

ADDRESSING EXCLUSION THROUGH FIRST AID

WORLD FIRST AID DAY

On Saturday 14 September 2019



International Federation
of Red Cross and Red Crescent Societies
Global First Aid Reference Centre

INTRODUCTION

The International Federation of Red Cross and Red Crescent Societies (IFRC) has been the world's leading first aid trainer and provider for more than 150 years. In 2017, over 16 million people were trained worldwide by 100 National Societies.

First aid skills should be accessible to all as a critical humanitarian act that empowers people to save lives and helps for recovery from sudden illness or injury. Having first aid skills enhances an individual's capacity to take swift action to reduce or stabilize serious injuries and to improve chances of survival of a casualty.

World First Aid Day (WFAD) is an opportunity to promote and advocate for first aid knowledge and skills for the wider public. WFAD also recognizes the important role that National Red Cross and Red Crescent Societies and other organizations have in providing quality first aid training worldwide as a way of building peoples' capacity to respond in situations of injury or illness.

2019 THEME

First Aid and Excluded People: Addressing Exclusion through first aid

Excluding somebody means denying her or him "access to a place, group, or privilege" or "removing her or him from consideration"¹.

All communities have groups of people – often unseen – who are unable to enjoy the general benefits that are accessible to mainstream society.

Such disadvantaged groups can include **women and girls, older people, prisoners**, those with certain

diseases such as **TB, HIV** and those with **disabilities, children and young people in difficulty such as orphans, child labourers** or those **on the street**, people who have been **trafficked** or **displaced**, refugees and other **migrants**, people of **particular sexual orientation**, members of **minority groups**, those **subjected to harmful cultural practices** and countless others **deprived of their human rights**².

1. From Oxford dictionaries, accessible at: <https://en.oxforddictionaries.com/definition/exclude>
2. Adapted from: IFRC, Strategy 2020, Saving Lives Changing Minds, 2010, p.17.

The report provides a solid basis to identify the common routes to exclusion that can be applied to our first aid activities as follows:

1 People who are **OUT OF SIGHT**

Those we fail to see, those who are not visible in the society.

2 People who are **OUT OF REACH**

Those we cannot get to – or who cannot get to us for a first aid training, for instance due to a lack of physical accessibility or geographical issues.

3 People who are **LEFT OUT OF THE LOOP**

Those we unintentionally exclude because we do not provide them with information they need on a manner that meets their needs.

4 People who are **OUT OF SCOPE**

Those we do not think of since we are not used to include them in our traditional first aid activities.

FACTS AND FIGURES: examples of situations of exclusion

Persons with disabilities make up one billion people – about 15 per cent of the world's population – making them the world's largest and most disadvantaged minority. They may face social, economic and cultural barriers limiting their access to full and effective participation in a society, including economic development, education, employment and health services.³

The proportion of people living with disability is higher in environmentally vulnerable countries, with an estimated prevalence rate of just under 17% (177 million people).⁴

Migrants⁵, and particularly refugees people, are often vulnerable to discrimination because, as well as being scapegoats and the subjects of hostility, they may not speak the local language, have the support of familiar social networks, or be well informed about available assistance.⁶

3. IFRC, Inclusion: Disability, accessible at: <https://media.ifrc.org/ifrc/what-we-do/inclusion/inclusion-disability/>

4. IFRC, *World Disaster Report 2018, Leaving No One Behind*, 2018, p.89.

5. In line with the IFRC's 2009 Policy on Migration, 'migrants' are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities, as well as asylum seekers and refugees. <https://www.ifrc.org/Global/Governance/Policies/migration-policy-en.pdf>

6. IFRC, Migration, "Looking at life from a different side", *How the Red Cross and Red Crescent is changing the dialogue on migration*, pp.1-2, accessible at: https://www.ifrc.org/PageFiles/89397/Social%20Inclusion%20FactSheet_REVISED.pdf

“The total number of people forcibly displaced due to conflict, violence or persecution reached 68.5 million in 2017, an increase of 2.9 million (4.5%) from 2016, the sixth consecutive annual increase.”⁷

In addition, “forced displacement related to disasters, including the adverse effects of climate change (disaster displacement), is a reality and among the biggest humanitarian challenges facing States and the international community in the 21st century⁸.” On average, more than 20 million people are newly displaced every year by weather- and climate-related hazards⁹.

In 2017, it was estimated that 150 million people, or about 2% of the world’s population, were homeless¹⁰.

More globally, “social exclusion is a phenomenon that affects all societies. The breaking of social and familial ties which result in persons living in the margins of society.”¹¹

EXCLUSION AND FIRST AID

Some excluded groups are more likely to be injured or become ill suddenly, or to come into contact with someone needing help.

All of them have the potential to learn first aid and save lives and therefore Red Cross/Red Crescent first aid training should include them as much as possible.

At the same time, first aid is an act of humanity in itself, showing willingness to save lives with full respect for diversity and without discrimination.

DATA ON FIRST AID COURSES

Among 100 National Societies having trained more than 16 million people in 2017¹²:

19%

of NSs provide a specific first aid course for people with disabilities.

18%

of NSs provide a specific first aid course for prisoners.

10%

of NSs provide a specific first aid course for homeless people.

7. Development Initiatives, *Global Humanitarian Assistance Report*, 2018, p. 19.

8. The Nansen Initiative, *Agenda for the Protection of Cross-Border Displaced Persons in the Context of Disasters and Climate Change*, 2015, p.6.

9. Norwegian Refugee Council/Internal Displacement Monitoring Centre, *Global Report on Internal Displacement 2017*, 2017.

10. Yale University, *As Cities Grow, So Do the Numbers of Homeless*, 2017, accessible at: <https://yaleglobal.yale.edu/content/cities-grow-worldwide-so-do-numbers-homeless>

11. Red Cross EU Office, *Poverty and social exclusion*, accessible at: <https://redcross.eu/themes/poverty-and-social-exclusion>

12. GFARC, 2018 survey about first aid, preliminary results.

OBJECTIVES

Through WFAD, the International Federation encourages Red Cross and Red Crescent National Societies to:

ADVOCATE for saving anyone, whatever their situation,

INCLUDE people of all ages activities to learn first aid / first response techniques, especially those left behind,

DEVELOP first aid trainings which are accessible to and relevant for each and every targeted group,

RAISE AWARENESS about how learning first aid can be a way to empower people within society,

DIVERSIFY THE PROFILE of potential futures Red Cross Red Crescent volunteers.

KEY MESSAGES

This year, our slogan is “*Addressing exclusion through first aid*”.

Every life matters: first aid is an act of humanity showing willingness to save each and every life without discrimination.

Everyone has the potential to learn first aid and save lives, whatever his/her individual or social situation.

First aid education should be accessible to all:

- The participation of all should be encouraged, especially those usually left behind,
- Messages and tools should be adapted to the audience, for each learner to understand them.

COMMUNICATION PACKAGE

The IFRC will provide National Societies with the following tools for the WFAD:

- ✓ Mime video pack
- ✓ First aid assessment glossary
- ✓ Vulnerable people resources pack
- ✓ Climate and environmental first aid game (and its explanatory leaflet)
- ✓ Inclusion tips one-pager
- ✓ Picture frame (and its explanatory leaflet)
- ✓ Infographics on key facts and figures
- ✓ Short animations
- ✓ Instagram story
- ✓ Social media tips

Before choosing target groups and related activities for this year theme, National Societies are encouraged to conduct a needs assessment in order to tailor what they will propose.

TIMELINE

PRE-LAUNCH

Tools available: June 2019

LAUNCH

World First Aid Day: 14 September 2019

REPORT

By National Societies: November 2019

ABOUT THE GLOBAL FIRST AID REFERENCE CENTRE

The IFRC Global First Aid Reference Centre aims to develop first aid training in accordance with the Movement's recommendations and international scientific guidelines. The GFARC also focuses on supporting National Societies in delivering first aid trainings in their individual countries and facilitate network-wide information sharing, ensuring quality management of first aid and supporting first aid harmonization within the Movement.



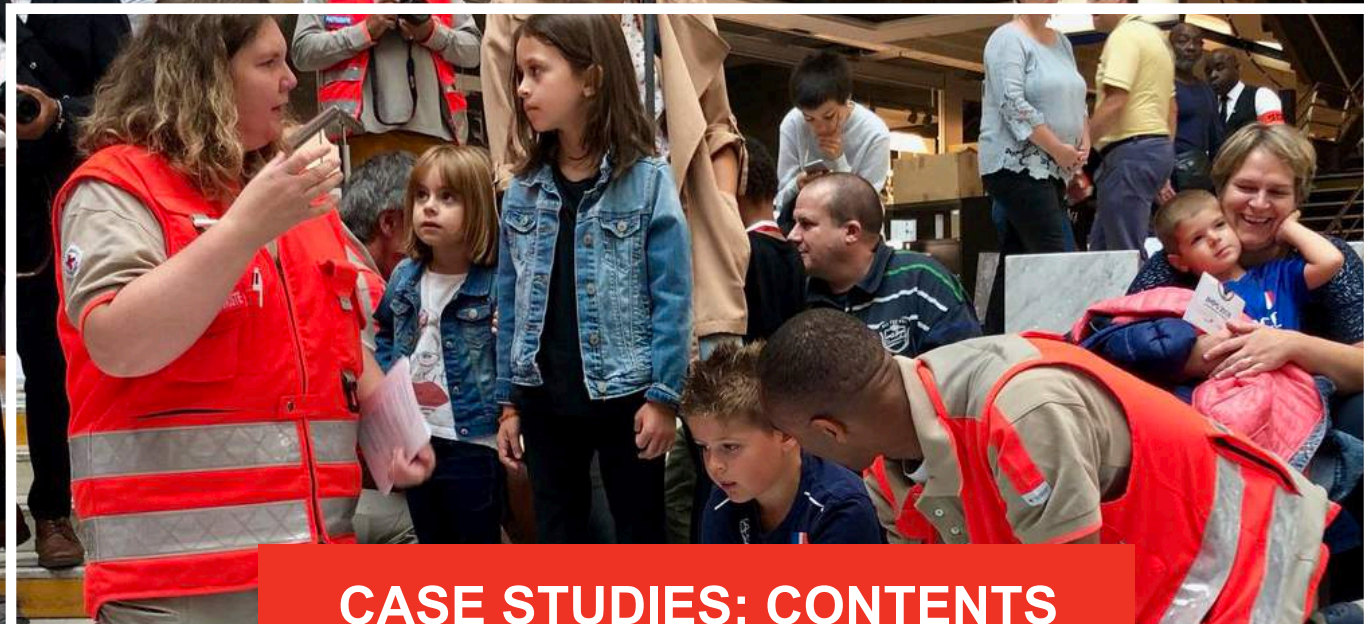
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FIRST AID TRAINING FOR DELIVERY STAFF

TARGET GROUP

Restaurant staff using motorbikes

CONTEXT

Food delivery staff is really exposed to traffic accidents and therefore has more chance to be self-injured or to have colleagues injured. On one hand, the restaurant staff using motorbikes cannot afford a first aid course because of a low salary. On the other hand, the restaurants are unable to provide them first aid kits for free.

That is why the Bahrain Red Crescent Society has designed a free training program for the motorbike drivers and the kitchen workers in order to raise awareness on first aid measures in case of accidents at work either outside or inside the workplace.

The Red Crescent Society trained 200 food delivery workers. In addition, first aid kits were provided to the trainees for free.

TOOLS

Presentation - Manikins - Bleeding material - Videos

OUTCOMES

Most of the trainees were good learners, which even allowed for peer-to-peer first aid support to colleagues who are facing the same risks but are not able to attend training classes.

ASSUMPTION DIFFICULTIES

Timing: restaurant staff are only free from 9:00 am to noon

Language: most of them cannot understand English or Arabic but only their local language, therefore translation shall be planned for the activity.

CONTACT

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COMMUNITY-BASED FIRST AID PROJECT IN PRISON

TARGET GROUP Prisoners

CONTEXT

In quite violent environments like prisons, learning first aid is essential and can improve the resilience of prisoners through better risk prevention and capacity building. This is why the Belgian Red Cross French community has decided to launch a community-based first aid in prison project in the prison of Marche-en-Famenne. This pilot project has consisted in training some inmates to become first aid trainers so they can teach live-saving techniques to their fellow prisoners through a peer-to-peer approach. The project will be expanded to two other prisons in Belgium in 2019.

TOOLS

The training format and content used are the same as the ones for the general public in order to prepare prisoners to come back to society once they served their sentences. Two training modules were used to train inmates:

- A three-hour module focused on Cardiopulmonary Resuscitation (CPR) for adults (“3 minutes to save a life”)
- A 15-hour basic first aid course based on the European First Aid Certificate (EFAC)
- Then some prisoners could be trained as trainers for peer-to-peer education: training of trainers for the three-hour course on CPR. Usually this learning is 2-day long, for the prison context it was 2.5-day long to allow more time for the learning process.

OUTCOMES

The project has been considered as very meaningful by all stakeholders involved.

The following initial objectives of the project were achieved:

- building first aid capacity of inmates through a peer-to-peer approach,
- improving the resilience of prison communities and empower inmates (especially those becoming first aid trainers),
- conveying the Red Cross’ principles and values in prison.

ASSUMPTION DIFFICULTIES

Anticipate the training organisation and leave a bit more time for trainings since the prison environment is a difficult one: additional time needed by volunteers to access the prison, difficulties to bring in first aid materials, training times may not be suitable for all, prisoners may encounter some difficulties to learn, etc.

The National Society wanted to involve prison officers in first aid trainings, however this was not welcomed by prisoners nor the prison administration.

The project should be supported by the prison administration, which is an essential pre-requisite.

CONTACT

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FIRST AID FOR ALL

TARGET GROUP

People with disabilities

CONTEXT

This project is designed to empower people with intellectual impairments (mild to moderate degree), as well as people with physical, visual and hearing impairments. First aid trainings are made accessible to them and are adapted to their disability.

The aim of this project is to make first aid practices available to disabled people in order to make them able to provide first aid techniques in case of emergency. Ultimately, this training – as well as all first aid trainings – is intended to reduce the damage to the victim until the arrival of the emergency services.

TOOLS

First aid materials

OUTCOMES

During the last few years, the Brazilian Red Cross has trained institutions such as Dorina Nowill and Fernando Fernandes Institute, as well as has included people with disabilities to become trainers.

ASSUMPTION DIFFICULTIES

Knowing where to find information about the training courses available is sometimes a challenge for people with disabilities. In addition, a relevant adaptation of the course shall be made based on the training audience.

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BASIC FIRST AID TRAINING FOR VULNERABLE PEOPLE ^(1/2)

- TARGET GROUP** **People with disabilities** – including people with sensorial and physical impairments, as well as people with mental health disorders; Homeless people and people living in substandard housing; Inmates; Drug users; Youth from disadvantaged areas; People with specific diseases or health risks (neglected diseases, HIV...); Minorities and ethnic groups; People living in remote rural areas.
- CONTEXT** We live in a society where people’s perceptions of disability or social disadvantage is too often inaccurate and sometimes devalues people due to a lack of understanding about the issue.
Training vulnerable people in first aid produces positive effects in their daily lives: restore their dignity, value their participation to the training by awarding them a certificate (which is often the only or first one they get), restoring meaning to their idea of citizenship.
- TOOLS** Location/training environment: change some things, such as the physical arrangement of the room, lighting, etc. so that participants feel as comfortable as possible.
Content: use regular first aid training materials.
Presentation and communication: for first aid techniques adjustments, the trainer will make clear at the beginning of the course that he/she will rely on the knowledge of the participants themselves on their abilities, the precautions they should take, the rest time they need. The participants are key actors of their own training.
- OUTCOMES** The overall training is very well received and considered beneficial, even more so since it provides to people who often receive care the opportunity to learn skills allowing them to live more independently and, where necessary, to “take care” of someone else. In addition, this training can be an effective way to develop skills, to recruit volunteers and to build social networks.
- ASSUMPTION DIFFICULTIES** For educational and organisational reasons, it is not possible to run training sessions at the same time for people with different disabilities (for instance, a person with visual impairment cannot be trained with a group of people with hearing impairments or people with multiple disabilities).
Do not make assumptions concerning people’s ability or interest to act and do not stereotype them based on their culture or any other perception one can have on their vulnerability.
In order to smooth relationships amongst participants and avoid any discomfort, the training inception shall take into consideration the specific needs of participants as well as the consequent organisation.



FIRST AID INTRODUCTION TRAININGS FOR MIGRANTS ^(2/2)

TARGET GROUP **Migrants**

CONTEXT The French Red Cross has adapted first aid introduction trainings to migrants. While respecting their cultures, their habits and based on a practical pedagogy, the aim of these training sessions is to empower migrants to be involved in their own safety, as well as the others' one.

TOOLS Presentation and communication: speak out using short sentences to spread one message at a time. Use diagrams and images. Translate written documents with the help of an interpreter.

For the content, the following tools are recommended: information fact sheets/cards using pictograms. Under each pictogram, information shall be translated into English, but also into Russian, Tamil, Mandarin Chinese and Arabic or any other language used by potential participants and for which it can be difficult to find an interpreter. To spell a name or a phone number, use an alphabet. Use cards with useful questions for the participants, such as "I do not understand" ; "what does it means?", etc.

OUTCOMES In 2016, a first aid training module adapted to the migrants' population was tested alongside Jungle de Calais inhabitants (a camp in the north of France). Volunteers and trained people appreciated this module, because they had often encountered emergency and rescue situations throughout their migratory journey. Educational guidelines were produced to allow training implementation in other regions of France.

ASSUMPTION DIFFICULTIES Cultural codes shall be taken into consideration since they vary from one culture to another. Some attitudes and behaviors can be interpreted differently depending on the public native's origin. The trainers need to be aware of and to consider their audience, in order to adapt the training session to them and to display the expected values.

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COMMUNITY BASED HEALTH & FIRST AID IN PRISONS

TARGET GROUP

Prisoners recruited as Irish Red Cross volunteers in each of the 13 prisons in Ireland, and those who benefit from the skills and abilities of the Irish Red Cross volunteer inmates.

CONTEXT

Ireland is the first country in the world to introduce Community Based Health and First Aid (CBHFA) in Action through groups of special status Irish Red Cross Volunteer Inmates in a prison setting. The programme operates under a partnership between the Irish Red Cross, Irish Prison Service and Education Training Boards.

TOOLS

A whole prison approach to improving health and wellbeing in the prison. All staff play a role in supporting the volunteers through their CBHFA journey. Empowering inmate volunteers to take charge of their own health and wellbeing.

OUTCOMES

The programme has benefitted 3,273 prisoners directly and 9,819 people indirectly, including staff and the families of the prisoners, through the different projects promoted, including first aid demonstrations and other projects related to health and hygiene.

ASSUMPTION DIFFICULTIES

There has been noticeable improvement in trust, communication and relationships amongst prisoners and with staff. The concurrent activities of classroom learning and the implementation of projects has ensured programme impact in the community.

In order to implement CBHFA in other prisons in other jurisdictions there would need to be buy in from the prison authorities. It is recommended that both Red Cross representatives along with their counterparts in the prisons attend a CBHFA sensitisation workshop and are willing to adapt the programme as necessary to suit their own prison systems.

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"FIRST AID HAS SAVED MY LIFE"

TARGET GROUP

People living in remote areas

CONTEXT

The Sri Lanka Red Cross Society decided to raise awareness on first aid among the local communities who live on the fringes of society. Their villages are in remote areas without any access to health care or other services.

Because of this geographical exclusion, the National Society promotes first aid in order to make people able to provide first aid.

TOOLS

N/A

OUTCOMES

The Sri Lanka Red Cross has collected a testimony of a man - Theiventhiran saved thanks to someone knowing first aid in the village. Theiventhiran had a severe bleeding; this is the proof that the first minutes are crucial for intervention.

ASSUMPTION DIFFICULTIES

Access to the remote areas is not easy.

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DIVERSO

TARGET GROUP

Samaritans (name of the first aid providers of the Swiss Red Cross) and migrants from socio-economically disadvantaged populations.

CONTEXT

Over a quarter of Switzerland's resident population has a migration background. Although the Samaritan associations are open to all, migrants are poorly represented as active members and as users of the Samaritan services. DIVERSO project sensitizes members of Samaritan associations to align their offers towards the migrant population: first aid courses are aimed at the migrant population and specific language groups. Migrants are trained to become first aid providers. Furthermore, cultural diversity is promoted in the Samaritan associations.

TOOLS

Movie "DIVERSO – strong together" (www.migesplus.ch/diverso): the film portrays migrants as association members and course participants.

Tools (flyers, checklists, good practices) for Samaritan associations and cantonal associations.

OUTCOMES

10 members of a Tamil association were trained as first aid providers by the Samaritan associations to provide medical services at religious festivals of the Tamil community in Switzerland.

Regular participation of asylum seekers in Samaritan first aid courses. The Samaritans adapt structures in order to increase the benefits and access of their services for the socio-economically disadvantaged and for the immigrants.

ASSUMPTION DIFFICULTIES

Some of the members of the association had great resistance to the topic. That is why it is necessary to create encounters between Samaritans and migrants and to plan and implement projects together.

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FOCUS ON SPECIAL OLYMPICS/IFRC PARTNERSHIP

Changing the face of First Aid volunteers

TARGET GROUP Individuals with intellectual disabilities

CONTEXT: A GLOBAL PARTNERSHIP

Through a global partnership existing since 2013, Red Cross Red Crescent National Societies are working together with their Special Olympics counterparts to ensure that individuals with intellectual disabilities are included in all services and programmes¹ especially health, sport, volunteerism, youth mobilisation and advocacy.

Individuals with intellectual disabilities are frequently the most underserved subset of people with disabilities and account for approximately three per cent of the global population. Together with their families, they are often marginalized by relatives and communities, vulnerable in cases of conflict or natural disasters, and often excluded from campaigns aimed at building their resilience².

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community³.

So far we have seen collaboration at a local level in over 25 countries and across 5 regions focused on empowering children and adults with intellectual disabilities most at risk through community-based activities in the areas of youth activation, health and advocacy.

Special Olympics was also instrumental in the support of the development of the Strategic Framework on Disability Inclusion in December 2015 which was adopted by the International Red Cross and Red Crescent Movement. The three strategic objectives of the Strategic Framework are as follows:

- All components of the Movement adopt a disability inclusive approach;
- Persons with disabilities have equal access to the services and programs the Movement provides, thereby enabling their inclusion and full participation;
- All components of the International Red Cross and Red Crescent Movement endeavour to change mindsets and behaviour in order to promote respect for diversity, including disability inclusion.

¹ <https://www.ifrc.org/fr/nouvelles/nouvelles/common/disability-matters-growing-an-inclusive-and-resilient-movement-69699/>

² <https://www.ifrc.org/fr/nouvelles/nouvelles/common/disability-matters-growing-an-inclusive-and-resilient-movement-69699/>

³ <https://www.specialolympics.org/about/our-mission>

- **IN KENYA:** mobilisation of volunteers at the grassroots level to be able to facilitate programming that includes individuals with and without intellectual disabilities including football programs.
- **IN BOTSWANA:** individuals with intellectual disabilities were trained and serve as Red Cross First Aid Volunteers, including Brightfield Shadi who is the International Global Messenger.
- **IN VENEZUELA:** opportunities for youth to be trained on first aid in disaster preparedness.
- **IN PERU:** production of the first set of guidelines on how to care for individuals with intellectual disabilities during disasters.
- **IN INDONESIA:** individuals with intellectual disabilities were trainers and facilitators for a PMI project on health promotion at educational institutions.

In 2018 Special Olympics gave small grants to 8 Special Olympics Programs (**Malaysia, Sri Lanka, Nepal, Papua New Guinea, Singapore, Kenya, Malawi and Zimbabwe**) to work with their RC National Society to put together an inclusive first aid training. The recipients of the training will be individuals with intellectual disabilities, as well as those without disabilities, to empower individuals with intellectual disabilities to be agents of care, rather than the commonly accepted stereotype which is as recipients of care.

PROMOTING INCLUSIVE FIRST AID

Together, National Societies and their Special Olympics have been promoting inclusive first aid trainings which reached youth with and without intellectual disabilities: so far, 400 youth with and without intellectual disabilities were trained in around 12 countries.

In terms of training programme and materials, the regular first aid training materials are used, the only difference being that the facilitator spends more time using demonstrations and repeating techniques. If a test is required, it is in most cases given as an oral test for those who are unable to read and write. The one key element of success is that the trainings ran as inclusive – ‘unified’ trainings, meaning that an individual without a disability is paired with someone with an intellectual disability so they can learn and practice together. This is obviously valuable for the person with intellectual disability, but also for the youth without a disability who gains a greater understanding of working with people with disabilities.

Such ongoing initiatives set a strong example of how the Red Cross Red Crescent network is becoming inclusive of people with disabilities in a very tangible way. They provide as well a great demonstration of how focusing on what individuals with intellectual disabilities can do changes them from someone who often receives aid, to someone who can now administer aid.





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