International First Aid Attestation (IFAA)
Frame of reference

The IFAA frame of reference includes all guidelines which must be verified for a training to be awarded the IFAA.
The IFAA frame of reference is based on the IFRC ***International first aid, resuscitation, and education guidelines*** (also referred to as the ***Guidelines***) as well as best practices which were jointly agreed on by National Societies and IFRC representatives during the IFAA pilot project.

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I. Main and additional first aid topics

A) Main first aid topics

Main first aid topics are first aid topics which must be covered within a first aid training programme for this training programme to be awarded the IFAA. All these topics are included in the IFRC *First aid, resuscitation, and education guidelines*.
It should be noted that main first aid topics titles do not necessarily have to be worded and/or organised in the same way than presented below.

List of main first aid topics[1]:

1. Take safety measures and decide to provide care
2. Observe vital life signs and make an alert
3. Control severe bleeding
4. Manage foreign body airway obstruction (choking)
5. Manage unresponsiveness and breathing normally
6. Manage unresponsiveness and abnormal breathing (cardiac arrest)
7. Manage stroke
8. Manage burns
9. Manage injuries and wounds
10. Provide psychological first aid

Along with these main first aid topics, the training should also cover all education guidelines (listed in IV.).

B) Additional first aid topics

Additional first aid topics are first aid topics which a first aid training programme does not have to necessarily cover for this training programme to be awarded the IFAA.
However, if a training programme includes such topics, then the related clinical additional guidelines (listed in III.) must be verified for the training to be awarded the IFAA.

List of additional first aid topics:

Among first aid for breathing problems:

- Breathing difficulties
- Asthma attack

Among first aid for trauma:

- Dental avulsion

[1] Two sources used to set up this list : 1) EFAC Requirements and best practice ; 2) WHO Prehospital trauma care systems (2005), accessible at https://apps.who.int/iris/bitstream/handle/10665/43167/924159294X.pdf;jsessionid=0E17046EA0021DC88D06C0A076CBBE1D?sequence=1

- Blister
- Acute lower back pain
- Insect bites or stings
- Aquatic animal injuries
- Snakebites
- Poisoning

Among first aid for medical conditions:

- Chest pain
- Allergic reaction and anaphylaxis
- Diabetic emergency
- Seizure
- Feeling faint
- Fever
- Abdominal pain
- Emergency childbirth
- Sore throat
- Earache
- Headache

Among environmental first aid:

- Hyperthermia
- Dehydration
- Altitude sickness
- Motion sickness

II. Clinical main guidelines

Clinical main guidelines are guidelines which must be verified by a first aid training programme for this training programme to be awarded the IFAA. These guidelines are related to the main topics and are mainly based on the IFRC *First aid, resuscitation, and education guidelines* one-star and two-star recommendations, as well as good practice points and best practices which were jointly agreed on by National Societies and IFRC representatives during the IFAA pilot project.

As a reminder, a **first aid provider** is defined as someone trained in first aid who should recognise, assess and prioritise the need for first aid. The first aid provider provides care using appropriate competencies, recognises limitations and seeks additional care when needed.

A) Take safety measures and decide to provide care

<u>Overall and scene safety:</u> - First aid providers should assess the scene for dangers to themselves or others before providing help. (Good Practice Point, or GPP) - In assessing a scene that contains areas of danger, first aiders should also observe which areas are safe (or have fewer dangers) to provide options for themselves and the ill or injured person. (GPP) - First aid providers should have the basic skills to: > identify individuals and situations that may become dangerous due to other people's behaviour > call for help or extra support when needed > decide to stop care due to potential or imminent danger. (GPP)	First aid, General approach, p.102 De-escalation techniques for violent behaviour, p.122
<u>Hand hygiene:</u> - First aid providers should wash their hands before and after providing first aid care to an ill or injured person. (GPP) - Handwashing should be done with soap and water.** - Hand hygiene can be achieved using an alcohol-based hand gel with at least 70% volume of ethanol or 60% of other alcohol for maximum efficacy.* The amount used should cover the hands and fingers entirely and be rubbed in until dry, usually a minimum of 30 seconds. (GPP) - Hand hygiene education and access to soap and water may improve hand hygiene compliance in healthcare workers and within the community, including schools.* - When soap and water are not available to wash hands, ash might be used to clean hands. (GPP)	First aid, Hand hygiene, p.111

Decision to provide care: - First aid providers should be taught about ambiguity in emergencies, and how deciding to act is the most important first step. (GPP) - A lack of first aid equipment should not be a barrier to providing care; first aid providers should use whatever resources are available to them. (GPP)	First aid, General approach, pp.102-103

B) Observe vital life signs and make an alert

Assess the person: - A standard approach to assessment could be taught to first aid providers. This may help them appropriately prioritise care for time-sensitive conditions and feel more confident in their approach. (GPP) - First aid providers should assess the ill or injured person by checking for a response, normal breathing and normal blood circulation. These conditions should be treated as a priority if abnormal. (GPP) - The first aid provider should communicate with the ill or injured person, explaining what they are doing to help, and acting with respect and empathy. (GPP)	First aid, General approach, p.102
Access help: - The first aid provider should access emergency medical services (EMS) as soon as they think help is needed. If using a phone, care to the ill or injured person should be provided simultaneously by - activating the phone's speaker function. (GPP) - If there is more than one ill or injured person, it may be appropriate to call EMS first to inform them about a potentially critical situation, and then repeat the call once more detailed information has been gathered. (GPP)	First aid, General approach, p.103
Casualty positioning: - People with breathing difficulties may experience relief from a comfortable position such as a seated position or an arm bracing position (leaning forward with arms braced and leaning on a support).* - The first aid provider should help a person with a chest or abdominal injury to lie down in a comfortable position. For someone with a chest injury, this may be lying semi-propped up on their affected side. For someone with an abdominal injury, this may be lying down with bent legs. (GPP) - The person in shock should be placed in a supine position (lying on their back).**	First aid, Breathing difficulties, p. 177 First aid, Trauma, Chest and abdomen injuries, p.197 First aid, Medical conditions, Shock, p.290 First aid, General approach, p.102

- An ill or injured person should be left in the position of most comfort (usually the position that they are found) unless there is a need to move them to a different location or position for safety or wellbeing purposes. (GPP)	
<u>Medication administration:</u> - In situations where a person has prescribed medication (such as an inhaler or auto-injector), first aider providers may assist them to take it to improve their condition, if local regulations allow. (GPP) - First aid providers should try to contact emergency medical services (EMS) before administering medication if possible. (GPP) - First aid providers should inform EMS of any medication the person has taken or been administered, especially if the person is unable to communicate this information themself. (GPP)	First aid, General approach, Medication administration, p.124

C) Control severe bleeding

- First aid providers should use direct manual compression for life-threatening external bleeding.** - The first aid provider should protect themselves from the person's blood by putting on gloves or covering their hands with plastic bags. If not available, bandages or clothes can act as a barrier between your hand and the person's wound. (GPP) - If the injured person can apply pressure to their own wound, this can reduce the risk of cross-infection and keep both the first aid provider and the injured person safe. (note)	First aid, Trauma, Severe Bleeding, pp.189-190
- The first aid provider should apply pressure around an embedded object (e.g., a knife), and try to stabilise the object. Avoid removing the object. (GPP)	
- If direct manual compression is ineffective or unable to be performed, first aid providers may use a tourniquet for severe, life-threatening external extremity bleeding.*	
- Tourniquets should only be used for life-threatening limbs bleeding. They may help save a life but may have severe consequences (e.g., amputation of the limb), especially if applied for too long. Once a tourniquet has been applied, keep it in place until EMS arrives. (GPP)	
- If a tourniquet is used, a manufactured tourniquet is preferred. An improvised tourniquet is less effective than a manufactured tourniquet but may be applied if that is all that is available for severe, life-threatening external extremity bleeding.*	
- First aid providers should not use pressure points for severe, life-threatening external bleeding.**	
- If the person becomes unresponsive, open their airway and check for breathing. (note)	

D) Manage foreign body airway obstruction (choking)

- When helping a responsive person, first aid providers must be able to recognise the signs of partial airway obstruction (the person can speak, cough and breathe) and complete airway obstruction (the person is unable to speak, has a weakened cough and has difficulty breathing). (GPP)	Breathing problems, Choking, p. 172
- Immediately after recognition, bystanders can carry out interventions to support the removal of a foreign body airway obstruction.*	
- Back blows may be used initially on people with a foreign body airway obstruction and an ineffective cough.*	
- Abdominal thrusts may be used on adults and children with a foreign body airway obstruction and an ineffective cough where back blows are ineffective.*	
- First aid providers may consider the manual extraction of visible items in the mouth.*	
- First aid providers should not use blind finger sweeps on a person with a foreign body airway obstruction, as this may push the object further down the person's airway.*	
- First aid providers should use standard CPR, consisting of both chest compressions and rescue breaths if possible, on an unresponsive person with a foreign body airway obstruction.*	

E) Manage unresponsiveness and breathing normally

- If a person is found motionless (e.g., lying on the ground), their responsiveness and breathing should be checked immediately: > shout and shake or tap gently > open their airway > take up to ten seconds to check for normal breathing. (GPP)	Unresponsiveness, Unresponsive and breathing normally, pp.130-131
- The AVPU scale may be used to determine the level of responsiveness: **A**lert – **V**erbal – **P**ain – **U**nresponsive describes what kind of stimulus a person reacts to and can be used to determine the level of responsiveness. A first aid provider using the AVPU scale should maintain an open airway for any person reacting to **P**ain (in addition to **U**nresponsive).* *See p.131 of the Guidelines for more information on the AVPU responsiveness scale*.	
- In a non-traumatic incident (no risk of spine injury), first aid providers should maintain an open airway for a person who is unresponsive and breathing normally by moving them onto their side and tilting their head back (recovery position).*	

- In a non-traumatic incident (no risk of spinal injury), if the first aid provider cannot move the person into the recovery position, they can use the head-tilt-chin-lift or jaw thrust manoeuvres to maintain an open airway. (GPP)	
- The first aid provider should avoid moving a person with a suspected spinal injury: > If medical help will arrive soon, the head-tilt-chin-lift or jaw thrust manoeuvres can be used to maintain an open airway on a person with a suspected spine injury. The jaw thrust manoeuvre may result in less cervical spine movement than the head-tilt-chin-lift manoeuvre > If medical help is some time away and if there is more than one first aid provider present, the person can be turned into a side-lying position while maintaining spinal alignment. (GPP)	
- First aid providers should regularly check the person's breathing while maintaining an open airway. (GPP) - If the person is breathing abnormally (gasping, taking irregular breaths or not breathing), start CPR immediately. (note)	

F) Manage unresponsiveness and abnormal breathing

<u>Adolescent and adult:</u> - It is most important to do something. In the case of someone needing CPR, it is unlikely a first aid provider can make the situation worse for the person. (note) - If a person is unresponsive with abnormal or no breathing, it is reasonable to assume the person is in cardiac arrest.** - Taking the pulse as the sole indicator of the presence or absence of cardiac arrest is unreliable.** - When possible, a lone bystander with a mobile phone should call for help, activate the speaker or other hands-free option on the mobile phone, and immediately begin CPR with dispatcher assistance, if required.** - If in doubt whether a person is experiencing cardiac arrest or not, the first aid provider should start CPR without concern of causing additional harm.** - First aid providers who are trained, able and willing can give rescue breaths and chest compressions to all unresponsive adolescents and adults with abnormal breathing.* - CPR may start with compressions rather than rescue breaths.* - Chest compressions may be performed in the centre of the chest (i.e., the lower half of the sternum or breastbone) on adolescents and adults who are unresponsive with abnormal breathing.*	Unresponsiveness, Unresponsive and abnormal breathing (adolescent and adult) pp.136-137

- Chest compressions should be performed fast, at a rate of 100 to 120 per minute.** - Chest compressions should be done to a depth of approximately 5 cm (2 inches); a compression depth of more than 6 cm (2.4 inches) should be avoided.** - Chest compression may be performed on a firm surface when possible.* - First aid providers should avoid leaning on the chest between compressions to allow full chest wall recoil.** - For those who are willing and able to provide rescue breaths, a ratio of 30 compressions and 2 rescue breaths (30:2) should be used on people who are unresponsive with abnormal breathing.** - Interrupting chest compressions to deliver two rescue breaths should take less than ten seconds.** - Where an automated external defibrillator is available, first aid providers should continue to perform CPR while the defibrillator is set up and pause only when it is ready for analysis and, if indicated, provides a shock.** - In any setting, chest compressions can be resumed immediately after shock delivery for adolescents or adults who are unresponsive with abnormal breathing. Any pauses in chest compressions before and after the shock should be as short as possible.** - Adults receiving CPR will require onward medical care. In contexts where this care is unavailable, first aid providers should prioritise the dignity of the person they are caring for. (GPP)	
<u>Baby and child:</u> - It is most important to do something. In the case of someone needing CPR, it is unlikely a first aid provider can make the situation worse for the person. (note) - First aid providers should use a response check and breathing check to ascertain whether a baby or child is unresponsive and breathing abnormally. Checking for a pulse is not needed.** - CPR should be performed on a baby or child who is unresponsive with abnormal breathing (e.g. taking irregular or noisy breaths or have stopped breathing altogether).** - Rescue breaths should be provided as part of CPR to a baby or child who is unresponsive with abnormal breathing.* - Rescue breaths should be given to a baby or child before chest compressions. Two to five initial rescue breaths may be given.* - For a baby, chest compressions can be performed with the two thumb-encircling hand method or with the two-finger technique. In new-borns, the two thumb-encircling hand method is preferred.*	Unresponsiveness, Unresponsive and abnormal breathing (baby and child) pp.149-151

- For a child, chest compressions may be performed with one or two hands. (For example, if the first aid provider is small or the child is large the first aid provider may use two hands.)* - A compression-to-rescue-breath ratio of 30:2 (30 compressions and 2 rescue breaths) may be used on a baby or child who is unresponsive with abnormal breathing.* - For a baby, chest compression depth should be at least one-third of the chest's depth or approximately 4 cm (1½ inches).* - For a child, chest compression depth should be one-third of the depth of the chest or approximately 5 cm (2 inches).** - The rate of chest compressions should be 100–120 per minute for babies and children (this is the same as for an adolescent or adult).** - Chest compression may be performed on a firm surface when possible.* - First aid providers who are unwilling, untrained or unable to perform rescue breaths for a baby or child should perform chest-compression-only CPR. (GPP) If you are unwilling or unable to give rescue breaths, give chest-compression-only CPR at a rate of 100–120 compressions per minute. (note) - While performing rescue breaths, be alert to any signs of life such as movement or coughing. If the baby or child is unresponsive and breathing normally, maintain an open airway. (note)	
<u>When a defibrillator is available:</u> - For a person who is unresponsive with abnormal breathing (taking irregular or noisy breaths, or they stop breathing altogether), CPR should be provided until the defibrillator is ready to start analysing the heart.* - For adults and children (eight years or older), a standard defibrillator should be used.** - For adults and children, automatic external defibrillation with self-adhesive pads can be used and is very safe.** - For optimal defibrillation in adults, pads greater than 8cm are more effective.* - Fast removal of excessive chest hair can be done before the application of pads, so long as the delay to shock delivery is minimal.* - For babies and children younger than eight years of age, a paediatric defibrillator should be used.** - For babies and children younger than eight years of age, if a paediatric defibrillator or paediatric pads are not available, a standard defibrillator and pads could be used.* - Pads should be placed on the chest according to the description given on the defibrillator or pads. For babies and children, the	Unresponsiveness, Unresponsive and abnormal breathing when a defibrillator is available, pp.156-157

anterior-posterior placement of self-adhesive pads may be used (one pad on their front, and one pad on their back).* - For large-breasted individuals, the left electrode pad should be placed beside or underneath the left breast, avoiding breast tissue.* - First aid providers should continue to perform CPR while the defibrillator is set up and pause only when it is ready for analysis and, if indicated, provides a shock.** - After the defibrillator administers a single shock, the first aid provider should resume with chest compressions immediately and not delay for rhythm reanalysis or a pulse check. Any pauses in chest compressions before and after the shock should be as short as possible.** - When compared biphasic waveforms are more effective than monophasic waveforms for terminating ventricular fibrillation. Purchasers of defibrillators should purchase biphasic automated external defibrillators.** - In an oxygen-rich atmosphere (where high-flow oxygen is directed across the chest), first aid providers should ensure that defibrillation does not take place. (GPP) <u>Whether defibrillators are available or not:</u> - The implementation of public-access defibrillation programmes is recommended to improve the outcomes for people with out-of-hospital cardiac arrest.**	

G) Manage stroke

- First aid providers should use a stroke assessment system to recognise the symptoms of a stroke.** > First aid providers should use a stroke assessment system, such as FAST (**F**ace – **A**rm – **S**peech – **T**ime) or CPSS (Cincinnati Prehospital Stroke Scale), to recognise the symptoms of a stroke.* > First aid providers may use stroke assessment systems that include blood glucose measurement, when available, such as MASS (Melbourne Ambulance Stroke Screen) or LAPSS (Los Angeles Prehospital Stroke Screen), to increase specificity of stroke recognition.*	First aid, Medical conditions, Stroke, pp.273-274
- First aid providers should help the person get into the best possible position, keeping in mind the person's comfort, and physical and cognitive abilities. This may include lying on their back or sitting. (GPP)	
- Mild stroke-like symptoms that last less than a few minutes indicate a transient ischemic attack (TIA) or "mini stroke". The	

person experiencing these symptoms should seek medical care as soon as possible to decrease the risk of more permanent outcomes. (GPP)	
- For a person showing stroke signs and/or experiencing stroke symptoms, EMS must be accessed as soon as possible. (GPP)	

H) Manage burns

- Thermal (heat) burns should be cooled with running water for a minimum of ten minutes, ideally 20 minutes.**	First aid, Trauma, Burns, pp.215-216
- Chemical burns on the skin or in the eyes should be rinsed with running water and (if available) diphoterine until the pain eases.*	
- After cooling, a dressing that maintains moisture, contours easily to the wound and is non-stick (e.g. hydrogel) should be used on burns.**	
- After cooling, vaseline or honey may be beneficial substances to apply to a thermal burn.*	
- Aftersun lotion (Hamamelis-free lotion), aftersun cream (e.g., aloe vera cream) or aftersun gel (diclofenac-NA 0.1% Emulgel) can be applied to sunburn according to their instructions and may reduce pain.*	
- Silver sulfadiazine should not be used because it seems to be associated with poorer healing outcomes than other treatments.*	
- Do not apply ice, as this may aggravate the injury. (note)	
- Blisters should not be deroofed or aspirated, as this may increase the risk of infection. If they affect the function of the injured body part, the person should consider seeking medical advice. *	
- If the burn is large, deep or close to the face, mouth/throat or genital area, or if it is the result of chemical products, electricity or flames, the first aid provider should access emergency medical services (EMS). (GPP)	

I) Manage injuries and wounds

<u>Chest and abdomen injuries:</u> - The first aid provider should help a person with a chest or abdominal injury to lie down in a comfortable position. For someone with a chest injury, this may be lying semi-propped up on their affected side. For someone with an abdominal injury, this may be lying down with bent legs. (GPP) - First aid providers should not use an occlusive dressing on a person with an open chest wound.* - If there is significant external bleeding from a chest or abdominal wound, direct pressure should be applied. If applying pressure to	First aid, Trauma, Chest and abdomen injuries, p.197

an open chest wound, ensure the pressure does not completely seal the wound. (GPP)	
<u>Spinal injury:</u> - The person may have a suspected spinal injury if they have been involved in a traumatic incident such as they were a driver, passenger or pedestrian in a motor vehicle or bicycle collision, or they have fallen from a height greater than standing. (GPP) - A person experiencing the following signs or symptoms following a traumatic incident may have a spinal injury: > tingling sensation in the extremities or other parts of the body > pain or tenderness in the neck or back > an obvious deformity to the head, neck or spine > other painful injuries, especially at the head or neck > sensory deficit or muscle weakness in the torso or upper extremities. (GPP) - First aid providers should **<u>not</u>** apply a cervical collar.* - A person with a suspected spinal injury who is unresponsive but breathing normally should not be moved unless absolutely necessary. The first aid provider should open their airway and monitor their breathing. (GPP)	First aid, Trauma, Spinal injury, p.230
<u>Cuts and grazes:</u> - Superficial cuts and grazes should be cleaned with potable (clean) water, preferably from a tap to provide pressurised water flow.** - After cleaning it, covering the wound (with tape, hydrogel, film, hydrocolloids) may decrease wound size and redness, and increase healing.* - If the skin around the wound becomes red, purple, or darker, and is warm and painful, or if the person develops a fever advise them to seek medical advice, as this is an indication of infection. (GPP)	First aid, Trauma, Cuts and grazes, p.204

J) Provide psychological first aid

<u>Mental distress – Traumatic event:</u> - Providing support (through listening, being empathetic, maintaining contact and connecting to other resources) to those who have experienced a traumatic event may decrease post-traumatic stress.* - Actively expressing emotions (expressive coping) may result in a decrease of post-traumatic stress.* - Single session psychological debriefing may be harmful to those who have experienced a traumatic event.*	First aid, Mental distress, Traumatic even, p.368
<u>Mental distress – Suicidal ideation:</u> - Having a confidant or someone to talk to may decrease the risk of suicidality.*	First aid, Mental distress, Suicidal ideation, p.372

- Staying connected to and befriending the person at risk may decrease psychological distress in people with suicidal ideation.*	
<u>Mental distress – Acute grief:</u> - Talking about grief, communicating with people grieving, and providing emotional support may be helpful for the grieving person to deal with their grief. Communication avoidance may result in unresolved grief and anxiety.* - Allowing parents time to hold or be with their children after death to say goodbye. Letting loved ones know how and why children died may be helpful to deal with their grief.*	First aid, Mental distress, Acute grief, p.378
<u>Psychological First Aid:</u> - The core principles of psychosocial support should be included in all first aid training. (GPP) - A common tool used in psychological first aid is Look, Listen, Link. **LOOK** The first aid provider first assesses the environment and the person. They should "look" for the following: • Ensure physical safety in the immediate aftermath. • Ensure the basic and medical needs (if any) are addressed. • Be aware of and attentive for signals of a traumatic event. • Be aware that people do not all react at the same time or in the same way to a critical incident. • Be aware that some people are calm and do not react strongly at the time of an event but may have strong reactions later. • Beware that witnesses and their relatives, or others close to them, may also be strongly affected and need help. **LISTEN** This step is about communicating with the person who has experienced a crisis. While it is called "listen", it also includes making the person feel safe and comfortable, providing reassurance and words of support. • Introduce yourself in the immediate aftermath. • Use clear and soft speech in the immediate aftermath. • Promote a sense of calm in the immediate aftermath. • Respect privacy and confidentiality (to the highest degree; particularly for survivors of sexual and gender-based violence). • Acknowledge the event. • Express concern and provide the opportunity, but never force anyone to talk about the experience. • Offer practical help. **LINK** This step involves connecting the person to the appropriate physical, mental and emotional resources they need to help cope after a traumatic event.	2016 Guidelines, p.136 First aid, Mental distress, pp. 369 and 374

	• Provide honest and reliable information in the immediate aftermath. • Promote contact with loved ones or other social support in the immediate aftermath, such as reconnecting family members, particularly children, as soon as possible. • Encourage collaborative problem-solving. • Encourage the person to maintain the daily life role and routines as much as possible. • Encourage professional help in case of persistent and severe disruption of daily life. (note)	

III. Clinical additional guidelines

Clinical additional guidelines are based as well on the IFRC *First aid and resuscitation guidelines* one-star and two-star guidelines, but they are related to additional topics instead of main topics.
If – and only if – the applicant first aid training programme includes their respective additional topics (listed in I.2), clinical additional guidelines must be verified for this training programme to be awarded IFAA.

A) First aid for breathing problems – additional topics

1. Breathing difficulties

- People with breathing difficulties may experience relief from a comfortable position such as a seated position or an arm bracing position (leaning forward with arms braced and leaning on a support).*	First aid, Breathing problems, Breathing difficulties, p.177-179
- A person who is hyperventilating may be reassured. Rebreathing in a paper bag may also help relieve the symptoms.*	
- First aid providers may assist the person to take their medication if they have any. (GPP)	
- If the person is experiencing severe breathing difficulties as well as a change in mental status (such as confusion or drowsiness) the first aid provider should access emergency medical services (EMS) and continue to observe and assist the person until help arrives. (GPP) - If the person's breathing does not improve after 10–15 minutes, medical care should be considered. (GPP)	
- If the person is unresponsive, open their airway and check for breathing. (note)	

2. Asthma attack

- People with breathing difficulties may experience relief from a comfortable position such as a seated position or an arm bracing position (leaning forward with arms braced and leaning on a support).* Loosening any restrictive clothing may help the person breathe more comfortably. (GPP)	First aid, Breathing problems, Asthma attack, p.182-183
- The first aid provider should move the person away from things that may be triggering the attack such as smoke or dust. (GPP)	
- A first aid provider familiar with the commonly used bronchodilator inhaler devices (inhaler) may assist a person in using the person's own inhaler if local regulations allow.*	

- A first aid provider specifically trained may administer bronchodilator upon his or her discretion, if local regulations allow.*	
- Fitting a spacer device to an inhaler for medication administration may help to improve the person's breathing.*	
- If the person has no inhaler, if the inhaler is ineffective, or if the person is experiencing severe breathing difficulties (change in mental status, slow and less noisy breathing), the first aid provider should access emergency medical services (EMS). Continue to observe and assist the person until help arrives. (GPP)	
- If the person becomes unresponsive open their airway and check for breathing. (note)	

B) First aid for trauma – additional topics

1. Dental avulsion

- The first aid provider may temporarily store the tooth in: > Hank's balanced salt solution > propolis (from 0.04 mg to 2.5 mg per mL of 0.4% ethanol) > oral rehydration salt solutions including Ricetral (a commercial form of oral rehydration salt) > solutions containing sodium chloride, glucose, potassium chloride, citrate, extruded rice > cling film	First aid, Trauma, Dental avulsion, p.208
- If none of these options are available, the first aid provider may temporarily store the tooth in cow's milk (with any per cent fat or form).*	

2. Blister

- If a friction blister does not cause serious discomfort, the first aid provider should consider keeping the blister intact. This may decrease the risk of bacteria and infection, compared to draining it (aspiration) or removing the top layer of the blister (deroofing).*	First aid, Trauma, Blister, p.211

3. Acute lower back pain

- When lifting heavy objects, people should bend their knees and keep their back straight to prevent lower back pain.*	First aid, Trauma, Acute lower back pain, p.240
- Paracetamol may be effective at relieving some subsets of acute lower back pain.*	

- Nonsteroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen) may be effective at relieving acute lower back pain but may cause side effects including gastric irritation, potential kidney interactions, and high blood pressure.*	
- Heat wrap therapy may provide some short-term pain relief and reduce disability in those with a combination of acute and subacute low back pain.*	

4. Insects bites or stings

- A **bee**'s stinger should be removed as soon as possible.*	First aid, Trauma, Insects bites or stings, pp.246-248
- If a commercial **tick** removal device is available, a tick may be removed with the device according to the manufacturer's instructions.* - Do not squeeze the body of the tick, as this may trigger the release of the disease-causing bacteria onto the skin. (note) - The following tick-removal methods must be **avoided**: using gasoline, petroleum or other solvents to suffocate the tick, and burning the tick with a match.*	
- For **other insect bite or sting**, when removing the stinger, avoid using tweezers, your fingers, or any other object that can pierce or press down on the venom bag, as this will aggravate the symptoms. (note)	

5. Aquatic animal injuries

- For **jellyfish** stings, heat may relieve the pain.* - Any remaining stinging cells from a jellyfish should be removed from the skin.* - First aid providers should protect themselves from being stung when removing any tentacles or stinging cells from the skin. (GPP)	First aid, Trauma, Aquatic animal injuries, p.252
- In areas with **deadly aquatic animals**, when a person has been bitten or stung, medical care should be accessed immediately. This is also the case if the person experiences any signs of a severe allergic reaction. First aid providers should assess the person's airway, breathing and circulation while providing care for any other symptoms caused by the injury. (GPP)	
- If warmth or pain develop around the site of the injury, this is an indication of infection and the person should seek medical advice immediately. The injury should be monitored as infection can happen in the hours or days after the bite occurs. (GPP)	

6. Snakebites

-	Limb injuries should be kept still as much as possible to slow the spread of venom. It may be helpful to immobilise the limb by applying a non-elastic bandage (or using clean clothing such as trousers or shirt).*	First aid, Trauma, Snakebites, pp.256-257
-	A tourniquet should not be applied to snake envenomation because it may not be effective and may result in an extended hospital stay.*	
-	If they are properly trained to do so, first aid providers may use the pressure immobilisation technique, by firmly applying a cotton or rubber pad under a non-elastic bandage for special situations such as remote locations and wilderness environments.*	
-	If possible and safe to do so, identify the type of snake that bit the person. Do not try to catch the snake. Consider taking a photo or make note of its features for a medical professional to identify. (note)	

7. Poisoning

-	The first aid provider should stop or limit further effects of the poison by stopping continued exposure. In the case of inhalation of toxic gas, the person should be removed from the area, but only if it is safe for the first aid provider to do so. (GPP)	First aid, Trauma, Poisoning, p.260
-	For a person who has swallowed a poisonous substance, the first aid provider should consider laying them on their left side.*	
-	If the person is responsive, the first aid provider should remove any poisonous liquid remaining in the person's mouth by allowing the person to use water to rinse and spit out any remaining toxin. (GPP)	
-	First aid providers should not give any diluents such as milk, water or activated charcoal to a person who has swallowed a poisonous substance unless they are instructed to do so by the poison control centre or equivalent poison expert. (GPP)	
-	The person should NOT be encouraged to vomit as this may damage their throat. (GPP)	
-	The nature and time of exposure and the name of the product or toxic substance should be described to the poison control centre, or local equivalent, or emergency medical services (EMS). All bottles, packages or containers with labels or any other information about the poison should be given to EMS. (GPP)	
-	If life-threatening conditions are present (e.g., unresponsiveness or breathing difficulties) the first aid provider should access EMS.	

The first aid provider should start CPR or provide other first aid as necessary. (GPP)	

C) First aid for medical conditions – additional topics

1. Chest pain

- The first aid provider should help the person get into a comfortable position; the person should refrain from physical activity. (GPP)	First aid, Medical conditions, Chest pain, pp.266-267
- If the person has medication, is diagnosed with angina and showing signs of acute chest pain, the first aid provider should assist them to take their medication. (GPP)	
- If a heart attack is suspected, emergency medical services (EMS) should be accessed immediately. Urgent access is necessary if the pain is intense, the person has shortness of breath, the person's skin is pale or ashen and clammy, or they have a bluish colour to the skin on their lips, ears, fingers or toes. Access EMS even if the pain has only lasted a couple of minutes. (GPP)	
- While waiting for EMS to arrive, consider having the person suspected of having a heart attack take an oral dose of 150–300 mg acetylsalicylic acid. Acetylsalicylic acid should be avoided if the person is allergic to it, or if the person takes acetylsalicylic acid regularly and has just taken the recommended dose.*	
- If the person becomes unresponsive with abnormal breathing, start CPR. (note)	

2. Allergic reaction and anaphylaxis

- The person should be asked about any known allergies and prescribed medication. (GPP)	First aid, Medical conditions, Allergic reaction and anaphylaxis, p.281
- If appropriate, the allergen should be removed (e.g., from the skin) or the person should be removed from the environment containing the allergen (e.g., a chemical). (GPP)	
- The first aid provider should help the person to get into a comfortable position and to take their prescribed medication if the person has this with them. (GPP)	
<u>Anaphylaxis:</u> - Epinephrine should be used intramuscularly to treat anaphylaxis using the person's prescribed autoinjector.** - For a person with symptoms of anaphylaxis who has been treated by, but did not respond to, epinephrine within five to ten minutes, a second dose may be considered, if emergency medical services (EMS) have not arrived yet.*	

Mild allergic reaction - Using moisturisers in case of atopic eczema or dermatitis may relieve the symptoms.* - Rinsing the eyes or nasal cavity with saline may relieve symptoms of hay fever.* - If local regulations allow, a trained first aid provider may give common antiallergic medication (antihistamine or corticosteroid tablet) if the person does not have these with them.*	

3. Diabetic emergency

- Oral glucose administration (swallowing or eating glucose) should be used for an adult or child with suspected hypoglycaemia who is responsive and able to swallow.** - Only give the person something to eat or drink if they are responsive and able to swallow. (caution)	First aid, Medical conditions, Diabetic emergency, pp.293-294
- First aid providers should give glucose tablets to a person who has symptoms of hypoglycaemia and is responsive.** - If glucose tablets are not available, various forms of dietary sugars such as Skittles, Mentos, sugar cubes, jellybeans or orange juice can be used to treat the symptoms of hypoglycaemia in a responsive person.*	
- If oral glucose (e.g. tablets or dietary sugars) is not available, a glucose gel can be given to an adult or child with suspected hypoglycaemia who is responsive and able to swallow. These gels are both absorbed into the cheeks (buccal) and swallowed (oral).*	
- Sublingual glucose administration (putting glucose under the tongue) may be used for suspected hypoglycaemia in children who may be uncooperative with swallowing a glucose substance.*	
- Buccal glucose administration (putting glucose inside the mouth where it can be absorbed into the lips or cheeks) is not recommended for an adult or child with suspected hypoglycaemia.*	

4. Seizure

- The person experiencing a seizure may be placed on the floor to prevent injury. (GPP)	First aid, Medical conditions, Seizure, p.297
- First aid providers should not force anything between the person's teeth.*	

- Once the seizure has ended, first aid providers should check the person's breathing and treat them accordingly. (GPP)	

5. Feeling faint

- A person who is feeling faint should be helped into a safe and comfortable position, such as sitting or lying on the floor, so they cannot fall. (GPP)	First aid, Medical conditions, Feeling faint, p.301
- First aid providers should assist the person who is feeling faint in doing physical counterpressure manoeuvres.**	
- While in a safe and comfortable position, a person feeling faint can perform counterpressure manoeuvres on their own to lessen the feeling.*	
- Lower-body physical counterpressure manoeuvres (such as leg crossing and tensing, or squatting), rather than upper-body and abdominal physical counterpressure manoeuvres, should be used to lessen the faint feeling.*	

6. Fever

- Paracetamol may be given to the person with a fever who is feeling really unwell.*	First aid, Medical conditions, Fever, p.305
- Sponging the person with fever using lukewarm water may help to decrease the temperature faster, as long as it does not upset the person or make them feel cold and start to shiver. Cold water should not be used. It can cause the blood vessels to constrict and prevent the body from giving off heat or cause the person to start shivering and inappropriately to produce more heat. (GPP)	
- People with fever should rest and drink fluids to replace the fluid loss caused by sweating. (GPP)	
- Access emergency medical care if a person with a fever also has any of the following signs and symptoms: - > a rash - > a change in mental status - > difficulty breathing - > severe abdominal pain - > sensitivity to light and vomiting - > signs of shock. (GPP)	
- Depending on the local context (e.g., areas where malaria is present), people with fever should seek medical care, even if they have no other symptoms. (GPP)	

7. Abdominal pain

- In case of pain after eating a meal, it may help to keep moving instead of lying down or staying seated. If a person with pain after a meal decides to lie down, it may help to let them lie on their right side.*	First aid, Medical conditions, Abdominal pain, p.309
- A hot water bottle or heated wheat bag held against the lower abdomen may relieve period pain.**	

8. Emergency childbirth

- The first aid provider should manage the scene to protect the dignity and safety of the woman, as well as taking care to comfort them and give emotional support. (GPP)	First aid, Medical conditions, Emergency childbirth, p.314-316
- Hygiene measures should be taken where possible such as hand washing and wearing gloves and using clean cloths or towels both under the woman and to wrap the new-born baby in. (caution)	
- Support the woman to contact her chosen birthing partner, as their continuous support during labour contributes to a positive childbirth experience.**	
- The woman should be supported to move into the positions she is most comfortable, even if the amniotic sac is broken (waters have broken). (GPP) - During the first stage of labour, being in an upright position (sitting, standing or walking) may help to shorten the duration of labour.*	
- The woman may drink or eat something during labour if she wants to. This will help her keep up her strength. (note)	
- During labour, massage of the lower back may reduce pain intensity.*	
- During labour, relaxation, yoga, or listening to music may reduce pain intensity and improve the overall birthing experience.*	
- Do not pull the baby's head and shoulders during delivery. (caution) - Do not push on the woman's stomach during labour or after delivery. (caution) - If the umbilical cord is wrapped around the baby's neck during delivery, check that it is loose and carefully ease it over the baby's head to prevent the baby from strangulation. (caution) - Do not pull on the umbilical cord. The afterbirth usually comes out by itself within about 30 minutes of the delivery. (caution) - If the baby is responsive and breathing normally, there is no immediate need to cut the umbilical cord, which should be performed by a medical professional, if possible. (caution)	

- Skin-to-skin contact between the mother and the baby may improve breastfeeding, infant and maternal outcomes.*	

9. Sore throat

- Paracetamol can reduce the pain caused by a sore throat.**	First aid, Medical conditions, Sore throat, p.322
- Drinking a hot drink may relieve the pain.*	
- Medicated lozenges (containing benzocaine, hexylresorcinol or flurbiprofen) or mouth sprays (containing chlorhexidine gluconate and benzydamine hydrochloride) may relieve the pain.*	
- Antibiotics should only be given if prescribed by a medical professional.*	
- Harsh or high-pitched breathing sounds, the inability to swallow, severe pain or drooling are signs and symptoms of potential airway swelling that should receive urgent medical care. (GPP)	

10. Earache

- If trained and it is safe to do so, first aid providers may give the person paracetamol for pain relief.*	First aid, Medical conditions, Earache, p.325
- Medical advice should be sought when there is fever, fluid draining from the ear, vertigo, loss of or decreased hearing associated with ear pain. (GPP) - The person should seek medical advice if the symptoms don't get better (or get worse) within 48 hours. (GPP)	

11. Headache

- If a person experiences a tension-type headache or an acute migraine headache, the first aid provider should advise them to take 1000 mg of paracetamol or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen.** - Paracetamol and other painkillers should only be used if a headache results from minor causes such as tiredness or stress. (GPP)	First aid, Medical conditions, Headache, p.327

D) Environmental first aid

1. Hyperthermia

- The person should stop all physical activity and be removed from the hot environment to a cool place. (GPP)	First aid, Environmental, Hyperthermia, p.333
- In the case of an adult experiencing hyperthermia due to intense physical activity, the first aid provider should consider immersing the person from the neck down in cold water (1-26° C/33.8-78.8°F) until a core body temperature of less than 39°C (102.2°F) is reached. If this is not possible, they may cool the person using any other active cooling technique (e.g. with a wet sheet, water or icepacks placed in the armpits, neck and groin area).*	
- The first aid provider should access emergency medical services (EMS) if the person: > shows unusual behaviour, confusion or becomes unresponsive > has a seizure > has a body temperature above 39°C (102.2°F) > stops sweating > cannot drink without vomiting. (GPP)	

2. Dehydration

- First aid providers should motivate people with mild dehydration to drink enough fluids (e.g., water or diluted apple juice in children older than 6 months).**	First aid, Environmental, Dehydration, pp.338-340
- In more severe cases, first aid providers should rehydrate the person using either commercially prepared oral rehydration salts (ORS) or a pre-prepared salt package that complies with the World Health Organisation's recommendations for ORS solutions.** - Oral rehydration recipe: > Half a teaspoon of salt > Six teaspoons sugar > One litre of drinking water (note)	
- First aid providers could use 3 to 8 percent carbohydrate-electrolyte drinks for exertion-related dehydration. If these are not available or not tolerated, alternative beverages include water, 12 percent carbohydrate-electrolyte solution, coconut water, two per cent milk, tea-based carbohydrate-electrolyte drinks or caffeinated tea.*	
- Breastfeeding for babies should be continued.**	

3. Altitude sickness

-	People experiencing AMS (acute mountain sickness), HACE (high altitude cerebral oedema) and HAPE (high altitude pulmonary oedema) should stop their ascent immediately and start to descend safely, with support, until their symptoms lessen.**	First aid, Environmental, Altitude Sickness, p.353
-	If the person has prescribed medication for altitude sickness with them (such as acetazolamide or dexamethasone), the first aid provider may assist them in taking it based on the label instructions.*	

4. Motion sickness

-	Eating a light meal or taking in ginger before travelling may help prevent motion sickness.*	First aid, Environmental, Motion Sickness, p.357
-	Controlled breathing and distracting the ill person with an activity (e.g. listening to music) may help to reduce symptoms of motion sickness.*	
-	Looking straight ahead through the windshield, looking outside and fixing the gaze on a central point on the horizon, as well as restricting one's view may help to prevent motion sickness. Sitting in a chair with a high backrest, sitting facing in the direction of travel, wearing a P6 acupressure or P6 acustimulation wristband, and having control over the movement of the vehicle (driving oneself) may also help prevent motion sickness.*	

IV. Education guidelines and best practices

Within this section, items are divided between “guidelines” and “best practices”:

- Education “guidelines” refer to minimum quality standards which must be verified by a first aid training programme for this training programme to be awarded IFAA.
- Education “best practices” do not have to be verified for a first aid training programme to be awarded IFAA, however they are strongly encouraged since they reflect expected quality standards at which RC RC first aid education should aim.

Education guidelines and best practices are inspired by the IFRC *First aid and resuscitation guidelines* education chapter. They draw as well from lessons learned during previous quality improvement projects and the IFAA pilot project. They were finalised by National Societies and IFRC representatives during the IFAA pilot project.

Through these education guidelines and best practices, the main targeted outcome is that people can respond to a first aid situation thanks to the skills they learned and their confidence and willingness to act.

During the IFAA process, if a first aid training programme does not verify a specific education guideline, the applicant National Society can propose a specific action point included in the improvement plan. If validated by the IFAA Representative and the GFARC, the action point will lead to validate the related education guideline for the first aid training programme.

A) Principles of first aid education

The principles of first aid education support programme designers in developing programs that match the needs of their learners.

1. Link to learners

Objective: All aspects of the targeted learner group(s) are considered (age, gender, responsibilities, needs, etc.). The learning approach is adapted throughout the training, so it is relevant and based on contexts learners recognise. Suitable safeguarding precautions are in place during the training.

Guidelines	- A safe learning environment is created and maintained throughout the training. Learners should feel safe to share and discuss their ideas and experiences without fear of judgement *(Guidelines 2020, p.369)* - Learning modalities, methodologies and tools are adapted to the learners (age, level of understanding/education, local context, disabilities, etc.). *(IFAA working group)*
Best practices	- Proposed learning modalities allow learners to make use of life experience to support content. *(IFAA working group)* - Training workshop activities are interactive and learner-centred. *(IFAA working group)*

2. Variety

Objective: A variety of activities are used during the training to engage the learner, develop their skills and construct their knowledge.

Guidelines	- At least two different and relevant learning modalities are used during the trainings observations. *(IFAA working group)* *For more information on learning modalities, please see the "Education modalities" section of the Guidelines (pp. 62-95)*

3. Simplicity

Objective: The training content is restricted to what is necessary and learning messages are kept simple: learners should not be overloaded with content, topics or techniques that they are unlikely to come across or would not be able to use.

Guidelines	- The training content should be targeted towards laypeople as first aid providers. A first aid provider can recognise, assess, and prioritise the need for first aid, providing appropriate care. However, a first aid provider does not hold the professional responsibility of a first responder. - The first aid provider should be trained to provide first aid without any specific materials or equipment. *For more information, please refer to the Definitions in the Guidelines (pp.18-19)*

4. Discovery

Objective: The training allows time for leaners to explore and reflect on what they have learned in order to develop their attitude and confidence to help.

Guidelines	<u>Minimum percentage of practice:</u> - At least 50% of the training duration is dedicated to practice – practice including brainstorming, experience sharing, demonstration, case studies and simulations. This should be verified in the training curriculum and during the observed training workshops. *(IFAA working group)* <u>Practice in each main topic:</u> - Practice is included in each of the main first aid topics covered in both the training curriculum and training workshops. *(IFAA working group)*
Best practices	<u>Trainer-learners' ratio:</u> - There is a maximum of 10 learners per trainer during learners' practice. *(IFAA working group)* <u>Manikin-learners ratio:</u> - One manikin should be available for each four learners. In case of fewer manikins, the training programme length needs to be

	extended according to the number of learners in order for each learner to be able to practice. *(IFAA working group)*

5. Clarity

Objective: Learners understand the language used during the training and it builds their confidence. Scientific language or overly complex theories are avoided throughout the training.

Guidelines	- The language used during the training should be tailored to the training audience. *(IFAA working group)*

6. Outcome-driven

Objective: Leaner outcomes, such as knowledge and confidence, are identified prior to the training. Changes are measured between the start and the end of the education intervention.

Guidelines	<u>Assessment of learners during the training:</u> - All learners receive continuous assessment/evaluation (during the training), including assessment/evaluation of practical skills. *(IFAA working group)* <u>Outcomes measurement in first aid education:</u> - Actions related to monitoring, evaluation and/or research studies are put in place in order to measure the effectiveness of first aid education, including measuring learning outcomes (such as learners' knowledge, skills and attitude to helping). These studies allow to measure learning outcomes across different learning modalities. *For more information on learning modalities, please refer to the Outcomes measurement toolkit available on the GFARC platform*.
Best practices	<u>Outcomes measurement in first aid education:</u> - Results of studies related to the effectiveness of first aid education are proactively used to improve first aid education quality.

B) Chain of survival behaviours

The Chain of survival behaviours defines the five broad domains of first aid education:

- The first domain emphasises the role of **prevention and preparedness** in reducing the impact of emergencies.
- The second domain emphasises **early recognition** of dangers environmentally and with the ill or injured person.
- The third domain of response has two actions that can take place at the same time, **providing first aid** and **accessing help**, depending on the number of first aid providers and resources.
- Last in the sequence is the domain of **recovery that can be done with or without medical care.**

Guidelines	- The training incorporates key messages about prevention which are shared with learners, depending on their needs and abilities. *(IFAA working group)*
Best practice	- Curriculum designers and trainers should consider each first aid topic alongside the five chain of survival behaviours domains (prevention and preparedness – early recognition – providing first aid – accessing help – recovery with or without medical care) to decide where the emphasis and opportunity lie for that particular topic for their learners. *(Guidelines, p.35)*

C) Refreshment and retraining

Knowledge and skill abilities decline dramatically in the months following an initial first aid education session. Refresh and retrain strategies should be considered to maintain first aid learning outcomes.

Guidelines	- Refresh and retrain strategies should be considered to maintain first aid learning outcomes.** - All methods reviewed in the "Education modalities" section of the Guidelines (video learning, feedback devices, face-toface learning, etc. please see pp. 62-95) may be considered as appropriate refresh and retrain methods.* - Refresh and retrain sessions may be delivered between three to six months after the initial educational experience. Waiting longer will lead to less effective learning.* - While there is no recommended session length, refresh and retrain interventions of 45-minutes or less could be valuable.* *(Guidelines, p.94)*