

First aid for a safer future

Focus on Europe

Advocacy report



INTERNATIONAL FEDERATION



This advocacy report is released on the occasion of World First Aid Day 2009. Although it focuses on first aid activities in Europe, many of its recommendations also apply to the rest of the world. As well as advocating first aid's basic gestures for saving lives, the International Federation of Red Cross and Red Crescent Societies (IFRC) strongly believes that first aid should not only be accessible to all - including the most vulnerable, but also be an integral part of a wider developmental approach.

This approach focuses on prevention in order to build safer and more resilient communities.

First aid is by no means a replacement for emergency services; it is a vital initial step for providing effective and rapid intervention that helps to reduce serious injuries and improve the chances of survival. Taking immediate action and applying the appropriate techniques make a difference when saving lives.

MAIN FINDINGS

- Statistics on first aid in Europe highlight a different approach to first aid among individual countries. Northern European countries usually have a higher percentage of their population trained in first aid:
 - 95 per cent in Norway;
 - 80 per cent in Germany;
 - 80 per cent in Austria;
 - 75 per cent in Iceland.
 - The situation, however, is more worrying in the rest of the continent because many countries have only between 5 and 10 per cent of their population trained in first aid.
 - Europe today faces growing challenges with an increase in its ageing population;
 - road accidents;
 - heart diseases;
 - chemical and environmental hazards;
 - binge drinking among young people;
 - and domestic accidents.
 - There is also the risk of Europe's population becoming over-dependant on emergency services. Increasing first aid awareness and training all over Europe will certainly minimize the effects of injuries and diseases.
 - Governments must also have a more dynamic approach by promoting the idea of compulsory first aid education for example in schools or when applying for a driving licence. A similar approach should be taken at the workplace.
- People who have learnt first aid ought to attend refresher classes. This report calls for a time limit to be put on first aid certificates that is then to be followed by refresher classes.
 - Training should also prepare people already with first aid to know how to deal with traumatising effects arising from an accident that can even prevent them from acting.
 - Investing in first aid training not only saves lives, but is also cost-effective. Immediate first aid reduces the severity of injuries and at the same time the high cost of medical treatment that is given to deal with the injuries' long term consequences for the injured.
 - Because it increases 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.
- This advocacy report is based on 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.

Despite claims about modern society losing its community spirit, there are still some remarkable exceptions. We remember the pictures of ordinary citizens helping wounded people, holding the hands of the injured during the Madrid train blasts in 2004 and the London bombings in 2005.

But community spirit is not enough. The spontaneous demonstrations of community spirit during these emergencies are counter-balanced by the fact that not enough people were trained in first aid to ensure that the injured did receive proper first aid. After a disaster has happened, training people in first aid is too late but we must always think about first aid before tragedies and disasters strike.

First aid is just as important in disasters as dramatic as the London and Madrid events as it is in minor incidents. Let us not forget that minor incidents can become much more serious without the immediate action that first aid training can give. This insight is as applicable in Europe as in the rest of the world particularly where health facilities are less developed.

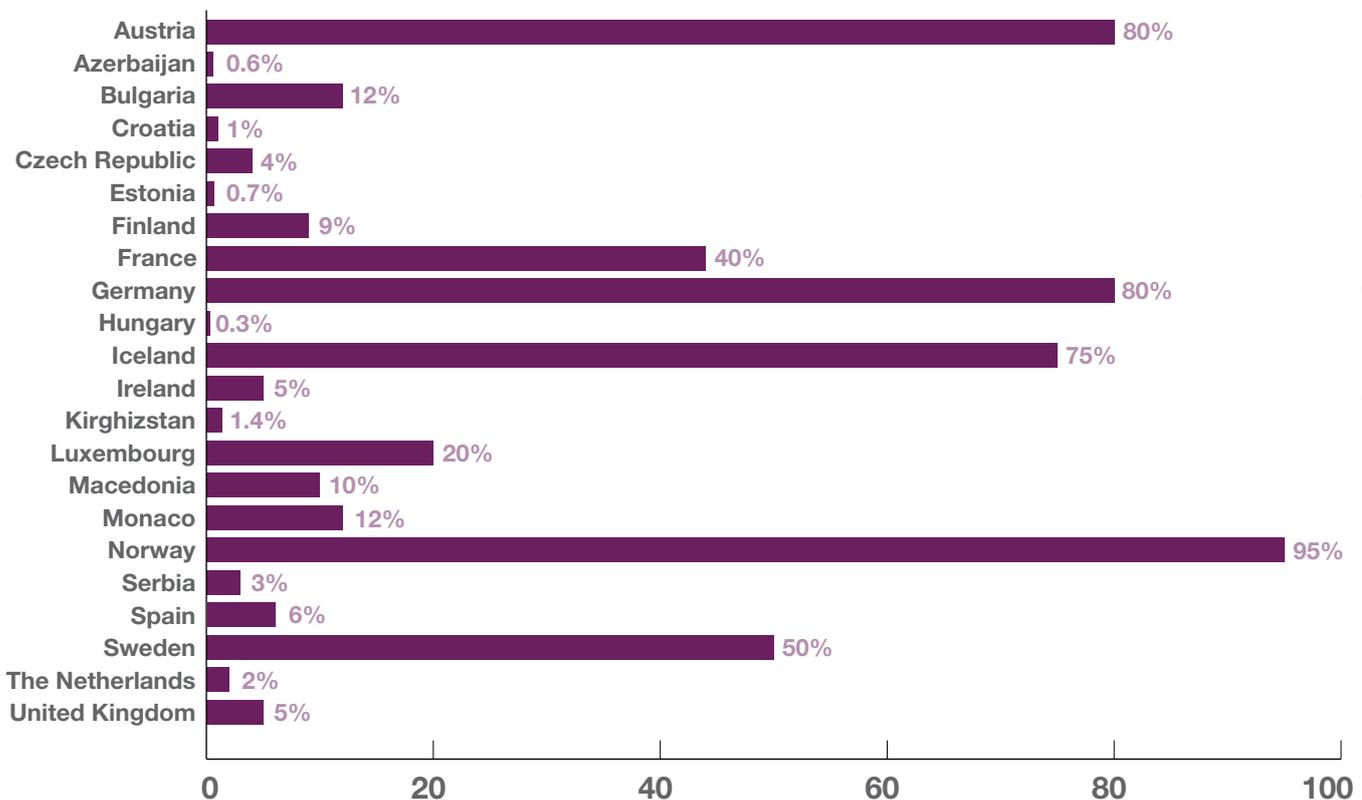
Comparing the European first aid landscape

Drawing a clear picture of the level of first aid training in Europe as a whole is not easy: quite simply there is no single agency to collect the information about the numbers of people who are given first aid training nor about the quality of this training. Although there are some studies about first aid in western Europe, there is less information about first aid training in eastern Europe.

Despite the lack of overall figures because of the difficulty in collecting data, existing figures gathered by the IFRC and the European Reference Centre for First Aid Education are comprehensive enough to show the trend that first aid training in Europe is uneven and also shows some strong regional differences.

The most striking difference is between northern and southern countries. With 95 per cent of its population trained in first aid, Norway is the leading country in Europe among the countries that answered the Red Cross Red

Percentage of the population trained in First Aid



Crescent survey, followed by Germany and Austria (80 per cent). Other Nordic countries such as Iceland are also doing well with an average 75 per cent of people trained.

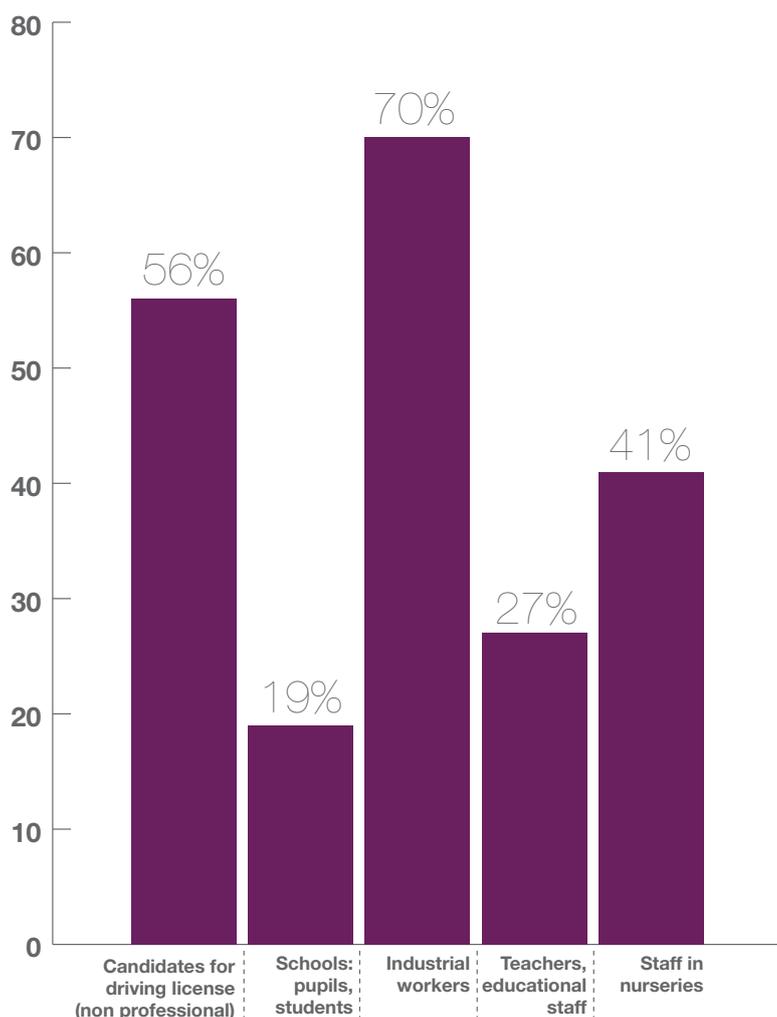
One paradox is that there seems to be no direct link between the risk level that countries face and the level of first aid training. Norway and Sweden claim among the best trained populations in first aid. However, their risk in either natural or technological levels is far lower than many other countries.

How can we explain such a difference? Most countries at the top of the list have laws that make first aid training compulsory either at school, at the workplace or when applying for a driving license.

Compulsory training helps build communities that are less vulnerable and more resilient to the various risks to which they are exposed. Having to do first aid training to get a driving licence has been compulsory in Austria since 1973, while in Norway, children learn basic first aid techniques at school. The Hungarian Red Cross has been authorized by the government to train future drivers first aid skills otherwise the drivers do not get their driving license. The fact that about 55 per cent of European countries have decided to make first aid training compulsory for a driving licence and that 70 per cent have already done so at the workplace (industrial workers) is encouraging. **But this must be further advocated as a real first aid policy throughout Europe in order to avoid any discrepancy.** At the moment, there is a European directive from 2003 about including first aid in professional drivers training; but putting first aid kits in cars or at the workplace is far from being compulsory in all countries, nor is there any law that specifies what should be in a first aid kit. Training is compulsory in many countries for specific occupational groups such as policemen, fire fighters, teachers and nurses, but a lot still needs to be done to bring first aid training to ordinary citizens and vulnerable groups.

Cultural aspects also influence people's attitudes to first aid training significantly. In Nordic and Anglo-Saxon countries, people seem to be more involved individually in their society's welfare while in southern and eastern European countries, strong central states often delegate emergencies entirely to their emergency services. In today's world, governments in these countries could save resources, efforts and lives if they started urging their citizens to become more individually involved. Developing first aid training is an excellent way to make people more aware that their own skills and behaviour make a difference to health and safety. **The IFRC believes that everyone has the potential to save lives. First aid is not just about techniques. It is an act of humanity and therefore is a key responsibility of global citizenship.**

Percentage of European countries with compulsory first aid trainings



Source: Red Cross Red Crescent survey, 2006

Saving lives at accident scenes

Our modern society 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 technological (e.g. a chemical production plant

Why first aid makes a difference

- 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 accident scene makes a real difference and saves lives.

accident). Both can threaten or damage the population as well as having considerable impacts both economically and environmentally.

Accidents however can happen equally at home or in the street. Road accidents are certainly the first example people think of when highlighting the benefits of first aid. Every year, an estimated 127,000 people are killed and about 2.4 million injured on European roads.¹

A lot of progress has been made in the last 30 years. While the level of traffic has tripled, the number of deaths has been reduced by half. A lot must still be done to not only achieve better road safety but also improve the way we handle the emergency response (the time from the call to the arrival at the accident) which is crucial for limiting the consequences of the accident.

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

All injuries must be treated as fast as possible, otherwise the outcomes can be lethal.

The assistance provided during the first few minutes of a crash 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, the most sophisticated 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.² In contrast, insufficient post-crash care can induce, even where casualties survive the crash, disability and injuries which could have been prevented.

Emergency services' response time is clearly crucial. Their speedy response to an accident to avoid complications from injuries is critical. 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 represent only a short 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 reduce bleeding.

The likelihood of an injured person living or dying depends on the timeliness of these life saving actions.⁵ The odds of survival can be greatly increased if bystanders quickly begin applying first aid. A reduction in time also means a reduction in the injuries' severity when arriving at the hospital.

Although first aid is not a replacement for emergency services' intervention, it is a vital initial step in intervention that provides an effective and rapid contribution. This both reduces the severity of injuries and improves the chances of survival.

The home can be a dangerous place

Car accidents however are not the only scenes where first aid can reduce injuries and prevent death. The other and principle scene is the

1. "Preventing Road Traffic Injury: a Public Health Perspective for Europe", Francesca Racioppi, Lars Eriksson, Claes Tingvall, Andres Villaveces, OMS, 2004

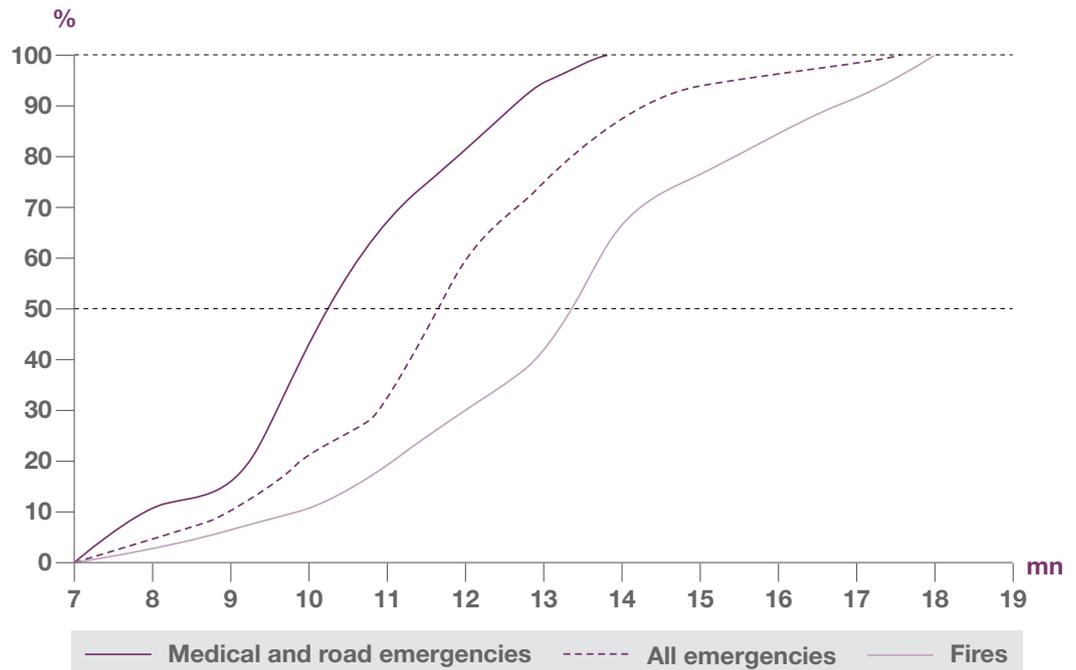
2. "Reducing by a half the number of road traffic victims in the European union until 2010", European Programme for Road Safety, Commission of the European community, 2003

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

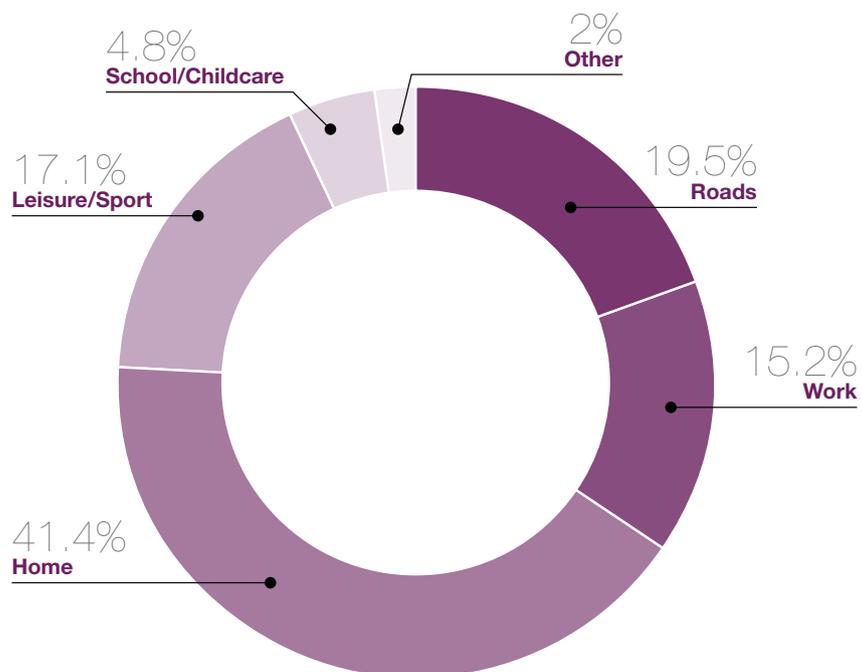
5. "Prehospital trauma care systems", World Health Organization, 2005

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

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

home. Everyone remembers children or friends cutting a finger, breaking an arm or people scalding themselves with boiling water.

Most accidents occur in places where people feel secure – the home especially. Such accidents include cardiac arrest or falls, leisure accidents, cuts, burns and suffocation. The chart below shows that 41.4 per cent of home accidents in the United Kingdom happen at home, whilst 19.5 per cent are on roads. Statistics show that hospitals every year in the European Union treat some 20.2 million home and leisure accidents.

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 four to six minutes after someone experiences cardiac arrest if no CPR and defibrillation occurs during that time, since a human heart will stop beating within four minutes after breathing stops, the benefit of providing first aid can be clearly demonstrated.

New disturbing social drinking and eating habits are also a cause for concern. Obesity is constantly growing in European countries whose governments know that consequences will be high for the European health systems in the next decades from the growth in heart problems, diabetes and blood cholesterol. First aid training not only helps in accidents but also promotes a healthier lifestyle.

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.

Population ageing is one. The population percentage 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 fifty 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. 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 practise is more and more 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.

Weather and technological hazards

Europe's diverse geophysical and climatic characteristics make it vulnerable to a wide range of extreme natural events. Due to the large river systems of western, central and eastern Europe, many areas are vulnerable to floods. Southern Europe is prone to droughts, while the Mediterranean and Eastern Europe to forest fires, western Europe and the British Isles to storms. Mountain areas such as the Alps, the Pyrenees and the Carpathians are prone to avalanches. Other areas such as the central and eastern parts of the Mediterranean are prone to earthquakes and volcanic eruption. Although it is too early to draw scientific lessons from the potential effect of climate change, it is clear that there is a tendency for natural disasters to increase, be it floods, heat waves, or massive for-

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



BRIAN ARTHUR/IRISH RED CROSS

est fires that bring major ecological, financial and sometimes even human consequences that were seen over the last few years in countries like Portugal and Greece.

The last 30 years have also seen a rise in technological hazards. From nuclear power plant fallouts such as Chernobyl to transport of hazardous materials and hazardous production of goods, there are many technological threats. Fires or explosions account for half of all industrial accidents recorded in Europe over the last two decades.⁸

It is therefore crucial that people living in disaster-prone areas have first aid training. They must be familiar with life saving techniques that can cope with delays in evacuating the sick or injured to proper medical emergency facilities. When emergency services are strained and must go from emergency after emergency, the role of first aid providers is crucial.

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⁸. Mapping the impacts of recent natural disasters and technological accidents in Europe, European environment agency, Environmental issue report No 35, 2003

Importance of basic knowledge

We have already highlighted the necessity to advocate for providing systematic first aid training at school and before getting a driving licence. Today's children know so much; they know how to handle 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 a loss of blood, a broken arm or when one of their friends is suffocating? Doesn't it also make sense to teach them basic life-saving skills?

A lack of first aid knowledge can increase the risks associated with domestic accidents. Many emergency services report that parents still bring their child suffering from burns without having cooled the burnt parts of their body or that parents acted against poisoning by mak-

ing their child vomit. We can simply no longer tolerate such a situation: all parents should know about basic first aid. By increasing the level of first aid training 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 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 needed

But this is not just about making training 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.⁹

Continuing first aid education is essential to maintain providers' knowledge and skills particularly when they do not use their skills frequently.¹⁰

One easy way to improve the situation is for countries to issue first aid certificates that have a time limit. Giving a diploma while making it clear that there will be a need to take a refresher course from time to time will remind everyone about the need of updating their skills. According to a Red Cross Red Crescent 2005 survey, 55 per cent of European countries had no limit of validity for the basic first aid certificate. This needs to change.

Another area where training can be improved is by increasing the level of a course's realism. It is one thing to be in a training session but quite another to apply that classroom learning in a real situation. First aid is not just about providing life-saving skills to a manikin; the real situation means dealing with factors 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 for the stress that they will face. Improving this aspect of training will avoid what should never be seen: 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 very true when responding to earthquakes: not only might first aid volunteers be injured themselves or have lost loved ones, but both volunteers and the affected communities are distressed after losing their homes, worried about after-shocks or their belongings being looted. This aspect 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. 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 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.¹¹ But more studies must be conducted for a clearer picture of why trained people are lead or not lead to provide first aid.

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 Red Crescent Societies. The first aid training's common standards provide a working model for harmonization and quality across Europe.

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9. "Skill acquisition and retention in automated external defibrillator (AED) use and CPR by lay responders: a prospective study" Richard Whitfielda, Anna Smitha, Michael Colquhounac, Robert G Newcombeb, Norman Vetterb, Douglas Chamberlainac, Resuscitation journal, 2003

10. "Prehospital trauma care systems", World Health Organization, 2005

11. "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

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 personnel to arrive. Moreover, emergency vehicles can be delayed for a variety of reasons such as traffic congestion, or a high number of casualties who have to be treated at the same time. 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 relying on their own skills to save lives.

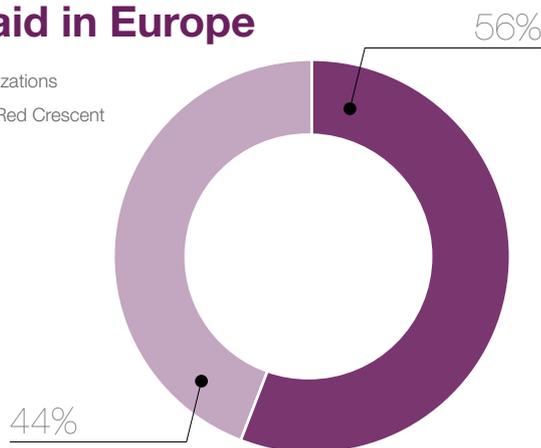
12. "Les Français et l'arrêt cardiaque", TNS, 2007

Again, governments should motivate people to get trained. Governments should integrate non-governmental actors into their health systems instead of merely acknowledging these NGOs' contribution. Similarly, doctors should promote first aid training 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 European countries have made in accessing more 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 also better prepared in the use of defibrillators.¹²



Population trained in first aid in Europe

- by other organizations
- by Red Cross Red Crescent



6,2 million trained people per year in 40 countries, among whom 3,5 million trained by Red Cross Red Crescent National Societies.

Improving the chain 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. Their role is key to give casualties better chances to survive. 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 crashes, controlling the crowd) and first aid itself.

A strong chain of survival can improve chances of survival and recovery for people after heart attacks, strokes and other emergencies.

The Red Cross Red Crescent takes a leading role in Europe

The Red Cross Red Crescent's strength comes from its 52 National Societies all over Europe. According to statistics from 40 countries, of the 6.2 million people who are trained in first aid every year in Europe, 56 per cent (3.5 million) are trained by Red Cross Red Crescent National Societies; 44 per cent are trained by other organizations. Training provided by the Red Cross Red Crescent includes dealing not only with medical emergency situations but also with burns, contusions, fractures, etc. Specific training is highly recommended. For example, a first aid volunteer working in a chemical company should receive training on how to deal with chemical burns and intoxication.

Linking prevention to first aid

First aid training is crucial for creating a more efficient response to emergencies. It should also go further than that. First aid training should also 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 acci-

dents. Road safety messages should be included in first aid training about how to prevent accidents and deal with the consequences of irresponsible behaviour.

For example, teaching a young motorcyclist about moving an unconscious motorcyclist into a safe position until further help is provided can be included in the promotion of helmets as an effective and obligatory protection against head trauma. Other safety measures, such as seat belt use, respecting speed limits, not drinking when driving can also be effectively incorporated into a road users' basic programme.

Based on its experience as a leading provider of first aid training, the National Red Cross Red Crescent Societies in Europe suggest the following topics to be part of the first aid training curriculum for drivers of all over Europe:

- Spreading preventive road safety messages;
- Protecting and stabilising 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 casualty's 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 will also limit 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 promoted an integrated approach to its disaster response by including long-term programmes that aim at prevention, development and classical emergency response. The IFRC has developed its Community-Based Health and First Aid in Action (CBHFA) toolkit. This is a dynamic and flexible new ap-

proach to 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 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. Some examples are provided on page 13.

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

Another good example of projects aimed at linking prevention to first aid is the "disaster self protection" project implemented by the French Red Cross (see below).

Reducing the human and financial costs

Training citizens in first aid has a cost. However, the numerous benefits counterbalance and even exceed the costs. This 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 euro).¹³ 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 Un-

DISASTER SELF PROTECTION, ARE YOU READY?

croix-rouge française

Individuals SME/SMI

This website is dedicated to citizen preparedness to everyday emergencies, such as everyday life accidents (home, work, hobbies...) or exceptional emergencies, such as natural, industrial or terrorist disasters.

No matter what your profession (manager, business director, parent, NGO volunteer...) you must be able to prepare and respond.

Prevention is everybody's responsibility and active citizens must be aware of the risks taken by one's actions, the risks submitted to, and action to take in response.

Disaster self protection: a risk reduction programme

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 that they may be affected with.

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

Among other tools, are a practical guide with information on the nature of the risks that surround us and how to prepare to reduce the consequences of disasters and accidents. Self protection training has also been set up to incorporate information about returning to "normal life" after a disaster.

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

First aid with vulnerable groups

First aid reduces vulnerabilities and helps build stronger communities. The Red Cross Red Crescent is actively promoting suitable and accessible learning opportunities.

“Vulnerable people” are those at risk from situations that threaten their survival or their capacity to live with a minimum of socio-economic security and human dignity. However, once they are trained they themselves can play an active role helping their community members through peer education. They can also benefit from the self-esteem and confidence that can come from volunteering.

Here is a selection of examples of projects initiated by Red Cross Red Crescent National Societies in Europe.

Disabled people

British Red Cross identifies 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, which excluded them from learning important life saving skills. British Red Cross therefore has set up a project which aims to train 5,000 disabled people for 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.

Blind people

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 and the programme will be extended throughout Greece. Italian Red Cross has also set up a programme in this field.

Young drug users

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.

Remote communities

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). 680 people were trained in 2006 and the programme is now implemented by all branches.

Young people living in inner cities

France is one of the many European countries that have to face urban violence. Based on a long experience of dealing with such crises, French Red Cross has developed a specific programme integrating first aid education into a wider tool. 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.

The elderly

Europe is a continent where life expectancy has been growing thanks to better health and care services as well as the progress in medicine. However, senior citizens are more likely than other groups to meet health problems or domestic accidents that require first aid. National 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 including specific issues such as heat waves, poisoning and choking and how to act in an emergency. At least 1,600 people attended these specific sessions in 2006. Seven Red Cross Red Crescent societies have also developed programmes for elderly carers. More than 2,400 trainers benefited from this special training.



Ethnic minorities

Death from coronary heart disease in South Asians living in the UK is at least 50 per cent above average. Based on this finding, British Red Cross has developed a special session in which 575 people have been trained by community-based volunteers with the emphasis on dealing with heart disease and resuscitation. Translators are used when necessary. Training takes place in community centres, mosques, local colleges and schools.

People with a particular health risk

Accidents at the workplace are frequent. The risk even becomes higher when using old machines and when workers also get older. The Russian Red Cross Society has developed a specific programme for industrial workers aged between 40 and 60, especially those at risk from respiratory diseases and asthma. It also targets companies throughout Russia where risks of accidents are high. Training is very practical, involving real life situations.

These examples are extracted from "First Aid Activities with Vulnerable People", a resource pack for Red Cross Red Crescent National Societies, first edition, First Aid Education European Network.

*The full pack is available online:
<http://www.firstaidinaction.net>*

ion 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. Besides 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 for first aid: it helps reduce injuries at the workplace. First aid can always be made available by having someone trained on each shift.

Another interesting finding is that there seems to be a clear tendency for workers who have received first aid training to be more likely to adopt safer working practices and influence the behaviour of colleagues who have not been trained.¹⁴

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.

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¹⁴ HSE survey of first aid training organisations, Dr Gareth Evans Health & Safety Laboratory, Harpur Hill Buxton SK17 9JN, Health and safety executive

Ten recommendations to promote first aid in Europe

1. First aid education should be accessible for all and not just for those who can afford it;
2. Compulsory first aid training should be set up at different stages of people's lives (school, driving licence, etc). In all European countries, every driving license candidate should be educated in first aid;
3. First aid training should be compulsory at work;
4. Time limits must be set for first aid certificates to establish refresher courses that should be taken at least every five years;
5. Harmonization for first aid education in Europe should also be pursued. A European first aid certificate delivered across Europe by National Red Cross Red Crescent Societies already exists. Based on its experience as a leading provider of first aid training, the Red Cross Red Crescent suggests sev-





eral key areas that should be part of the curriculum all over Europe:

- a. Take safety measures, including giving an alert;
 - b. Observe vital life signs (from initial assessment to situation monitoring);
 - c. Prioritize the unconscious casualty;
 - d. Take care of the casualty who has breathing difficulties;
 - e. Take care of the casualty who has circulation difficulties;
 - f. Control severe bleeding; and
 - g. Manage burns and wounds.
6. All citizens 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 training, using all modern communications techniques (including social media);
 8. More groups should be targeted for first aid trainings such as family members of people living with heart diseases, elderly persons, people

living with disabilities and minority groups often faced by 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 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 main provider of first aid training in Europe and with first aid being one of the core missions of the Red Cross and Red Crescent Movement since its foundation 150 years ago, the 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.

For more information on first aid training in Europe: <http://www.firstaidinaction.net>

First aid a global impact

The Red Cross Red Crescent is not only the leading organization providing first aid training in Europe to 3.5 million people every year, but it is also the main worldwide organization. Almost all 186 Red Cross Red Crescent Societies across the world have first aid as their core activity. In the Asia-Pacific region, the number of people trained by Red Cross Red Crescent societies increased by 48 per cent between 2006 and 2007, which is a remarkable achievement considering that many regions in this region are in disaster-prone areas. The increase reaches 63 per cent people trained in a country like Sri Lanka.

Every year, the IFRC organises the World First Aid Day on the second Saturday of September.

Red Cross Red Crescent National Societies are committed to scaling up their first aid education and action so that first aid is available to all, saving lives respect 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 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.

The IFRC as a result 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 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 literacy. It especially provides guidance for life-saving basic first aid activities. Training programmes are currently being implemented all over the world to disseminate this integrated approach.

As an example, in 100 villages in Aceh province (Indonesia), 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.

The IFRC first aid policy also clearly specifies what we mean when we refer to first aid:

→ **First aid** is immediate help provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care which includes psychosocial support for people suffering emotional distress

caused by experiencing or witnessing a traumatic event.

- **Community-based health and first aid** aims to build communities' resilience by working with them in an inclusive and flexible approach to first aid. It includes identifying local capacity and vulnerability to common injuries, community-health priorities (such as prevention, health promotion and control of common diseases), disaster preparedness and response capacity. It also helps the recruitment and retention of effective volunteers who are close to a particular community.
- **First aiders** are laypersons trained and certified in first aid, who can use their knowledge and skills to protect and save lives, as well as to mobilise and assist a community to be prepared to respond to emergency situations.
- **First aid education** is an approved programme for providing knowledge and skills in procedures and techniques that require little or no equipment and can be taught to the general public. This programme has defined outcomes and is provided by qualified trainers or facilitators.
- **First aid certification** is the formal recognition of competence at an agreed standard by an approved national authority. It should be time limited and be renewed on expiry by following a refresher course.
- **First aid services** are provided during public events to respond to potential emergencies. They are established by agreement between the event organisers, communities, both volunteers and staff in the National Societies.



INTERNATIONAL FEDERATION

First aid in armed conflicts and situation of violence

The International Red Cross and Red Crescent Movement was born out of the conviction of Henry Dunant, the founder of the Movement, to provide first aid to the victims of war in Solferino, 150 years ago. Since then the Red Cross Red Crescent Movement has provided first aid in countless armed conflicts and situations of violence, such as disturbances, riots or violent demonstrations. Such situations illustrate the crucial importance of the humanitarian principles that oblige first aiders to provide care for whoever may require it – not just the victims. Ever since Solferino the Movement has played a pioneering role in the development and delivery of first aid.

The **International Committee of the Red Cross (ICRC)** provides expertise to support the establishing of first aid programmes, emergency transport facilities and other resources such as logistics and telecommunications that are needed to provide timely and appropriate help for casualties of armed violence. The ICRC's success in its work depends on the quality of its cooperation with its partners that comes primarily from National Societies. The ICRC shares its unique experience working in armed-conflict situations with National Societies to boost their ability to deliver effective services. This in turn depends largely on the availability of first aid volunteers whose strong roots in their communities make them indispensable to our movement.

The ICRC contribution takes different forms:

- Promotion of international humanitarian law and dialogue with all parties to a conflict to ensure that the Red Cross and Red Cres-

cent emblems, personnel and medical activities are at all times protected and respected;

- Publication of reference documents, such as First Aid in Armed Conflict and Other Situations of Violence and the Code of Conduct for Combatants;
- Training that enables first aid volunteers to work safely and efficiently in violent environments;
- Measures to boost the capacity of National Societies and, where appropriate, other local organizations;
- Support for local first aid volunteers and staff during and after crises;
- Deployment of ICRC medical staff to operate first aid posts and supervise training in crisis situations where local resources are insufficient. This is very important when the local population does not have access to other health facilities for security reasons or because transport services have been disrupted.

The presence of first aiders before, during and after emergencies helps to renew the humanitarian spirit of individuals and entire communities, in order to inspire tolerance and ultimately build healthier and safer living environments. By demonstrating that these values matter even in the most violent situations, first aiders set a positive example.

For further information on ICRC activities related to first aid, please contact the ICRC delegation of your country or: ebernes.gva@icrc.org

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: *Focus on Europe*

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

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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.



**Our world is in a mess.
It's time to make your move.
ourworld-yourmove.org**