
First aid for a safer future

Updated global edition

Advocacy report 2010



ERDEM COPLU/TURKISH RED CRESCENT



International Federation
of Red Cross and Red Crescent Societies

MAIN FINDINGS¹

- Governments must have a more dynamic approach by promoting compulsory first-aid education for example in schools or when applying for a driving licence. A similar approach should be taken in the workplace.
- Having learned first-aid, people should attend refresher courses. This report calls for time limits to be applied to first-aid certificates which will then trigger refresher courses.
- Only 8 out of the 52 countries have legislation to protect people providing first-aid – liability (15 per cent). Yet, we have found in our research that fear of liability is one of key barriers stopping people giving first-aid.
- Training should also prepare people already with first-aid to know how to cope with traumatizing effects arising from an accident that can hamper them to adopt the right action.
- Investing in first-aid training and education not only saves lives, but is also cost effective. First-aid reduces the severity of injuries and at the same time the high cost of medical treatment and the long term consequences for severely injured people.
- Increase as it can the awareness of hazards that cause accidents at home, at the workplace and in the streets. First-aid is also a major prevention tool. It makes communities more aware of the dangers that they face, especially in disaster-prone areas. Prevention messages must be included in all first-aid training and education.



JOSE MANUEL JIMÉNEZ/IFRC

This updated edition of our advocacy report is released on the occasion of World First Aid Day 2010. It follows the first edition which focused mainly on first aid in Europe. This year, we broaden our approach beyond the European continent and emphasize the necessity to better prepare communities for the “unexpected” by making first aid available to all.

The first edition of this report was welcomed by many public health experts and was widely distributed to European decision-makers. Even though there was a consensus on many of the recommendations, more efforts are needed to convert support into policy.

We believe legislation will make a real impact to raise the level of first-aid education and preparedness for individuals and communities. We call on all governments and partners to take action and make “first aid for all” a reality. Let us continue to build on the real progress made to date as together we strive to build safer, more resilient communities.

FIRST AID IN FIGURES

- **More than 7 million:** number of people trained worldwide by Red Cross and Red Crescent Societies in the 52 countries covered by the IFRC 2010 survey. This is a 20 per cent increase compared to 2006.
- **17 million:** total number of people who received courses less than 6 hours by the 52 Red Cross and Red Crescent Societies throughout the world which were covered by the IFRC 2010 survey. An additional 46 million were reached by first-aid and preventive messages.
- Indian Red Cross and Red Cross Society of China together have provided first-aid certified training course to around **4 million** people in 2009.
- **More than 90 per cent:** percentage of increase in first-aid courses provision by Red Cross and Red Crescent Societies in Europe between 2006 and 2009.



- > **More than 1 million:** the number of people trained in first-aid by French Red Cross alone in 2009.
- > **75 per cent:** percentage of increase in provision of first aid certified courses in 15 countries in Asia Pacific covered by the IFRC 2010 survey.
- > **Almost 3,500,000 people** were trained in first aid by the Red Cross Society of China in 2009. This number has doubled since 2006.
- > **350,945:** number of active first aid volunteers in the Asia Pacific region. This is an increase by more than 50 per cent since 2006.
- > **80 per cent compared to 0.5 per cent:** 80 per cent is the average number of people trained in first aid in Austria compared to 0.5 per cent in Turkey. This clearly shows that there is still a significant “preparedness divide” between countries when it comes to first aid education.
- > **51,000:** total number of active first aid volunteers in the Middle East and North Africa in 2009. This is a 62 per cent increase since 2006. The total number of people trained in certified first-aid courses in 2009 was 586,400.
- > Worldwide, there are more than **36,000 active first-aid trainers** and **770,000 active volunteers** serving their communities in first-aid education and services, making first aid for all. The total number of voluntary hours in first aid given globally is at least **3,224,880** per year.

1. This advocacy report is based on two sources:

- > A more technical and comprehensive report “First Aid in Europe: Overview and Perspectives”, currently being drafted by Jérémie Carré, Dr Pascal Cassan and Diane Issard from the European Reference Centre for First Aid Education. The Centre is based at French Red Cross in Paris.
- > The IFRC 2010 First Aid Global Survey.



First aid is by no means a replacement for emergency services; it is a vital initial step for providing effective and swift action that helps to reduce serious injuries and improve the chances of survival. Taking immediate action and applying the appropriate techniques makes a difference when saving lives. For the Red Cross Red Crescent, first aid is a key pillar for building safer, more resilient communities which in turn are best placed to increase the impact of disaster preparedness and reduce risks to health.

For this to be achieved, the International Federation of Red Cross and Red Crescent Societies (IFRC) believes first aid should be accessible to all, including the most vulnerable, and be an integral part of a wider developmental approach that values and prioritizes prevention.

Saving lives at accident scenes

Today's world is increasingly exposed to factors which put individuals in potentially dangerous situations. These factors are called hazards that can be either natural (e.g. earthquakes) or manmade (e.g. a chemical production plant accident). Both can threaten or cause injury to the population as well as have considerable economic and environmental impact.

Accidents, however, can happen equally at home or on the road. Road accidents are certainly the first example people think of when highlighting the benefits of first aid, and the needs for those benefits are increasing all over the world.

Some 1.3 million people are killed in road accidents worldwide each year and as many as 50 million are injured. For every death, 20 to 30 people are disabled, many permanently. Road

traffic injuries are the leading cause of death among young people aged 15 to 29, and the second most common cause of death for those aged 5 to 14. Between 20 and 50 million sustain non-fatal injuries.

Road accident injuries impose substantial economic costs on nations, estimated between 1 and 3 per cent of the gross national product, and reaching a total of more than 500 billion US dollars. Road traffic injuries can be prevented and cost effective measures do exist.

In addition to preventive measures focused on the major risk and contributory factors (not wearing seatbelts and helmets, speeding, drinking and driving, using a mobile phone while driving, etc.), it is crucial to improve emergency response and pre-hospital care system. First aid is, of course, at the core of these measures.

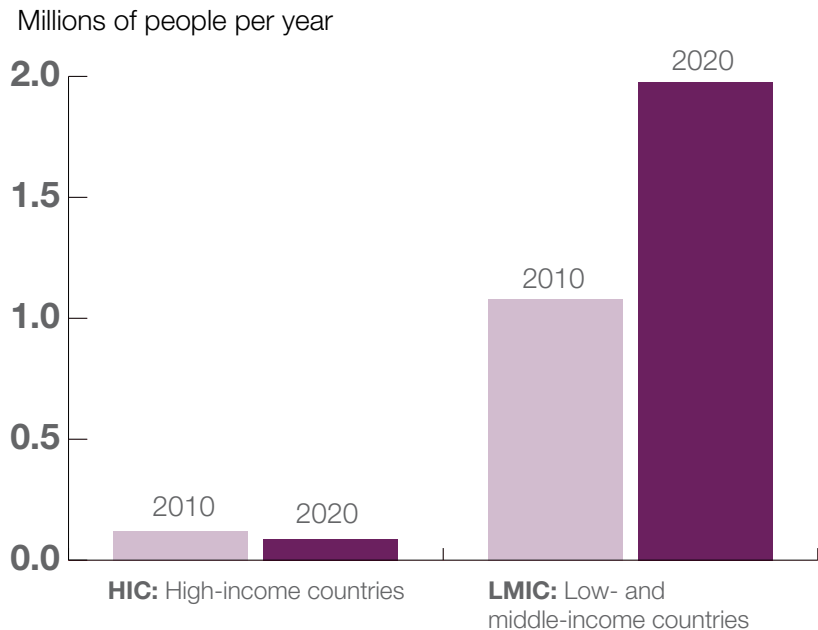
In Europe, studies show that more than 50 per cent of all road accident fatalities occur within a few minutes of the crash even before the emergency services arrive at the hospital. Moreover, 15 per cent of road deaths occur at the hospital within 4 hours while 35 per cent occur 4 hours after the crash.

All injuries must be treated as fast as possible, otherwise the outcome can be fatal.

First-aid training should be provided to all individuals, since they are the ones most likely to be first at a crash scene and they may need to take action. First aid is therefore essential for drivers, motorcyclists, professional drivers, police officers, ambulance teams and staff of roadside first-aid centres and others.²

The assistance provided during the first few minutes of an accident is essential for the injured, especially for their future health and quality of life. A considerable amount of time may pass before an ambulance arrives but professional help can still be provided. As an example, after a serious road accident if nobody applies pressure to the wound of a person with severe bleeding to stop it, even the quickest, most sophisticated

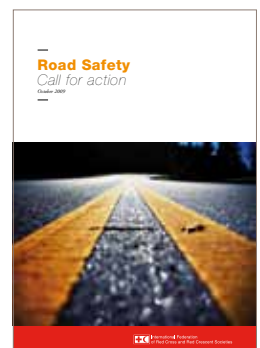
Road crash mortality projection 2020



emergency service in the world will arrive on the scene only to certify a death. In the European Union, thousands of lives can be saved thanks to a speedier intervention or diagnosis. In contrast, insufficient post-accident care can induce, even where casualties survive the crash, disability and injuries which could have been prevented.

A British study estimates that 12 per cent of road traffic casualties who have a serious fracture continue to have serious disabilities afterwards.

Emergency services' response time is clearly crucial. Their speedy response to a crash to avoid complications from injuries is critical. In a 2010 Red Cross Red Crescent survey (referred to as the 2010 survey), the average time before the arrival of the ambulance service in 12 countries in the Middle East and North Africa region, varied widely between the capital cities and the rural areas. In capital cities, the average emergency response time can be 14.5 minutes, but in the rural areas and in crisis situations, the arrival time of emergency services is very difficult to estimate. In Singapore,



2. <http://www.ifrc.org/what/health/roadsafety/call-for-action.asp>

the response time is ten minutes while in some regions of Nepal, it can take up to three hours.

High-income countries' regular emergency services have response times ranging from six to eight minutes in urban areas.³ In France, 90 per cent of cases of rescuers arrive on the scene in less than 13 minutes and 51 seconds.⁴ The response time is longer, however, in rural areas.

The first minutes after a serious injury are a crucial window of time during which potentially life-saving measures can be initiated. Many deaths from blocked airways or external bleeding can be avoided with quick action such as opening a blocked airway, assisting breathing and applying direct pressure to a wound to stop bleeding.

The likelihood of an injured person living or dying depends on the timeliness of these life-saving actions.⁵ The odds of survival are greatly increased if bystanders quickly begin applying first aid. Acting quickly means a reduction in time and in severity of injuries' upon arrival at the hospital.

Although first aid is not a replacement for

emergency services, it is a vital initial step in intervention that provides an effective and rapid contribution. This reduces the severity of injuries and improves the chances of survival.

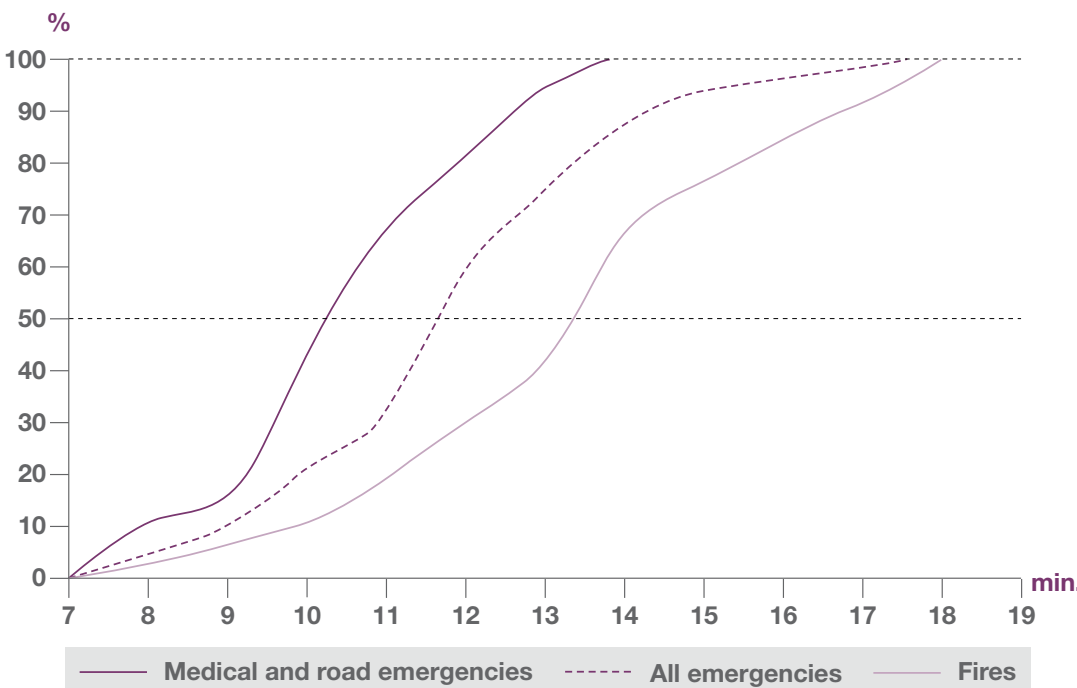
Home can be a dangerous place

Traffic accidents are not the only scenes where first aid can reduce injuries and prevent death. The other principle scene is at home. Everyone can recall children or friends cutting a finger, breaking an arm or people scalding themselves with boiling water.

Most accidents requiring first-aid occur in places where people feel secure – at home in particular. Such accidents include incidents or falls, leisure accidents, cuts, burns and suffocation. The chart on page 7 shows that 41.4 per cent of accidents in the United Kingdom happen at home, whilst 19.5 per cent are on roads. Statistics show that hospitals in the European Union treat some 20.2 million home and leisure accidents every year. Disturbing social drinking and eating habits

3. "Prehospital Trauma Life Support," Elsevier, 2004
4. « Les statistiques des services d'incendie et de secours », direction de la Défense et de la Sécurité Civile, 2008
5. "Prehospital trauma care systems", World Health Organization, 2005

Waiting time for the arrival of French emergency services



Source: "Les statistiques des services d'incendies et de secours", Direction de la Défense et de la sécurité civile, 2008

are also a cause for concern. Non-communicable diseases are affecting developing as well as developed countries. Obesity is constantly growing in some countries whose governments know that consequences will impact on their health systems in the next decades from an increase in heart problems, diabetes and blood cholesterol. First-aid training not only helps in accidents, but also promotes a healthier lifestyle.

Whether they happen in the street or at home, sudden heart attacks have to be treated as quickly as possible. The following data published by the American Heart Association is explicit:

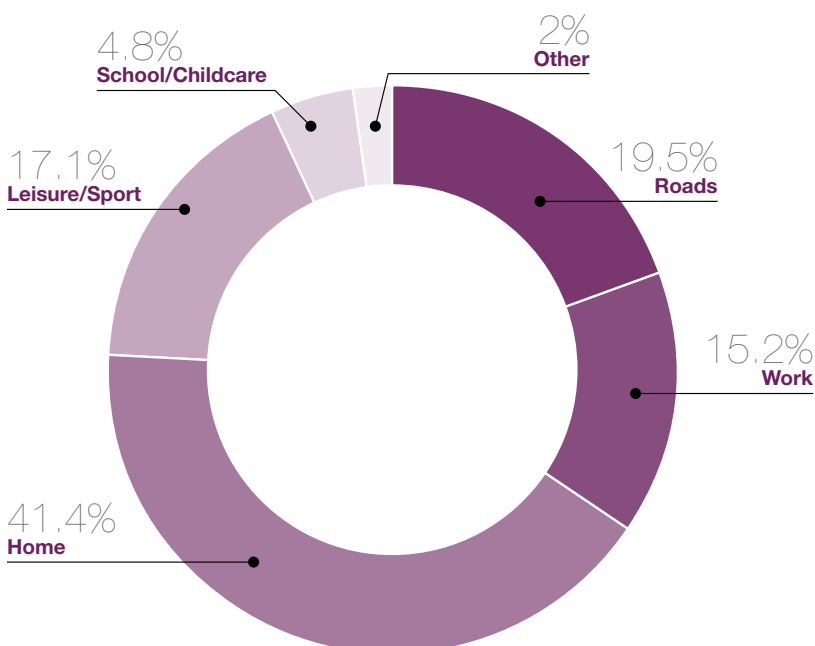
*... if no first aid is provided immediately after a sudden cardiac arrest, the person's chances of survival fall 7 per cent for every minute of delay until defibrillation. Few attempts of resuscitation are successful if first aid and defibrillation are not provided within minutes of collapse. **Effective bystander cardiopulmonary resuscitation (CPR) provided immediately after cardiac arrest can double a person's chance of survival** as it helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective. Since brain death starts to occur 4 to 6 minutes after someone experiences cardiac arrest if no CPR and defibrillation occurs during that time, since a human heart will stop beating within 4 minutes after breathing stops, the benefit of providing first aid can be clearly demonstrated.*

Why is knowing first aid so important?

- A human heart ceases beating within four minutes after breathing stops.
- Permanent brain damage can occur within four to six minutes after breathing stops.
- Over 50 per cent of deaths from traffic accidents occur in the first few minutes of the crash.

These statistics make it clear that having someone trained in first aid on the scene makes a real difference and saves lives.

Injury location in the United Kingdom



Source: "Home accident prevention: Strategy & Action Plan 2004 – 2009", Department of Health, Social Services, and Public Safety, UK, 2004

Other threats

Besides the rise in cardiovascular diseases, there are other growing threats in European countries that require a scaling up in first-aid training and education.

Population ageing is one. The number of the elderly has more than doubled during the last 50 years from 46 to 112 million people. Their relative weight in the total population increased from 8 per cent in 1950 to 14 per cent in 2000.⁶ Europe is projected to remain the world's demographically oldest region until the first half of the 21st century. During the next 50 years, the proportion of elderly people in the total population will double from the current 14 per cent to almost 28 per cent. This trend is worrying because the elderly are – together with children – the most vulnerable categories of the population. Home and leisure accidents affect them more often than other age categories. Senior citizens represent more than 50 per cent of accidents at home and its surroundings, 20 per cent on public roads and 10 per cent in shops.⁷

Other threats such as the growing use of drugs and alcoholism can also bring devastating consequences and require more and more first-aid assistance.

This is especially true of the binge drinking phenomenon. This extremely dangerous practice is popular with teenagers and young adults. It consists of getting drunk as fast as possible, which often leads to a coma caused by an alcohol overdose. Again, having people among those groups who are aware of the dangers and know how to help will make a difference in reducing the number of serious medical consequences and deaths.

Importance of basic knowledge

We have already highlighted the necessity to advocate for providing systematic first-aid training and education at school and before getting a driving licence. Today's children know so much; they know how to use modern technologies which provide them with hundreds of new opportunities. But do they know how to react quickly to a life-threatening situation? Can they take decisive steps when they face bleeding, a broken arm or when one of their friends is suffocating? Does it not also make sense to teach them basic life-saving skills?

However, in the 2010 survey, only 7 out of 52 respondent National Societies worldwide reported that their countries have passed legislation to make first aid compulsory in schools and 12 out of 52 for teachers.

A lack of first-aid knowledge can increase the risks associated with domestic accidents. Many emergency services report that parents bring their child suffering from burns without having cooled the burnt parts of his body or that parents believe poisoning can be cured by making their child vomit. We can simply no longer tolerate such a situation. All parents should know basic first aid. By increasing the level of first-aid training and education in the population, everyone will be able to face the most common of accidents without panicking but by doing the right thing before health professionals can take care of the casualty.

Besides this life-saving function, first-aid training and education can also be a tool for prevention. Respecting basic safety measures such as keeping toxic products, hot irons and cleaning products, (especially in bottles that attract children) can considerably reduce these risks.

Quality training and education needed

The issue is not just about making first-aid training and education compulsory. There is also a need to improve the existing training practices and quality. This is why we call for people to attend first-aid refresher classes. All skills must be practised and upgraded. Refresher classes will bring the performance of most interveners to a higher level than that recorded after the initial training.

Continuing first aid education is essential to maintain providers' knowledge and skills particularly when they do not use their skills frequently.⁸

One easy way to improve the situation is for countries to issue first-aid certificates that have a time limit. Giving a diploma that makes clear there will be a need to take a refresher course from time to time. This will remind everyone about the need to update their skills. According to the 2010 survey, 65 per cent of the 52 countries have no limit of validity for the basic first-aid certificate. This needs to be changed.

-
6. *Active ageing in Europe*, Volume 1, *Population studies*, No. 41, Dragana Avramov and Miroslava Maskova, Council of Europe Publishing
7. "The DG Sanco injury database" (Euro-IDB), Rupert Kisser, Robert Bauer, Institute "Sicher Leben", Vienna, April 2004
8. "Prehospital trauma care systems", World Health Organization, 2005



Another area where training can be improved is by improving the methodology to transfer first-aid knowledge and skills from learning in the classroom to providing first aid in a real situation. First aid is not just about providing life-saving skills to a manikin. In real-life situations, the person has to deal with aspects that can prevent the provision of efficient first aid, such as coping with the terrifying presence of blood or a person's pale and sweaty appearance when having a cardiac arrest. The person providing first aid can also be influenced by a crowd gathering around an accident. All these are important reasons for preparing all first-aid providers to cope with the stress they will face. Improving this aspect of training will avoid people trained in first aid running away from an accident scene simply because they are afraid of blood or of the level of exposure.

First aid is not only about responding to physical injury or illness, but also about initial care

which includes psychosocial support for people suffering emotional distress caused by experiencing or witnessing a traumatic event. This is especially true when responding to earthquakes. First-aid volunteers can be injured themselves, or have lost loved ones. They can be traumatized, like casualties, by the loss of their homes or belongings. Dealing with these aspects should also be an integral part of first-aid training.

There are other kinds of fear that can make first-aid providers refuse to act. In a survey carried out by the United Arab Emirates Red Crescent, fear and concern about liability are two factors identified as barriers for a lay person to give first aid. It can be the fear of being involved in a police investigation, of being exposed to unsafe blood or even the risk of legal action if the first aid given is seen as ineffective or even harmful. On this last point, **it should be clear that holding first-aid providers re-**





JEAN-PIERRE LAUNAY

responsible for poor outcomes in these challenging settings is not only unfair but also highly unwise: this will deter first-aid providers from attempting to help those in need of care. Unless there is compelling evidence of gross negligence, wilful disregard for a patient's welfare or clear evidence of abuse, trained volunteers or emergency personnel should not be punished for poor outcomes.

A study revealed that 30 per cent of those with first-aid skills had already used them.⁹ But more studies must be conducted for a clearer picture of why trained people provide first aid or not.

Finally, the harmonization of the first-aid training curriculum should be improved. A European First Aid Certificate already exists and is delivered across Europe by National Red Cross and Red Crescent Societies. Common standards provide a working model for harmonization and quality across Europe.

First-aid education should also be tailored to people with special needs and in specific cir-

cumstances. Philippines Red Cross offers more than 19 different first-aid courses to its public.

Over-dependency on emergency services

One of the main reasons people do not feel the necessity for first-aid training is that they are fully confident with their emergency services. However, they should not over rely on them. We have already shown how essential action can be taken while waiting for professional emergency staff to arrive. In some developing countries, it can take more than three hours before an emergency response can reach rural communities. Providing first aid can, therefore, really make a difference. In the case of major disasters, there are often not enough emergency vehicles and personnel available to respond quickly enough, leaving communities to rely on their own skills to save lives.

Governments should motivate people to get trained and integrate non-governmental actors into their health systems instead of merely

9. "First-aid Training and Bystander Actions at Traffic Crashes – A Population Study", Eva M. Larsson, MD; Niklas L. Mårtensson; Kristina A.E. Alexanderson, PhD, *Prehospital and disaster medicine*, 2002

acknowledging their contribution. Similarly, doctors should promote first-aid training and education among relatives of people suffering from heart diseases because their action during a heart attack can be vital for the patient. This would reinforce the progress that many countries in Europe and in some other parts of the world have made in facilitating access to defibrillators, which can save the lives of at least 30 per cent of those who suffer a heart attack. When defibrillation is delayed, survival rates decrease by approximately 50 per cent every five minutes. It should also be noted that those who have been trained in first aid are better prepared in the use of defibrillators.¹⁰

Improving the gain of survival

Who are today's first-aid providers? Some are members of emergency organizations, however, most of them are just ordinary individuals. The first rescuer is often a neighbour, a friend, a family member, or just a bystander or a member of the community. Their role is key to give casualties better chances of survival. In less than five minutes, first-aid volunteers can make very decisive steps.

The chain of help – as defined by the World Health Organization – begins by contacting the emergency services, securing the scene (e.g. preventing more accidents, controlling the crowd) and providing first aid.

A strong chain of survival can improve chances of survival and recovery for people after heart

attacks, strokes and other emergencies, as this drawing from the American Heart Association shows.

Linking prevention to first aid

First-aid training is crucial in providing a more efficient response to emergencies. It should also go further than that. First-aid training should include both information and awareness about disaster preparedness so that people living in disaster-prone areas are aware of the risks and know what to do in case of a disaster.

But prevention also starts with the risks that we face in everyday life, including traffic accidents. Road safety messages about how to prevent accidents and deal with the consequences of irresponsible behaviour should be included in first-aid training and education.

10 road safety commitments

I COMMIT TO:

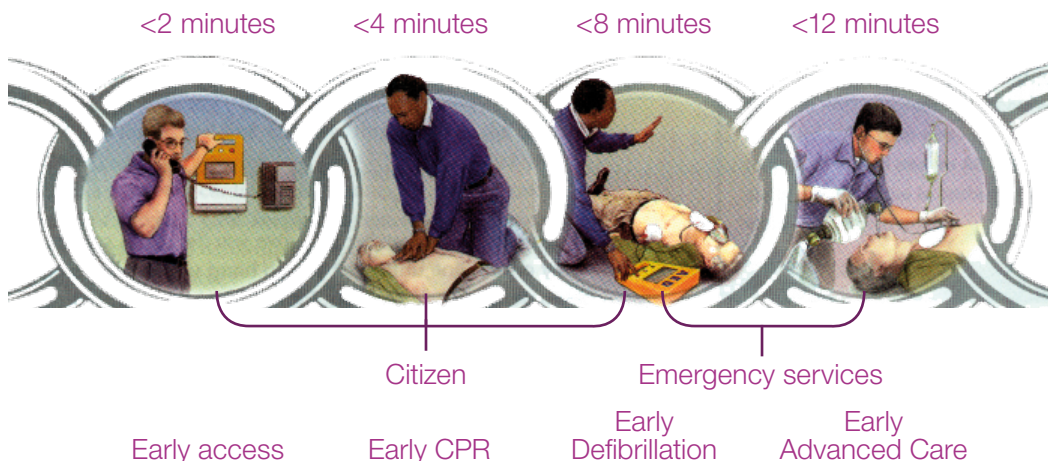
- Use a seatbelt
- Wear a helmet on a motorcycle
- Drive at a safe speed and distance suitable for the conditions
- Not drive under the influence of alcohol or drugs
- Not use a mobile phone when driving
- Be visible as a pedestrian or cyclist
- Know and respect the highway code
- Maintain my vehicle in a good condition
- Be licensed and trained for the vehicle I drive
- Know how to react in case of a crash

International Federation of Red Cross and Red Crescent Societies

For that purpose, the IFRC has produced a road safety commitment card that organizations can use to strengthen a road safety culture among their members, staff and volunteers.

10. "Les Français et l'arrêt cardiaque", TNS, 2007

Chain of survival



© American Heart Association (AHA)

Based on their experience as leading providers of first-aid training and education, National Red Cross Red Crescent Societies worldwide suggest the following topics be part of the first-aid training curriculum for drivers:

- > spreading preventive road safety messages
- > protecting and stabilizing the accident scene
- > summoning the emergency removal of an injured person from the scene if necessary and at all possible
- > assessing a casualty's physical state by checking vital functions such as consciousness, circulation, breathing and the psychosocial needs
- > responding to unconsciousness, breathing problems, visible bleeding, shock and offering psychological support to enable the casualty to survive while waiting for the emergency services.

A cost-effective integrated approach

Improving prevention and community information in disaster-prone areas also limits

the cost of emergency operations. For every US dollar invested in disaster preparedness, four US dollars are saved in emergency response. Prevention starts in first-aid training by helping people to be more aware of risks. For this reason, the IFRC has developed an integrated approach to its disaster response by including long-term programmes that aim at prevention, development and emergency response. The IFRC has developed its community-based health and first aid in action (CBHFA) toolkit. This is a dynamic and flexible new approach to developing first-aid skills. It focuses on development, first-aid, basic disease prevention, health promotion messaging and capacity-building for healthier and safer communities.

CBHFA is being implemented by many National Red Cross and Red Crescent Societies worldwide. It includes the promotion of first-aid training for vulnerable groups such as disabled people, the homeless, prisoners, drug users, young people in urban areas, the elderly, people facing a particular health risk, minorities, ethnic groups, isolated people in rural areas and people living with HIV.



Reducing the human and financial costs

Training citizens in first aid has a cost. However, the numerous benefits counterbalance and even exceed the costs. It is especially true if you look at the economic consequences of injuries. The financial and social benefits of reducing premature death and minimizing disability from injury are potentially enormous. The socio-economic cost of fatal, serious and minor injuries is estimated to be about 2 per cent of EU countries' GDP (around 180 billion euros).¹¹ Providing faster and more efficient first aid is a way to reduce the human and financial bill.

A similar conclusion can be drawn about the work place. According to the European Statistics on Accidents at Work (ESAW), every year, about 5 million workers in the European Union are casualties of accidents at work leading to more than three days of absence from work. About 5,000 workers are killed every year in accidents at the workplace. In addition to the human suffering, these accidents have a strong economic impact on businesses.

Based on these statistics, it is easy to see why companies can benefit from training their workers in first aid: it helps reduce injuries in the workplace. First aid can always be made available by having someone trained on each shift. In the 2010 survey, legislation in 52 countries to make first-aid compulsory at workplace is 58 per cent. For drivers, the percentage is 42 per cent.

Another interesting finding is that there seems to be a clear tendency for workers who have received first-aid training to adopt safer working practices and influence the behaviour of colleagues who have not been trained.¹²

What people learn at work can also be useful at home. First-aid training can therefore also be a useful tool for building a true culture of prevention that benefits the whole community.

Investing in research

Investing more in research should also be a priority to make first-aid training more relevant and efficient.

11. "Post Impact Care", European Road Safety Observatory, 2007 from www.erso.eu

12. HSE survey of first aid training organisations, Dr Gareth Evans Health & Safety Laboratory, Harpur Hill Buxton SK17 9JN, Health and safety executive

Disaster self-protection: an obvious priority

Self-protection is about the behaviour that each citizen, family or community chooses to adopt in order to prepare for, prevent and respond effectively to emergency situations. For this reason, first aid is included in many National Red Cross and Red Crescent disaster preparedness and response programmes. In the 2010 survey, more than 770,000 active volunteers in 2009 were trained in responding to crisis.

The French Red Cross has been implementing what was originally a European project on citizen disaster preparedness. The objective is to give individuals an active role in disaster prevention and preparedness by teaching them skills to respond to all types of disasters, including everyday accidents.

Among the tools provided, there is a practical guide with information on the nature of the risks that surround us and how to prepare ourselves in order to reduce the consequences of

In 2008, the IFRC participated in a strategic collaboration with the International First Aid Science Advisory Board (referred to as the Advisory Board) co chaired by the American Heart Association (AHA) and the American Red Cross for the development of the Consensus of Science in First Aid. The team conducted a thorough review of existing literature, evaluated and graded the level of scientific evidence in specific first aid topics. The final Consensus of Science and its recommendations will be launched in October 2010. Based on this Consensus of Science, the IFRC will develop its first set of International First Aid Guidelines in order to advance our evidence base first aid practice and education.

Red Cross Red Crescent societies will also continue their work with academic institutes, researchers, practitioners and other research partners to find out more about the most effective way people learn first-aid and the methodologies to create behavioural change to better prevent injuries and promote injury prevention and healthy living.

The research is not just about first-aid skills, but also on factors influencing a lay person's willingness to provide first aid. The British Red Cross and Belgian Red Cross are undertaking research in this area. The Belgian Red Cross – Flanders is undertaking a randomized-controlled trial to compare the effectiveness of training with a first-aid and helping behavioural curriculum versus a first aid curriculum only on the enhancement of helping behaviour in lay person. The British Red Cross is carrying out research to find out if particular activities within courses can significantly increase people's willingness to use first aid.

The IFRC believes that sharing good practice among National Societies in first-aid education and provision will further improve the quality and standards of first aid provided by Red Cross and Red Crescent Societies. •

disasters and accidents. Self-protection training also includes information about returning to "normal life" after a disaster.

The final report highlights why making communities aware of dangers and hazards as well as preparing them to react quickly and efficiently should be a priority. It cites as an example the 1999 Marmara earthquake in Turkey where at least 50,000 people were found alive under collapsed buildings. Neighbours and other local inhabitants rescued 98 per cent of these. Outside professionals rescued just 350.

Another example of the importance of citizen self-protection is provided by the rate of rescue following the large earthquake of Hanshin-Awaji (Kobe, Japan) on 17 January 1995. Some 65 per cent of those rescued were found within the first 24 hours by the primary responders. Similarly, during the 1988 Armenia earthquake, 65 per cent of those rescued were found within the first 18 hours.

This is why it is crucial to promote the concept of self-protection. It is defined as the behaviour that each citizen, family or community chooses to adopt to prevent, be prepared for, respond to and recover effectively from emergency.

A specific multilingual website has been created to inform people about risks and how to prevent them: **www.citizenselfprotection.eu**





Ten recommendations to promote first aid worldwide

1. First-aid education should be accessible to all and not just for those who can afford it, whether they live in a rich or poor country.
2. Compulsory first-aid training should be set up at different stages of people's lives (school, driving licence, etc.). Every driving licence candidate should be trained in first aid.
3. More laws and legislation should be made to make first-aid training and education compulsory at the workplace and in schools.
4. Time limits must be set for first aid certificates to establish refresher courses that should be taken at least every five years.
5. The harmonization of first-aid education in Europe should also be extended. A European first-aid certificate delivered across Europe by National Red Cross Red Crescent Societies already exists. A similar harmonization process will be promoted globally. Based on its experience as a leading provider of first-aid training, the IFRC suggests several key areas that should be part of the curriculum worldwide.
 - a. take safety measures, including giving an alert
 - b. observe vital life signs (from initial assessment to situation monitoring)
 - c. manage the unconscious casualty
 - d. manage the casualty who has breathing difficulties
 - e. manage the casualty who has circulation difficulties
 - f. control severe bleeding and
 - g. manage burns and wounds.
6. All citizens and communities should be given an active role in disaster prevention and preparedness by acquiring skills, including first aid, to respond to all kinds of disasters and accidents.
7. More information campaigns should be funded and developed to encourage first-aid education and training, using all modern communications techniques (including social media).
8. More groups should be targeted for first-aid training and education, such as family members of people living with heart disease, elderly persons, people living with disabilities, minority groups often faced with stigma and discrimination.
9. Access to defibrillators should be further increased by making them more widely available in all public places.
10. There should be some clear regulation and legislation against holding first-aid providers responsible for poor outcomes in the challenging settings of an accident which will deter first-aid providers from attempting to help those in need of care.

As the major global provider of first-aid training and education, and with first-aid being one of the core missions of the International Red Cross and Red Crescent Movement since its foundation after the battle of Solferino 150 years ago, IFRC as well as its member National Societies are committed to advocate for the implementation of these measures. We strongly believe that they are an essential contribution to build safer and more resilient communities.



FIRST AID: A GLOBAL IMPACT



MAGNUS BERGSTRÖM/SWEDISH RED CROSS

IFRC



The IFRC is the world's leading provider of first-aid training, since 186 Red Cross and Red Crescent Societies have first aid as their core activity

Every year, the IFRC organizes a World First Aid Day on the second Saturday of September. On 12 September 2009, more than 40 million people were reached by first-aid messages delivered by Red Cross Red Crescent societies globally.

Red Cross and Red Crescent National societies are committed to **doing more, doing better and reaching further** in first-aid education and action. First aid is provided to save lives respecting diversity fully and without discrimination. First-aid training is adapted to local needs. It includes the prevention of common diseases, health promotion, disaster preparedness and response.

The IFRC believes that first-aid training and education should be available to all and not just to those who can pay for it. It is all the more essential that remote communities with limited access to professional health services should have trained first-aid volunteers within the community who can make a real difference by building safer and more resilient communities.

As a result, the IFRC has developed its community-based health and first aid

in action (CBHFA) approach to long-term capacity building for improved health programmes and community development. It includes an implementation guide, a facilitator's guide, a volunteer manual and community tools. These tools consist mainly of illustrations that can be easily used in the field by volunteers, regardless of the community's level of literacy. It provides guidance for life-saving basic first-aid activities. These integrated approach programmes are currently being implemented all over the world.

As an example, in 100 villages in Aceh province, Red Cross community volunteers are involved in first aid, disease prevention and health promotion by doing household visits, community mobilization through growth monitoring and vaccinations, education sessions and broadcasting programmes on local radio stations.

First-aid activities by the IFRC as well as Red Cross and Red Crescent societies throughout the world are further extended in conflict areas and situation of violence through the activities of the International Committee of the Red Cross (ICRC).

For more information: http://www.ifrc.org/Docs/pubs/health/firstaid/CBFA-implementation-guide-en_LR.pdf





FIRST AID FOR ALL

First aid reduces vulnerabilities and helps build stronger communities. The IFRC is actively promoting suitable and accessible learning opportunities throughout the world.

Here is a selection of examples of projects initiated by Red Cross and Red Crescent National Societies.¹³

- **British Red Cross** identified disabled people as a group which can benefit from access to first-aid training. However, the training offered in the early 2000s was inaccessible to many disabled people. British Red Cross therefore has set up a project which aims to train 5,000 disabled people in practical first aid over three years thanks to more than 40 disabled volunteers. These were recruited and supported as peer educators and trainers in first aid. The programme was a major step in integrating disabled people as volunteers.
- **Ghana Red Cross** and its partners are behind a proposal to convince the authorities to make first aid mandatory for drivers in a country where traffic accidents are estimated to kill more than 1,800 people annually. Such legislation will require Red Cross first aid training a prerequisite for licence applicants before they are admitted to take the driving test. Putting this legislation into effect represents a cost-effective investment for a developing country such as Ghana. But it will also show that the Red Cross is ready to deliver and contribute to reduce the rate of fatalities in the country.
- **Argentine Red Cross** had done a lot to improve and simplify first-aid instruction methods. The idea is to insist more training time spent on practice than on traditional school-like teaching. Red Cross staff worked with an adult education expert who suggested a case-study approach that includes small discussion groups and lots of practice.
- In 2009, **Irish Red Cross** introduced a community-based health and first-aid programme in Dublin's Wheatfield prison, a medium- to high-security facility and home to 450 male prisoners many of whom are long-term inmates. Twelve prisoners were chosen to participate as Red Cross volunteers and receive first-aid education with relevant health awareness. They took classes two hours a week, then spread what they had learned to the rest of the prisoners. The first result seems very encouraging. During the swine flu crisis, a neighbouring prison had several cases but there was not a single one at Wheatfield. When a mass HIV-testing project took place in June 2010, first-aid courses highlighted HIV awareness as a key health issue. In the days leading up to the tests, the volunteers passed out leaflets, encouraged other prisoners to go and talked openly about the disease. In the end, the turnout exceeded all expectations. A survey was held showing that without peer support, many would not have got tested.
- **Red Cross Society of China** has been working in recent years to standardize and improve quality of first-aid courses throughout the country. The National Society communicates the importance of first aid to the public at large. This was made possible thanks to the support of national lottery funds. This long term work is particularly important in a country where so far there had been little public encouragement for learning first aid skills. In addition, there is no mandatory requirement for first aid training to be provided in high-risk industries.
- **Hellenic Red Cross** has developed a special training session for blind people focusing on how to deal with and prevent domestic accidents. The basic first aid course has been adapted and materials put into Braille. In 2008, at least 100 people had been trained. The programme will be extended throughout Greece. Italian Red Cross has also set up a similar programme in this field.
- **Finnish Red Cross** has developed a special programme aimed at young people who have



to perform first aid on a friend engaged in risky behaviour such as the use of drugs or alcohol. Training is provided in schools with groups of about 30 students, focusing on both emergency first aid and prevention around the use of drugs and alcohol.

→ **Armenian Red Cross** has set up a programme designed for remote communities that are more vulnerable as a result of delayed response by emergency services. Training takes place in remote villages, providing specific first-aid courses including what can be done while waiting for an ambulance (which can take more than an hour). About 680 people were trained in 2006 and the programme is now implemented by all branches.

→ **French Red Cross** has developed a specific first aid education programme for young people living in inner cities. This tackles social issues and aims at preventing violence and providing an opportunity for young people to express themselves. Training has been held in schools, leisure centres and community youth

centres. The programme started some years ago with urban moderators.

→ **Red Cross Societies in Estonia, France, Georgia, Greece, Norway, Portugal and Slovenia** have established special training that focuses especially on the prevention of home accidents for senior citizens including specific issues such as heat waves, poisoning and choking and how to act in an emergency. At least 1,600 people attended these sessions in 2008. Seven Red Cross Red Crescent societies have also developed programmes for carers for the elderly. More than 2,400 trainers benefited from this special training.

→ **Russian Red Cross** has developed a specific programme for industrial workers aged between 40 and 60, especially those at risk from respiratory disease and asthma. It also targets companies throughout Russia where risks of accidents are high. Training is very practical, involving real-life situations. Participants can ask questions related to their job and hobbies.

13. Additional reporting by Amy Serafin, *Red Cross Red Crescent Magazine*



SAVING LIVES... FIRST AID IN SOUTH ASIA

South Asia is one of the most vulnerable region in the world. The region is not only exposed to different health and disaster-related risks, but also to armed insurgencies, and international and internal armed conflicts. There is a huge discrepancy between the lack of health professionals and their ability to respond to the populations needs proportionate to its size. This is why all Red Cross Red Crescent National Societies in the South Asia region are committed to scaling up their first-aid education. Moreover, there is a lack of proper first-aid legislation and education in the countries of the region which are key to minimize or protect the liability of citizens administering first aid. Consequently, National Societies believe it is

crucial for people living in disaster-prone areas to receive first-aid training and for their volunteers to be familiar with life-saving techniques. National Societies in the region focus their attention on basic first aid and cardiopulmonary resuscitation (CPR). **In 2009 alone at least 562,000 people obtained certified first aid training in the region.** There is however a need to improve the quality of existing training and regularly organize refresher courses. In coming years, the focus will be on scaling up first-aid through community-based health activities and rolling out the global community-based health and first aid (CBHFA) in action across the region.



FIRST AID IN THE MIDDLE EAST AND NORTH AFRICA

In light of the continuing conflicts in the Middle East, first aid remains a core and mainstream activity within the National Societies of the region and it is considered as an excellent entry point to engage with local communities and the society at large. In fact, **between 2008 and 2009, there was around a ten per cent increase in certified courses provided by National Societies. A total of 586,423 people are trained in certified first-aid courses.** Many National Societies have well-established first-aid training teams and instructors. Meanwhile, as a core component of community-based health, first aid is used to empower local communities in the prevention and treatment of injuries and traumas.

The key focus of first-aid activities in the region is to provide first aid in schools which is gaining momentum. Many National Societies are targeting school children and young people in order to change their behaviour and as a result to build healthy and safe families. In addition, commercial first aid is also regarded as a good income-generating activity by many National Societies. First aid is an important Red Cross and Red Crescent programme reaching out to the general population to promote safe and healthy living. There is a need to have more evidence-based initiatives to make first aid available to every household and family.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

First aid for a safer future: updated global edition

A joint publication from IFRC and the European Reference Centre for First Aid Education

For more information on the IFRC first aid global programmes, please contact:

Grace Lo
IFRC manager, community health unit, Geneva
E-mail: grace.lo@ifrc.org

Media and public relations contacts:

IFRC media service
Email: media.service@ifrc.org
Website: www.ifrc.org

For more information on the European Reference Centre for First Aid Education, please contact:

Dr Pascal Cassan
coordinator
E-mail: pascal.cassan@croix-rouge.fr
Diane Issard
manager
E-mail: diane.issard@croix-rouge.fr
Website: www.firstaidinaction.net



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.
