesses Red Cross services and may also be referred to as beneficiaries, learners or clients.

2 Feedback refers to unstructured information provided to the Red Cross in the form of complaints, compliments and comments in a medium chosen by the contributor. This does not include information requested by the Red Cross via formal service feedback forms or casework information.

Reflection activities for ending and closing

It is good practice to always try to end a session with a reflection exercise, covering what has been important for learners in the session. You can also collect this information during the session, by giving learners the option to put post-it notes on a dedicated flip chart about things they find important as they learn throughout the session. This gives the opportunity to clarify any important issues coming out in a review discussion at the end.

Carousel interview

Activity type



Concluding activity

Suggested time



Approx. 10-15 minutes

Suggested group size



Whole group

Literacy



Speaking, listening, reading

Description of activity

Prepare two circles of chairs – the inner circle face outwards and the outer circle face inwards, so that the chairs end up facing each other.

Ask participants to sit down, and give everyone in the inner circle a card with a question on it (see appendix 20). They ask the question to the person facing them and that person then has one minute to answer.

When the minute is up, the outer circle will move to the left. After you have repeated this two or three times ask everyone to stand up and swap places with the person opposite them. Then those on the outside move to the right, and repeat.

Facilitate a group discussion to draw out some key points to evaluate. For example, ask for someone to share something about the surprises coming up, and ask for another to share what learning points were coming up.

Creative endings

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening

Description of activity

Use a bag of artefacts of strange, abstract and interesting objects you have collected; for example, stones, balls, marbles, pieces of drift wood, empty tins, feathers, etc. Ask the group to choose one item that represents a reflection they have upon leaving the course and why – ask them to explain briefly to group.

For example, “I have chosen a feather – at the start of the session I was worried about learning first aid, but actually it was really simple and easy, and I feel much lighter now”.

You could change the bag of artefacts to a set of random pictures cut out from magazines.

Three things activity

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



Individuals

Literacy



Speaking, listening,
reading, writing

Description of activity

Give each participant a piece of paper and ask them to list three things they value about attending the course. This could be learning skills, developing confidence or working well with members of the group. Some questions to trigger reflection could be:

- > What might they do to put their learning to use?
- > Who are the people they're most likely to help?
- > What have they enjoyed?
- > What's challenged them?
- > Has anything surprised them about what they have learnt?
- > What is the key thing they will remember from today's session?

Variations:

Round: you could ask for a round of reflection statements from each participant (remember to specify how long – one sentence, two sentences; one word, three words, etc.).

Today and Tomorrow: ask the group to complete these two sentences:

- > Today I learned...
- > Tomorrow I hope...

Tree collage

Activity type



Concluding activity

Suggested time



Approx. 15-20 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

What you need

- > Tree trunk with bare branches drawn on a piece of flip chart (see appendix 21).
- > Glue sticks
- > Coloured paper in the shape of leaves

Tree collage

Description of activity

A tree is a powerful analogy for personal and team development. It can be seen to embody strength, organisation, community, society, purpose, change, renewal and more.

Invite participants to take some leaves and write or draw their ideas or answers to the questions below. Each leaf represents an individual contribution. At the end of the activity you should have a tree with lots of leaves representing the following:

- > What is your contribution to helping someone in an emergency?
- > What else will you do with what you have learned on the session after you leave?

These might be centred around being caring, compassionate, knowing what to do, using skills, learning more, supporting a society where first aid is seen as an important humanitarian act, encouraging others, etc.

As a conclusion, after everyone has seen the tree and the leaves, simply ask for observations for what is on the tree.

Affirm the positives of all the skills and contributions that were given both in the session and will be taken away to use after the session in the wider community.

Messages

Activity type



Concluding activity

Suggested time



Approx. 10 minutes

Suggested group size



Whole group

Literacy



Speaking, listening,
reading, writing

Description of activity

Put a large sheet of paper in the middle of the room and give out markers. Ask each member of the group to write their message to the group, reflecting on taking part with everyone today and learning about first aid. You can ask them to place their message in the middle one by one and stating it, or just putting it down and then do the whole group processing below.

Whole group processing is optional. You can invite any further reflections at the end or make your own observations but thank people for sharing and their contributions and messages.

Pipes and straws sculptures

Activity type



Concluding activity

Suggested time



Approx. 15-20 minutes

Suggested group size



3 people

Literacy



Speaking, listening,
reading, writing

What you need

- > Drinking straws
- > Paper clips
- > Any other bits of stationary that can be used creatively!

Description of activity

Ask learners to work in small groups of three and to collectively decide on what their one overarching closing message/theme is at the end of the session. Give them drinking straws and paper clips and any other bits of stationary you may have around to create a straw sculpture to represent their theme/reflection.

Each group then explains their sculpture and what it means to the group as the wrap up.

Take final thoughts or observations after everyone has fed back. Thank people for their creativity and contributions.

Appendix 1a. Human bingo

Two different versions are given below – pick or adapt the one that best suits your group

Human bingo – general issues/getting to know you

Find someone who.....

Has learned some first aid in the past.	Has worked overseas before.	Has ever done some voluntary work. What?	Has received first aid for an incident in the last two years.
Can juggle. How many items?	Does something to get fitter regularly.	Has ever done some busking. Doing what?	Has given first aid in the last two years.
Has a pet. What type?	Has had to walk more than a mile to get here.	Has attended a first aid course before.	Has already drunk more than two cups of tea or coffee today.

Appendix 1b. Human bingo

Human bingo – getting to know more about you

Find someone who.....

is wearing black socks	has a pet cat	has 3 brothers or sisters	speaks another language
wears size 5 shoes	has visited Australia.	shares their home with others	was brought up in this area
has had more than four different jobs	lives in the countryside	likes walking	is thoughtful
likes fast cars	is confident	has been to a music concert or gig recently	has a blue front door
likes red wine	plays the guitar	is good at maths	doesn't like chocolate
lives in a flat	has children	rides a motor bike	has travelled over 30 miles to get here

Appendix 2.

Example lesson plan

Here is a suggested session plan which uses the interactive ways to teach first aid.

Learner group: drug support group. You have completed the 'risk descriptor'.

Risk descriptor: using the risk descriptor you have decided the most appropriate skills to give to the learner audience are unresponsive and breathing, unresponsive and not breathing, and seizure.

Time	Educator activity	Resources	Reason for exercise
10-15 min	<ul style="list-style-type: none"> > Welcome / toilets / fire exit / break area / Introduction on what to expect the course to cover – learning objectives / questions. > Energiser exercise 'things in common'. > Complete 'before' evaluation. 	Evaluation materials.	<ul style="list-style-type: none"> > Clarifies the learning outcomes for the course and what the learners can expect from the session. > Helps learners to feel comfortable. > Gives baseline information for the evaluation.
20-30 mins	<ul style="list-style-type: none"> > 'Skill and the will' bystander activity. 	<ul style="list-style-type: none"> > Everyday – let's make first aid second nature video. > Flipchart paper and pens. 	Explores learners' fears and concerns about helping in an emergency and helps give ways to overcome these.
10 mins	<ul style="list-style-type: none"> > Flashcard option two - seizure > Give out flash cards for seizure along with questions. (E4) > Facilitate discussion of answers learners have put on the flipcharts. 	<ul style="list-style-type: none"> > Sets of seizure photos. > Sets of seizure questions. > Flip chart paper and pens. 	Helps learners recognise someone who is having seizure, see what the intervention is and why that action is taken.
5 min	<p>Practical – seizure</p> <ul style="list-style-type: none"> > Ask for a volunteer in each group to lie near a desk, chairs, or any object that could cause injury. > Ask the other learners in each group to decide how they would help if that person was having a seizure. > Move around the groups and answer questions and facilitate learning. 	<ul style="list-style-type: none"> > Room with desks or chairs in that can be used as dangerous objects. > Props or clothing for protecting the person's head. 	<ul style="list-style-type: none"> > Gives learners confidence in accomplishing the necessary action to help someone who is having a seizure. > Increases propensity to act.
	<ul style="list-style-type: none"> > Summarise: If someone is having a seizure, make them safe and prevent injury. 	N/A	Ensures that learners have the key action and steps from the got to know section of the skill.

Time	Educator activity	Resources	Reason for exercise
10 mins	<p>Storytelling – unresponsive and breathing</p> <p>Read or tell the story (unresponsive and breathing) to the whole group and then split the group. Discussion – ask them to decide:</p> <ol style="list-style-type: none"> 1. What first aid skills were used in the situation? 2. What were the main learning points they picked up from the story? (These might be about the skills to use – i.e. how to help someone who is unresponsive and breathing and also dealing with other people). <ul style="list-style-type: none"> > Ask each group to feedback and clarify how the actions taken would help. > The groups may also bring up wider learning e.g. if it's not safe they could call 999; or how the incident has affected the helper. > There may be other valid learning points. 	E5 Storytelling handout.	Helps learners clarify and understand what should be done for someone who is unresponsive and breathing and how these actions help.
5 min	<p>Practical – unresponsive and breathing</p> <ul style="list-style-type: none"> > Ask for a volunteer in the group to take the role of the unresponsive person. Ask them to lie on their back. > Ask another participant to demonstrate how to deal with an unresponsive person who is breathing, coaching them through the all steps. 		
10 mins	Split into pairs and ask them set their own context (story) for what has happened and then to try this skill on each other.		Gives learners a chance to try and practice the intervention. Builds up their confidence that it is easy to do this intervention.
10 mins	'You are not alone' activity from the 'skill and the will' E9.	Photo image and pre-prepared cards to stick on image from 'skill and the will' pack.	Explores what happens when you call 999 and the help available to the person on the scene. Increases confidence to make a 999 call in a first aid emergency.

Time	Educator activity	Resources	Reason for exercise
10 mins	<p>Video – unresponsive and not breathing</p> <ul style="list-style-type: none"> > Play the video on helping an unresponsive person who is not breathing. > Ask them what happened in the video. 	<ul style="list-style-type: none"> > Unresponsive and not breathing video. > Media playing device. 	Helps learners clarify and understand what should be done for someone who is unresponsive and not breathing and why this is the correct action.
10 mins	<p>Practical – unresponsive and not breathing</p> <ul style="list-style-type: none"> > Ask learners to split into different pairs and try chest compressions on a manikin. > Move around the groups and coach learners. 	<ul style="list-style-type: none"> > Manikins. > Got to know cards E3. 	Gives learners a chance to try and practice the intervention. It helps to build up their confidence in doing this intervention.
10 mins	<p>Recap</p> <ul style="list-style-type: none"> > Consequences flip chart carousel game to recap how to help someone who is having a seizure, someone who is unresponsive but breathing, and someone who is unresponsive and not breathing. > Set up three blank pages from flip charts with a first aid scenario at the top (E6). > Split the participants into three groups. > Ask them to start at one flipchart and to write the answer to the question. Then carefully to fold the bottom up so the next group can't see it. > Move the groups round to the next station and repeat until all the flip charts have been completed by all the groups. > Ask the groups to unfold the one they have and put it on the wall to display. > Walk round the flip charts with the group discussing what's been put on the charts, clarifying any issues and making sure any missing information is added. > Check that the correct first aid crisis has been identified and the flip charts cover the key action to take. 	<ul style="list-style-type: none"> > Flip chart/ paper. > Pens. > E6 First aid emergency scenario cards. 	> Recap on the skills learnt.
<p>5 mins</p> <p>Total : 2 hours</p>	<p>Complete an 'after' evaluation form.</p> <p>Ending round activity where learners offer feedback on the session.</p>	Evaluation forms or other materials if applicable.	Gauges whether learners feel confident and willing to act and gives feedback on the session.

Appendix 3.

Lesson plan template

Learner group:

Risk descriptor

Time	Educator activity	Resources	Reason for exercise

Time	Educator activity	Resources	Reason for exercise

Time	Educator activity	Resources	Reason for exercise

Appendix 4. Creative methods to teach first aid

Choose the way you want to teach your first aid skill.

FREEZE FRAMES

Create freeze-frame positions to teach a first aid skill. Someone may need to describe what is happening.



CREATE A VISUAL

Draw using pens, collage using images from magazines, or create a sculpture using assorted materials to explain and teach a first aid skill.



CARTOON STRIP

Create a comic or photo strip to teach a first aid skill.



SONG/RAP/POEM

Devise a lyrical way of teaching the first aid skill.



GAMESHOW

Devise a quiz to teach the skills and get everyone to play.



DEMONSTRATE

Show how to do a first aid skill and then get everyone to act it out.



PLAY

Mime or act out a bit of drama to teach a first aid skill.



STORYTELLING

Develop a story to teach a first aid skill and ask the audience questions to help draw out what they have learned.



Appendix 5. Everyday items – Create your prop bag

Give learners lots of opportunities to practise their first aid skills. If equipment is needed, encourage them to improvise using everyday items until medical professionals arrive.

A good first aid education prop bag should contain the following everyday items:

- > t-towels
- > t-shirts
- > cushions
- > bottles of water
- > bottles/cans of beer
- > bottles of energy drink e.g. Lucozade
- > packets of sweets: jelly babies, sugar cubes, Mentos, Skittles
- > cling film
- > plastic food bags
- > packets of frozen peas, corn or other small vegetables (use an empty bag, fill up with dried chick peas or similar and reseal the bag).
- > blankets
- > woollen hat
- > tin of soup
- > old mobile phones.

Some wardrobe items can be fun to use when acting, such as:

- > hats
- > false moustaches
- > glasses/ sun glasses
- > other prop items such as books, newspapers, magazines, inflatable beach balls – the more creative and fun, the better
- > baseball caps
- > old fancy dress props

Other items you may need (depending on the skills you are teaching) include:

- > manikins (baby, child, adult)
- > training AED
- > example auto-injector
- > example asthma inhaler and spacer
- > example chewable aspirin
- > example ICE (in case of emergency) identification bracelet.

Appendix 6.

First aid skill ‘got to knows’



Helping someone who is having an asthma attack

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	The person is wheezing and finding it difficult to breathe.	Help them to take their medication.	<ul style="list-style-type: none"> > Help them to sit in a comfortable position and take their medication. > Reassure them. > Stay with them until they feel better. > If the attack becomes severe, call 999 or get someone else to do it. 	<ul style="list-style-type: none"> > When someone has an asthma attack it is difficult for them to breathe. This is because the muscles in their airways tighten and become narrow. > Their medication will relax the muscles, allowing the airways to open and ease their breathing.



Helping someone who is bleeding heavily

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	Blood is flowing from a wound (and it's too big for a plaster).	Put pressure on the wound.	<ul style="list-style-type: none"> > Put pressure on the wound. > Call 999 as soon as possible, or get someone else to do it. > Keep pressure on the wound until help arrives. 	<ul style="list-style-type: none"> > The pressure you apply to the wound will stop or slow the flow of blood. This will help the blood clot and stop the bleeding. > To put pressure on the wound, you can use your hand, a t-shirt, a scarf – anything that can be put over the wound.



Helping someone who has a broken bone

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	The person has pain, bruising or swelling or they are lying in an unnatural position, following a fall or a blow from an object.	Keep the injury still and supported.	<ul style="list-style-type: none"> > Support the injury with your hand, or use a cushion or items of clothing to prevent unnecessary movement. > As soon as possible, call 999 or get someone else to do it. > Continue supporting the injury until help arrives. 	Supporting the injury may relieve pain and prevent further injury.



Helping someone who has a burn

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	The person has redness and severe pain after coming into contact with something hot.	Cool the burn.	<ul style="list-style-type: none"> > Cool the burn under cold running water for at least ten minutes. > After the burn has been cooled, cover it with cling film or a clean plastic bag if available. > Call 999 if the burn is severe or if a baby or child has been burned. 	<ul style="list-style-type: none"> > Cold running water will take the heat out of the burn; this can reduce pain and the risk of scarring. > If you don't have cold water, use any cold, harmless liquid such as milk, orange juice or fizzy drink. > A plastic covering like cling film helps to prevent infection. It also reduces pain by preventing air getting to the burned area.

Helping someone who is choking

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	They may be clutching at their chest or neck and won't be able to speak, cough or breathe.	Give back blows.	Bend them forwards and hit them firmly on their back between the shoulder blades.	<ul style="list-style-type: none"> > Hitting someone firmly on the back creates a strong vibration and pressure in the airway which is often enough to dislodge the object. > Dislodging the object will allow them to breathe again.



Helping a baby or child who has croup

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The baby or child will have a short barking cough and may find it difficult to breathe. > Their cough may also sound like crowing or whistling. 	Sit them up and encourage them to relax.	<ul style="list-style-type: none"> > Sit the baby or child up. > Encourage them to relax. 	Sitting them up may help them to breathe easier.



Helping someone who is having a diabetic emergency

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > They may know they have diabetes and be able to tell you what to do. > They may sweat a lot or say they feel faint or weak. > They may be drowsy, confused or appear drunk. 	Give them something sweet to eat or drink.	<ul style="list-style-type: none"> > Give them a sweet, sugary drink or something sweet to eat. > Reassure them. > If there is no improvement, call 999 or get someone else to do it. 	<ul style="list-style-type: none"> > In diabetic emergencies, blood sugar levels can become low; this can cause someone to collapse. > Giving them something sugary will help raise their blood sugar levels and improve their bodily function.



Helping someone who is distressed

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	The person is upset.	Calmly ask them how you can help.	<ul style="list-style-type: none"> > Calmly ask them what they want you to do. > Show you are listening. 	<ul style="list-style-type: none"> > By showing you are listening and willing to help, you are more likely to establish their trust. > Show respect and promote their dignity.



Helping a baby or child who is having a febrile seizure

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The baby or child may twitch, arch their back, stiffen their body and have clenched fists. > They may look red faced, be hot to touch and sweating. 	Protect them from injury and reduce their temperature.	<ul style="list-style-type: none"> > Protect them from injury. Do not restrain them. > Remove outer clothing. If the room is hot open a window. > After the seizure help them to rest on their side with their head tilted back. 	<ul style="list-style-type: none"> > Use a blanket or clothing to protect their head from injury and remove objects that may injure them while they are having the seizure. > Febrile seizures are caused by a raised temperature so it is important to cool the baby or child. > Resting on their side with their head tilted back will help to keep their airway open.



Helping a baby or child who has a fever

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The baby or child has a raised temperature above 37°C. > They have hot flushed skin and may be sweating. 	Reduce their temperature.	<ul style="list-style-type: none"> > Remove excess clothes and give them fluids such as water or juice. > Give them the recommended amount of paracetamol or ibuprofen syrup. 	<ul style="list-style-type: none"> > This will cool the child and prevent them becoming dehydrated. > This will help reduce their temperature and pain.



Helping someone who has a head injury

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person has just had an accident where they have banged their head. > They may have pain or a headache. > There may be a lump on their head. 	Apply something cold to the injury.	<ul style="list-style-type: none"> > Ask them to rest. > Apply something cold to the injury. 	<ul style="list-style-type: none"> > An example of something cold could be frozen vegetables wrapped in a towel. These are ideal as they mould to the shape of the head. > This will help to relieve the pain and reduce the swelling.



Helping someone who is having a heart attack

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person may have persistent vice-like chest pain. > The pain may spread to their arms, neck, jaw, back or stomach. 	Call 999.	<ul style="list-style-type: none"> > Call 999 immediately and ensure they are sitting comfortably (for example, sit them on the floor leaning against a wall or chair). > Give constant reassurance whilst waiting for help to arrive. 	<ul style="list-style-type: none"> > The person needs emergency help as soon as possible; a heart attack is very serious. > Sitting down will ease the strain on their heart. Sitting them on the floor will mean they are less likely to hurt themselves if they collapse.



Helping someone who has hypothermia

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The environment is cold. > The person may be shivering, pale and cold to touch. They may also be disorientated. 	Warm the person.	<ul style="list-style-type: none"> > Call 999 as soon as possible, or get someone else to do it. > Warm the person. > Reassure the person and make them as comfortable as possible. 	<ul style="list-style-type: none"> > Warming the person while waiting for the ambulance may help reverse the hypothermia. > You can warm them by wrapping them in a blanket and giving warm drinks and high-energy foods, such as chocolate.



Helping someone who has meningitis

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person may have flu like symptoms, a headache and a high temperature. > The person may also complain of a stiff neck and be sensitive to light. 	Call 999.	<ul style="list-style-type: none"> > If you observe these symptoms, call 999 immediately, or get someone else to do it. > Give them constant reassurance while you wait for the ambulance. 	<ul style="list-style-type: none"> > A person with meningitis can have one or more symptoms, and some symptoms occur later on as the infection develops. > Do not wait for all the symptoms to appear. Without immediate treatment meningitis can cause permanent damage. > A person with meningitis can deteriorate very quickly. Meningitis is potentially very serious.



Helping someone who is having a nosebleed

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	They are bleeding from their nose.	Pinch the soft part of their nose (or get them to) and ask them to lean forward.	<ul style="list-style-type: none"> > Pinch the soft part of their nose (or get them to) and ask them to lean forward. > Ask them to breathe through their mouth and to spit out any blood from their mouth. 	<ul style="list-style-type: none"> > Pinching the nose helps the blood to clot. > Leaning them forward will prevent blood from being swallowed, which could make them sick.



Helping someone who is having a seizure

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person may have collapsed. > They may be making sudden jerky movements. > They may also have froth around their mouth. 	Make them safe and prevent injury.	<ul style="list-style-type: none"> > Use a blanket or clothing to protect their head from injury. Do not restrain them. > After the seizure, help them to rest on their side with their head tilted back. > Call 999 if necessary. 	<ul style="list-style-type: none"> > Restraining them may hurt you or them. Let the seizure run its normal course. > Putting them on their side with their head tilted back will help to keep their airway open.



Helping someone who is having a severe allergic reaction

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person has contact with something they are allergic to (for example, peanuts, a sting or latex). > The person may develop a rash, itchiness or swelling on their hands, feet or face. > Their breathing may slow down. 	Call 999.	<ul style="list-style-type: none"> > When you observe these symptoms, call 999 and ask for an ambulance. > Reassure the person and make them comfortable while you wait for the ambulance to arrive. > Stay with the person and monitor them in case they need additional help from you. 	<ul style="list-style-type: none"> > An allergic reaction can affect someone very quickly and can be very serious, resulting in swelling of their airway, which causes them to stop breathing. > If someone is having a severe allergic reaction for the first time this will be very frightening for them; and for you to deal with.



Helping someone who has a sprain or strain

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > There has been a sudden movement to a part of the body. > The person has pain, swelling and/or bruising around a joint or muscle. 	Apply an ice pack to the injury.	<ul style="list-style-type: none"> > Apply an ice pack to the injury for up to ten minutes. > Get them to rest the injured part of the body. > If there is no improvement seek medical advice. 	Applying something cold, such as frozen vegetables wrapped in a cloth, will help to reduce pain and swelling.



Helping someone who is having a stroke

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > Think F.A.S.T. > FACE: is there weakness on one side of their face? > ARMS: can they raise both arms? > SPEECH: is their speech easily understood? > TIME: to call 999. 	Call 999.	<ul style="list-style-type: none"> > Call 999 immediately or get someone else to do it. > Help them to sit down. > Talk to the person to reassure them while you wait for the ambulance. 	<ul style="list-style-type: none"> > A stroke needs immediate attention. The faster the person receives medical help, the less damage is caused. > The person may be frightened and feel anxious about what is happening to them.



Helping someone who has swallowed something harmful

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > There may be empty containers nearby (e.g. pill pots, alcohol bottles or cleaning products). > They may vomit and have stomach pain. 	Establish what they have taken, when and how much.	<ul style="list-style-type: none"> > Establish what they have taken, when and how much. > Call 999 or get someone else to do it. 	<ul style="list-style-type: none"> > The medical staff will need to know this to be able to help them. > The substance could be extremely harmful and the person may need urgent medical attention.



Helping a child or adult who is unresponsive and breathing

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The person is not moving and does not respond when you call their name or gently shake their shoulders. > Check if they are breathing: tilt their head back and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek. > If they are breathing, their chest or stomach will be moving, you should also hear or feel signs of breaths. 	Move them onto their side and tilt their head back.	<ul style="list-style-type: none"> > Move them onto their side and tilt their head back. > Call 999 immediately, or get someone else to do it. 	Putting them on their side with their head back helps keep their airway open by making sure their tongue falls forward and blood and vomit can drain out.



Helping a baby who is unresponsive and breathing

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none"> > The baby is not moving and does not respond when you call their name or tap their foot. > Check if they are breathing: tilt their head back and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek. > If they are breathing their chest or stomach will be moving, you should also hear or feel signs of breaths. 	Move them onto their side and tilt their head back.	<ul style="list-style-type: none"> > Hold them on their side, with their head slightly tilted back, supported and lower than their bottom. > Call 999 immediately, or get someone else to do it. 	Holding them on their side with their head slightly back helps keep their airway open by making sure their tongue falls forward and blood and vomit can drain out.



Helping an adult who is unresponsive and not breathing

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none">> The person is not moving and does not respond when you call their name or gently shake their shoulders.> Check if they are breathing: tilt their head back and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek.> If they are not breathing their chest or stomach will not be moving, you won't hear or feel signs of breaths.	Give chest compressions.	<ul style="list-style-type: none">> Call 999 immediately or ask someone else to do it.> Push firmly in the middle of their chest and then release.> Push firmly at a regular rate until help arrives.	Chest compressions keep blood pumping around the body and help keep the vital organs, including the brain, alive.



Helping someone who is unresponsive and not breathing – AED available

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none">> The person is not moving and does not respond when you call their name or gently shake their shoulders.> Check if they are breathing: tilt their head back and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek.> If they are not breathing their chest or stomach will not be moving, you won't hear or feel signs of breaths.	Give chest compressions.	<ul style="list-style-type: none">> Call 999 immediately or ask someone else to do it.> Push firmly in the middle of their chest and then release.> Push firmly at a regular rate until help arrives.	Chest compressions keep blood pumping around the body and help keep the vital organs, including the brain, alive.
Got to know	There is an AED available.	Follow the voice prompts on the AED.	<ul style="list-style-type: none">> Continue pushing firmly on their chest at a regular rate.> Ask someone to get the AED.> Ask them to open the AED, turn it on if necessary and follow all its voice prompts.> Ensure minimal interruption to chest compressions.	<ul style="list-style-type: none">> An AED (automated external defibrillator) is a machine that can shock the heart back into normal rhythm.> Many public places, such as train stations and shopping centres, schools and youth centres now have one available.> Once opened, the machine gives full instructions on what you should do. You just have to listen and do what it says.



Helping a child (aged one and over) who is unresponsive and not breathing

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none">> The child is not moving and does not respond when you call their name or gently shake their shoulders.> Check for breathing: tilt their head back and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek.> If they are not breathing their chest or stomach will not be moving, you won't hear or feel signs of breaths.	Give rescue breaths and chest compressions.	<ul style="list-style-type: none">> Tilt their head back, sealing your mouth over their mouth and pinch their nose. Blow into the child's mouth. Repeat this five times.> Push firmly in the middle of their chest with one hand then release. Repeat 30 times.> Give two rescue breaths, then continue with cycles of 30 chest compressions and two rescue breaths until help arrives.	<ul style="list-style-type: none">> Giving rescue breaths means you are acting as the lungs by blowing into them and topping up the oxygen levels in the child's blood. This oxygen is needed to keep their organs alive.> Chest compressions act as the heart, by keeping blood pumping around the child's body and helping to keep their vital organs, including the brain, alive.



Helping a baby (up to one year old) who is unresponsive and not breathing

	Recognising what to do	Key action	Steps to take	Supporting knowledge
Got to know	<ul style="list-style-type: none">> The baby is not moving and does not respond when you call their name or tap their foot.> Check for breathing: Tilt their head back slightly and look at their chest or stomach to see if it is moving, listen and feel for breaths on your cheek.> If they are not breathing their chest or stomach will not be moving, you won't hear or feel signs of breaths.	Give rescue breaths and chest compressions.	<ul style="list-style-type: none">> Tell someone to call 999.> Tilt their head back slightly, seal your mouth over their mouth and nose and blow steadily. Repeat five times.> Push firmly in the middle of their chest with two fingers and then release. Repeat 30 times.> Give two rescue breaths, then continue with cycles of 30 chest compressions and two rescue breaths until help arrives.	<ul style="list-style-type: none">> Giving rescue breaths means you are acting as the lungs by blowing into them and topping up the oxygen levels in the baby's blood. This oxygen is needed to keep their organs alive.> Chest compressions act as the heart by keeping blood pumping around the baby's body and helping to keep their vital organs, including the brain, alive.

Appendix 7.

First aid emergency scenarios

These scenarios describe some background to the characters and a current emergency. At times the character's background does not relate to the current emergency. This is in order to create realistic, complex scenarios. Ensure learners are prepped on this and are not misled/confused.



1. Lucy and Raj have been smoking weed in a disused area at the side of a park building. They hear someone approaching and run fast down the stairs to avoid them. Lucy trips and falls headlong down to the concrete pavement. She hits her head and stands up dazed. A large lump is forming on her head. What should Raj do?



2. Aker is allergic to wasp stings. He's out pruning some hedges with workmates and gets stung. Suddenly he begins to struggle to breathe, and feels faint and ill.
His workmates see that something is wrong. What should they do?



3. Michael is 55, diabetic and overweight. As he gets off the bus it's raining heavily so he rushes home with all his shopping. He gets in and sits down but, after a few minutes, begins to feel poorly. He is still hot and breathless with severe pain in his chest. His wife gets home from work and notices he looks very pale. He tells her how he feels. What should she do?



4. Craig has had alcohol problems in the past. He is out drinking with his friends, including Jack. They all go back to Jack's house and continue drinking. Craig can barely stand up but he goes off to lie down. Jack goes to check on him and finds Craig lying on his back. He calls out loudly to him and shakes him by the shoulders but cannot get a response from him. What should Jack do?



5. Peter has just finished his shift as a Big Issue seller and is walking back to his hostel in town when he becomes aware of something happening ahead. Someone passes and says a guy has been stabbed. He finds a few people standing around and a dishevelled looking guy on the floor. He's clutching at his stomach and his t-shirt is covered in blood. What should Peter do?

6. Jenny had a stroke some time ago. She and her friend Sam are out for lunch. They are having a great time eating and talking about holiday plans when Jenny suddenly struggles to breathe. She looks panicky and can't speak. What should Sam do?



7. Jessie is in the supermarket walking around doing her weekly shop. She sees fellow pensioner and neighbour Duncan, who she knows is diabetic. He is leaning against one of the supermarket shelves and, as she passes him, she turns to say hello. His face seems to be drooping on one side, he is unable to speak back, and is very confused. What should Jessie do?



8. Catherine and Susie are community care volunteers. They arrive at Mr Sanga's house one day to find him very drowsy and confused. Catherine and Susie know that Mr Sanga is diabetic. They are concerned that he may become unresponsive. What should they do?



9. Samantha, who is 24, has learning difficulties. She has recently moved into her own home and is getting used to being more independent. She is cooking lunch when her carer visits to see how she is doing. Samantha picks up a tray forgetting it is hot – she drops it to the floor and cries out in pain. What should her carer do?



10. May is out in the town-centre drinking with her friends when she collapses to the ground, becomes rigid and starts to make jerking movements. Her eyes are rolled back and her face is twitching. What should her friends do?



11. It's been very cold over the last few days of February. Dorothy who is 86 has avoided going out in the snow but has barely had the heating on in her home as she is trying to keep her energy bills down. Dorothy's son Ronald visits and finds her sitting in her chair shivering, confused, and with slow breathing. What should Ronald do?



12. Adriana comes into the kitchen to find George, the toddler she is looking after, with the door of the cupboard under the kitchen sink open. Various bottles are on the floor and the toddler has one of the capsules of washing up liquid to his mouth. What should Adriana do?

13. Sabrina has been taking drugs for quite some time and she now injects into her groin. However, today, sitting down in her room, her injecting has gone wrong and she now has a severe bleed. She calls out to her flat mate, Shireen, for help. The blood is gushing out in spurts and is bright red. Sabrina is distressed, very pale and complains of feeling cold. What should Shireen do?



Key to the first aid emergency scenarios

1. Helping someone who has a head injury.
2. Helping someone who is having a severe allergic reaction.
3. Helping someone who is having a heart attack.
4. Helping someone who is unresponsive and breathing (or possibly not breathing).
5. Helping someone who is bleeding heavily.
6. Helping someone who is choking.
7. Helping someone who is having a stroke.
8. Helping someone who is having a diabetic emergency.
9. Helping someone who has a burn.
10. Helping someone who is having a seizure.
11. Helping someone who has hypothermia.
12. Helping someone who has swallowed something harmful.
13. Helping someone who is bleeding heavily.

Appendix 8.

Flashcard questions



Unresponsive and breathing

- > 1. What do you see in the photos?
- > 2. How do you tell the difference between someone who is asleep versus someone who is unresponsive?
- > 3. What is the person checking for and how would you do this?
- > 4. What is being done to help the unresponsive person and why?
- > 5. What should they do next?



Choking

- > 1. What is happening in the photos?
- > 2. What is it like to choke or see someone choke?
- > 3. What happens if you cannot breathe?
- > 4. What is happening in the photo where the person is being helped?
- > 5. What will happen when the helper does the key action – and how will this help the choking person?



Bleeding heavily

- > 1. What is happening in the photos?
- > 2. How are they stopping the bleeding?
- > 3. What could you use to stop the bleeding?
- > 4. Why is it important to stop the bleeding?
- > 5. What should they do next?





Burns

- > 1. What is happening in the photos?
- > 2. How is the person treating the burn? For how long? And why?
- > 3. What else could you use if you were not near a tap?
- > 4. What can you cover a burn with after the initial action? And why?



Head injury

- > 1. What is happening in the photos?
- > 2. What is the person putting on the injury? And why?
- > 3. What types of things would be best to put on such an injury? And why?



Heart attack

- > 1. What is happening in the photos?
- > 2. How could you tell if someone is having a heart attack?
- > 3. What can you do to help someone who is having a heart attack?



Stroke

- > 1. What is happening in the photos?
- > 2. How could you tell if someone is having a stroke?
- > 3. What can you do to help someone who is having a stroke?



Seizure

- > 1. What is happening in the photos?
- > 2. How can you tell if someone is having a seizure?
- > 3. While someone is having a seizure what can you do to help them? And why?
- > 4. After the person's seizure has stopped and they have relaxed, what should you do? And why?

Appendix 9. Storytelling



1. Helping someone who is unresponsive and breathing

It was the early hours of the morning when I had to nip out to the late-night store. On my way I walked under a well-known bridge in Brighton where homeless people tend to sleep. As I glanced over I noticed a homeless man looking in a bad way on the floor, so I asked his friends if he was ok.

They assured me he was fine and was just sleeping so I continued down the street to the shop. However, on my return I noticed the man again – he was looking very ill and still not moving. My instincts told me this man needed my help so I told his friends that he needed medical assistance.

I checked to see if the man was breathing –

thankfully he was – so I put him on his side, tilted his head back, and called 999. The operator on the other line asked me to check that the man was still breathing, which I had done, and told me and to stay with him until the ambulance arrived.

The ambulance and paramedics arrived very quickly in just three minutes and took over. They told me he'd overdosed and were taking him to the hospital. On my way home I was really pleased that I was able to help someone who had obviously been in a severe crisis. It's incidents like this that make you realise just how important first aid is and that you can always do your bit to help.



2. Helping somebody who is having a seizure

I was at the hostel one evening and nipped to the loos. I entered to find a woman on the floor having a seizure. Someone was trying to hold her to stop her moving, so I told her the best thing was to let her go and let the seizure happen.

I took off my jacket and placed it under the woman's head to protect it from the hard floor. Then I looked for any jewellery that might show she had epilepsy. I couldn't find any so I got someone to call 999. When the woman's seizure had stopped I helped her onto her side and tilted her head back.

Whilst waiting for the ambulance another person came into the toilets and said the woman on the floor was her friend. She didn't think her friend had epilepsy but wondered whether her friend's seizure had been caused by drugs.



3. Helping someone who is unresponsive and not breathing

I was out for a run in the town in the early morning, just when the shops were starting to open. I passed my local newsagent, Krishma, who was busy taking in the heavy stacks of newspapers for the day. Krishma is in his late 50s. He's also a little overweight and I know from chatting to him that he has diabetes.

I wasn't much further along the road when I heard Krishma's wife Kiran screaming at me to help. I turned round and saw Krishma was lying on the ground not moving.

I ran back and checked he was breathing as I had learned to do. He wasn't. I gave Kiran my phone and told her to call 999, ask for an ambulance, and tell them Krishma was unresponsive and not breathing. I did chest compressions until the paramedics arrived.

Apparently they arrived within minutes but it felt the longest time ever. They told me that by doing the chest compressions, I had given Krishma vital help before their arrival.



4. Helping someone who has broken a bone

Jess is my next door neighbour and has just turned 60. She had her youngest child Jennie when she was 49. It's been great as Jennie has become a good friend of my son Michael who is a similar age.

One day in February, I was in the kitchen and I heard a commotion. Jennie was crying. As I got outside, I found my neighbour Jess in a heap at the bottom of the two-metre wall between our gardens – on my side of the wall.

Jennie and Michael had been playing when Jess had called Jennie in for lunch. Jess had reached over to help pull Jennie up over the wall as she often did – the wall is much lower on their side as they are slightly higher up than us so it's easy for her to reach over. But Jess lost her footing on the icy sack of sand that she was standing on their side of the wall.

I could see Jess was dazed and pale, and clearly her arm was hurt as she was in great pain with it. I had to take a deep breath and think; what should I do? I decided to send Michael and Jennie to get some duvets and pillows and cushions – anything to make Jess more comfortable where she was, and to support her arm. I wasn't sure about moving her as any movement of her arm caused her to cry out with pain.

I called 999 then tried to reassure Jess, as well as calm Jennie down, who felt terrible. The ambulance came and took Jess to hospital. It turned out that her arm was broken in two places, and so she ended up in a big plaster cast. Jennie says she will be walking the long way round now!



Appendix 10: Bystander articles

21 November 2012

Collapsed man ignored by passengers on packed tube train

Last week, a man suddenly collapsed on a crowded Tube train travelling through central London, landing hard on the floor. Of the 60 or so people present, only one person moved – a young woman, who took one quick look then nipped off to the other end of the carriage.

The following [edited] video makes for pretty uncomfortable viewing:

[youtube.com/watch?v=RVTsRECFj6o](https://www.youtube.com/watch?v=RVTsRECFj6o).

Some passengers pretend they haven't noticed the sprawled figure on the floor beside them, while others just stare at him. The idea that someone in need of help could be so completely alone in the middle of a crowd is genuinely upsetting.

According to The Daily Telegraph, the man was unresponsive for a full five minutes before the train pulled into the next station. At that point, every passenger simply got off the train, many actually stepping over him to continue with their journey.

A further ten minutes passed – and scores more people walked past or briefly stopped to have a look – before some kind souls arrived and actually helped the stricken passenger. Up to that point, literally no-one had lifted a hand to offer him assistance. At one point, a train worker is seen walking up to the unresponsive man and appears to radio for help but does not try to help him in any other way.



“ People just stared at him I wish I had done more to help but I was with my two children. ”

One passenger, who says he was physically unable to help, recorded the depressing scenes on camera – as the man lay unresponsive for 15 minutes.

The cameraman later uploaded the clip to YouTube and apologised for not doing more – but condemned other passengers for being so uncaring. He said: **“I could not believe it; he hit the ground with such force. People just stared at him I wish I had done more to help but I was with my two children at the time.”**

Commuters step over unconscious schoolboy to get tram



14 year old school pupil Oliver Tiplady from Urmston, Manchester/CAVENDISH

A mother has condemned Britain's "walk on by society" after rush-hour commuters not only ignored her unconscious schoolboy son but even stepped over him.

Oliver Tiplady, 14, was wearing his school uniform on a tram platform at 8am when he suddenly fainted and cracked his head on the concrete.

But rather than rushing to help, hundreds of commuters ignored him, with some even stepping over the child to board their tram.

The Metrolink station at Altrincham, Greater Manchester, has a panic button that can be used in an emergency, yet no one bothered to use it.

Oliver came round 10 minutes later and picked himself up off the platform.

Yesterday his mother Susan, 53, a retired teacher, said: "This 'walk on by society' has got to stop. How can people justify leaving a child or anybody on the floor like that?"

"They must have lacked any basic humanity and obviously had no compassion whatsoever towards a child. These days people are too insular and only care about their own business. I can possibly even understand if it was a drunken hoodie in a gang – but he is 14 and was in his school uniform. Oliver has been left devastated by this."

Oliver, who attends Blessed Thomas Holford Roman Catholic School, in Altrincham, was too upset to tell friends and only later told a teacher.

Mother-of-three Susan said Oliver had suffered unexplained seizures in the past. A Metrolink spokesman said: "There are emergency help points

on all our stops. Passengers can contact the control room by phone to obtain help and that is what we would expect them to do."

“They must have lacked any basic humanity and obviously had no compassion whatsoever towards a child.”

Dying man left on pavement for two hours as shoppers walk around him



© Manchester Evening News Syndication

Shoppers walked past a dying man as he lay helpless on the pavement. The man, in his 50s, was slumped outside a busy row of shops in Eastfield Road, Peterborough, for nearly two hours before someone finally came to his aid. A passer-by eventually dialled 999 after approaching the man to see if he needed help.

Good Samaritan Tony Poll said he felt disgusted that the man had been left there for so long and blasted shoppers for having 'no regard for human life'.

Police and paramedics gather at the scene in Peterborough where the dying man was left for two hours before anyone called for help.

Mr Poll said: 'Even as I stopped to help, people were saying leave him he is just drunk, but I thought I have seen drunk people before and this man is in trouble.' When he got closer he noticed the man's face was discoloured and he was not breathing. He immediately alerted emergency services. He added 'No-one cared, someone should have been able to save him or just make a simple call. 'I am disgusted, I really am and my heart goes out to his family.'

Mr Poll had originally feared that the man, who police are trying to identify, had been the victim of a crime so tried not to disturb the scene as he desperately felt for signs of life. He said people in the area told him the stricken man had been lying on the pavement last Friday afternoon for 'about two hours'. And he also praised ambulance workers who valiantly worked for more than half-an-hour to try to revive the stricken man, whose shopping lay strewn around him.

Councillor Stephen Goldspink described the incident as 'absolutely appalling'. He said: 'I have never seen anything like it, they really fought to save him but it was too late.

'I wasn't sure if he had been attacked at first and hit, so I tried not to move him too much.

'I knew he was dead when I stopped and I honestly believe if someone had rung earlier it would be a different story.'

A spokeswoman for Cambridgeshire Police said

they were not treating the death as suspicious.

Police also confirmed they had yet to identify the deceased but officers would be making inquiries to track down and notify his family.

Local councillor Marion Todd said she was 'appalled' at some passers-by for failing the man but said in this day and age it was sadly 'not a surprise'.

She said: 'This news just shows us the society we live in. People just seem to ignore everything that is going on around them. 'This is just completely awful, my heart goes out to this poor man's family.

'The fact that hundreds of people, because it is a really busy street, may have just walked past is terrible. Most people have a mobile phone these days, all they had to do was call the police at the very least, even if they thought he was just some drunk. 'But to leave him to die, I am appalled, I really am.'

Councillor Stephen Goldspink said his wife had been in the Eastfield Post Office and someone told her the man had asked for help in the area earlier after complaining of chest pains. He added: 'That something like this can happen in this day and age is absolutely appalling. 'People have been talking about what happened in the area and I think many are shocked. 'It really is dreadful.'

Read more: <http://www.dailymail.co.uk/news/article-1280887/Dying-man-left-pavement-hours-shoppers-walk-him.html#ixzz1oQA1g978>

Appendix 11: Qualities of a helper cards

CLEAR THINKING

HAS A MOBILE PHONE

DOES WHAT THEY CAN

STEPS IN TO HELP

LISTENS AND OBSERVE

**FEELS THE FEAR BUT HELPS
ANYWAY**

**TAKES CARE OF SOMEONE
UNTIL HELP ARRIVES**

HAS COMMON SENSE

CARING AND COMPASSIONATE

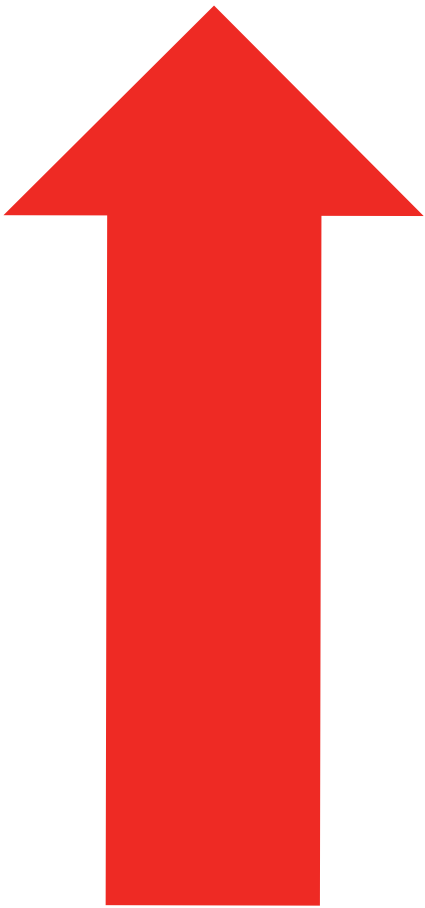
Appendix 12: You are not alone resources

YOU phone 999

Ambulance

Hospital

Emergency call operator





© iStock via Getty images/Timothy Large



Emergency operator. Photo courtesy London Ambulance Service, NHS Trust.

Appendix 13:

Think, pair, share activity



Should you always help someone if you see they are in need?



Why should someone in need receive help?



What personal qualities might enable you to help others?



What might stop someone from helping another person? How might they overcome this?



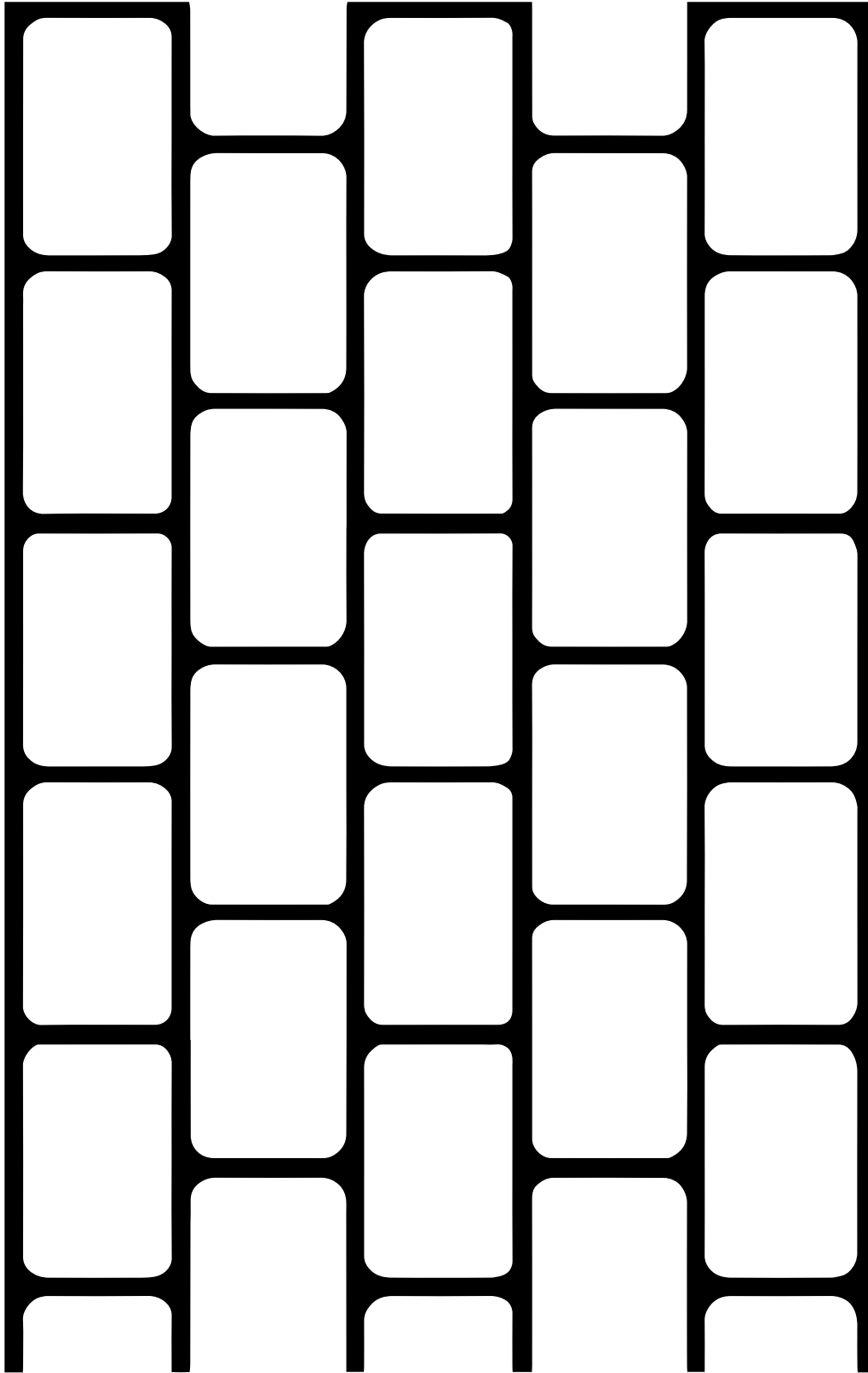
Do we all have a right to receive help?



Do we all have a responsibility to give help?



Appendix 14: Wall of bricks



Appendix 15:

What might stop you?

These statements are from the 2014 version of the **Everyday First Aid Workbook** and the printed answers/replies are as below.

“I’m scared”

Everyone feels scared in an emergency – but even if you are frightened, you can still help.

“I’m on my own”

Remember you can get support and advice from people like 999 switchboard operators and ambulance crews.

“I might get it wrong”

Lots of first aid is common sense and really simple. In a similar situation, wouldn’t you want someone to try and help you?

“I’m squeamish about blood”

Many people do not like the sight of blood but you don’t have to look at it. You could even tell someone else what to do to help.

“I don’t have a first aid kit”

In most cases you don’t need specialist equipment. You can improvise with whatever is available.

“It’s not safe for me to help”

You must always put your own safety first. If someone needs help but it is not safe for you to step in, call 999 and explain the situation.

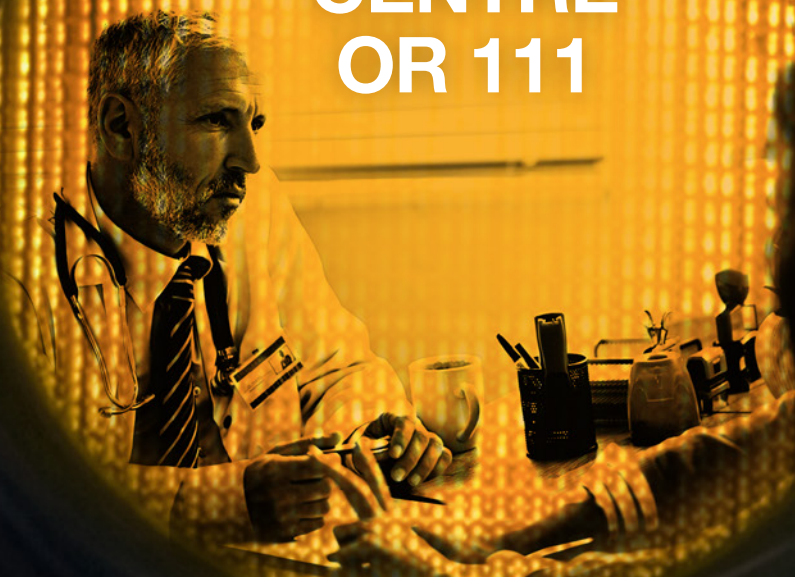
Appendix 16:

**SELF CARE OR
PHARMACY**



redcross.org.uk

**GP
URGENT CARE
CENTRE
OR 111**



A close-up photograph of a red emergency light. The light is circular and has a textured, grid-like surface. It is illuminated from within, creating a bright red glow. The light is mounted on a dark, metallic surface. The text is overlaid on the light in white and red colors.

EMERGENCY
999

**Accident and
Emergency**

LIFE THREATENING

Appendix 17:

First aid clue cards

Signs and symptoms clue cards

There is a lot of blood flowing from a wound on the person's leg.

The person has a lot of pain and has swelling on their leg following a fall from a ladder.

The person's hand is very red and they are in severe pain after coming into contact with something hot.

The person is sweating a lot and saying they feel faint or weak.

They are drowsy and confused and almost appear drunk.

The person has a bad headache.

They also have a lump on their head.

The person has a persistent vice-like chest pain. The pain is spreading to their arms and neck.

The person has collapsed and is making sudden jerky movements. There is froth around their mouth.

The person has pain, swelling and bruising around their wrist after a sharp or sudden movement.

The person is drowsy and showing signs of stomach pain. There is an empty pill pot next to them and vomit on the floor near them.

The person is clutching at their chest or neck and is unable to speak, cough or breathe.

The person has weakness on one side of their face and can only raise one arm. Their speech is slurred and they appear confused/drunk.

The person has collapsed and does not respond when you call their name or gently shake their shoulders. They are breathing normally.

The person is shivering, pale and cold to touch.

They are a bit disorientated. They are in a cold place.

The person has collapsed and does not respond when you call their name or gently shake their shoulders. They are not breathing.

Character clue cards



Lisa, 32



Barry, 70



Helen, 78



Delores, 71



Sandra, 32



Tina, 57



Rajiv, 65



Jake, 25



Peter, 48



Thomas, 74



Simon, 43



Sam, 34

Place clue cards



Kitchen



Lounge



Bathroom



Garden



Park



Community centre



Garage



Supermarket



Street



Train station



Bus stop



Pub

Wild cards

The person, or their family, doesn't speak English

The person, or their family, is refusing your help

The person is under the influence of drugs or alcohol

The person has dementia

You are alone

You have no signal on your mobile phone

The person is deaf

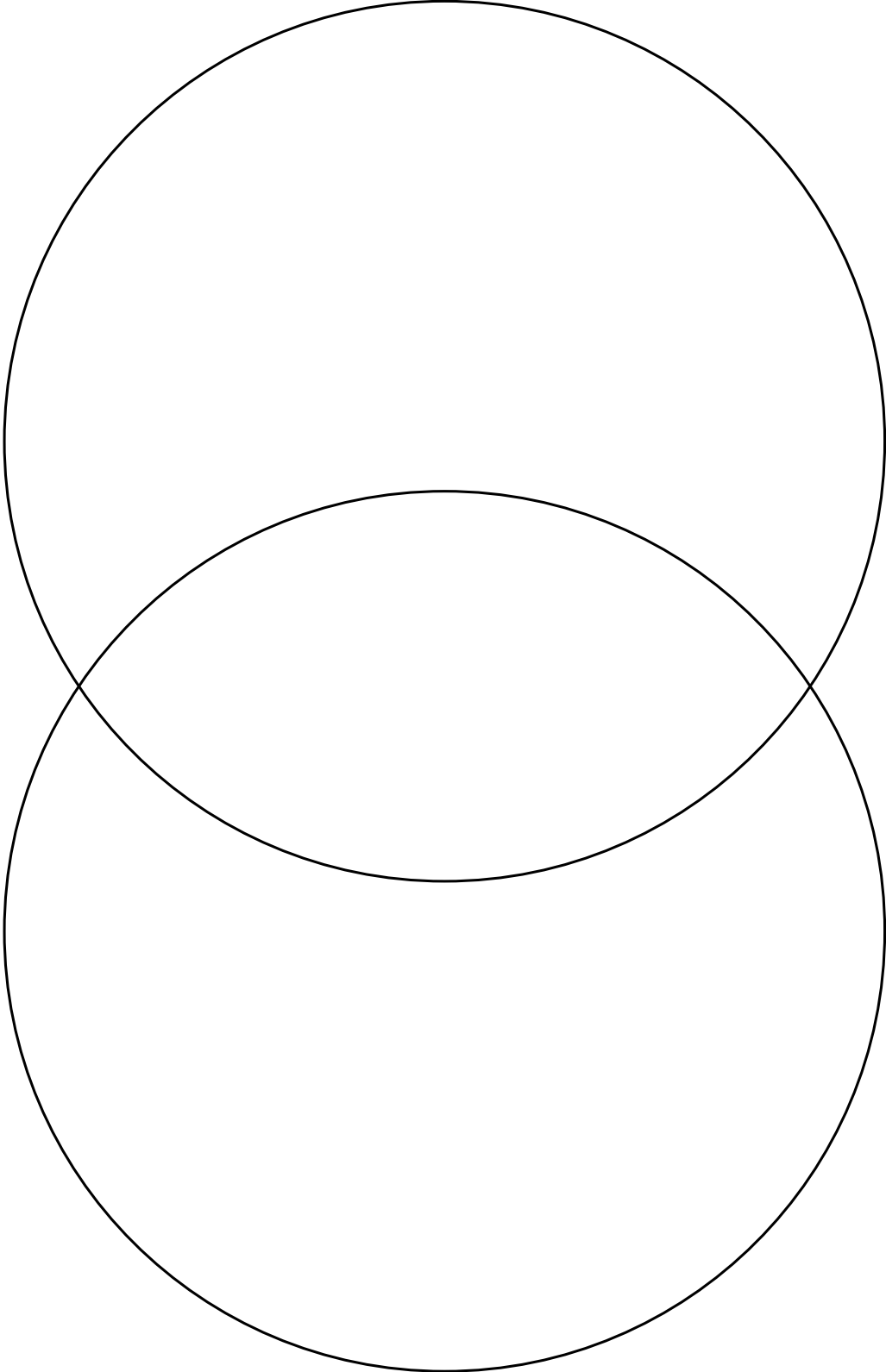
The person is
outside in the rain

The person, or
their family, is very
distressed

The person is
outside in the hot
sun

The person is among
a group of people
who are behaving
aggressively

Appendix 18: Venn diagram card sort



Broken bone and sprain or strain cards

Support the injury with cushions or items of clothing

Prevent movement of the injured area

Call 999 or get the person to hospital as soon as possible

Go to the hospital to have the injury x-rayed

The injury is likely to have been caused by a fall or a blow from an object

Pain and tenderness to the injured area

Difficulty in moving the injured part

Swelling and bruising to the area

The injury has been caused by a sudden movement to a part of the body

Rest the injured part of the body

Apply an ice pack to the injury for up to ten minutes

If able and comfortable, raise the injured part of the body.

Stroke and heart attack cards

FACE: is there weakness on one side of their face?

ARMS: can they raise both arms?

SPEECH: is their speech easily understood?

TIME: to call 999.

Call 999 immediately or get someone else to do it.

Help the person to sit on the floor against a wall or chair.

Reassure the person.

Calm yourself so to think more clearly and help others to be calm around you.

The person may have persistent vice like chest pain.

The chest pain may spread to their arms, neck, jaw, back or stomach.

The person may be sweating and feel unwell.

Appendix 19:

Cards for recap game

Bleeding

Put pressure on
the wound

Burns

Cool the
affected area

Stroke

Carry out the
F.A.S.T. test

Heart attack

Call 999 immediately

Broken bone

Keep the injury still
and supported

Choking

Give back blows

Strains or
sprains

Apply an ice pack to
the injury

Unresponsive
and breathing

Place the person on
their side and tilt their
head back

Unresponsive
and NOT
breathing

Give chest
compressions

Seizures

Make them safe and prevent injury

Head injury

Apply something cold to the injury

Hypothermia

Warm the person

Diabetic emergency

Give them something sweet to drink or eat

Appendix 20: Carousel interview questions

Suggested questions for discussion include:



Name one thing you have learned today.



What have you learned today in three bullet points?



Is there anything you will do differently after today?



What will you tell your friends about today's session?



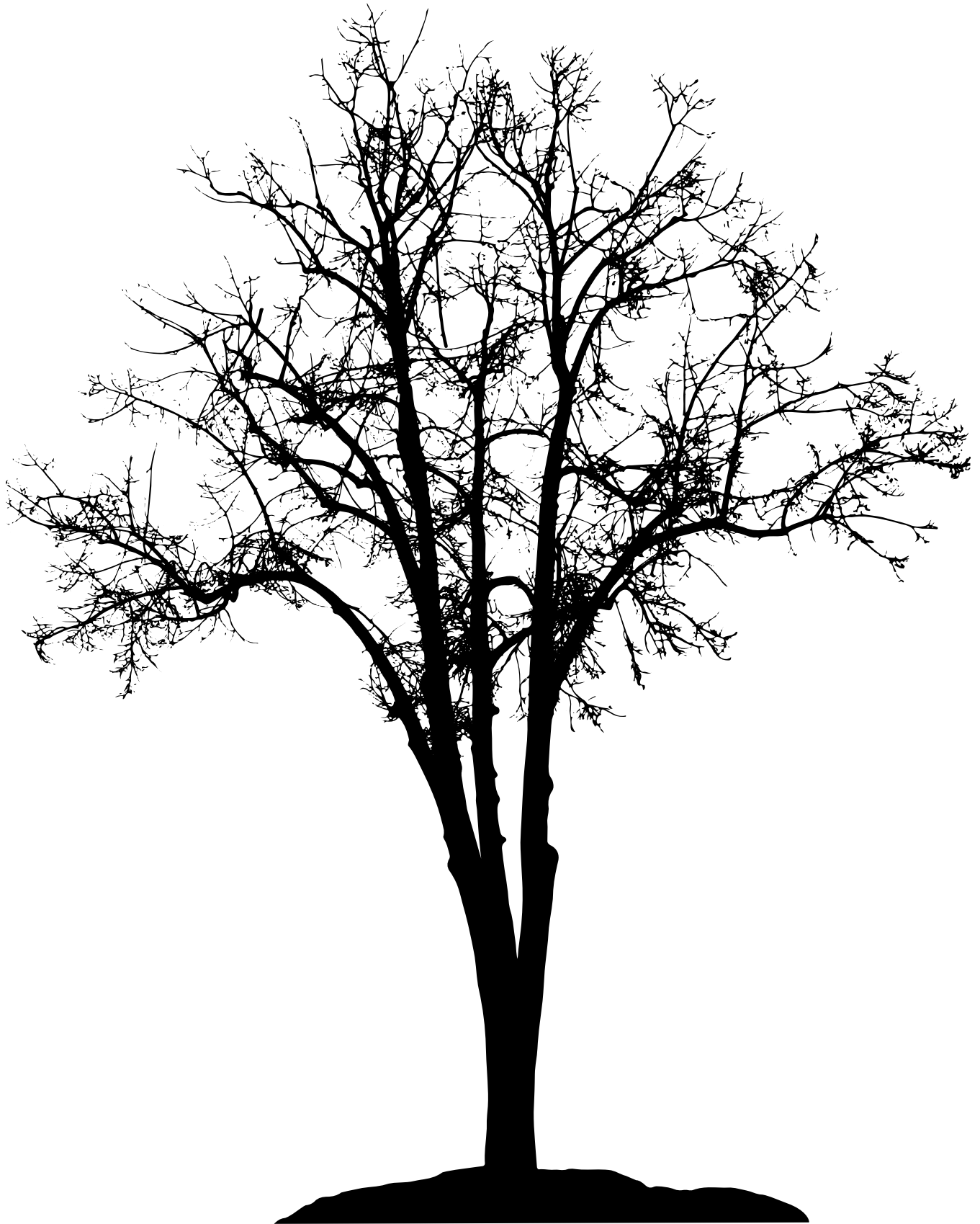
Was there anything that surprised you today?



Is there anything else you'd like to flag up/reflect on?



Appendix 21: Tree image for ending activity



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