FIRST AID AND HOME MEDICINE CABINET

What to do in an emergency – check, call, push, recovery position, heavy bleeding, burns, shock – and what belongs in your home medicine cabinet. No substitute for a first aid course.

Last updated: 05/11/2026

In a crisis, ambulance services, doctors' surgeries and pharmacies are under heavy strain or temporarily out of reach. Then what counts is what you can do yourself and what you have at home: a few skills that save lives, and a well-stocked medicine cabinet. You can learn both in small steps.

> **No substitute for a first aid course.** This guide summarises what the German Red Cross (DRK), the German Resuscitation Council (GRC) and the German Federal Office of Civil Protection (BBK) recommend. But skills like chest compressions or the recovery position can only be learned by practising – ideally on a course, which takes a single day. In Germany you can find courses near you with the DRK, the ASB, the Johanniter and the Malteser. Elsewhere, ask your national Red Cross or Red Crescent society, St John or other local providers – in the UK, for example, the British Red Cross or St John Ambulance.

AT A GLANCE

- **Anyone can help.** In a cardiac arrest the first three to five minutes are decisive. The GRC puts it like this: all you need to save a life is two hands. And the DRK reassures you: you can't do anything wrong when you call – the dispatcher asks everything they need to know.
- **Check – call – push:** if someone doesn't respond, call **112 (Europe) or your local emergency number** straight away, put the phone on speaker and follow the instructions. If the person isn't breathing normally, push hard and fast in the centre of the chest straight away – 100 to 120 times a minute, 5 to 6 centimetres deep.
- **If they are breathing normally**, put them in the **recovery position** – so that vomit and blood can drain away and the tongue doesn't block the airway.
- **Heavy bleeding:** press firmly on the wound, then apply a pressure bandage. **Burns:** cool with cool to cold water, not icy water.
- **Medicine cabinet:** your personal medication for at least ten days, plus dressings, painkillers and fever reducers and a thermometer – stored somewhere cool, dry and out of children's reach. Your medication, allergies and emergency contacts belong in your Medical ID.

START SMALL

You don't have to know everything at once. Pick one of these small tasks each day – none takes longer than ten minutes, and most cost nothing:

- **Look for a course date:** check the providers above for the next first aid course near you. It usually takes one day. If your last course wasn't long ago, a refresher is often enough.
- **Fill in the Medical ID:** in the Medical ID, enter medication, allergies, medical conditions and emergency contacts for everyone in your household. Print it out and put it in your wallet.
- **Go through your medicine cabinet:** take everything out, sort out anything that has expired, put the rest back. Add whatever is missing to your shopping list.
- **Find the first aid kit:** where is it at home, where in the car? Does everyone in the household know where it is? Open it once and look at what's inside.
- **Numbers on paper:** 112 or your local emergency number, the police, the non-urgent medical helpline (in Germany 116 117, in the UK NHS 111), your poison control centre and your GP surgery. Keep the note with your medicine cabinet.
- **Sort out your medication supply:** write down which medicines you need regularly and how long your supply lasts. The BBK considers a supply for at least ten days sensible – ask your surgery how to build it up, and enter the expiry dates in your supplies.
- **Walk through the recovery position once:** with someone from your household, step by step following the illustration below. Very slowly – the point is just to have seen the order once.

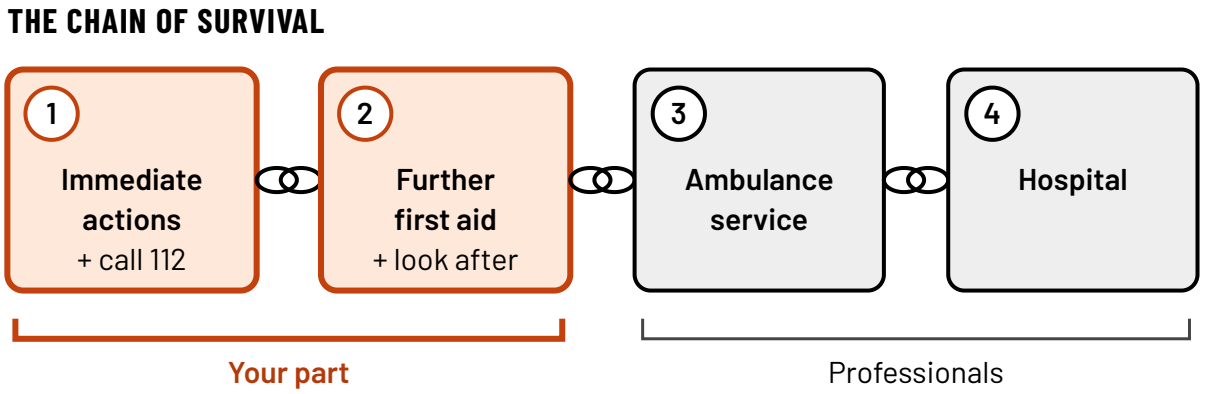
UNDERSTANDING

Why the first minutes count

In a cardiac arrest the heart stops pumping blood. Causes can be a heart attack, lack of oxygen (for example from respiratory arrest or poisoning), an electric shock or heavy blood loss (DRK). The European guidelines of 2025 therefore put the **first three to five minutes** at the centre: many people don't know that you must not wait for the ambulance (GRC). With chest compressions you pump blood through the body from the outside until professionals take over. They are by far the most important thing for survival (DRK 2026).

The chain of survival

The DRK describes help as a chain with four links: **immediate actions**, **further measures**, **ambulance service** and **hospital**. The first two links are the job of people like you: do what's needed until professionals arrive – and call them as quickly as possible. "Every chain is as strong as its weakest link," writes the DRK. According to the GRC, it is precisely the first links that are decisive.



A chain is only as strong as its weakest link.

Chain of survival with four links: 1. immediate actions and emergency call by first aiders, 2. further first aid until the ambulance arrives, 3. ambulance service, 4. hospital. The first two links are your part.

Unconscious – why it's dangerous

Someone who is unconscious doesn't respond to being spoken to clearly or to being gently shaken by the shoulders, and their muscles are slack. The DRK calls this acute danger to life: the protective reflexes are missing and the tongue can block the airway. That's what the **recovery position** is for: the mouth is the lowest point, vomit and blood can drain away, and the head tilted back keeps the airway open.

Normal and abnormal breathing

If an unconscious person isn't breathing normally, assume cardiac arrest. The DRK says explicitly: **unclear or gasping breathing is treated as no breathing.** If in doubt, also assume cardiac arrest (DRK). If you're unsure, the dispatcher on the phone will help you.

What the 2025 guidelines changed

The resuscitation guidelines are renewed every five years, most recently in October 2025 by the European Resuscitation Council (ERC). The GRC has translated them into German. For laypeople the main point is that chest compressions start **even earlier**. Since April 2026 the DRK has therefore advised putting these points into practice now:

- **Call straight away** if someone doesn't respond – you then check breathing with the help of the dispatcher.
- **Put the phone on speaker** so that your hands are free and you can follow the instructions.
- **You don't have to bare the chest.** Only if you can't feel the breastbone through the clothing do you move it aside.
- **Stay on the bed:** if the person is lying in bed, don't pull them onto the floor. Start right there and press deeper to make up for the soft mattress.
- **Take turns in pairs:** if there are at least two of you, swap every one to two minutes. Anyone else fetches a defibrillator.

The aid organisations' course materials are being updated at the moment. If you learn something slightly different on a course, that's not a contradiction: in an emergency, simply follow the dispatcher's instructions.

In a crisis: when help takes longer

The BBK points out that ambulance services, hospitals and pharmacies may be temporarily unavailable in a crisis. With a medicine cabinet you can then deal with minor emergencies yourself. For real emergencies there's still **112** – free throughout Germany and Europe, also from a mobile phone (BBK); outside Europe, use your local emergency number. For medical help that isn't life-threatening, Germany has the **medical on-call service 116 117** (DRK, BBK); in the UK, **NHS 111** advises you if you're unsure (NHS). For poisoning, call your poison control centre. Why you should only call the emergency number in a real emergency during a power cut is explained in the Power cut guide.

Sources for this section: GRC press release (22 Oct 2025), DRK circulars "Leitlinien zur Reanimation" (24 Nov 2025 and 27 Apr 2026), DRK "Rettungskette", "Bewusstlosigkeit", "Stabile Seitenlage", "Herzdruckmassage", "Notruf 112", BBK guide (11/2025), NHS "Burns and scalds".

PREPARING

Take a course

A first aid course is the best preparation in this guide. At the DRK the basic course takes one day (9 teaching units) and needs no previous knowledge. You learn to protect yourself and secure an accident scene, wound care, help with broken bones, burns, heat and cold injuries, poisoning – and above all the recovery position and resuscitation, with lots of practical exercises.

- **Where:** in Germany, the DRK, ASB, Johanniter and Malteser offer courses, mostly with a search by postcode or town (links above). Elsewhere: your Red Cross society, St John or other local providers. The British Red Cross also offers a free first aid workshop for adults.
- **How often:** the Johanniter recommend refreshing your knowledge every two to three years at the latest. The BBK simply says: if your last course was a while ago, refresh it.
- **Short and modular:** the DRK offers "Fit in Erster Hilfe" in single 90-minute modules – for anyone whose course was a long time ago.
- **Special courses:** first aid for children, for older people and – at the ASB – first aid for dogs. Some organisations offer courses in easy-to-read language or German Sign Language; you can also ask about courses for blind and visually impaired people (BBK).
- **Free, with civil protection content:** the BBK funds free courses "Erste Hilfe mit Selbstschutzinhalten" (first aid with self-protection content) throughout Germany – ask your local aid organisations.
- **To look up:** the BBK links to simple instructions for chest compressions at wiederbelebung.de (in German).

What belongs in the medicine cabinet

The BBK recommends a medicine cabinet tailored to your personal needs. This is the list from the BBK checklist – you probably have much of it already:

Medicines

- Personal medication (for example an asthma inhaler)
- Painkillers and fever reducers
- Remedies for diarrhoea, vomiting and nausea
- Remedies for cold symptoms, decongestant nose drops or nasal spray
- Electrolytes to replace lost fluids

For wounds and injuries

- Wound and skin disinfectant
- Plasters and dressings (compresses, gauze bandages)
- Burn dressing
- Disposable gloves
- Cold pack
- Tweezers and scissors
- Burn, wound and healing ointment

Other

- Thermometer
- Remedies for sunburn and insect bites
- Decongestant, cooling gel for minor sports injuries

Which products exactly is best discussed with your pharmacy or doctor. A **first aid kit** contains the dressings ready assembled – handy if you don't want to buy everything separately (BBK). Under "Other", the BBK also lists a **respirator mask** to protect against viruses, bacteria and hazardous substances in the air. The DRK mentions an (emergency) blanket for keeping warm in hypothermia.

HOME MEDICINE CABINET

Medicines	Wounds	Other
Your own, 10 days	Disinfectant	Thermometer
Painkillers	Plasters, bandages	For sunburn
Fever reducers	Compresses	For insect bites
For diarrhoea	Burn dressing	Cooling gel
For nausea	Disposable gloves	
For colds	Tweezers, scissors	
Nasal spray	Cold pack	
Electrolytes	Wound, burn ointment	

Cool, dry, out of children's reach – not the bathroom

Medicine cabinet after the BBK checklist in three groups: medicines (personal medication, painkillers and fever reducers, remedies for diarrhoea and nausea, for colds, electrolytes), wound care (disinfectant, plasters and bandages, burn dressing, disposable gloves, tweezers and scissors, cold pack) and other (thermometer, remedies for sunburn and insect bites, gel for sports injuries). Cool, dry, lockable, not in the bathroom.

Personal medication: at least ten days

If you need medication regularly, the BBK says you should have a **supply for at least ten days** – keep shelf life and storage in mind. How you get this supply is something to sort out with your surgery and pharmacy. It goes together with a **medication plan**: which medicine, when, how much. Copy it out or have it printed for you.

If you have to leave home, personal medication and first aid supplies belong in your emergency bag. That's especially important if you have to stay somewhere else for a while or have less access to medical care (BBK). More in the Emergency bag guide.

Storing and checking

- **Child-safe:** lockable or high enough that children can't reach it (BBK).
- **Cool and dry:** in a room that isn't heated much. **The bathroom is the wrong place** (BBK).
- **Check regularly:** replace what has been used up. Sort out expired medicines – they can lose their effect or become harmful. According to the BBK they can go in the household waste (local rules may differ outside Germany).
- **A fixed date helps**, for example once a year on the nationwide warning day in September. Enter the expiry dates in your supplies and you'll get a reminder.

Medical ID and medication list

Rescuers need important information quickly. According to the BBK, an emergency card can list illnesses, allergies, aids and emergency contacts – and also how someone communicates best with rescuers. In Bereitsein you create it under Medical ID: for each person with medication, allergies, medical conditions, implants and emergency contacts. The data stays on your device. Print the card and carry it – paper works even when the phone is flat. Many smartphones can also show a medical ID that opens even when the screen is locked (BBK).

Variations for your household

- **With children:** always lock medicines away or store them high up. There are separate rules for resuscitating children (see "In an emergency") – the safest way to learn them is a first aid course for children. When cooling burns, take care with babies and toddlers because they cool down quickly (DRK). How to teach children the emergency number in a playful way is in the Children in a crisis guide.
- **Older people and people who need care:** the BBK recommends a medication plan with a supply, spares for aids such as glasses or hearing aids, spare batteries, a list of emergency contacts and an emergency card. If someone in bed needs resuscitation, press on the bed – just deeper (DRK 2026). The DRK offers a dedicated first aid course for older people. More in the People who need care, and pets guide.
- **With a hearing or speech impairment:** in Germany, the official emergency app **nora** lets you make an emergency call without speaking (BBK). Best set it up now, not in an emergency.
- **With a dog:** the ASB offers first aid courses for dogs. This guide contains no instructions for animals.

Sources for this section: BBK guide (11/2025, pp. 8–9, 20–21, 33), BBK "Hausapotheke", BBK "Erste Hilfe und Notruf", DRK "Rotkreuzkurs Erste Hilfe", "Verbrennungen", "Erfrierungen und Unterkühlungen", DRK circular (27 Apr 2026), Johanniter "Erste Hilfe", ASB "Erste Hilfe", Malteser "Erste-Hilfe-Kurse", British Red Cross "Unresponsive and not breathing".

IN AN EMERGENCY

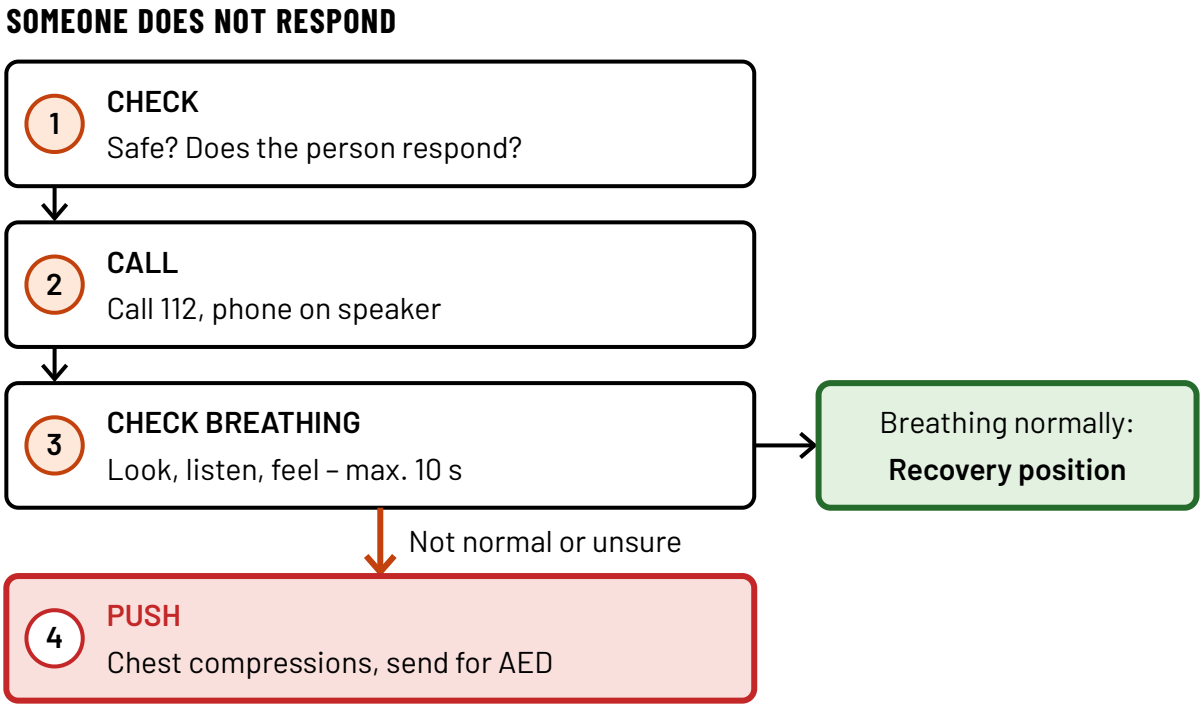
First: stay calm, get an overview, protect yourself

1. **Assess the situation:** what has happened? What dangers threaten the person – and you? Think of your own safety first, for example approaching cars or a fire that is spreading (DRK).
2. **Secure the scene:** if necessary, secure the danger area. At a road accident, secure the scene first, then get injured people out of the danger zone (BBK).
3. **Gloves:** put on disposable gloves from the first aid kit – the DRK mentions protective gloves for example with burns and hypothermia.
4. **Involve helpers:** if others are there, share the tasks: one person calls, another starts first aid, a third fetches a defibrillator (BBK, DRK).

Someone doesn't respond: check – call – push

This is the sequence according to the 2025 guidelines, as recommended by the DRK since April 2026:

1. **Check:** is it safe to approach? Is the person conscious? Speak to them loudly and gently shake their shoulders.
2. **Call:** if they don't respond, shout for help and **call 112 (Europe) or your local emergency number straight away** – or have someone call. Put the phone on speaker and follow the instructions.
3. **Check breathing:** tilt the head back and lift the chin. Then look, listen, feel: does the chest rise and fall? Can you hear breathing? Can you feel air on your cheek? For no more than ten seconds (DRK). If you're unsure, the dispatcher will help.
4. **If they're breathing normally:** put them in the **recovery position**, cover them, calm them, look after them and check consciousness and breathing again and again until the ambulance arrives.
5. **If they're not breathing normally – or you're in doubt: push.** Start chest compressions straight away. Unclear or gasping breathing counts as no breathing.



Sequence when someone doesn't respond: 1. Check – safe? does the person respond? 2. Call – call 112, phone on speaker. 3. Check breathing, no more than 10 seconds. Breathing normally: recovery position. Not breathing normally or unsure: 4. Push – chest compressions, send someone for an AED.

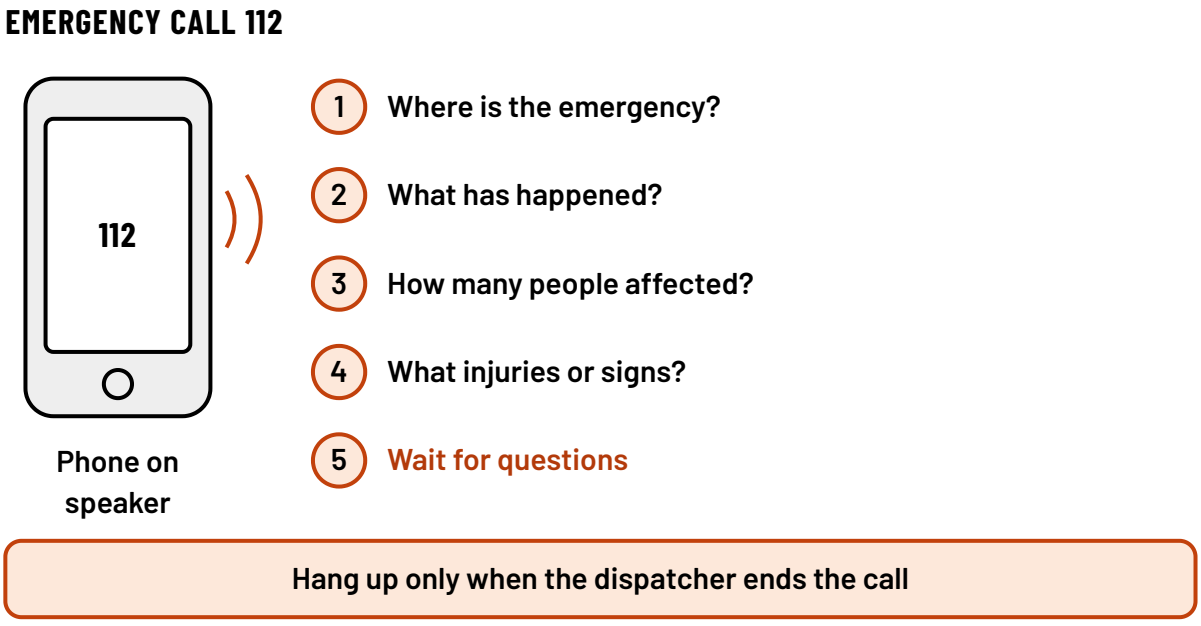
The emergency call

Speak calmly. The dispatcher asks everything they need – you don't have to prepare anything. The DRK lists these questions:

1. **Where is the emergency?** As precisely as possible: town, street, house number, building, access, floor.

2. **What has happened?**
3. **How many people** are affected?
4. **What injuries or signs of illness** do they have? Is anyone unconscious, is anyone's life in danger?
5. **Wait for questions:** only hang up when the dispatcher has all the important information and ends the call.

The BBK also lists: **who is calling?** The dispatcher can guide you through first aid on the phone, including resuscitation (DRK). In Germany and throughout Europe, 112 is free, also from a mobile phone. If the place is hard to find, someone guides the ambulance crew in (BBK).



Emergency call 112: the dispatcher asks 1. Where is the emergency? 2. What has happened? 3. How many people affected? 4. What injuries or signs? 5. Wait for questions – only hang up when the dispatcher ends the call. Put the phone on speaker.

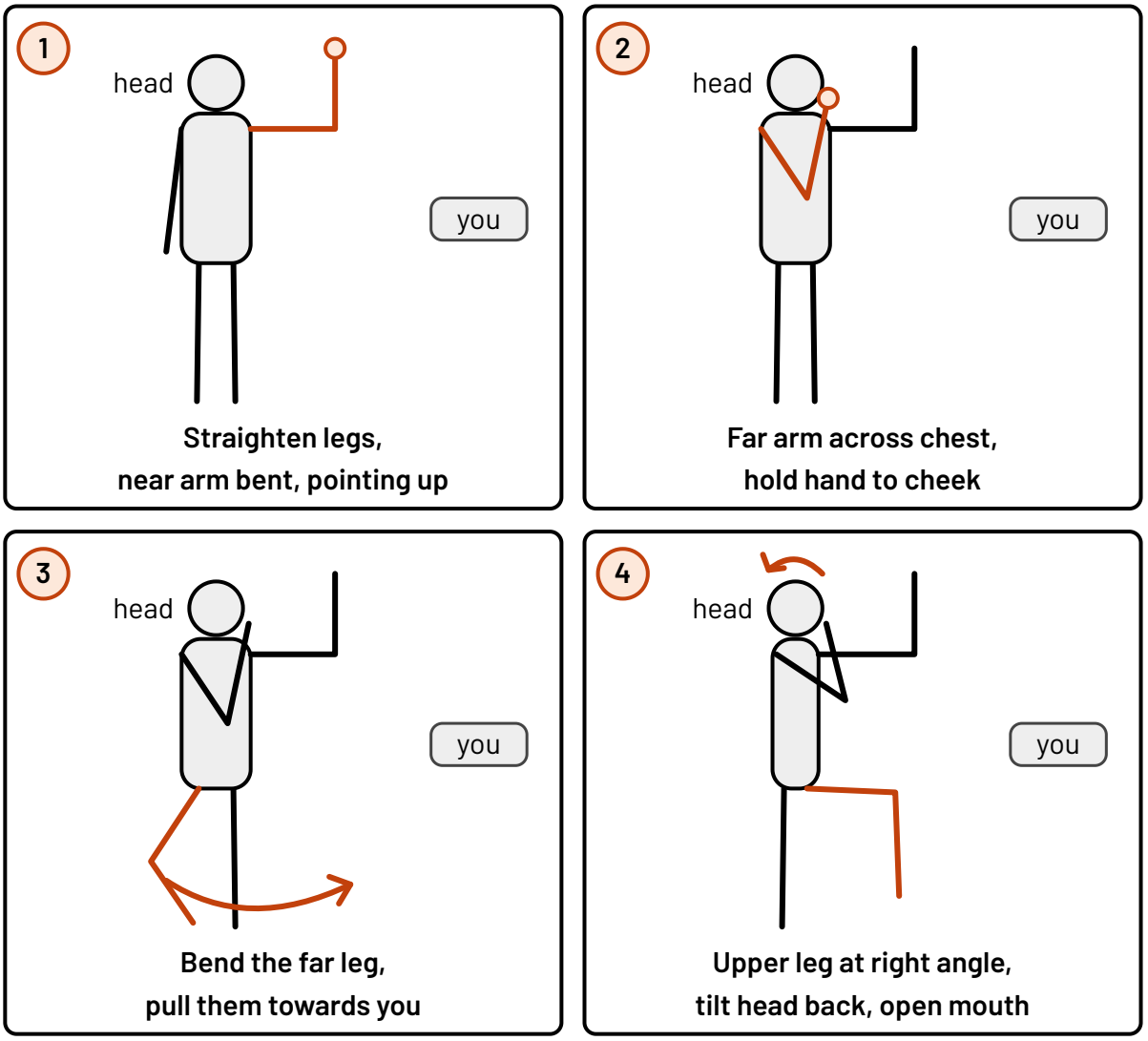
The recovery position

For people who are unconscious but breathing normally. This is how the DRK describes it:

1. **Prepare:** kneel beside the person. Straighten their legs. Place the arm nearest to you at a right angle, pointing upwards – palm facing up.
2. **Far arm across the chest:** take the arm furthest from you by the wrist. Bring it across the chest and place the back of the hand against the person's cheek. **Don't let go of the hand.**
3. **Bend the far leg and roll:** with your other hand, take hold of the far thigh and bend the leg. Then pull the person towards you by this leg, onto their side.
4. **Adjust:** position the upper leg so that the thigh is at a right angle to the hip. Tilt the head back so the airway is open, and open the mouth slightly. Adjust the hand at the cheek so that the head stays tilted back.

Afterwards: cover them, look after them and keep **checking consciousness and breathing**. The mouth should stay the lowest point. If the person stops breathing normally, start chest compressions straight away (DRK).

RECOVERY POSITION

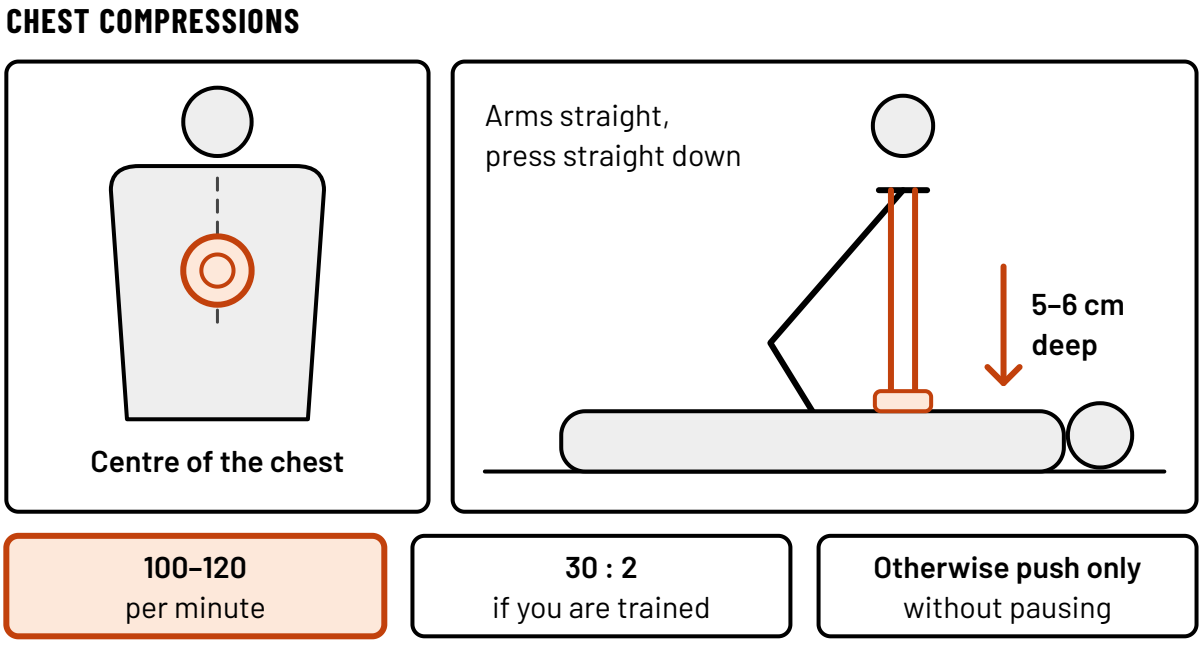


Recovery position in four steps, seen from above: 1. Kneel beside the person, straighten the legs, near arm up at a right angle. 2. Far arm across the chest, back of the hand against the cheek and hold it there. 3. Bend the far leg and pull the person towards you. 4. Upper leg at a right angle, tilt the head back, open the mouth slightly.

Chest compressions

1. **Position:** kneel beside the person, level with the chest. They lie on their back, ideally on a firm surface – but if they're in bed, they stay in bed (DRK 2026).
2. **Hands:** place the heel of one hand in the **centre of the chest** (the lower third of the breastbone), the heel of the other hand on top (DRK). You only need to move clothing aside if you can't feel the breastbone.

3. **Push:** arms straight, shoulders vertically above the chest, pressure from your upper body. **5 to 6 centimetres deep**, **100 to 120 times a minute**. Let the chest come all the way back up after each push; pushing and releasing take the same time (DRK).
4. **Give rescue breaths if you're trained:** after 30 compressions give two breaths – tilt the head back, lift the chin, pinch the nose, blow in for about one second each until the chest rises. Then 30 compressions again: **30 : 2** in turn (DRK).
5. **Otherwise just push:** if you haven't learned rescue breaths or don't feel able to give them, simply keep pushing without a break (DRK "Prüfen – Rufen – Drücken", Resuscitation Council UK). Chest compressions are what matters most.
6. **Take turns:** if there are two of you, swap every one to two minutes (DRK 2026).
7. **Keep going** until the person breathes normally again or the ambulance crew takes over (DRK).



Chest compressions: heel of the hand in the centre of the chest, the other hand on top, arms straight. 5 to 6 centimetres deep, 100 to 120 times a minute. 30 compressions, 2 rescue breaths if you're trained – otherwise just push without a break.

The defibrillator (AED)

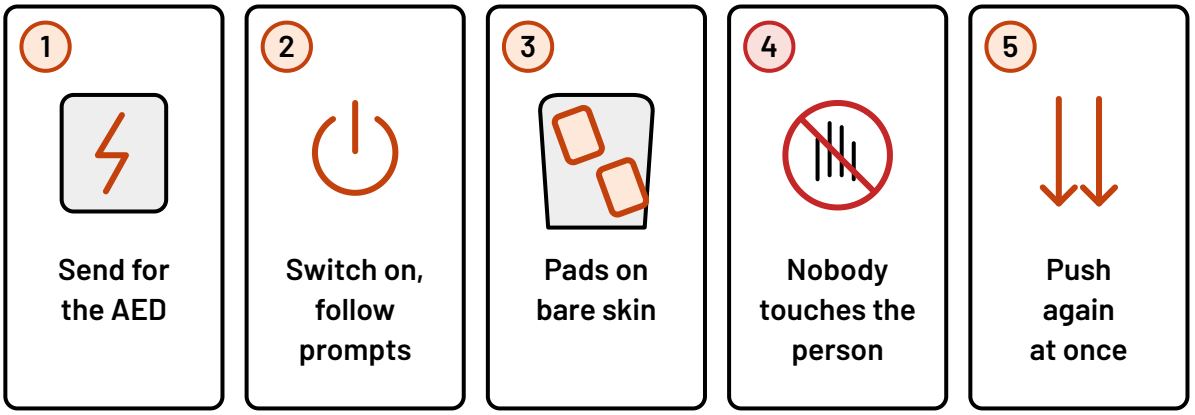
An automated external defibrillator (AED) analyses the heart rhythm and delivers an electric shock if needed. **Anyone can use one**, no training is needed (Resuscitation Council UK). The device tells you every step.

1. **Send for it:** ask someone else to fetch an AED. If you're alone, don't interrupt resuscitation to get one (DRK).
2. **Switch it on** and follow the voice prompts.
3. **Stick the pads on bare skin**, as shown on the device. If there are two of you, one keeps pushing while the other attaches the pads (Resuscitation Council UK).

4. **Nobody touches the person** while the device analyses the heart rhythm and delivers a shock (Resuscitation Council UK).
5. **Start pushing again straight away** after the shock – or if the device doesn't advise a shock (Resuscitation Council UK).

For children aged 1 to 8, child pads are used (DRK).

DEFIBRILLATOR (AED)



Children aged 1 to 8: child pads

Defibrillator in five steps: 1. Send someone for the AED, keep pushing. 2. Switch on, follow the prompts. 3. Pads on bare skin. 4. Nobody touches the person during analysis and shock. 5. Start pushing again at once.

Children and babies

According to the DRK, there are some differences for children. The safest way to learn them is a first aid course for children; German course materials are currently being updated to the 2025 guidelines.

- **Breaths first:** before chest compressions, give up to **five rescue breaths**, because children's airways are more easily blocked by foreign objects. If breathing for them isn't possible, just push.
- **Then 30 : 2**, 100 to 120 times a minute, on the lower third of the breastbone.
- **Babies** (up to the end of the first year): with two fingertips, about 4 centimetres deep.
- **Children** (up to the visible start of puberty): with the heel of one or both hands, about 5 centimetres deep – a third to half the depth of the chest.
- **Alone?** After about one minute of resuscitation, stop and call the emergency number if nobody has done so yet.

Heavy bleeding

Almost any bleeding can be stopped with enough pressure from outside (DRK). In adults, losing about one litre of blood can already be life-threatening, in children sooner.

1. **Lie them down:** always stop bleeding with the person lying down (DRK).

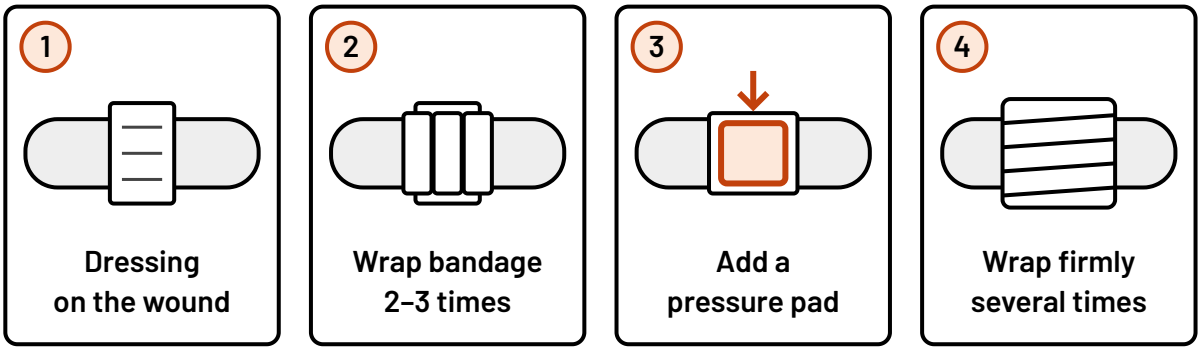
2. **Press:** press low-germ material – a compress, an opened dressing pack, if need be a clean cloth – firmly onto the wound, into it if necessary. Stopping the bleeding comes first; you accept a possible infection (DRK).
3. **Raise:** hold up the arm or leg if possible (or have it held up).
4. **Call the emergency number** if life is in danger – or have someone call while you press.
5. **Apply a pressure bandage** if the wound is on an arm or leg (see below). On the head or trunk only if the location allows – otherwise keep pressing until the ambulance crew takes over (DRK).
6. **If it bleeds through:** don't remove it, put a fresh layer on top and keep pressing firmly (British Red Cross).
7. **Prevent shock:** cover them, calm them, comfort them (DRK, see "Shock").

Pressure bandage in four steps (BBK):

1. Place a **compress** on the wound.
2. Wrap a **gauze bandage two or three times** around the compress.
3. Put a **pressure pad** on the spot where the wound is – for example an unopened dressing pack or a pack of gauze bandages.
4. **Wrap the bandage around the pressure pad several times** and fix the end with a plaster.

Bandaged limbs should be raised (DRK).

PRESSURE BANDAGE IN 4 STEPS



Then raise the arm or leg.

Bleeding through: add a layer, keep pressing.

Pressure bandage in four steps: 1. Compress on the wound. 2. Wrap the gauze bandage around two or three times. 3. Put a pressure pad, for example a dressing pack, on the wound. 4. Wrap firmly several times and fix. Then raise the arm.

Nosebleeds: lean the head slightly forward, let the person rest their forehead in their hands, put a cold compress on the back of the neck. If the bleeding is heavy or doesn't stop, call the emergency number (DRK).

Shock

Shock means the body is no longer getting enough blood – for example after bleeding, from fluid loss or great fear (DRK). **Signs:** at first restlessness, fear and nervousness, pale, cold, often sweaty skin, feeling cold and shivering; later calm, apathy, possibly unconsciousness.

1. **Call the emergency number.**
2. **Speak to them** and gently shake their shoulders.
3. **If conscious:** lie them down, **raise their legs**, cover them. This lets blood flow to the brain and organs.
4. **Avoid agitation**, shield the person from onlookers if needed, calm them, comfort them, look after them.
5. **Unconscious, breathing normally:** recovery position. **Not breathing normally:** chest compressions.

Burns

1. **Protect yourself:** think of your own safety first, put on gloves. Move the person away from the source of heat and calm them.
2. **Call the emergency number** – the DRK generally recommends medical care for burns.
3. **Cool:** for at least 20 minutes with **cool to cold, but not icy water**. No ice. The NHS also says 20 minutes of cool running water.
4. **Careful when cooling:** with large burns and with babies and toddlers there is a risk of hypothermia. On the face, cool only with damp cloths; the airway must stay clear.
5. **Clothing:** carefully remove burning clothing. Anything stuck to the skin stays where it is.
6. **Don't open, don't smear:** don't open blisters. No home remedies.
7. **Cover:** loosely with a sterile dressing (for example the burn dressing) or with cling film – don't wrap tightly.
8. **Keep warm** and watch for signs of shock.

This is how the DRK describes it. Remember above all: **no ice, no home remedies, don't let them get too cold.** If in doubt, ask the dispatcher.

DO	DON'T
✓ Water: cool to cold	✗ Ice or ice water
✓ DRK: at least 20 min	✗ Home remedies
✓ Cover loosely, sterile	✗ Opening blisters
✓ Keep warm, call 112	✗ Pulling off stuck cloth

Large burn or small child: risk of hypothermia

Cooling a burn: cool with cool to cold water, not icy, according to the DRK for at least 20 minutes. Don't: ice, home remedies, opening blisters. Then cover loosely and sterile, keep warm. Large burns or small children: careful, risk of hypothermia.

Hypothermia

This can matter especially during a power cut in winter (see Keeping warm without heating). The DRK distinguishes two stages:

- **If the person is shivering, agitated or restless:** call the emergency number. Bring them somewhere warm and warm them up slowly, take off wet clothing, wrap them in warm blankets or an emergency blanket. Warm, sweetened drinks such as tea only if they are conscious. No alcohol.
- **If their breathing slows, their muscles stiffen, they get more and more drowsy:** call the emergency number. Now **stop actively warming them** – no rubbing, no hot-water bottle. Cover them, recovery position if unconscious, check breathing again and again. If they aren't breathing normally: chest compressions.

When the ambulance takes longer

In a crisis it can take a while for help to arrive. Then:

- **Don't stop.** Keep up resuscitation until the person breathes normally again or the ambulance crew takes over. Take turns if there are two of you. If you're pressing on a wound: keep pressing.
- **Use the dispatcher:** they can guide you through first aid on the phone (DRK).
- **Non-urgent medical help:** 116 117 in Germany, NHS 111 in the UK, or your local equivalent.
- **Have the Medical ID and medication ready:** card, medication plan and the packs of the medicines the person takes, ready to hand for the ambulance crew.

- **Look after them:** stay with them, cover them, speak calmly. For almost every emergency the DRK says the same: calm, look after, comfort, observe.

In emergency mode you'll find the most important steps under Emergency.

Sources for this section: DRK "Auffinden einer Person", "Bewusstlosigkeit", "Prüfen – Rufen – Drücken", "Herz-Lungen-Wiederbelebung", "Wiederbelebung bei Kindern und Säuglingen", "Stabile Seitenlage", "Notruf 112", "Blutungen", "Druckverband", "Schock", "Verbrennungen", "Erfrierungen und Unterkühlungen"; DRK circular (27 Apr 2026); BBK guide (11/2025, p. 21); BBK "Erste Hilfe und Notruf"; Resuscitation Council UK (10/2025); St John Ambulance "CPR" (9/2026); British Red Cross "Bleeding heavily"; NHS "Burns and scalds" (3/2026).

AFTERWARDS

Handing over and catching your breath

- **Hand over:** give the ambulance crew the Medical ID and medication plan; if going to hospital, take your own medicines with you (NHS).
- **Look after yourself:** resuscitation or a serious accident can stay with you for a while afterwards. That's normal. Talk to someone about it – support helps (Resuscitation Council UK). More in the Stress and anxiety in a crisis guide.

Restocking

1. Note what you used: gloves, compresses, bandages, burn dressing, emergency blanket.
2. Add it to your shopping list and buy it again soon – including for the first aid kit in the car.
3. Check opened medicines and bring your supply of personal medication back up to at least ten days.
4. Update the Medical ID if medication or allergies have changed.

Learning from it

What worked, where were you unsure? Did everyone know where the first aid kit was? Did the emergency call get through? Usually the best answer is: take a course or refresh one. After that, the next emergency feels very different.

COMMON MISTAKES

- **Doing nothing for fear of doing something wrong:** you can't do anything wrong when you call, and the dispatcher will help you on the phone.
- **Calling too late:** if someone doesn't respond, call the emergency number straight away – phone on speaker.
- **Mistaking gasping for breathing:** unclear or gasping breathing counts as no breathing.

- **Pushing too gently:** 5 to 6 centimetres deep, 100 to 120 times a minute, and let go fully after each push.
- **Stopping to fetch a defibrillator yourself:** if you're alone, keep pushing; send others.
- **Pulling the person out of bed:** stay on the bed and press deeper.
- **Using ice or home remedies on burns, opening blisters:** only water, cool to cold, not icy.
- **Showering small children or large burns with cold water for a long time:** risk of hypothermia.
- **Removing a bandage that has bled through:** add a fresh layer, keep pressing.
- **Keeping the medicine cabinet in the bathroom:** too warm and too damp.
- **Keeping expired medicines:** they can lose their effect or become harmful.
- **Never refreshing your course:** every two to three years at the latest.

CHECKLIST

- [ ] First aid course done or booked
- [ ] Refresher in the calendar (every 2–3 years at the latest)
- [ ] Medical ID filled in and printed for each person
- [ ] Medication plan on paper
- [ ] Personal medication for at least 10 days
- [ ] Painkillers and fever reducers, thermometer
- [ ] Remedies for diarrhoea, vomiting and nausea, electrolytes
- [ ] Remedies for colds, nose drops or nasal spray
- [ ] Wound and skin disinfectant
- [ ] Plasters, compresses, gauze bandages, burn dressing
- [ ] Disposable gloves, tweezers, scissors, cold pack
- [ ] Remedies for sunburn and insect bites, gel for sports injuries
- [ ] First aid kit at home and in the car, everyone knows where
- [ ] First aid supplies and medication in the emergency bag
- [ ] Medicine cabinet cool, dry, child-safe – not in the bathroom
- [ ] Expiry dates checked once a year (for example on the warning day)
- [ ] Numbers on paper: emergency number, police, non-urgent medical help, poison centre, GP
- [ ] If needed: emergency app for calling without speaking set up
- [ ] Know where the nearest defibrillator is

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