

Evaluation survey results

First Aid and Resuscitation Guidelines

2016

Global report
March 2019

—Christine BOASE



International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

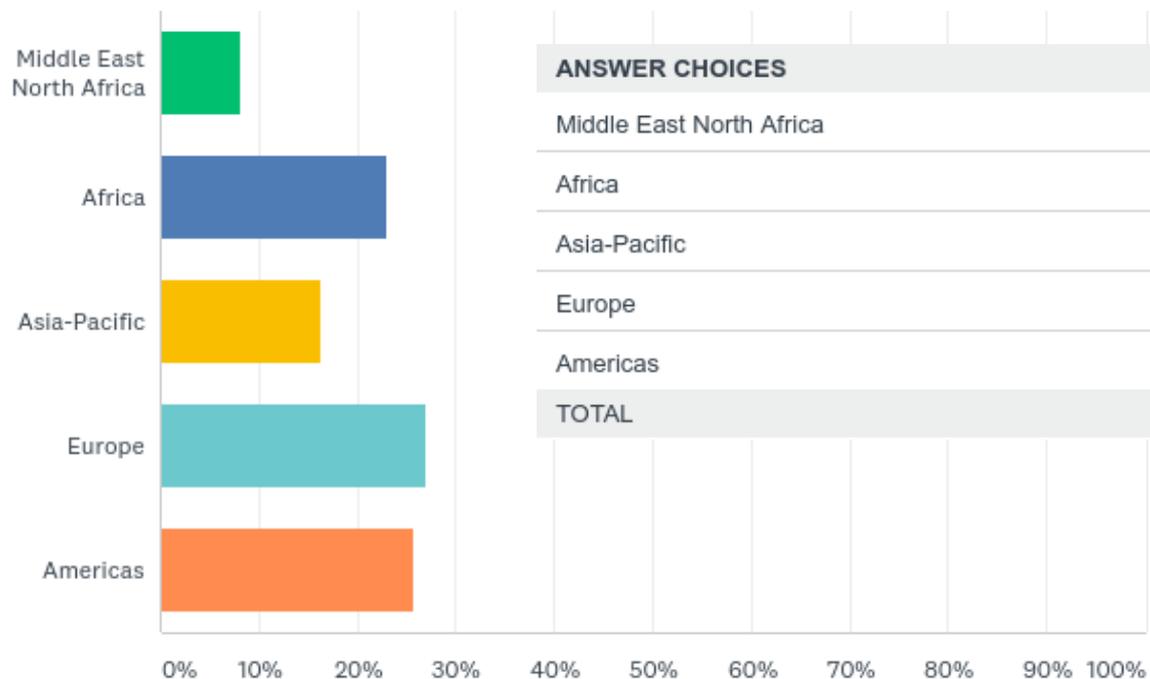
Global First Aid Reference Centre

Global survey to evaluate the 2016 guidelines

- > 19 questions
- > 4 languages (Arabic, English, French, Spanish)
- > Survey open from September 2018 until January 2019.

- > Responses from anyone who has used the International First Aid and Resuscitation Guidelines 2016.
- > Multiple responses from National Societies, IFRC or ICRC were encouraged.
- > Some responses have been compiled to represent one response per National Society, as indicated.

Total responses (148) by Zone



ANSWER CHOICES	RESPONSES	
Middle East North Africa	8.11%	12
Africa	22.97%	34
Asia-Pacific	16.22%	24
Europe	27.03%	40
Americas	25.68%	38
TOTAL		148

Education

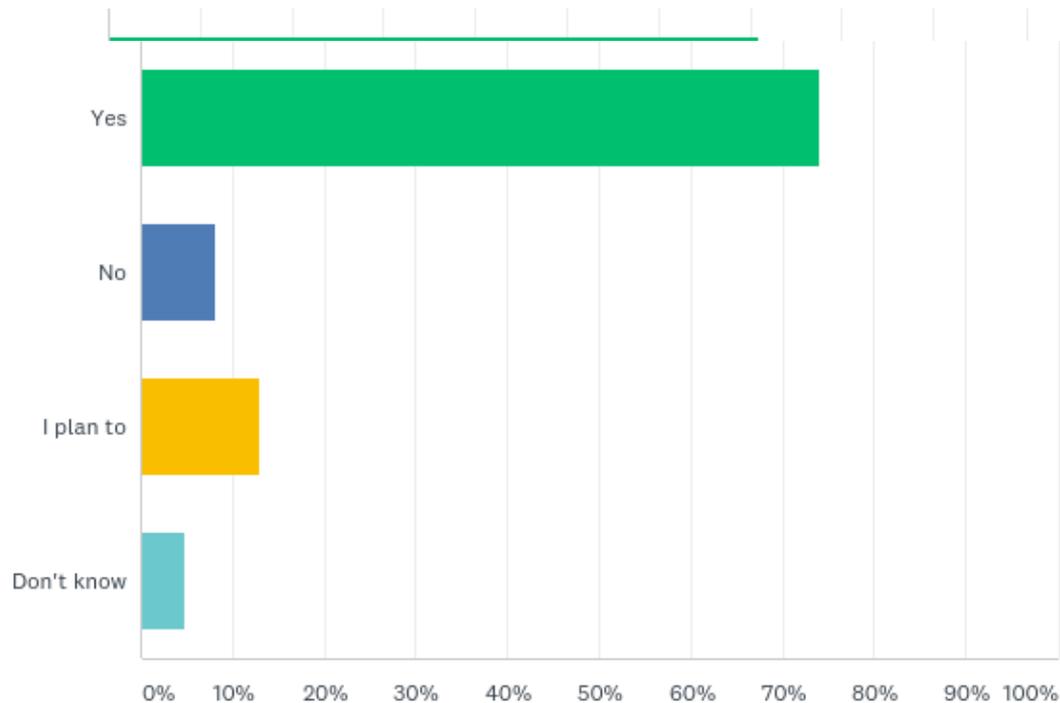
Q1: How helpful did you find the following aspects of the education chapter?

Answered: 147 Skipped: 1

	VERY UNHELPFUL	UNHELPFUL	NEITHER/NEUTRAL	HELPFUL	VERY HELPFUL	TOTAL	WEIGHTED AVERAGE
The Chain of Survival Behaviour: as a way of broadening the concept of first aid beyond just the key intervention	2.04% 3	0.68% 1	6.12% 9	41.50% 61	49.66% 73	147	4.36
Foundation for first aid education: theories and concepts about the cognitive, social and environmental aspects of learning	1.37% 2	2.05% 3	8.22% 12	50.00% 73	38.36% 56	146	4.22
Key messages for effective education: focussing on motivation of the learner, use of different modalities (such as digital tools), and scenario based learning	2.74% 4	0.68% 1	4.79% 7	39.73% 58	52.05% 76	146	4.38
Examples from other National Societies: on how they have applied tools and practices	2.74% 4	1.37% 2	14.38% 21	50.68% 74	30.82% 45	146	4.05
Measuring the effectiveness of first aid education: ideas for how this can be done	3.42% 5	0.68% 1	3.42% 5	56.85% 83	35.62% 52	146	4.21
Overall rating of the education chapter	2.11% 3	1.41% 2	8.45% 12	56.34% 80	31.69% 45	142	4.14

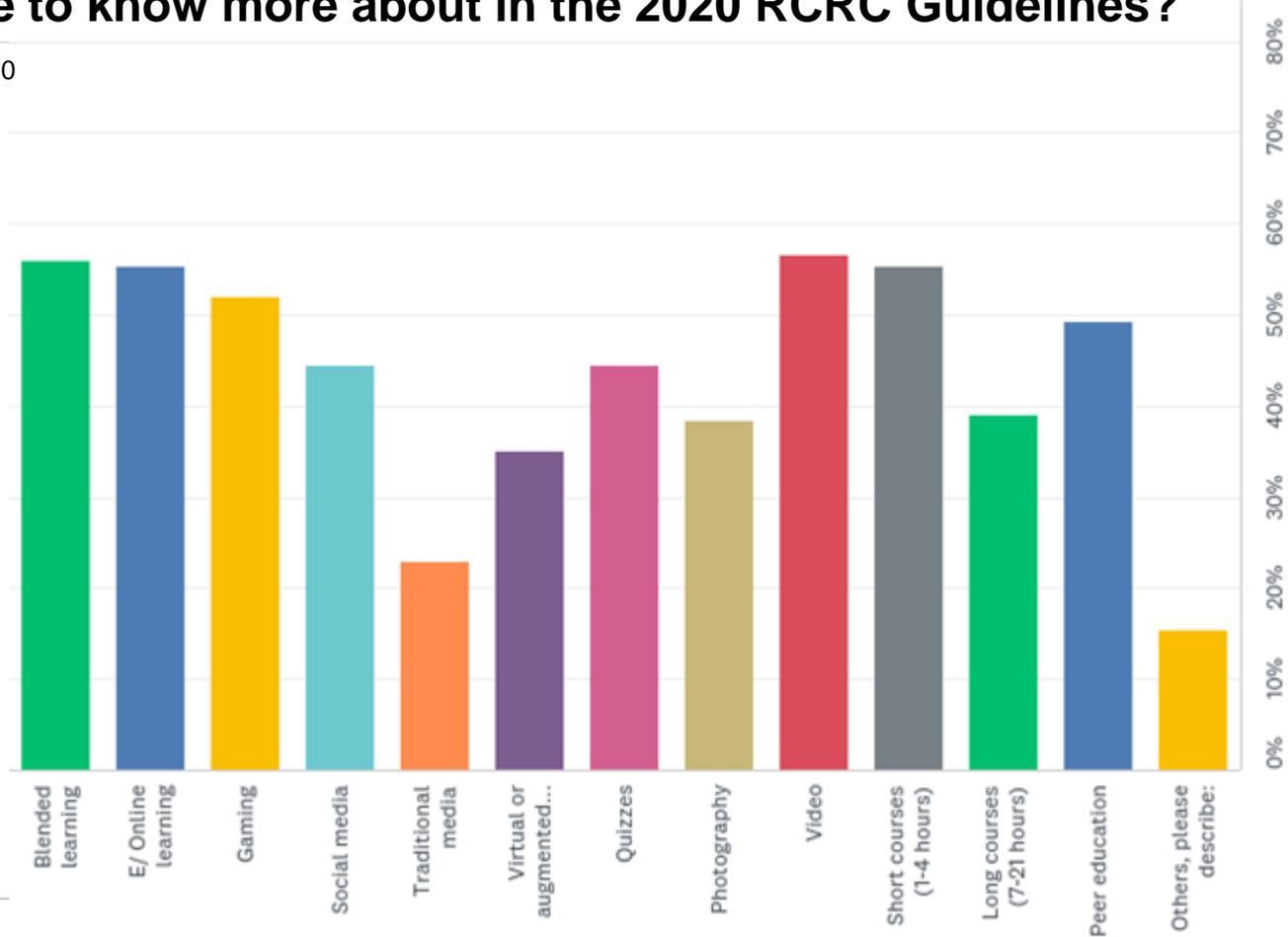
Q2: Have you adapted anything in your first aid education as a result of the information in this chapter?

Answered: 146 Skipped: 2



Q3: What are the main first aid education modalities and resources that you would like to know more about in the 2020 RCRC Guidelines?

Answered: 148 Skipped: 0



Q3: 'Other' modalities and resources (want to know more about)

Facilitating situations closer to reality for people, through simulations or near real situations.

Education via role play.

Integrating practical aspects in online and virtual first aid education.

How to improve the willingness to help in a country.

Generational learning (e.g. grandparents to children), FA education for young children (ages 3+), micro-learning.

Education to those with special needs (e.g ADHD, elderly, learning disability etc).

A technical workshop should be considered only with references of education to seek to standardise the bases of the program and obtain an international certification.

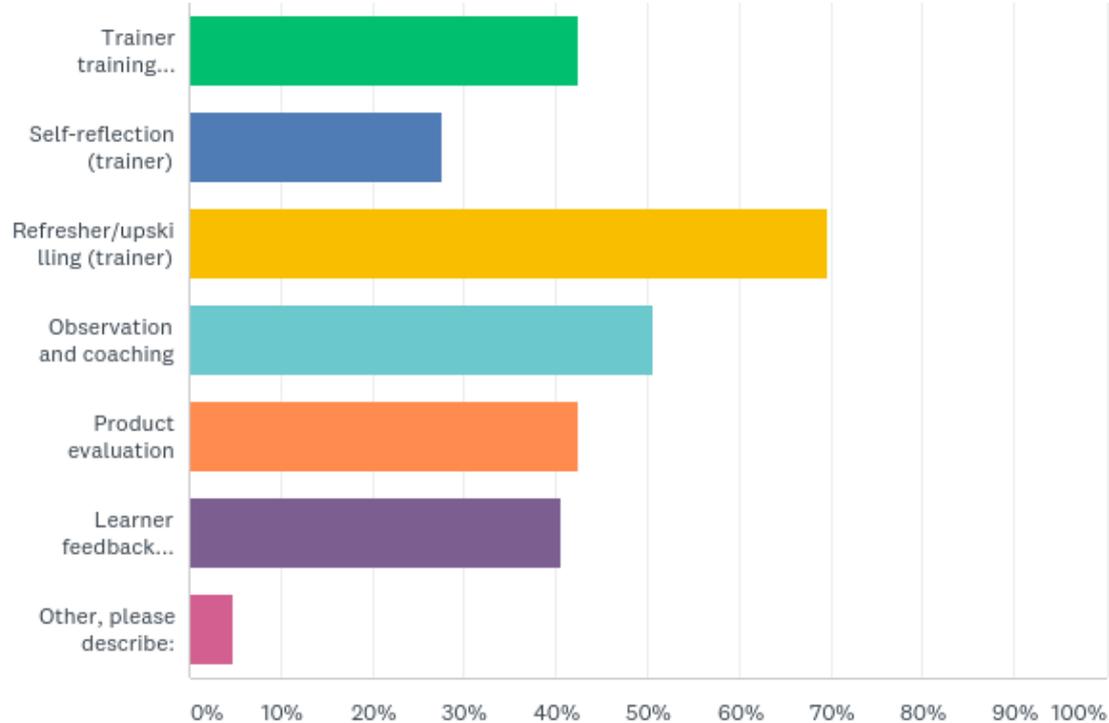
Building knowledge from the prior knowledge they bring.

Less theory, more practice and training targeted to the needs.

Scenario-based training.

Q4: Which strategies to improve your trainer/instructor performance are you most interested in knowing more about?

Answered: 148 Skipped: 0



Q4: 'Other' strategies to improve performance (want to know more about)

Peer evaluation - possibly via distance/online video.

Learning by doing- learning from scenarios and simulations.

Co-facilitation techniques, assessing learners' attitudes and behaviours after training.

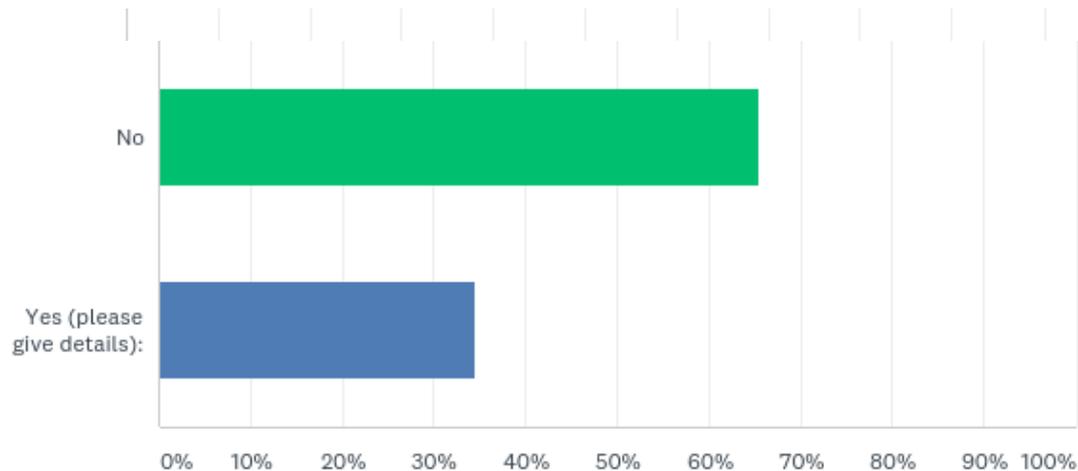
Exchange of experiences between trainers. Refresh brochures and share new versions with trainers.

Mastery of the justifications of techniques and actions.

**First aid topics,
including science
and implementation**

Q5: Are there any first aid topics that you think could be better described in the guidelines or that you would like new guidelines developed for?

Answered: 148 Skipped: 0



Q5: 'Please describe.' (First aid topics that could be better described or that we need new guidelines developed for.)

Grouped thematic responses: resuscitation and AED

- Resuscitation/CPR. (5)
- CPR procedures for obese patients and pregnant women.
- New evidence towards use of gadgets to assist in delivering correct and effective chest compressions.
- CPR in infants and children. (2)
- Include CFR(Cardiac First Responder) in some topics. (Pakistan)
- SIDS (sudden infant death syndrome).

- Use of AED.
- AED use on infants and children.

(X) indicates number of requests if more than one.

(Country) indicated where considered potentially relevant

Q5: 'Please describe.' (First aid topics that could be better described or that we need new guidelines developed for.)

Grouped thematic responses: injuries, medical conditions, etc

<ul style="list-style-type: none"> - Decision about recovery position on trauma patients. - When to use the lateral recovery position and when not to use it. 	<ul style="list-style-type: none"> - Bleeding control. - Use of tourniquet (or non-use). (3) - Use of hemostatic bandages. (2) - Management for severe wounds excluding use of tourniquet. - Critical bleeding 	<ul style="list-style-type: none"> - Well explained topic on snake bites (2) i.e. types of snakes, which ones are more dangerous (Malawi & Kenya) - The bite of jellyfish. (Russia)
-Altitude sickness (acute mountain sickness, altitude edema of the lungs/brain).	<ul style="list-style-type: none"> -Emergency Child Birth at Standard level (Uganda) - Premature birth. 	<ul style="list-style-type: none"> -Burns. -Chemical/acid burns. (UK)
- Diabetic emergency.	- Shock.	Sepsis. (2)
<ul style="list-style-type: none"> - Nose bleed. - Foreign body in the ear. - Prolonged squeezing syndrome. 	- Weapon related injuries (tear gas, land mines, etc).	- Head injuries (3) - include a better lay responder pathway.
- What to do in case of choking alone.	<ul style="list-style-type: none"> - Crushing injuries. - FA for amputations. 	<ul style="list-style-type: none"> -Topic on poisoning (3) giving more management activities if any. - First aid for food poisoning.

(X) indicates number of requests if more than one.

(Country) indicated where considered potentially relevant

Q5: 'Please describe.' (First aid topics that could be better described or that we need new guidelines developed for.)

Grouped thematic responses: contexts and techniques

Infection prevention and control in the wake of confirmed outbreak of communicable diseases. (Uganda)	First aid for fire incidents. (Rwanda)	Medication administration (2) section in the guidelines since it might be difficult for lay people to take the decision without medical advice. (Lebanon)
	Descriptive signs that allow learners (general public) to know what to do.	
Immobilisation of injuries. (Ecuador)	First aid for children (2). (East Timor, Argentina)	Road accidents. (Bahrain)
Drowning.	Transfer or movement of casualties. (2)	First aid for electrocution.
-Best practice on first aid management. -Need to re-examine the basic principles of PP.	Bandaging techniques (2) for standardisation as CPR AED has been standardised.	Situations of mass patient care (triage). (Venezuela)
Use of oxygen (Argentina)	How to rescue and materials needed. (Gambia)	Flooding. (Monaco)
Vital signs – when do they need to be taken and why.	Casualty positions according to nature of injury. E.g. broken ribs, shock, stroke	Rapid assessment of a situation.

(X) indicates number of requests if more than one.

(Country) indicated where considered potentially relevant

Q5: 'Please describe.' (First aid topics that could be better described or that we need new guidelines developed for.)

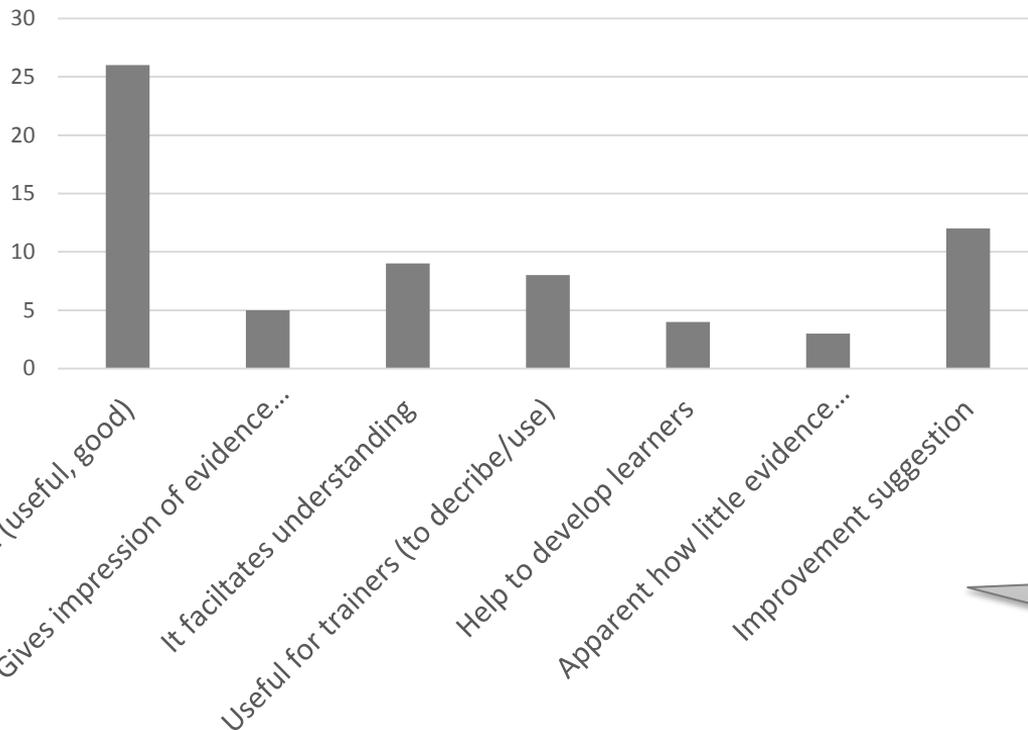
Grouped thematic responses: educational considerations

Consideration for accessibility of some skills may be useful to identify alternative approaches which may be appropriate where evidence supports it e.g. breathing check unresponsive casualty- is it possible to identify breathing effectively if you were unable to look (visual impairment) or hear (hearing impairment) etc.	Understanding the weighting of information in actions to take/recognition would be useful to ensure people are able to focus on the key elements with distinct audiences.	How effective is first aid provision via the call centre to lay responders on ground.
Inclusion of gazers / onlookers.	More about how people learn.	Experiences of some of the leading countries and their references. Specific tools and methods in the training.
All topics should be accessible, understandable, logically presented.	Include more pictures along with summary of different ways of first aid in every module.	The vocabulary of chapter 8 (medical conditions) is not very accessible: simplify it.

Q6: Comments about how useful the summaries of **scientific foundation** are.

65 people commented

Coded comment trends



They give a good impression that topics are evidence based

Very useful, for the scientific basis so more assurance to trainers.

The 'why' is important

Q7: Comments about how useful the **implementation considerations** are.

65 people commented

“It’s very useful”
(26 generic positive
comments.)

Can force first aider to learn
limitation according to local
government rules, and
describe the area of
underpinning knowledge

Brings out facts
rather than
assumptions

Gives ability to know
your audience and
the kind of time and
effort to spend on
making them
understand very well

Helps
form
decisions

This section is
very important in
the development
of pedagogy

Gives clarity to
move forward

They give
security

Q6: Comments about how useful the summaries of **scientific foundation** are: improvement suggestions

65 people commented

The references are not cited in the text, and sometimes statistics are scant or not clearly given.

Shortening the basics a bit would be more optimal.

... in places focusses on particular audiences e.g. anaphylaxis is focussed more to a parent than a first aid giver. A balance of information for key audiences may be useful.

The summary are based on GRADE system, but I think should be made simpler for ease of understanding..

...to be simplified for lay people.

... would be better to highlight them in tables.

Should be referenced better.

Draw out key messages which could easily remembered.

Q7: Comments about how useful the **implementation considerations** are: improvement suggestions.

61 people commented

Grouped themes of improvement suggestions:

Differentiate for contexts:

Break implementation considerations into urban, rural and remote if applicable.

Be more specific about which context they might be relevant for.

We need to take into account more perspectives.

Developing regional/country specific guidelines needs to be incorporated as certain aspects of guidelines are not applicable in some setups.

Provide advice for how to change:

It's not clear how to integrate new evidence into existing training materials.

How to apply a change is lacking

Improve layout:

Comparison table to previous best practices.

Highlight them in tables.

Add photos or drawings.

Add pictures.

Improve presentation.

Improve content:

Greater clarity in explanations.

Make content more consistent across the topics.

Simplify for lay people.

Have links with more information.

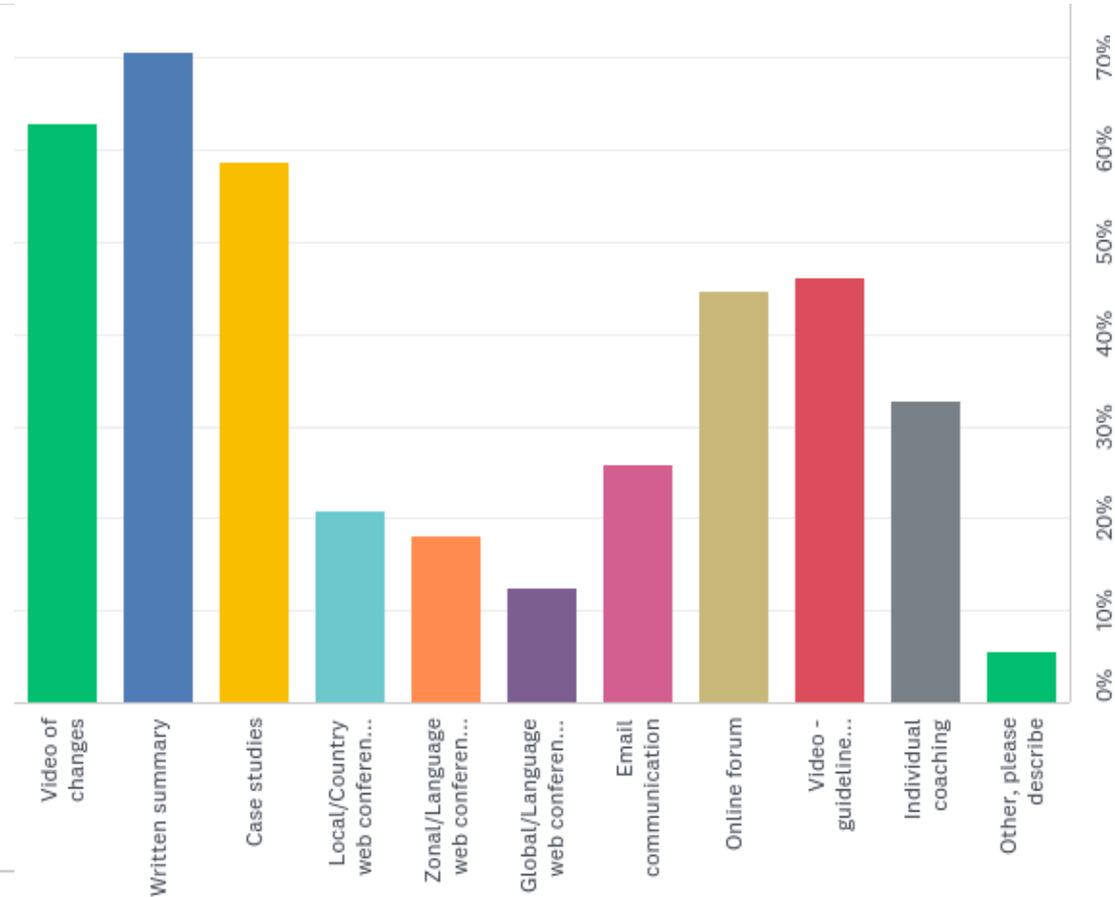
Include more education:

Include more pedagogical approaches to be conveyed to different audiences. -

Include more educational considerations

Q14: What types of support do you find most useful in your National Society when implementing the RCRC Guidelines?

Answered: 143 Skipped: 5

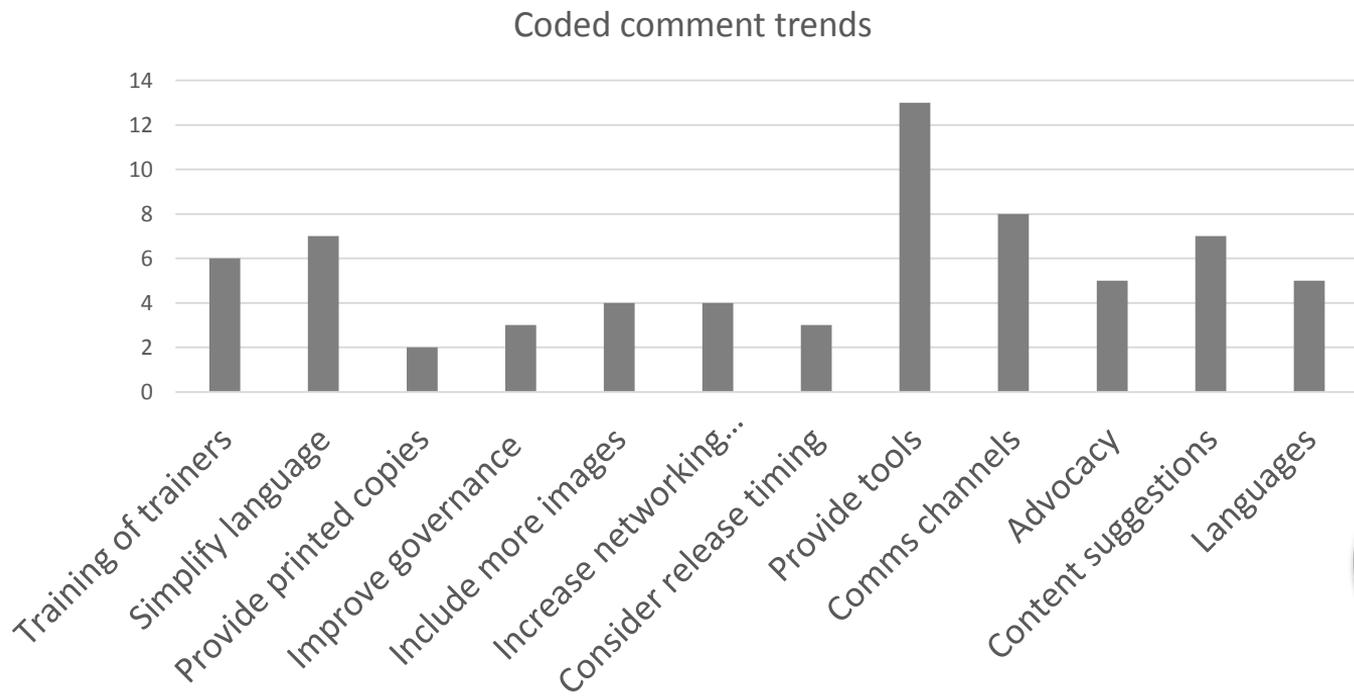


Q14: 'Other' suggestions (what's useful when implementing?)

Physical scientific meetings/conferences to share new findings and learn more	Following the 2015/16 guidelines we convened what I called 'First Aid Trainers' Refresher meeting' and used the opportunity to share the guidelines and conduct coaching
Invitation to health entities of governments	Develop fact sheets with recommendations
We don't have much in our country with useful outcome for implementing RCRC guidelines except emails and documents coming from GFAC focal point	Lobbying at the state level to incorporate these recommendations into national laws and texts

Q15: Do you have any suggestions for how we might make the RCRC Guidelines quicker and easier for you to interpret and apply locally?

59 people commented



Please use simple sentences so that it is much more easier for everyone.

Each national society has to apply it in the training of the instructors.

Q15: Do you have any suggestions for how we might make the RCRC Guidelines quicker and easier for you to interpret and apply locally?

Provide tools				
<p>...examples with photos or videos that give us more easily and clearly the teaching slogans and how to manage ourselves so that whoever comes to train it is easier, more interesting and learn the specific concepts.</p>	<p>...implementation guideline; short summary on what's new and how to integrate into existing curriculum and training materials.</p>	<p>... instruments for the evaluation of practice and knowledge, as well as validated protocols based on evidence.</p>	<p>...resources or case studies which can easily be attached to 'bring the guidelines to life'.</p>	<p>... summarized sheet at the beginning of each topic indicating or comparing the changes done similar to the AHA methodology.</p>
	<p>.... a generic IFRC first aid manual (in soft print) which can then be customized to the National Societies, perhaps having both logos...</p>	<p>Enable one to quickly identify the changes to guidelines.</p>	<p>Develop model sheets for each recommendation.</p>	
				<p>Give examples of other's work to explain or give foundation to the answers.</p>

Q15: Do you have any suggestions for how we might make the RCRC Guidelines quicker and easier for you to interpret and apply locally?

Communication channels			
Short videos on Facebook 30 to 45 seconds	Please use YouTube channel for sharing information	Share soft copies via emails to first aid focal points, health coordinators, SGs,	Put its as apps in smart phone
Send a link to all the network of trainers of trainers (in multiple languages)	Guidelines in APP for mobile phone	Develop a trainers app	Create an app :) (or add to the existing app). This would allow for easier searching / accessing during education sessions.

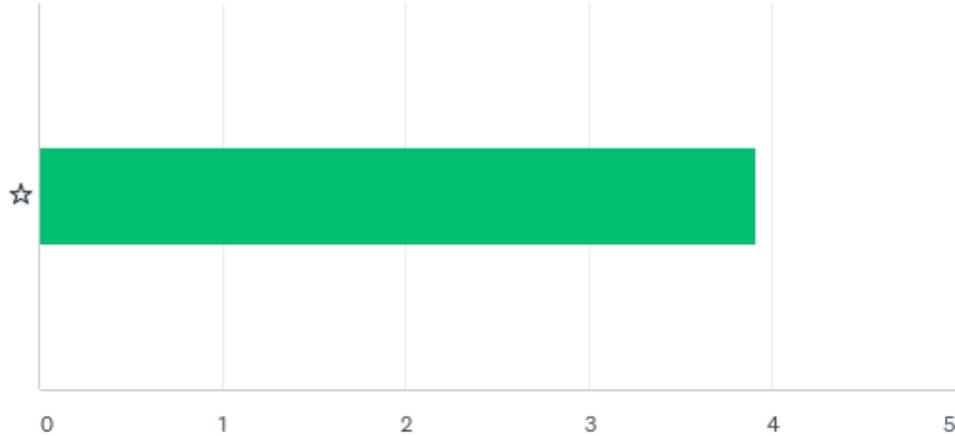
Q15: Do you have any suggestions for how we might make the RCRC Guidelines quicker and easier for you to interpret and apply locally?

Content suggestions			
Recognize frequently asked questions in a course and develop a general response.	...may want to break implementation into urban, rural and remote at times?	... having a standardized approach while writing the guidelines and just insisting on key messages with pictures for each step might be useful to prevent the gaps found during the launching of the 2016 guidelines.	...integrate into these recommendations all the socio-cultural and economic realities according to the regions or the National Societies based on the material available or which can be accessible because there is first aid equipment which can to be accessible in France or in Canada but not in Burundi or India but which can be replaced by something else with the same efficiency.
Have example suggestions of how the advice might read for different contexts (e.g. LMIC, fully functioning EMS, conflict zone).	... the guidelines and recommendations should have primacy over the scientific foundation in the presentation.	Have knowledge of legal contexts.	

Characteristics of guideline users

Q9: How would you rate your personal knowledge of evidence based practice in first aid? [1-5 star rating]

Answered: 138 Skipped: 10



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	0.00%	4.35%	27.54%	40.58%	27.54%	138	3.91
	0	6	38	56	38		

Q16: We understand that quality internet access can be challenging across the globe. What best describes your ability to access the web?

Answered: 140 Skipped: 8

It is acknowledged that these results only represent people able to complete an online survey.

	NEVER	IRREGULARLY	SOMETIMES	REGULARLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
I can get online to check my email	0.71% 1	0.71% 1	10.00% 14	37.14% 52	51.43% 72	140	4.38
I can use websites with images	2.86% 4	2.14% 3	19.29% 27	31.43% 44	44.29% 62	140	4.12
I can stream video online	5.00% 7	6.43% 9	27.14% 38	29.29% 41	32.14% 45	140	3.77
I use my mobile/cell phone to go online for first aid activity	2.14% 3	7.14% 10	25.71% 36	30.00% 42	35.00% 49	140	3.89
It is better for me to download content and use offline	3.57% 5	10.71% 15	30.71% 43	22.86% 32	32.14% 45	140	3.69

Q17: What does your National Society do well in first aid education? Please describe any topic you'd be willing to share knowledge of.

Answered: 73 Skipped: 75

Malawi - drowning, rescue and resuscitation	Venezuela - transport	Ivory Coast inter-district competitions - through radio	Mongolia - hypothermia and frostbite	UK – outcomes measurement	Netherlands - improvised first aid	Lebanon - interactive, learning by doing
Uganda – first aid at work	Columbia - transport	Canada - scenario based learning	Pakistan - rural youth first aid	France – e-learning, short programs and format (free or at very low price)	Bahrain - commercial first aid	Morocco - national pedagogical team

Sample of answers only. More information available on request,
particularly for National Societies offering bleeding, CPR and trauma
case studies.

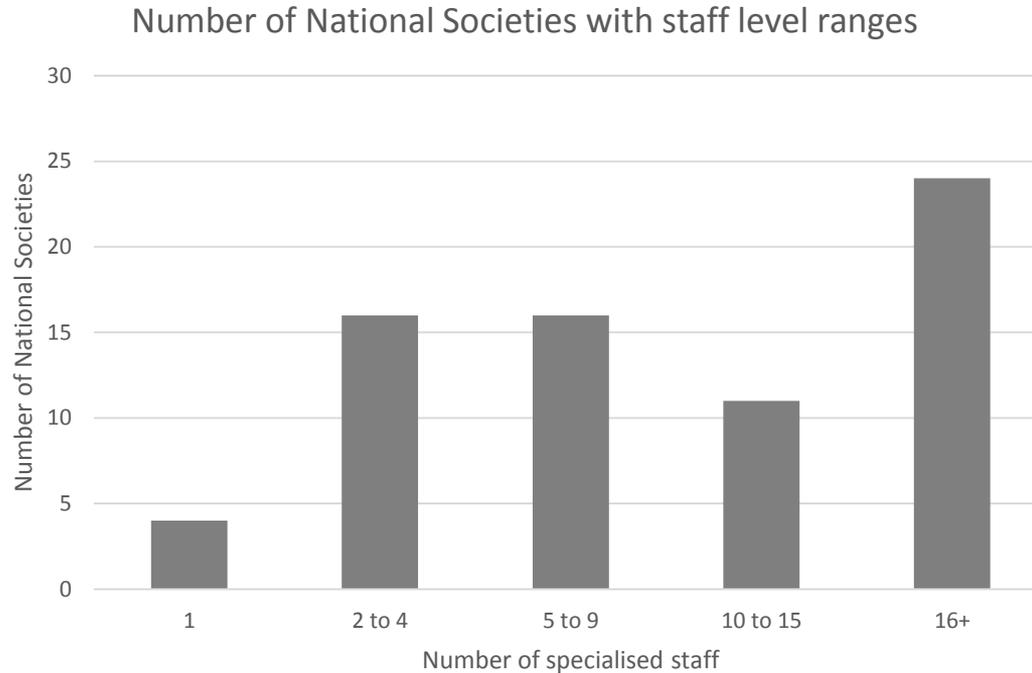
Q18: In your first aid 'department' do you have people doing any of the following functions?

Answered:128 Skipped: 20

Medical advisers				
	NO	PART TIME	FULL TIME	TOTAL
Answer:	43.75%	41.96%	14.29%	
	49	47	16	112
Programme or product developers				
	NO	PART TIME	FULL TIME	TOTAL
Answer:	36.94%	28.83%	34.23%	
	41	32	38	111
Trainer/Instructor trainer specialists				
	NO	PART TIME	FULL TIME	TOTAL
Answer:	4.88%	37.40%	57.72%	
	6	46	71	123
First aid sales or marketing/communication specialists				
	NO	PART TIME	FULL TIME	TOTAL
Answer:	37.17%	26.55%	36.28%	
	42	30	41	113
Monitoring, evaluation, and/or reporting specialists				
	NO	PART TIME	FULL TIME	TOTAL
Answer:	38.32%	29.91%	31.78%	
	41	32	34	107

Q19: How many specialised first aid education staff in your National Society can help translate international guidelines into local practice?

Answers compiled to include one per National Society / IFRC



Q20: In your National Society, which statement is most true?

Answers compiled to include one per National Society / IFRC

ANSWER CHOICES	RESPONSES
First aid guidelines (RCRC, ILCOR, ERC, etc) are interpreted at a national level and developed into programme/course documentation for trainers to use.	84.06 % 58
Trainers educate people directly from the RCRC Guidelines. It is up to trainers to interpret the RCRC Guidelines.	15.94% 11
TOTAL	69

Q21: Please tell us about any other suggestions or requests for the RCRC Guidelines working group not already covered in this survey.

That the National Societies create groups with trained references from the different affiliates to deal with the topics that they wish to change in the new guidelines and that the conclusions can be made to be elevated.	Training every 6 months for the instructors, sharing of concepts, more fluent communication, practical activities to agree on techniques and unify criteria about them.	I would like to see the training programmes from different NSs for different target groups (especially those that have a long experience in this field like Britain RC, German RC etc) in appendix or other form . It would be very helpful for us.
Great need in production of pictures/photo of illustrations i.e. on bandaging skills, casualty's sitting or laying positions, systematic bandaging on femur fracture (order of bandages).	We are forced to follow the recommendations of the State under penalty of non recognition of diplomas, they differ from recommendations RCRC.	International certification. Recognition, and accreditation of the RCRC of our own countries to other countries.
Generate an international standard of first aid, work with other organizations WHO, PAHO.	Focus more on how practical can be increased during training.	Integration of EMT trainings for all RCRC first aid instructors.
Develop things for e-learning and blended learning / In the training chapter, focus on key points and limit spurious messages	More details of why some procedures are in disuse.	Campaigns worldwide, relationships with other institutions specialising in different topics such as diabetes, etc.



Keep up
the good
work. :)

Thank you for your feedbacks! These evaluation results will be used to help develop the RCRC First Aid and Resuscitation Guidelines 2020.



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