

**INTERNATIONAL FEDERATION OF RED CROSS AND  
RED CRESCENT SOCIETIES**

**23rd Session of the General Assembly  
Geneva, Switzerland, 19–21 June 2022**

**Item 5.5 of the agenda**

**First Aid Policy and First Aid Vision**



**Draft decision**

It is recommended that:

The General Assembly,

*adopts* the revised IFRC First Aid Policy and

*endorses* the revised IFRC First Aid Vision.

**Executive summary**

**What is the issue or problem requiring the Assembly's attention?**

The IFRC, along with its member National Societies, is the world's leading first aid and cardiopulmonary resuscitation (CPR) trainer and provider. All 192 National Societies are engaged in first aid activities as one of their core areas of community work, training more than 20 million people and reaching more than 46 million every year through the delivery of first aid and CPR services and preventive health messaging. The existing IFRC First Aid Policy and Vision are out of date; they are no longer applicable to the current scope of work carried out by the Red Cross and Red Crescent in first aid and CPR and needs to be adapted to the challenges and opportunities faced by communities today. Current threats, such as the effects of climate change and urbanization, and recent trends, including longer life expectancy and increasing poverty and migration, should guide our action to support National Societies in their delivery of community-led, people-centred first aid activities in all contexts, including emergency and non-emergency situations, low-income and fragile settings and middle- and high-income countries. As vulnerabilities increase, first aid remains one of the greatest acts of humanity. It empowers “last-mile communities” and equips them to save lives and reduce injuries. Moreover, the development of new technologies brings first aid education and services closer to people and changes the ways in which first aid is delivered. Finally, in a competitive environment, we must play a leading role and provide added value for the communities we serve, engaging in first aid activities in cross-sector areas, such as school safety, disaster risk reduction, community-based health and care and youth programmes.

## **How does this decision solve the issue? / expected outcome(s) / alternative options**

The adoption of the IFRC First Aid Policy and First Aid Vision at the General Assembly will reaffirm the commitment of the IFRC network to first aid and the opportunity it offers for all 192 National Societies across the globe. The revised Policy and Vision will serve as a global and consistent reference point for the delivery of first aid in the changing context of global health and other challenges. One of the key expected outcomes is that National Societies and the IFRC secretariat will work collectively to reclaim their space and reposition themselves as the partner of choice for the delivery of quality, evidence-based first aid and CPR services at the institution, system and community level. The Policy and Vision also aims to strengthen the IFRC network's collective capacity and capability to scale up community-based first aid actions, health and care and other services at the community, national and international level, with the ambition of having at least one person per home and one person per public and private institution trained in first aid by National Societies by 2030.

## **The relation to previous governance decision(s)**

The first IFRC First Aid Policy was adopted at the Governing Board meeting held on 5 October 2007 in Geneva. In 2011, the IFRC General Assembly conclusions stressed the need to consolidate the Red Cross and Red Crescent as the leader in first aid science and practices, based on an evidence-based approach, and to standardize first aid training while taking into account local needs. More recently, the 2015 International Conference adopted a resolution on first aid which strongly “encourages States to consider all necessary steps to encourage the provision of first aid by laypersons with appropriate training, including, where appropriate, establishing protection from liability for their good faith efforts and ensuring that they are aware of this protection”.

## **The relation to existing policies**

The First Aid Policy should be considered in relation to the IFRC draft Community Health Strategy and the Movement Policy on Addressing Mental Health and Psychosocial Needs .

## **The relation to strategic objectives**

IFRC Strategy 2030 and the IFRC Health and Care Framework 2030.

## **Research, analysis and consultations carried out**

The following consultation mechanisms, involving more than 50 National Societies and IFRC offices, were set up:

1. Technical Working Group on the First Aid Policy
2. Technical Working Group on the First Aid Vision which also developed the operational framework , with six sub-working groups (commercial first aid; first aid and CPR education and training; first aid and CPR in operations, prehospital care and healthcare institutions; first aid schools; first aid standards and qualifications; and research, evidence, evaluation and dissemination) which is included for informational purposes only
3. Steering Committee.

The working groups carried out extensive research and analysis of internal and external documents and the existing IFRC First Aid Policy and Vision. The draft Policy and Vision were developed by the working groups and submitted to the Steering Committee for feedback. In addition, extensive consultations were carried out on the First Aid Policy with the membership, and feedback from more than 49 National Societies, the IFRC Global Disaster Preparedness Center, the IFRC Reference Centre for Psychosocial Support and different IFRC departments was incorporated from December 2021 to January 2022.

## **Resource implications**

Adoption of the IFRC First Aid Policy and long-term Vision, will support National Societies and the IFRC secretariat in repositioning themselves as a partner of choice and in mobilizing resources for first aid and beyond at the local, national and global level.

## **Implementation and monitoring and how this will be reported to the General Assembly**

Key outcome indicators have been developed as a part of operational framework which also includes the key outcomes for the First Aid Policy and Vision, for the monitoring of progress in implementing the Policy and Vision at the branch, national and global level. Detailed plans will be developed to operationalize the Policy and Vision at the national and global level, including the communication and dissemination plan for National Societies and IFRC offices, so that they can be adapted to the local context. The progress report will be prepared, based on surveys sent out to National Societies, and submitted to the General Assembly every two years.

Annex.: First Aid Operational Framework (For information purposes only)



# First Aid Policy

**First aid is one of the greatest acts of humanity.**

## Introduction

Today, there are 192 National Red Cross and Red Crescent Societies involved in first aid as part of the largest humanitarian network in the world. It all started more than 162 years ago with the battle of Solferino, when first aid was given to wounded soldiers, the sick and injured without discrimination. This led to a worldwide integration of the knowledge of first aid that is found within National Red Cross and Red Crescent Societies. First aid is at the grassroots of the International Federation of Red Cross and Red Crescent Societies (IFRC) network. With the creation of the League of the Red Cross Societies in 1919 and the globally increased need for safety, first aid expanded across the world and grew, including important aspects such as Psychological First Aid (PFA). The IFRC network serves many audiences with first aid programming, from community first aid to advanced first aid and paramedical health care depending upon the auxiliary role that is agreed upon between the public authorities and National Societies as well as contextual needs.

In 2018, over 23 million people were trained in first aid by National Societies<sup>1</sup>, and around the globe, there are more than 1,650,000 active first aid trainers. Over the past 10 years, the IFRC network has collectively reached more than 200 million people through first aid education, training, and services at the community level. First aid enables National Societies to access communities, including those in harder to reach urban and rural settings. First aid is also one of the most traditional entry points to attract youth and volunteers, and it has become the most well-known mechanism for National Societies to access financial resources to sustain emergency services. Finally, first aid services contribute to social cohesion, inclusion and offer job opportunities, and in times of emergencies, National Societies use their first aid expertise to act in their role as an auxiliary to public authorities.

## Scope

The IFRC reaffirms its commitment to first aid within the changing context of global health.

This policy aims to support National Societies in the provision of quality first aid education, harmonise training delivery, and empower volunteers and communities with a combination of life-saving knowledge and skills along with the willingness to save lives and to improve recovery from accidents and emergencies. The policy also aims to promote the use of innovation and technology by the National Societies and the IFRC secretariat to leverage and help address gaps, reaching more communities and providing first aid education and services with few resources and in a more timely way. The policy also aims to strengthen the IFRC network's collective capacity and capability to advocate, collaborate and scale up first aid actions and services at the community, national, and international levels, with one person trained by National Societies in first aid in every home, workplace, and school. The policy will also help increase the recognition of the IFRC network as the partner of choice for first aid by communities, public authorities and other stakeholders at the country and the international level.

The IFRC's Strategy 2030 sets out how National Societies and the IFRC secretariat will build on over 100 years of success in creating a more humane and peaceful world and adapting to 21st-century challenges. First aid contributes to addressing all five of the challenges identified in the IFRC Strategy 2030.

First aid enables resilience at the community level in different settings:

- by enhancing community preparedness during daily crises and large-scale disasters;

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<sup>1</sup>[Global First Aid Reference Centre Survey on First Aid, 2019](#)

- by promoting healthy behaviours and involving many different audiences and stakeholders that can be an actor for their community;
- by being context-based and therefore respecting local challenges and cultures.

The IFRC Health and Care Framework 2030 provides for the integration of first aid education and practice into all health and care activities. This policy aligns with and builds upon relevant IFRC network commitments, policies, and resolutions. It is informed by professional standards, evidence-based guidelines, relevant global frameworks, and advancements in first aid.

The policy is and should be read as part of IFRC First Aid Vision 2030 and its operational framework. This policy replaces the IFRC policy on First Aid adopted by the IFRC Governing Board in 2007. It will be reviewed regularly, at the latest by the IFRC General Assembly 2029.

## Definitions

The definitions below are adapted for this policy from the IFRC’s International First Aid, Resuscitation and Education Guidelines.<sup>2</sup>

<b>First aid</b>	First aid is immediate assistance provided to an ill, injured or emotionally distressed person until professional help arrives. It is concerned not only with resuscitation and physical illness or injury but also with other initial care, including psychological first aid (addressing the emotional and social needs of individuals). First aid interventions seek to preserve life, alleviate suffering, recognize risky contexts, prevent further illness or injury, and promote recovery.
<b>First aid education</b>	First aid education is a programme that develops behaviours, knowledge, skills, and confidence in first aid procedures and techniques.
<b>First aid services</b>	First aid services are planned services that vary depending on the National Society’s auxiliary role, resources, and expertise, such as delivering training, awareness-raising, prehospital care or providing first aid at an event in the case of an emergency.

## Statements

This policy confirms the commitment of the National Societies and the IFRC secretariat to scale up and deliver quality first aid education, training, and deliver community-based health and care services in all contexts at all times. This policy emphasises prompt and appropriate first aid action to protect and save lives, alleviate suffering, and improve quality of life. If the IFRC is to fully realise the potential of first aid, together with National Societies, the IFRC secretariat must make a concerted effort through an evidence-based community-led approach to build more resilient communities. Together, the National Societies and the IFRC secretariat commit to:

### **Provide first aid for all, at all times and in all contexts.**

The IFRC secretariat and National Societies shall increase the ability of volunteers and staff to respond effectively in crises and daily situations and have the confidence to act through first aid and first aid education. The IFRC shall contribute to the accessibility of first aid to all and whenever needed, including to people who are experiencing vulnerability (e.g., physical challenges), people on the move, or living in fragile environments with specific needs. Hence, the community will be prepared with the skills, knowledge, and resources required to be effective.

<sup>2</sup> IFRC [International first aid, resuscitation, and education guidelines 2020](#).

### **Integrate first aid education and services as part of the core work of National Societies**

National Societies shall include first aid in national strategic plans and ensure that staff and volunteers reaffirm the importance of first aid within the community. This will also contribute to improved health and care outcomes through community-led first aid knowledge, skills, and injury prevention provided by trained volunteers, community health workers, and staff. The IFRC secretariat shall promote and highlight National Societies' first aid activities nationally, and at global levels.

### **Deliver inclusive and innovative first aid education as a lifelong learning pathway towards a wide range of audience**

First aid training can be delivered starting from young people to ageing populations, using evidence-based practises, advances in technology (e.g., first aid app or blended learning), and the accumulated experience of people, volunteers, and staff.

In addition, the IFRC network will promote the importance of first aid education, training and services and extend the reach through participation in global, international, and national platforms, public awareness events and days like World First Aid Day and/or World Restart a Heart Day.

### **Promote an evidence-based and quality improvement approach in all first aid activities**

The IFRC's International First Aid, Resuscitation, and Education Guidelines and best practises of National Societies, shall support all first aid programmes to be delivered and to reach the quality standards recognized by academic institutions. Furthermore, they can be supported through capacity building of first aid trainers, innovative educational, training and teaching methodology, professional advancement, communities of practises etc.

Continuously strengthening and measuring the impact of National Societies' first aid education and services in the communities and use the outcomes for further improvement in developing effective first aid training.

### **Leverage first aid to be an integral component of holistic community-led cross-sector strategies**

First aid is diverse and is integral to different areas of work of National Societies and IFRC secretariat, from youth and volunteer engagement, community-based disaster prevention, preparedness, response and recovery to health and care services, including road and water safety programmes. To that extent, and when applicable, National Societies shall guarantee that quality pre-hospital care and ambulance services are delivered in collaboration with public authorities in different contexts, including emergency operations. Finally, integrating psychological support and mental health in all first aid education, training and services in all contexts shall ensure consistencies in our programme development.

### **Strengthen partnerships and allocate financial and human resources to expand first aid services and education worldwide**

National Societies and IFRC secretariat shall allocate financial and human resources as well as maximise partnerships, collaborating with private and public institutions to first aid services and education. This will enable National Societies to generate income, which can then be invested to improve essential community-based services, including first aid programmes in a sustainable manner.

## **Responsibilities**

National Societies and the IFRC secretariat (including the IFRC Global First Aid Reference Centre) are jointly responsible for ensuring that:

- All staff and volunteers contributing to the development and provision of basic first aid activities and programmes are aware of and adhere to this policy.
- All staff and volunteers have at least basic first aid knowledge and skills to respond to an incident if the resources are available.
- Establish regular follow up and evaluation processes and mechanisms to ensure quality first aid education and services by all first aid responders and trainers; and

- Relevant partners and stakeholders globally and locally are informed of this policy.

Each of these responsibilities is carried out in accordance with the respective entity's mandate and role; the needs and gaps identified in the specific contexts in which they are working; and their resources, capacities, and expertise. In addition to these responsibilities, National Societies are responsible for identifying their role in the overall national first aid and emergency response plan while adhering to other existing policies and guidelines of the IFRC such as:

- IFRC [Strategy 2030](#)
- IFRC Health and Care Framework 2030
- Movement Policy on addressing mental health and psychosocial needs
- IFRC Volunteering policy
- IFRC [Youth policy](#)
- IFRC [Guide to Strengthening the Auxiliary Role through Law and Policy](#)
- IFRC First aid and Resuscitation guidelines 2020
- IFRC Care in communities' guidelines 2016
- [Guidance document for NS Statutes](#)

# First Aid Vision 2030

## Vision Statement

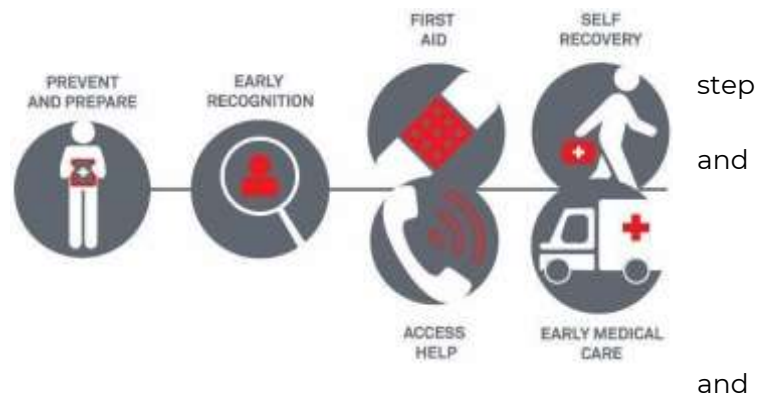
First aid is an act of **humanity** showing a willingness to help others and save lives without any discrimination through **impartiality, neutrality, and independence**. First aid as we have come to know it today is built through the **unity** of individuals that contribute through **voluntary service**, reflecting the **universality** of need throughout the world.

In 2030, first aid is:

- **Universal** in that it is available to all that are motivated to help themselves, their families, and communities in an emergency anywhere with **one person trained** by National Red Cross and Red Crescent Societies in first aid in **every** home, workplace, and school.
- Recognized as a force of **humanity** that is integral to the foundations of the International Federation of Red Cross and Red Crescent Societies (IFRC) network as reflected in IFRC Strategy 2030 and National Societies recognized as the partner of choice by public authorities, other stakeholders and by the public.
- Mainstreamed in the activities of the IFRC to build **resilience, accountability, and trust** within communities globally.

## Background and Context

Millions of people are hurt or killed by injuries or unexpected illness every year. First aid is a vital initial in providing swift and effective action that helps to improve the outcome following injuries and illness increase the chances of survival and recovery following an accident or emergency. Actively engaging in the Chain of Survival Behaviors<sup>3</sup> through prevention and preparedness, early recognition, providing first aid, and accessing help can considerably reduce the negative impacts of injuries sudden illnesses.



The IFRC strives to prepare and equip vulnerable populations around the globe to protect and save lives during daily life in times of crisis. By sharing the basic knowledge and skills to prevent and care for injuries and illness with communities and individuals, first aid is a cost-effective tool that empowers individuals by giving them a chance to help themselves and others. This contributes to building safer and more resilient communities.

*First aid* is a key element of responding to the current and future needs of the world. First aid is immediate assistance provided to an ill, injured or emotionally distressed person until professional help arrives. It is concerned not only with resuscitation and physical illness or injury but also with other initial care, including psychological first aid (addressing the emotional and social needs of individuals). First aid interventions seek to preserve life, alleviate suffering, recognize risky contexts, prevent further illness or injury, and promote recovery.

First aid is built upon the **evidence** that ensures that first aid care and education are current, supported, and uses the best possible knowledge and practices. To enable first aid where and when it is needed, **first aid**

<sup>3</sup>IFRC International first aid, resuscitation, and education guidelines 2020



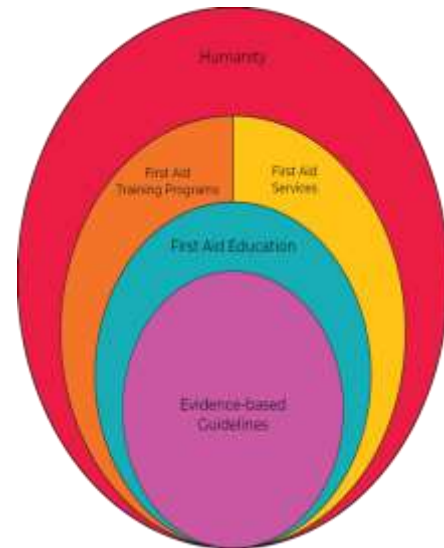
**education** has become ubiquitous in supporting the IFRC to reach each of its goals<sup>4</sup> while addressing the challenges<sup>5</sup> described in the IFRC Strategy 2030. Finally, the provision of **first aid services** and **first aid education programmes** contribute to the goal of **humanity**.

All 192 National Societies are engaged in first aid. Recognizing the importance of first aid, in 2012 the [IFRC Global First Aid Reference Centre](#) was created as the technical hub for the National Societies to harmonize and oversee international first aid standards. IFRC network has significantly advanced first aid throughout the world. The International Red Cross and Red Crescent Movement is the largest first aid provider in the world.

The IFRC First Aid Vision 2030 and its operational framework should be read as part of IFRC First Aid Policy 2022. The operational framework will be reviewed through mid-term review in 2026 and end-term review in 2029.

This First Aid Vision 2030 covers six priority action areas. These priority action areas serve to focus the efforts of the IFRC and National Societies regarding first aid. The areas are:

- First Aid Education
- Standards and Qualifications
- Research, Evidence, and Evaluation
- First Aid in Schools
- Commercial First Aid
- Prehospital Emergency Care and Operations



## Cross-cutting Approaches to Realize the Vision for First Aid

**Accessible** and **inclusive** first aid is required to support the **resilience** of diverse individuals, families, and communities in both their physical and psychosocial wellness.

- First aid education is integrated into all social programmes to support the most vulnerable people in gaining skills and improving their capacities to prevent injuries and illness as well as saving lives. This includes the most vulnerable people in society as active citizens.
- For communities to become safer and more resilient, first aid needs to be recognized as an integral part of a wider developmental approach. As such, first aid education should be accessible to all. To make this happen, all National Red Cross and Red Crescent Societies should provide quality first aid courses and empower volunteers and communities with the necessary skills to save lives.
- Communities are the first responders in all emergencies, including disasters. They do not rely solely on their national emergency services to assist them: trained first aiders, as individuals in communities are the ones who undertake the initial but vital first steps following emergencies, either injury or illness.
- First aid and first aid education need to innovate at a micro level to be ingrained in the structures of our society, from parents and guardians sharing first-aid practices with children, to teaching first aid in the classroom, to specialized consideration of prevention of injuries and sudden illnesses in the planning and implementation of any new system (e.g., organization, event).

**Collaboration** and **contextualization** are key to bringing first aid and first aid education to life around the world.

<sup>4</sup> Goals: people anticipate, respond to, and quickly recover from crisis; people lead safe, healthy, and dignified lives and have opportunities to thrive; and people mobilize for inclusive and peaceful communities

<sup>5</sup> Climate and environmental crisis; evolving crisis and disasters; growing gaps in health and well-being; migration and identity; values, power, and inclusion

- All National Societies are able to implement programmes for different target groups in their country, such as those in schools, workplaces, or prehospital and hospital staff). First aid knowledge is accessible on a variety of media (e.g., mobile phones, online, TV, video games).
- The IFRC secretariat works hand in hand with National Societies to implement activities such as the creation of task forces, participation in field tests and implementation with mutual support. In addition, the Global First Aid Reference Centre is a hub for sharing resources, standards, and best practices in first aid and first aid education.
- The IFRC, including the Global First Aid Reference Centre, works closely with other reference centres, regional level National Society First aid networks and technical staff to the benefit of National Societies and positions the IFRC as subject matter experts in first aid for external stakeholders. The IFRC works in partnership with public authorities, academia, United Nations, resuscitation councils and other key stakeholders to advance the first aid locally, nationally, and globally.
- The pandemic of the early 2020s illustrates clearly how we must react to global challenges through collaboration and contextualization. This required that we redesign our education and care services with enhanced equipment and different approaches. All such timely modifications increase preparedness and build resilience within National Societies and communities.

**Climate and environmental crises** will change the way that we implement first aid and first aid education.

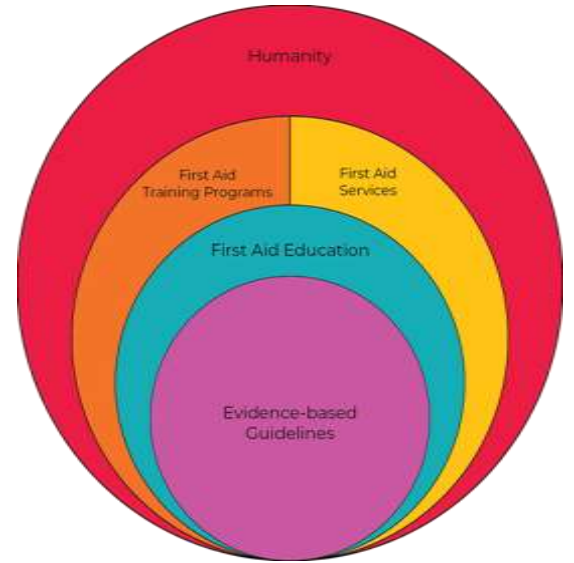
- Climate change will lead to increased natural disasters (e.g. floods). National Societies need to anticipate such local issues and tailor their programmes to empower people to cope with these issues.
- With the changing environment and climate crises that our world faces there will be significant disruption to our systems, environmental conditions and communities which can lead to increased need to address illness and accidents. While first aid practices must become more sustainable, they must adapt in preparation for rapid change or the need for innovation of our existing structures.
- First aid services in the context of climate and environmental crises require ongoing research to examine the effects. For example, understanding how first aid and first aid education in an environment of food insecurity or increasing severity and frequency of natural disasters requires a focus on rapid response that is based on best practice.
- Climate and environmental crises demand that individuals and communities are able to self-support to a greater degree, with little notice, for longer periods. Focusing on first aid increases the resilience of communities and ultimately diminishes the demand on the Red Cross and Red Crescent and authorities so that they can focus on the areas hardest hit.
- The COVID 19 pandemic illustrates clearly how we have to react to environmental challenges. This required that we redesign our training and care services with enhanced equipment and different approaches. All such timely modifications increase preparedness and build resilience within National Societies and communities.

# First Aid Operational Framework 2030

The purpose of this framework is to help strengthen the IFRC network's collective capacities, capabilities, and a renewed commitment to repositioning first aid at the center of IFRC Strategy 2030

## Priority Action Areas

The priority areas are woven together to form an integrated approach to achieving the First Aid Vision 2030. Defining each of these priority action areas will guide National Societies and IFRC secretariat to carry out specific activities that support achieving associated goals, which ultimately strengthens the IFRC ability to reach the Policy and Vision for 2030. While the activities described here are not the only activities that will take place in supporting the IFRC to reach the vision for 2030, but instead, serve to focus the efforts of the IFRC secretariat and National Societies in regard to first aid. The priority action areas are:



First Aid Education



Standards and Qualifications



Research, Evidence, and Evaluation



Commercial First Aid



Prehospital Emergency Care and Operations

First Aid in Schools



## First Aid Education

Having high-quality, evidence-based first aid education available to all contributes to building safer and healthier communities by preventing and reducing risks in daily emergencies, disasters, and crises. It is the role of the National Red Cross and Red Crescent Societies and IFRC secretariat together to champion first aid education as a universal means to help people engage in more helping behaviours and to live more safely, be more resilient, and provide care when needed. The IFRC network advocates for first aid to be accessible to all and that at least one person in each home, school and workplace has access to learning first aid and cardiopulmonary resuscitation (CPR) regardless of their socioeconomic status or other potentially discriminatory factors.

### Outcomes

- Availability of evidence-based modular global first aid programme for trainers and first aid programme developers including innovative educational delivery models that allow a broader reach at lower cost.
- Increased number of people trained in first aid to reach the vision of at least one person trained in first aid in every home, workplace, and school.
- Innovative high quality global first aid education is available to all through independent research, inclusive collaboration, adaptation, and unification.

### Initiatives

#### A global core international first aid programme

*The global scale of the First Aid Vision 2030 demands a harmonized first aid programme which is essential to allow for more fluid mobility of staff and volunteers to operate internationally as needed during peacetime and disaster.*

#### Actions

- **Provide** all National Societies with educational evidence and clinical evidence to assure programme quality and effectiveness
- **Encourage** all National Societies to submit their education programme to document the international first-aid package.
- **Host** biannual online conferences so that national first aid programme managers can collaborate on programming and submit new resources.
- **Implement** exchange programmes and international education to encourage cross-border best practices.
- **Track** the usage of first aid programmes for research and measurement purposes.

#### Anticipated Results

- International first aid education programme inclusive of multiple audiences that is recognized by the National Societies and IFRC secretariat and flexible with a standard core and optional modules for adaptations and inclusive of flexible and novel educational modalities to allow the broadest use and reach
- Validated registry of first aid programs and educational tools that can be used by all National Societies to innovate and improve first aid programs
- Standardized and adaptable train the trainer programme to help National Societies improve the educational resources available to first aid educators

#### Resources

- Case studies on the international first-aid resources
- Human resources in the form of a project manager
- National Societies first aid programmes
- Robust data management platform and system
- Processes and individuals to validate items submitted to the registry
- Development of model first aid educational programmes, train the trainer programs and leadership programmes

## Accessible and inclusive first aid education

*Lifelong diversified education in first aid is accessible through a wide range of supports and available to all types of learners and inclusive of different capacities, environments and needs.*

*This provides uniquely designed inclusive first aid education opportunities as a means of self-empowerment, encourages self-efficacy and increases resilience, therefore, leaving no one behind.*

### Actions

- **Develop** at the national level a first aid framework that is shared with other departments of National Societies for harmonized humanitarian work.
- **Collaborate** with first aid trainers to promote first aid education in each programme and service
- **Identify** first aid heroes in their communities to be acknowledged locally, nationally, and internationally.
- **Encourage** peer support in first aid education for people with special needs.
- **Develop** special education sessions for varied learning environments and situations.

### Resources

- Strategic plan of national departments
- Regional resource persons in IFRC offices and National Societies
- Communication plan to disseminate tools toward National Societies
- Agreements with institutions
- Collaboration with the IFRC Reference Centre for Psychosocial Support

### Anticipated Results

- First aid education is recognized as a lifelong learning skill
- Education easily adapted to the contexts (geographical, cultural, political, socio-economical, available resources)
- First aid integrated into all areas of the IFRC
- Psychological first aid part of any first aid education
- Specialized groups and low-resources communities are trained and are autonomous to train their peers

## Innovation and digital technologies in first aid education

*A prioritization of innovation and use of digital technologies in methodologies, teaching techniques and delivery of the knowledge is started. Increasing the use of innovation and digital technology, both in methods and delivery, in our evidence-based first aid programme will increase inclusivity.*

### Actions


- **Organize** workshops to exchange current international trends in first aid education and explore opportunities for innovation in first aid education.
- **Facilitate** peer to peer support first aid education on an international scale.
- **Encourage** National Societies to hold more first aid trainers of trainers and refreshers.
- **Enhance** the international platform for first aid to include an international trainers' forum.
- **Identify** and **adapt** programs for a variety of platforms.
- **Build** a first aid network on relevant experiences including innovations and new technologies in learning.

### Resources

- Strategic plan of national departments
- Technical and technological resources to maintain the app and blended learning
- International communication plan for first aid

### Anticipated Results

- Innovative methods for delivering first aid education, like distance-learning, using digital technologies
- Global network of innovators in first aid education
- The ability of National Societies to deliver first aid education is enhanced by blended learning, when appropriate
- First aid trainers are included in the testing, monitoring, launching of various technologies to assist learning

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- Agreements with institutions to share and collaboration
  - Collaboration with the IFRC Reference Centre for Psychosocial Support



## First Aid Standards and Qualifications

The First Aid standards, including resuscitation, of each National Society may differ depending on the local adaptation and requirements of their country's policies and regulations. The IFRC *International first aid, resuscitation, and education guidelines* are evidence-based recommendations that endeavor to support National Societies to develop local, context-specific first-aid standards for both first aid care and education through alignment with the Guidelines. The First Aid Standards and Qualification should work towards recognizing the cross-border education within National Societies and support all forms of learning such as face-to-face, blended, or online learning. These guidelines help National Societies to ensure their first aid programs are based on the most effective and proven educational methodologies, relevant scientific evidence, and clinical procedures. Thus, maximizing the quality of education and care rendered.

Building on the success of the Guidelines and the international curriculum of Trainers of Trainers programme that strengthen first aid education worldwide, an International First Aid Attestation (IFAA) has been implemented to start an international recognition process. The Guidelines continue to gain momentum in being recognized as the benchmark for evidence-based recommendations in the fields of both first aid and first aid education. By working with partners throughout the world we can achieve harmonization and consensus within the network to represent everyone.

### Outcomes

- Increased alignment of the Guidelines with National Societies' standards and qualifications and or country educational qualification framework for first aid and first aid education.
- National Societies are recognized by public authorities, private sector, other partners, and the public as the benchmark for evidence-based standards in the fields of first aid and first aid education.

### Initiatives

#### Cross-border recognition of first aid education

*National Societies and IFRC have started to recognize cross border first aid education through First Aid programme alignment with the Guidelines and implementing the International First Aid Attestation (IFAA). Enhancing this recognition will ensure first aid education is equally accepted in all countries, creating greater mobility for workers and volunteerism. Building learner*

#### Actions

- **Establish** internal First Aid policies and procedures to support quality learning and recognition of cross border education.
- **Identify** focal points and set up working groups for recognition by the network.
- **Pilot** activities inter-regionally and across borders.
- **Implement** lessons learnt from the International First Aid Attestation process.
- **Consult** widely among the Red Cross and Red Crescent Societies members and other relevant partners.

#### Resources

- Existing standards and qualifications framework from National Societies
- Financial support to set up recognition process and exchanges

#### Anticipated Results

- Wide consensus reached on the minimum standards and qualifications for cross border education within and outside the Red Cross and Red Crescent
- Acceptance of quality assuring first aid education to recognize qualifications between National Societies
- First Aid programme quality assured for greater mobility for workers and pathways are created
- Confidence and competence of learners is strengthened

*confidence and producing competent first aiders remain the main priorities.*

### **External recognition of the Guidelines and International First Aid Attestation**

*To strengthen the capacity of the National Societies to provide first aid toward a wide range of audiences, external recognition is essential. The impact will increase and support access to learners with high-quality material.*

#### *Actions*

- **Release** revised Guidelines at a minimum of every five years with focused updates issued in the interim years as needed.
- **Recruit** external evidence reviewers for the Guidelines.
- **Conduct** an advocacy campaign for the dissemination of the Guidelines among National Societies and governments.
- **Provide** enhanced advocacy education for first aid programmes.

#### *Anticipated Results*

- First aid service and education to be recognized by local government
- The government legislation or policy to recognize the Guidelines
- Strengthened auxiliary status of National Societies to be recognized by public authorities as a credible partner for evidence-based first aid education providers in the country
- Current first aid and first aid education guidelines are continued

#### *Resources*

- Research study on first aid education and current laws (e.g., mandatory for driver's license, in schools)
- Documentation of National Societies
- Support in collaborating with governments





## Research, Evidence, and Evaluation

The IFRC will strengthen capacity in research, evidence, evaluation, and learning related to first aid, educational programs and methodologies and impact of first aid education on learners and communities. Although IFRC published its revised Guidelines as recently as 2020, still many knowledge gaps need to be filled. The combined efforts of National Societies could help to fill these gaps and should help to develop future Guidelines which not only have a broader evidence base but as well as better tailored to different needs. The IFRC secretariat and National Societies will focus efforts in collecting, analyzing, reporting and use of data to contribute to research in this field.

### Outcomes

- Launch of original research on first aid interventions and education to support individuals and communities to move between the links in the Chain of Survival Behaviours
- IFRC and National Societies recognized as critical actors in first aid care and education research
- Increased participation and highlighting the role of National Societies in first aid Research Summits
- Increased role for National Societies in identifying needs and gaps in research that promotes efficiency and effectiveness to IFRC for coordinating a strategic approach to research and advocacy and developing evidence-based interventions thus reaching more people.
- Increased research into population-based outcomes of first aid intervention and education
- Increased young first aid and first aid education researchers in National Societies

### Initiatives

#### Original research on first aid care and education

*Original research will position National Societies as leaders in the development of guidelines based on evidence to support quality community and commercial first aid.*

*There is still a lack of research in certain medical and pedagogic areas of first aid - especially in the field of implementation of new tools for first aid education to different target groups. Knowledge development through high-quality research is essential in the dissemination of future resources and authority on the topic of first aid. It*

#### Actions

- **Develop** an internal quality improvement or the International First Aid Attestation process to continually assess and improve first aid education which includes a research methodology and peer reviewed publications of results.
- **Identify and train** volunteers and staff (such as first aiders, paramedics, educators) as data collectors and using technology to be more accessible for collection and analysis.
- **Conduct** original research on first aid care and education (e.g., on willingness to act, how first aid tools such as apps are being used to improve outcomes)
- **Share** data and findings internally for further research, discussion, and action.
- **Share** findings externally for validation through different platforms like the Global First Aid Reference Centre Platform, IFRC secretariat platforms, peer reviewed journals and scientific conferences.

#### Anticipated Results

- Relationships with local leaders and populations to better understand needs for first aid
- Increased trust and collaboration between government and non-government organizations to offer evidence-based and localized first aid content in a culturally relevant fashion
- Position National Societies as leaders in first aid research
- Increase of first aid evidence base
- Original research on first aid care and education conducted by National Societies

#### Resources

also supports the advocacy work post-research.

- Technical and financial support to conduct original research on first aid interventions and education
- Coordination and support for the development of research to be presented and published

## Participating in and research summits

*This creates global platforms to elevate the importance of first aid, particularly an evidence-based approach to first aid research.*

*A summit or conference that is open to National Societies around the world will promote the sharing of evidence and develop greater collaboration and tools for research.*

### Actions

- **Develop** a Scientific Advisory Group with several National Societies and IFRC secretariat represented
- **Seek** input from National Societies on first aid intervention and education, implementation issues, gaps, and needs for research
- **Facilitate** local and regional research agenda
- **Promote** participation in global or regional conferences

### Anticipated Results

- Strengthened relationships between National Societies to learn from research done by peers
- Collaborative opportunities to continue the investigation
- Collaborators ready to answer research questions
- Advocacy techniques and knowledge to employ them for extending first aid education and services.
- IFRC network as a credible partner for providing first aid education and services

### Resources

- IFAA track at a summit that promotes quality improvement
- Host for bi-annually international and region-based summits, with hybrid options
- Templates for National Societies to host a national summit for the sharing of research methodologies, projects, and results.

## A strategic approach to research

*Identifying the practical needs of communities and societies that first aid research can fill will serve future researchers and advocates. A coordinated effort could support more effective partnerships in filling the gaps in various contexts (e.g., geographically, economically, gender-based, etc.).*

### Actions

- **Identify** data sources from governmental and clinical providers to construct hazard maps and community data on injuries and acute illnesses.
- **Formulate** programmes and activities to reduce future risks and **engage** communities in the decision-making process.
- **Empower** Scientific Advisory Groups or staff to publish and present at conferences and to collaborate with peers.
- **Collaborate** with universities to identify best practices with evidence-based research ethics programs for first aid intervention and education research.
- **Encourage** trainers to do formal research projects.

### Anticipated Results

- National Societies have a larger voice in the development of strategic first aid initiatives of the IFRC
- A fuller understanding of the evidence gaps and needs of National Societies to guide future decision making
- Locally grown evidence based on context-specific needs
- Formal IFRC research agenda created through input of National Societies
- Systematization of data collection among National Societies first aid programmes

### Resources

- Tools for research
- Registry of available data sources for research
- Templates for identifying threats and future risks

## Population-based outcomes in first aid education

*There is a lack of evidence on the outcome of first aid measures performed by various stakeholders and retention of knowledge by laypersons and healthcare professionals on a short and long-term perspective, as well as if voluntary course participation leads to better outcomes than obligatory (e.g., first aid courses before driving license is obtained).*

### Actions

- **Survey** using population-based methodologies (e.g., industry, neighborhoods, special needs) to understand needs.
- **Develop** and **validate** evidence based first aid outcome goals for specific populations.
- **Share** findings internally and externally.

### Resources

- Support to coordinate engagement with special populations advocacy groups and leaders
- Technical resources through already existing expertise available in IFRC
- Tools for population-based research conduct

### Anticipated Results

- Relationships with advocacy groups and members of populations with specific first aid needs can be developed to extend first aid education
- Population-specific needs identified for future evidence gathering
- Data on the first aid needs of special populations
- Population based methods developed and research conducted

## Foster young researchers

*National Societies have significant access to young professionals who can benefit from the development and use of evidence-based practices in first aid. A programme for young researchers will stimulate them to work on first aid and first aid education topics, encouraging universities and related medical training institutes to collaborate and take an interest in the training of these researchers.*

### Actions

- When hiring, **identify** key positions that would benefit from research experience or a need for research skills.
- **Hire** people with specific job expectations for research in first aid education
- **Empower** young researchers through education, mentoring, and engagement with other researchers
- **Develop** leadership and participation in scholarly research and writing.
- **Assign** qualified volunteers to research projects in first aid
- **Partner** with academic institutions to train young researchers in the field of first aid
- **Use** on-the-job education programmes to attract young researchers.

### Resources

- Orientation, funding, and curriculum
- National, regional, international meeting attendance and support

### Anticipated Results

- A workforce that has the competencies to understand research, apply learning from research, and a propensity for fostering new knowledge
- More young researchers based within National Societies
- Enhanced capacity for young researchers to examine unmet needs

# First Aid in Schools



Children and their teachers spend most of their time in the schools and are the places where often they get injuries and met with accidents. Developing the knowledge and skills of first aid can make a huge change in the outcome of these injuries and accidents. Therefore, First aid education is essential and should be mandatory. To reach this important audience, the IFRC strives to build on the universally accepted value of education and schooling to support the integration of first aid in schools. By ensuring that first aid is present in curriculums globally and throughout every level of education from early childhood to adulthood (to varying degrees and age-based), first aid can reach and become embedded in the lives of individuals from an early age.

## Outcomes

- Increased first aid education at each stage of the children's education cycle to grow confidence to act in real-time situations, instill learning behaviors and increase the number of individuals trained and able to provide first aid.
- Increased knowledge and confidence of teachers to provide first aid
- First Aid curriculum endorsed by education boards
- Teachers certified as first aid trainers in pre-service teacher education
- Increased partnerships between National Societies and school boards to develop and maintain programmes according to the needs of the school community.

## Initiatives

### First aid education each stage of development

*First aid should be part of school curriculums and adapted according to age. Youngsters aged (5-18) years old should have first aid education throughout their education. This will help them learn helping behaviors, have the knowledge and skills to recognize risk and respond, and have the knowledge and confidence to provide first aid.*

#### Actions

- **Develop** appropriate evidence based educational models for first aid education in schools at each stage of development.
- **Adapt** lessons according to the developmental stage of the children.
- **Organize** first aid education (frequency and duration of the education) in schools.
- **Build** first aid teams and provide materials (e.g., Guidelines, games, competitions) for first aid education in schools.
- **Develop** programmes to train the teachers on first aid in pre-service education.
- **Encourage** children above 12 years old to become first aid peer trainers.

#### Resources

- Human resources for technical expertise
- Equipment for trainings
- Digital tools (first Aid apps, e-learning platform)

#### Anticipated Results

- Raised awareness of "first aid education for children"
- Increased percentage of first aid educated youngsters.
- At least one person per classroom trained
- Progressive and developmentally appropriate first aid education throughout the school curriculum
- Inclusion of the children in the National Societies first aid education programmes and future leadership.
- Effective partnerships between schools and the National Societies
- Strengthened relationship between young and older children through peer learning

### First aid education for teachers

#### Actions

- **Include** first aid education in pre-service teacher education programmes as a mandatory requirement.

#### Anticipated Results

- Teachers possess the necessary skills to provide first aid in emergencies
- Continuous first aid certification

First aid education is mandatory as part of the teacher induction program and ongoing continuing education and included in the local legislation. By ensuring first aid certification for teachers, we ensure safe schools. This will also lead to greater knowledge of first aid in the communities thus creating safer communities.

- **Integrate** refresher first aid education as a mandatory requirement.
- **Develop** education modules to be specifically used as instructional tools for and by teachers.

- is an integral part of the teacher-education programme
- Placed system to guide and support teachers in their first aid certification
  - Faculties collaborate with National Societies on offering first aid education to teachers

*Resources*

- Advocacy materials
- Technical expertise to develop first aid materials for teachers
- First aid trainers' evaluation committee

**Teachers as first aid trainers with endorsed curricula**

Teachers should be able to respond to emergencies as well as teaching first aid to children. They should be trained to provide continuous first aid education. An approved First Aid curriculum shall include trained teachers who can build children's capacity to respond to emergencies.

*Actions*

- **Include** in local legislation the obligation of inclusion of first aid in school curriculum and teachers to be trained as first aid trainers.
- **Conduct** regular meetings with education boards and teacher training institutes.
- Create modular, developmentally appropriate, evidence-based model curricula using proven educational delivery models which National Societies can present to educational boards for endorsement and inclusion in their curricula
- **Hold** Training of Trainers course to train the teacher induction programmes and education boards.
- **Monitor** for programme evaluation by National Societies.

*Anticipated Results*

- Targeted teachers trained as trainer-of-trainers
- Endorsed first aid included curriculum that are developmentally appropriate, evidence based and educational sound
- Regular multi-tiered monitoring visits are ensured by National Societies

*Resources*

- Financial resources to organize training of trainer training
- Availability of qualified first aid master educators
- Advocacy materials
- Handouts or education packs
- Tools for National Societies to understand educational curricula and how insert first aid education into existing curricula

**Partnerships between National Societies and**

*Actions*

- **Implement** a memorandum of cooperation between the schools and the National Societies, as well as school board

*Anticipated Results*

- A prepared community ready to act upon disasters and emergencies
- Inclusion of all members of the

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## education agencies

*The National Societies have access to statistical data on children's injuries in schools. When given to schools, this will help the prevention process by minimizing risks. School teachers can also help National Societies through their experience in the preparation process of educational materials, teaching methods and feedback.*

- organization.
- **Extend** the partnership to include volunteering.
- **Encourage** teachers, administrators, and school board members to become members of National Societies.
- **Leverage** the existing cooperation with schools to engage more organizations.

community through first aid education

- Quality first aid education and schools accessible to socially disadvantaged children
- Children teach indirectly other groups like their parents and grandparents

### *Resources*

- The legal team for formal agreement template
- National Societies First Aid materials
- Collaboration with the IFRC Reference Centre for Psychosocial Support and the IFRC Global Disaster Preparedness Centre



## Commercial First Aid

First Aid education remains a core area of work for the IFRC, ensuring that as many people as possible know first aid, engaging volunteers in the work of National Societies, and also generating income in a sustainable manner. Although the context for generating income can vary significantly between different National Societies, the IFRC network's commercial value proposition continues to be high quality evidence-based first aid education that is adapted to meet the needs of learners. To contribute to building more resilient communities, National Societies will also expand their commercial first aid education programmes, particularly for the workplace context.

### Outcomes

- Increased income generating revenue from commercial first aid education as a fundraising method to strengthen the National Society and enable it to fulfill its humanitarian mission
- National Societies are the leading commercial organization for first aid education in their country and use their profile to promote the value of first aid in contributing to safer workplaces, road safety and general health outcomes
- First aid education for the workplace is established in each country as a part of Occupational Safety and Health practice, e.g., legislation or other regulation
- Increased recognition of the quality of first aid education through commercial operations
- Increased collaboration regionally and globally on the topic of first aid to expand learning, support growth, develop engagement with major industrial sectors and develop cross-border opportunities

### Initiatives

#### Leading commercial first aid education organizations

*National Societies should aim to have a competitive commercial first aid education business that has been developed using a comprehensive business plan. A commercial first aid business should also enhance and contribute to the humanitarian identity of the IFRC.*

#### Actions

- **Conduct** research in first aid education, market analysis, consumer needs and legislation for the most common types of workplace accidents.
- **Develop** quality assurance processes for commercial first aid businesses.
- **Develop** a business plan to include expansion of First Aid.
- **Use** IFRC guidance and the experience of other National Societies to develop and expand a successful commercial first aid operation.
- **Support** National Societies that have a less developed business through training, coaching, sponsorship, development of key messages and campaign resources.

#### Resources

- Templates for market analysis, business case development, costing principles, business plan, promotion material etc.
- Human resources for conducting analyses
- Training and development in commercial skills (e.g., marketing, staffing, financial management)

#### Anticipated Results

- High-quality education which is professional and attractive to customers
- Profitable and growing commercial first aid education business that is supported by a business plan
- Best practices are incorporated when managing commercial first aid education
- National Societies board, volunteers and staff have the skills and competencies required to promote and communicate the value of first aid
- High profile awareness campaigns and success stories on first aid education to a wider audience

*Actions*

*Anticipated Results*



## First aid education is established as part of occupational health and safety

National Societies should seek to influence domestic legal provision around first aid at work, including other contexts such as with driving standards.

- **Form** a stakeholder forum for workplace first aid education in the National Society.
- Undertake global-level engagement with international bodies that prioritize workers health and safety (e.g. International Labor Organization, International Commission on Occupational Health...)
- An appropriate operational forum exists, domestic legal and regulatory provision around first aid at work exists and the first aid education at work market is created or expanded in each country
- The value of first aid is evident to key policymakers
- Relevant international bodies support increased attention on first aid education as an important component of global workplace policy

### Resources

- Support for the stakeholder forums (templates, advice)
- IFRC advocacy strategy for engagement
- Template memorandum of understanding for use with regulatory partners

## Enhance the global identity of National Societies as the world's leading first aid education provider

*The IFRC promotes the highest quality of evidence-based first aid education in every country. Commercial first aid education makes an important contribution to the reach and scale of the IFRC's global first aid education footprint and has a vital role to play in protecting the identity of the National Societies as the leaders in first aid evidence and first aid education and promoting the fundamental humanitarian value of first aid.*

### Actions

- **Provide** guidance on commercial first aid education delivery in publications and provide up to date guidance for National Societies on implementing a commercial first aid education business.
- **Review** commercial first aid education curriculum to ensure it is in line with Guidelines and commercial first aid guidance.
- **Develop** training products that are learner-focused and utilize a wide variety of evidence-based digital and classroom-based teaching methods to ensure the widest participation possible.
- **Consult** with customers and potential customers to identify the training products that they most value.

### Resources

- Support to develop guidelines for commercial first aid

### Anticipated Results

- Face-to-face/digital/blended learning opportunities and other relevant products that are attractive to and meet the needs of a wide range of commercial customers and are consistent with the most recent version of the Guidelines
- Enhanced understanding of client needs



## Collaborate to engage with other National Societies

*It is vital that National Societies develop connections with other National Societies that will help commercial first aid businesses grow. Technical assistance, investment, information sharing, or development of resources will all contribute to a stronger global network.*

### Actions

- **Expand** commercial first aid education businesses, including developing a business plan and investment
- **Seek** opportunities to expand commercial first aid education through partnerships between National Societies.
- **Host** global events to share skills and collaborate in expanding commercial first aid education businesses.

### Resources

- Guidance and support for creating connections between National Societies through exchange visits, etc.
- Support to host global events to strengthen commercial first aid

### Anticipated Results

- National Societies invested in and growing a commercial first aid education business when there is an opportunity to do so
- Commercial first aid education business managers develop connections with other people in a similar position regionally or globally, and with experts, and learn new skills to help with business development

## Revenue from first aid education as a method to raise funds for the humanitarian mission

*Commercial first aid education run following business principles will enhance their success. National Societies should have a precise vision and a clear policy on how they will use any surplus funds generated by the delivery of commercial first aid education to invest in further programming development and support humanitarian efforts.*

### Actions

- **Ensure** that financial reporting separates commercial income and expenditure (including programme development) from non-commercial income and expenditure, enabling clear reporting on the surplus funds generated.
- **Determine** how to provide commercial first aid education in their country, to ensure that they fulfill legal and tax obligations so that it contributes to the reputation of the National Societies.
- **Ensure** that volunteers and staff know what decisions have been made regarding the delivery of a commercial first aid education business, and how they can contribute to making it successful.
- **Communicate** clearly and transparently how and where funds are being used.

### Resources

- Reporting templates
- Dedicated human resources within National Societies to manage a commercial first aid
- Support for expressing the value of first aid to staff and volunteers

### Anticipated Results

- Financial reporting for the National Societies clearly shows the surplus funds that remain after costs of delivering commercial first aid education are deducted from revenue and shows how these funds are used by the National Societies to operate and provide other humanitarian services
- Commercial first aid education business is legally and tax compliant and able to generate surplus revenue from the provision of commercial first aid education
- Publications and marketing material for the National Societies explain that the surplus income earned from first aid education is used to support the operations and humanitarian services



# Prehospital Emergency Care and Operations

Communities, National Societies' volunteers, and responders play a vital role in prehospital emergency care, from the incident site sometimes all the way to the hospital or other advanced care. Enhancing and improving community preparedness and response in the prehospital emergency care system can play a significant role in minimizing unnecessary human suffering. In most countries, National Societies are the major and at times the sole provider of prehospital emergency care and operations.

## Outcomes

- Human suffering is minimized through National Societies having access to auxiliary pre-hospital care system which includes community members (including National Societies staff and volunteers) playing a vital role in prehospital emergency care from the incident site to the hospital.
- A comprehensive, evidence-based prehospital emergency care competency framework for the National Societies ensures safe and harmonized practice and is guided by the Fundamental Principles.
- Prehospital Emergency Care is a recognized qualification (held by staff or volunteers) as part of the continuous medical care system and is integrated into legislative and regulatory frameworks.

## Initiatives

### Communities play a vital role from the incident site to the hospital or advanced care

*Prehospital emergency care describes the professional continuum of care that begins at the site of the incident and ends with enhanced treatment at a health facility/hospital to minimize human suffering.*

#### Actions

- **Identify** needs for service provision for prioritization and rational purposes.
- **Instruct** the interested community members on the first aid techniques and proper record keeping.
- **Provide** the first aid materials and equipment to the trained pool and ensure access to transportation in case of any referral.
- **Establish** the links between organizations working in the same domain.
- **Consider** legal and ethical elements of such a type of service in a concerned country.

#### Resources

- Support through templates for National Societies to conduct needs assessments
- Training equipment and materials
- Advocacy tools to engage laypersons with prehospital emergency care

#### Anticipated Results

- Community members that are prepared to engage and interact with prehospital emergency care personnel
- Effective education for and laypersons

### Prehospital emergency care competency framework

*Prehospital emergency care competencies are well defined,*

#### Actions

- **Develop** and **train** National Societies on a tool for constructing local prehospital emergency care competency frameworks that are evidence based.
- **Identify** the needs and possibilities of National Societies in relation to prehospital

#### Anticipated Results

- Competency frameworks that are adapted contextualized for implementation in National Societies
- Data on the efficacy of prehospital emergency care

evidence-based, safe, and accessible. All involved in prehospital emergency care collaborate as a network.

It is essential that prehospital emergency care is accessible to all. Evidence-based practice constructs a cohesive competency model for prehospital professionals, thus raising the probability that the outcomes are favorable.

emergency care according to the context (including environmental aspects).

- **Evaluate** the strategy that is implemented now and analyze what needs to be addressed through data collection
- **Adapt** given strategy, with stakeholders, taking relevant factors and resources into account. Implement the strategy within boundaries of law, policy, and practice. Train laypeople and professionals according to the competency framework.
- **Assess** implemented strategy and lead the change.

#### Resources

- Template for developing a national competency framework for prehospital emergency care
- Support for development and advocacy with National Societies

## Enhance the professionalism of prehospital emergency care

Prehospital Emergency Care involves all those who offer the care of injured or sick people in the prehospital setting. The level of care ranges from first aid to advanced care. All these care delivery models should be considered professional irrespective of the level of care offered.

#### Actions

- **Collaborate** with the local health authorities to gain support to recognize the prehospital emergency care provided by National Societies as professionals (staff and/or volunteers).
- **Enhance** the quality and quantity of training for prehospital emergency care providers.
- **Develop** a robust mechanism to monitor the outcome of the patients who received the respective prehospital emergency care to undergo a continuous quality improvement.

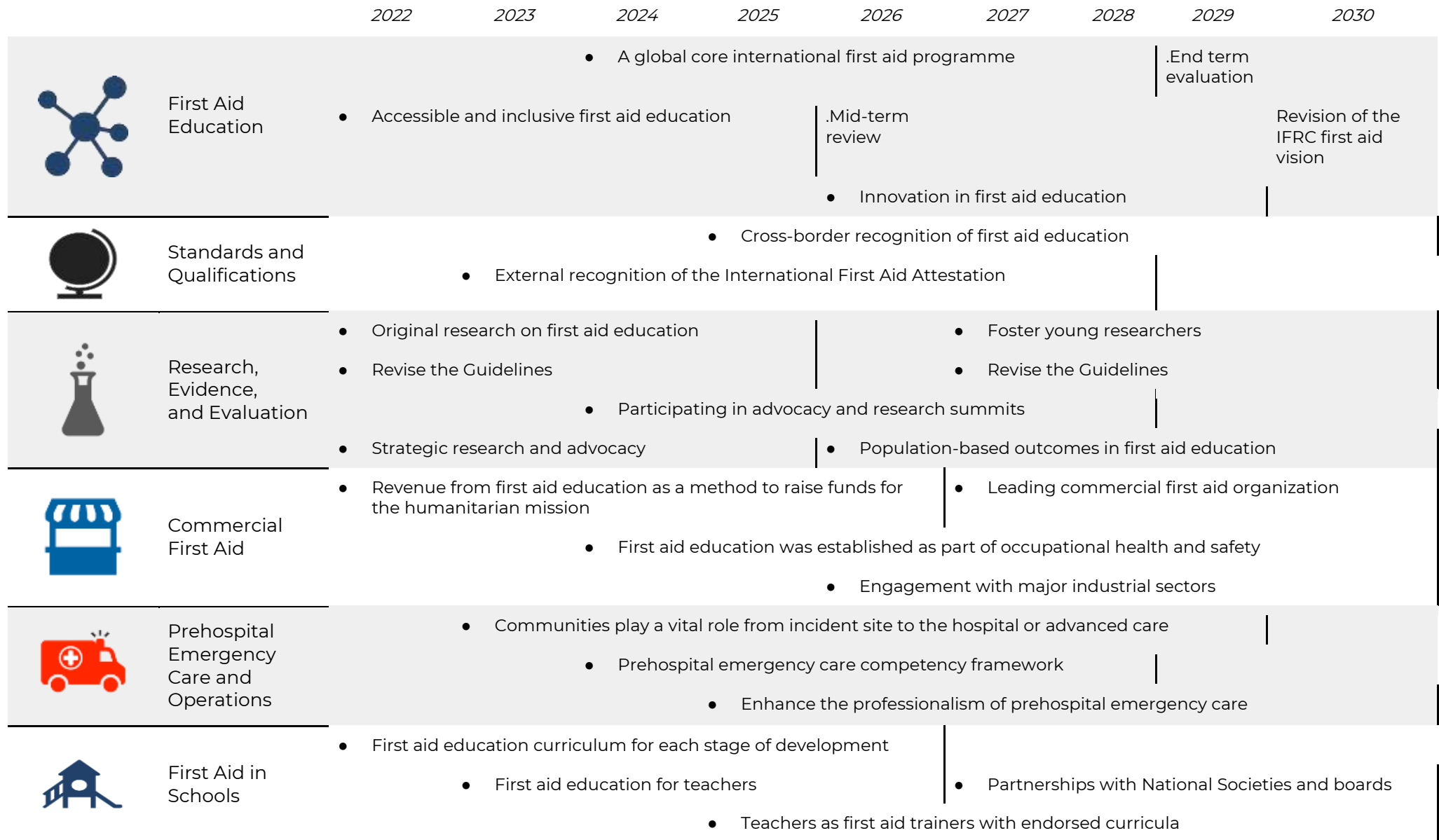
#### Resources

- Training and equipment for providers
- Data system for prehospital emergency care statistics and evidence gathering
- Template agreements for National Societies to gain recognition of prehospital emergency care

#### Anticipated Results

- Agreements between regional or national health authorities that recognize prehospital emergency care providers as professional
- High-quality education opportunities for providers
- Evidence on the impact of prehospital emergency care on health outcomes

**Timeline:** The timeline described here indicates the sequence and approximate time for focusing on key initiatives.



# Roles and Responsibilities

The National Societies and IFRC secretariat have different but complementary roles in implementing the First Aid Vision 2030. While the key role of the IFRC secretariat is to build capacities of National Societies, coordinate and represent, establish **evidence-based tools, guidelines and structures** that will support **first aid care and education** throughout the world, National Societies advance first aid education by translating it to **first aid and education programmes** and **first aid services as standalone or integrated with health and care and other programmes**. Both of these roles are in service of the **humanitarian** mission of the International Red Cross Red Crescent Movement. The responsibilities described here are divided into those of the IFRC secretariat, the National Societies, and those that are jointly shared by the IFRC secretariat and National Societies.

## National Societies

The key role of **National Societies** is to implement locally contextualized first aid education and services. This role, held by each National Society, includes the following responsibilities:

- Develop flexible and relevant first aid programmes using reliable sources such as the IFRC evidence-based Guidelines and local structures which respond to changes and new vulnerabilities in areas of injury, diseases, and health priorities.
- Plan, develop and manage first aid activities which best respond to local needs.
- Adapt first aid programmes to meet the specific needs of particular groups, such as women, children, people in particular workplaces, people with special learning needs, people with disabilities, the ageing population, people using substances.
- Establish relationships and cooperation with public health authorities and other governmental bodies to ensure official recognition as appropriate of their National Society first aid certification process, including first aid education in schools, for driving license applicants, sports and water safety, workplace, prehospital, healthcare, and occupational health and safety officers.
- Ensure that all volunteers and staff is developed, protected, recognized, and prepared to save lives during everyday accidents, acute illness, disasters, and emergencies through mandatory quality first aid education.
- Integrate first aid education and services into other key services, such as health and care activities, emergency preparedness and response, National Society development, shelter, water and sanitation, food, livelihoods, education, protection etc.
- Advocate and collaborate with partners for legislation and directives to include National Societies in the national emergency and relief system.
- Improve the quality and impact of their first aid programmes by developing and/or making use of appropriate and relevant follow-up and refresher programmes as well as improving and regularly updating the trainers' training and education using evidence-based learning methodologies and tools including those incorporating virtual sessions, distance learning programmes, web-based platforms, and e-learning.
- Allocate resources at all levels (material, human resources, financial) to plan, develop, implement, manage, and sustain first aid programmes within national frameworks.
- Develop business models to use first aid commercial education to develop National Societies sustainable financial capacities.

## The IFRC secretariat:


The key role of the IFRC secretariat is to establish evidence-based guidelines and structures, capacity building and provide support to the National Societies; ensure consistency, coordination, and accountability for performance; knowledge sharing; promote collaboration within and respect for the membership; and expand engagement with partners, that will support the implementation of first aid education and services throughout the world. This role includes the following responsibilities:

- Establish policies and internal procedures to support reliable and consistent first aid programmes including a process of quality assurance with a monitoring framework to measure coverage and impact and provide feedback to the National Societies.
- Build on the comparative advantage of the IFRC network and its global presence by enabling shared learning and the replication of successful first aid activities, while maintaining the traditional position as the world's largest provider of first aid education.
- Facilitate the cross-border learnings through sharing experiences with National Societies in developing marketing strategies, income generation and sustainable National Societies financial capacity development.
- Create online space for sharing of best practices in relation to first aid education; research, evidence, and evaluation; standards and qualifications; commercial first aid; establishing professional prehospital emergency care services, and systemically integrating first aid into schools.
- Cooperate closely with the International Committee of the Red Cross and form partnerships with international bodies such as World Health Organization, Resuscitation councils etc. to share knowledge and meet emerging needs. This includes offering additional training support in first aid team action during operations, disasters, armed conflicts, crises, and situations of violence.
- Lead first aid promotion activities at the community, national, international, and global levels such as the World First Aid Day, World Restart a Heart Day, first aid conventions, and sports events.

## IFRC secretariat and National Societies

The joint role of the **IFRC secretariat and National Societies** is to collaborate to ensure first aid care and education around the world is qualitative and harmonized and meets the needs of National Societies around the world. This role includes the following responsibilities:

- Assure that the IFRC secretariat and National Societies are recognized in their localities and globally as the leaders in first aid care, first aid science and first aid education. That regulatory documents and national and local statutes identify the IFRC's *International First Aid, Resuscitation and Education Guidelines* as the standard for first aid care including resuscitation and education.
- Support the development of first aid programmes at different levels and according to the specific needs of National Societies. This includes the development of tools to support coherent community-based approaches in first aid and health and care, marketing, commercial first aid activities, including a digital strategy.
- Conduct research activities to contribute to the evolution of first aid education.

- 
- Harmonize first aid education through International First Aid Attestation and others in accordance with scientific research, international standards, good practice guidelines and measures of quality services as expressed by users, beneficiaries, and referral structure.
  - Advocate for and work with partners to integrate with local legislation and regulatory frameworks to include first aid education s in areas such as in school curriculums, at workplaces, among driving school applicants and in general to protect citizens providing first aid.
  - Raise awareness on first aid to contribute to the vision of having at least ***one person trained in first aid in every home, workplace, and school.***
  - Integrate first aid activities with other activities like health and care, disaster risk reduction, sports to achieve maximum beneficiary coverage, participation and commitment of volunteers and ensure the best use of resources and financial accountability.
  - Establish a system in all first aid programmes for ongoing monitoring and evaluation to show impact on the capacity of the individuals, communities, volunteers, and staff involved to respond effectively to injuries and health emergencies.
  - Participate in research in first aid and related topics such as pre-hospital care, psychological support, or education.

## Monitoring and evaluation

A joint framework for monitoring and evaluating the activities outlined in the First Aid Vision and operational framework will be developed in 2023. National Societies will monitor the first aid services in their contexts and report to the IFRC secretariat as agreed in the framework.

A midterm and end-term review will be conducted in 2026 and 2029 and the results, findings and report will be widely disseminated and used to revise and update the first aid policy and first aid vision in 2027 and 2030 respectively.