



FIRST AID IN AN EMERGENCY



ICRC

 facebook.com/icrc

 x.com/icrc

 instagram.com/icrc

International Committee of the Red Cross

19 avenue de la Paix

1202 Geneva, Switzerland

T +41 22 734 60 01

shop.icrc.org

© ICRC, January 2025

Illustrations by Victor Juhasz

FIRST AID IN AN EMERGENCY

FIRST AID

This booklet contains information and guidelines for providing first aid in an emergency. It cannot cover every situation, so the guidance is of a general nature. The suggested behaviours and measures must be applied taking account of:

- local requirements
- available resources
- effective local practices, if any
- access to and the capacity for further care.

The ICRC therefore declines all responsibility in the event that the recommendations do not correspond to the best course of action in a given situation.

First aid is the first essential help given in an emergency in order to preserve life, prevent further injury or illness and relieve suffering in order to contribute to recovery. These objectives should be achieved:

- without harm, either physical or psychological, to yourself, to the casualty or to others
- within your limits, be they emotional, physical, technical or material.

Name: _____ Tel.: _____

Person to be contacted in case of emergency:

Name: _____ Tel.: _____

Your ability to manage an emergency and to care for a wounded or sick person safely and effectively (beyond just treating the injury or condition) can be enhanced by seeking the assistance of others present at the scene and by using resources available on the spot.

Sometimes, further care may be required. In those cases, the casualty will need to be transported in a safe and timely manner to an appropriate care provider.

**You can save lives
(or help to do so)
by acting immediately,
safely and humanely.**

We urge you to take a first-aid course. Contact the ICRC delegation or the National Red Cross or Red Crescent Society in your country to find out if they offer such courses. First-aid courses and guidelines will help boost your confidence and refresh or enhance your skills so that you will be better able to act safely, humanely and effectively in an emergency.

IN ALL SITUATIONS



Think safety,
Act safely.



Reassure – Explain –
Comfort the casualty.



Seek help.



If the casualty is
conscious, ask if they
agree for you to treat
them. Examine them
thoroughly. Provide
first aid as required.



Monitor the casualty.
Ensure they are
comfortable and their
dignity is respected.



Offer clean liquids
to drink (but only if
the casualty is fully
responsive).



Evacuate the casualty
if they need further care.

THINK SAFETY, ACT SAFELY



Avoid becoming a casualty yourself (stay clear of the minefield, fire, toxic substance, etc.).



Avoid direct contact with body fluids (blood, saliva, vomit).



Remove the casualty safely and quickly from the danger zone.



**Think safety,
Act safely**



Care for the casualty in a safe place.



Keep your hands clean.



Relax and manage your stress.
Reassure your family and friends.

WHEN THE PERSON IS UNRESPONSIVE

Briefly explain to bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Check if the casualty is breathing by gently tilting the head backwards and looking, listening and feeling for breaths.





Place the casualty in a stable position on their side with the head tilted gently backwards to allow them to breathe easily and to enable fluids, such as blood, saliva or vomit, to drain out of their mouth.

If you suspect that the casualty has suffered a traumatic injury, try to limit the movement of their head and neck and keep their spine as straight as possible.

Cover the casualty.



If the person has a seizure or epileptic episode

Briefly explain to bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Manage the scene so that neither you nor the person having a seizure are injured during the episode.

Let the seizure run its course. If possible, use a blanket, item of clothing or soft material to protect the person's head from injury. Do not restrain them; this may cause injury to you or them. Do not put anything in their mouth.



Once the seizure is over, place the person in a stable position on their side with the head tilted gently backwards to allow them to breathe easily and to enable fluids, such as blood, saliva or vomit, to drain out of their mouth.

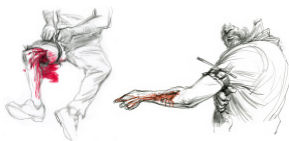
Cover the casualty.



WHEN THE PERSON IS BLEEDING HEAVILY

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.

If the casualty is in an unsafe location (collapsed building, minefield, under gunfire)



Get the casualty to apply pressure to the wound or apply pressure yourself using a clean cloth.

If the bleeding is from a limb, help the casualty to apply a tourniquet high above the injury site.

Move the casualty to a safe location.

When in a safe location follow the steps below.

Cover the casualty.

If the casualty is in a safe location



Get the casualty to apply pressure to the wound or apply pressure yourself using a clean cloth.

If the wound is deep, pack it with the cleanest material possible, applying pressure directly on the bleeding site.



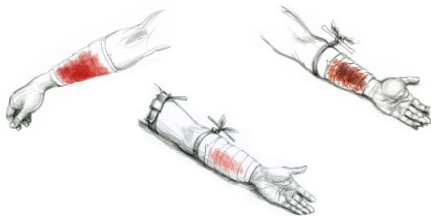
Replace manual pressure with a tight, compressive bandage.



If blood soaks through the compressive bandage, do not remove the first dressing, as that will dislodge any clots that have formed. Instead, add a second dressing and compressive bandage and apply firm pressure.



If the casualty is still bleeding heavily from a limb, apply a tourniquet 6 cm above the injury.



If the tourniquet does not stop the bleeding, apply another tourniquet above the first one until the bleeding stops.

Cover the casualty and keep them warm.

For more information about the use of tourniquet see [*ICRC's Pre-Hospital Emergency Care: Guidance for Applying Tourniquets.*](#)



If the limb is amputated

Follow the normal steps to control the bleeding.



Gently cover the amputated limb with sterile gauze or a dressing moistened with saline.

If safe to do so, designate someone to search the scene for the amputated body part(s).



Seal the amputated part(s) inside a plastic bag.

If possible, store the bag containing body parts in a cool container.



Do not place the amputated part(s) directly on ice or a cold pack.



If something is embedded in the limb



Do not remove the foreign object.



Immobilize the object by putting compresses or a clean cloth around it.



Apply a compressive bandage without removing the object.

If bleeding is from the neck, armpit or groin

Use the same steps to control bleeding. It is very difficult to apply a tourniquet in these areas, so correct wound packing and use of compressive dressing is important.



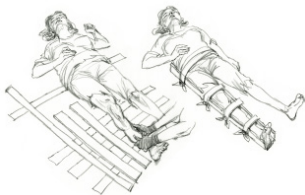
WHEN THE PERSON HAS A FRACTURE

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.

For a limb fracture, gently position the fractured part of the limb in a straight line enabling easy and effective immobilization.



Immobilize the limb to reduce pain and limit further adverse effects.



Check for signs of swelling or a bluish colour of the limb and ensure that the splint is not causing pain. If you spot any of these signs, loosen the splint.



If it is a suspected neck fracture



Gently immobilize the head and place the body in a horizontal, straight position to reduce pain and limit further adverse effects.



If it is an open fracture



Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Gently position the fractured part of the limb in a straight line enabling easy and effective immobilization.



Apply a bandage to the wound.



Immobilize the limb to reduce pain and limit further adverse effects.



WHEN THE PERSON HAS A WOUND

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



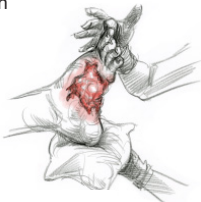
Clean the wound (using clean liquids with or without soap).



Cover the wound with a clean cloth. Monitor the wound.

If the wound is large, dirty and infected

Clean the wound (using clean liquids with or without soap).



Cover the wound with a clean cloth.



Evacuate the casualty.



If it is an abdominal wound

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Cover the wound with a clean, wet cloth.

Do **not** push the organs back inside the abdomen.



Help the casualty to lie in a comfortable position (e.g. legs bent).



Evacuate the casualty.



If it is a sucking chest wound

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Cover the wound with a piece of plastic (or similar material) and attach it to the body along three sides only, to avoid completely sealing the dressing. Otherwise leave the wound exposed.

Help the casualty to lie in a comfortable position (e.g. half-seated).



Evacuate the casualty.



WHEN THE PERSON HAS DIARRHOEA

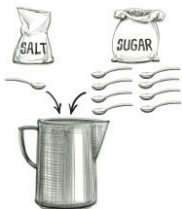
Briefly explain to the person, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Wash your hands.



Filter and boil water so it is safe to drink.



When the water has cooled, mix it with sugar and salt, or use sachets of oral rehydration salts (ORS) if available.

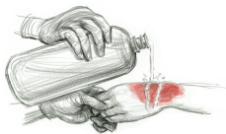


Persuade the person with diarrhoea to drink the mixture.

Evacuate them if they need further care.

WHEN THE PERSON HAS A BURN

Briefly explain to the casualty, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Cool the burn (e.g. under clean running water) for as long as possible. Stop when the casualty is no longer in pain or they start to feel cold.

Cover the burn with a clean, loose material such as cling film (plastic wrap) or a plastic bag.



Advise the casualty to monitor how well the burn heals and, if the pain persists or an infection develops, to seek further care.

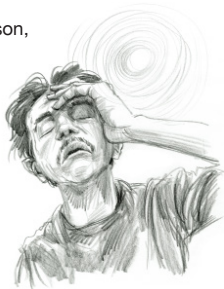
If the burn is bigger than the palm of the casualty's hand or affects a sensitive area of the body (e.g. face, genitals, joints), seek further care.

If the casualty is a child, always seek further care.



WHEN THE PERSON HAS SUNSTROKE

Briefly explain to the person, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Move the person with sunstroke to a shaded place.

Help them cool down (e.g. by fanning them and/or applying a cold, wet cloth on their face, around their neck, under their armpits and on their inner thighs).



Get the person to drink clean liquids.



Evacuate them if they need further care.

WHEN THE PERSON IS VERY COLD OR HAS A FEVER

If the person is suffering from extreme cold (hypothermia)

Briefly explain to the person, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Help the person with hypothermia to warm up by covering and protecting them from the elements.

Offer clean, warm liquids. Do **not** warm the person by rubbing their body.



If the person's clothes are wet, promptly replace them with dry clothing.



Monitor the person. Evacuate them if they need further care.

If the person has a fever

Briefly explain to the person, bystanders, friends and relatives what you are going to do and why, and the limits you may face. Seek any help you need.



Place the person with a fever in a ventilated place. Help them cool down (e.g. by fanning them or by wiping their face with a wet cloth).

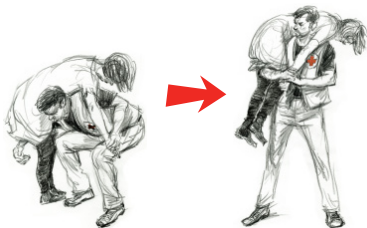
Monitor the person.

Get them to drink clean liquids.

Evacuate them if they need further care.



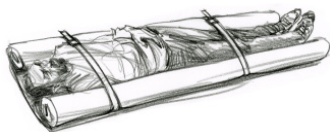
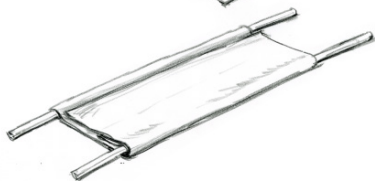
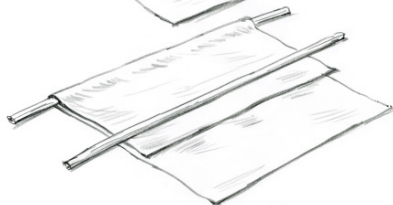
WHEN THE PERSON NEEDS TO BE EVACUATED



Protect your back when lifting: bend your knees and keep your back straight.

Make sure the casualty is reassured and monitored during transport.

Hand the casualty over to the further care provider.



RESPECT FOR THE WOUNDED, THE SICK AND HEALTH-CARE SERVICES

It is important to:

- respect and protect the wounded and sick, and to actively support and facilitate their access to health care without discrimination
- respect and protect health-care personnel, facilities and vehicles, whether civilian or military, regardless of which side they belong to
- respect the humanitarian and impartial character of health care
- refrain from forcing health-care personnel to obey unlawful orders or violate medical ethics
- ensure that health-care personnel, facilities and vehicles remain exclusively engaged in medical tasks
- refrain from denying or disrupting health care as a military tactic
- respect the distinctive emblems of the red cross, red crescent and red crystal, and refrain from using them improperly.

PSYCHOLOGICAL SUPPORT AFTER A CRITICAL INCIDENT

Critical incidents are events that happen suddenly and put people's lives or safety at risk.

Many people who experience or witness a critical incident have psychological reactions immediately afterwards. These can be different for different people. They can include:

- fear
- nervousness
- restlessness
- crying
- not knowing where they are or what happened
- feeling confused, detached or in a daze
- not feeling anything
- not speaking or responding to others.



Immediately after the incident



Psychological first aid is humane, supportive and practical assistance. It can be used from the time of the incident up to a few days or weeks later. The basic principles are:

Look to find people who need urgent help.

Listen to the person and help them calm down.

Link them with their loved ones or help them find resources.

Focus on what the person needs, not on the incident itself. People should never be pressured to tell the story of what happened, as this could cause further psychological harm.

Listening is very important. Ask open questions (so the person can explain in their own words). Do not interrupt, judge or give your personal opinions. Do not say things like: “You shouldn’t feel that way”, “Pull yourself together”, “You should feel lucky you survived” or “You will get over it.”

Avoid inappropriate reassurance or false promises like: “Everything will be fine” or “The doctors will save your friend.”

Keep anything the person tells you private. Do not discuss it with others, except with the person’s care providers.

Psychological first aid can help immediately after a critical incident and may prevent mental health conditions from developing later. If the person does develop a mental health condition, first aid is no longer appropriate. The person should receive professional help.

If you encounter someone who has just been involved in a critical incident and the person has trouble focusing or understanding what is going on, before giving psychological first aid, first try to:

- make sure you are both away from danger
- find a quiet spot and sit together
- make eye contact
- stay calm, speak calmly and use calm body language (tone of voice, facial expressions, gestures and movements)
- speak softly and slowly using simple words and short sentences
- tell the person that they are safe (only if you are in a safe place)
- tell them that you will try to help
- repeat what you say several times
- ask the person to sit as comfortably as possible, feel the ground beneath their feet and tap their legs with their hands

- help the person to focus on non-distressing sights and sounds around them
- tell the person to focus on their breathing: start breathing deeply and slowly through your nose and ask them to do the same, making each breath slower and deeper for a few minutes.



Remember that safety is the priority. If the person is having severe psychological reactions, do not leave them alone. If they have a weapon, make sure they cannot use it.

In the weeks after the incident

Many people may continue experiencing anxiety, fear, restlessness, being easily startled, difficulty sleeping, sadness, anger, feelings of guilt, nightmares, heart palpitations, avoiding people, feeling tired, difficulty concentrating, recurring thoughts or images of what happened, body aches or headaches.

These reactions are normal. In most cases they will gradually stop. To help overcome them faster, people can:

- talk to someone they trust
- eat healthy foods
- exercise
- get enough rest and sleep
- pray, meditate or practise their spirituality
- do enjoyable activities like listening to music, reading or drawing
- help others
- do relaxation exercises.

Some reactions are unhelpful and could make the person feel worse, such as:

- avoiding people
- using alcohol and other drugs
- overworking
- avoiding all thoughts and conversations about the incident
- continuing as if nothing happened.

Professional help may be needed if things do not improve after a few weeks (for example, if the person has thoughts of suicide or self-harm, cannot carry out their usual activities, or engages in behaviours that put them or others at risk).

Ask your health services how and where you can get professional psychological support in case you or someone else needs it in the future.

RESPECT FOR THE RED CROSS AND RED CRESCENT

During both peacetime and emergencies, National Red Cross and Red Crescent Societies and the ICRC offer first-aid training and, where needed, provide first aid directly, making no discrimination as to nationality, race, religious beliefs, class or political opinions.

Red Cross and Red Crescent first-aiders endeavour to save lives and relieve the suffering of individuals, being guided solely by their needs and giving priority to the most urgent cases of distress. First-aiders do not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature. They provide first aid or training on a voluntary basis, in no way motivated by a desire for gain.

Red Cross and Red Crescent first-aiders wear a distinctive emblem for their identification and protection. They must be respected and supported in their humanitarian activities, be it in peacetime or during an emergency.



