WHAT'S NEW

IFRC First Aid Reference Centre

INTERNATIONAL FIRST AID, RESUSCITATION, AND EDUCATION GUIDELINES 2020

Audience First aid programme designers, programme managers, education and scientific committees, trainers

Purpose Provide an overview of what is new and the changes from the 2016 Guidelines

What's new is a guide to help you to navigate the changes in the International first aid, resuscitation, and education guidelines 2020. It includes sections on:

- Where to start with implementation
- Overall Changes to each topic included in the 2020 Guidelines
- A breakdown of the Structure of each topic
- Summary of changes, including:
  - New topics
  - Specific updates to education topics
  - Specific updates to first aid topics
- A summary of Key actions, including where systematic and non-systematic reviews were used

There have been considerable revisions and updates to the 2016 content. Some selected key changes are included here, but it has not been possible to list all changes. We encourage you to browse the 2020 Guidelines for more rich, new content.

To make this easy, go to the next page to find out where to start

First aid worldwide

~23 million trained
in 2017

37.5% increase
in # of people trained

Evaluation of 2016 Guidelines

148 responses
from around the globe

analyzed
strengths & weaknesses

actions

- Formed a multinational team of contributors to be more globally representative.
- Used a template to gather consistent content across the 2020 Guidelines topics.
- Developed a Guidelines platform which will allow sharing of programmes, toolkits, and resources.
- Developed an *Evidence to action* section to support implementation.
- Included first aid adaptations for low resource settings including disaster or conflict.
- Developed content to include key messages and support the recognition of first aid conditions.
- Used language which is more inclusive of differences in ages, genders, skin colours and physical abilities of the ill or injured person or the first aid provider.
- Improved readability through simpler language.
- Improved in-text citations and referencing.

Where to start

1. **Visit the new platform.**
   - The platform is for all programmes of the Global First Aid Reference Centre and includes tools, resources, and connections to other colleagues around the world.

2. **Explore the 2020 Guidelines.**
   - Each topic of the Guidelines is found on the platform and in a print publication for easy downloading.

3. **Check out Evidence to action.**
   - This section is found in the Introduction to the 2020 Guidelines with practical tools and guidance for taking the guidelines from evidence to your first aid education interventions.

4. **Reach out to the Global First Aid Reference Centre at first.aid@ifrc.org**
   - Share your success!
   - Get help.
   - Connect with colleagues from around the world that are implementing the guidelines in their own communities.
   - Sign-up for a regional webinar and express interest.
   - Get involved!

The International first aid, resuscitation and education guidelines 2020 evaluate and report on the science and good practice behind first aid, resuscitation and education. The 2020 Guidelines have been produced with the main goal of fostering harmonisation of first aid practices across the Red Cross Red Crescent Movement by providing a strong evidence-base. To develop these evidence-based guidelines, we've worked in close collaboration with the ICRC by harmonising practices where appropriate.

The 2020 Guidelines become the common denominators for the IFRC to establish its International first aid attestation.

The 2020 Guidelines do not replace educational materials. Instead, they serve as the foundation for first aid programme designers to develop their programs. National Societies should use and adapt the guidelines according to their local cultural, linguistic, technological, environmental and legal contexts, including the local prevalence of injuries and illnesses. The adaptation must also consider populations' capacities and available resources. In addition, the 2020 Guidelines provide scientific evidence for first aid programme managers and designers to make strategic decisions.

Communicating changes

The implementation of the 2020 Guidelines is an opportunity to communicate with internal and external teams and partners, and to demonstrate the leading role of the Red Cross Red Crescent Movement in evidence-based first aid education practice. When communicating any changes, carefully consider the messaging you use and adjust it according to the audience. You may also like to use our advocacy tool to help advocate that your government recognises the Guidelines as an authorised source of first aid recommendations.

Feedback tells us that if people believe that *first aid changes all the time* it can affect their confidence and willingness to act. First aid, resuscitation and education science evolves over time, and these guidelines aline with the current best-evidence base. However, these improvements tend to be minor adjustments in practice, and generally do not make previous practice *wrong*. Learners should be reminded that not acting carries a much greater risk than acting on slightly older guidelines. Previous guidelines do not contain suggestions that could cause significant harm. These first aid, resuscitation and education guidelines are evidence-based, and should be tailored to the relevant audience and local content needs.

What's in a name?

The previous two editions of the Guidelines released in 2011 and 2016 were titled the *International first aid and resuscitation guidelines*. As the 2020 Guidelines were in development, it became clear that one of their greatest strengths is how we approach supporting first aiders and programme managers alike with practical steps to provide care and first aid education.

To that end, we recognize education and present the new name for the Guidelines:

International first aid, resuscitation, and education guidelines

Changes to each topic

Key action

Every topic now includes a key action which describes the most important action in relation to the topic. For education topics, this highlights the key message for programme designers. For first aid topics, this highlights one key action that programme designers should emphasise to learners.

Check out the key actions for each topic summarized in this guide.

Scientific foundation

In 2016 we collected the best available evidence and provided this as a summary of the scientific foundation for each topic.

In 2020 the evidence was updated for all topics. We have also made the distinction between evidence from systematic reviews and non-systematic reviews:

- A systematic review is a review of the evidence on a clearly formulated question that uses systematic and explicit methods to identify, select and critically appraise relevant research, and to extract and analyze data from the studies that are included in the review.
- Non-systematic review is other types of information (including individual studies and expert opinion) that is gathered in a non-systematic way and used to formulate good practice points.

References

The reference section of the 2020 Guidelines highlight the wide variety of systematic, non-systematic and educational reviews that were used to create the International first aid, resuscitation, and education guidelines 2020. To find the references for specific topics, the page numbers are indicated for the full publication with the Key actions in this guide.

Guidelines

All guidelines are classified as either ** (strong) or * (weak) recommendation:

- For a strong recommendation, the evidence of benefits strongly outweighs the evidence of harms.
- For a weak recommendation, the evidence related to benefits is either weak or the studies conducted were at a small scale. There was either no or weak evidence of harm that was outweighed by proof of benefit or appreciable uncertainty exists about the magnitude of benefits and risks.

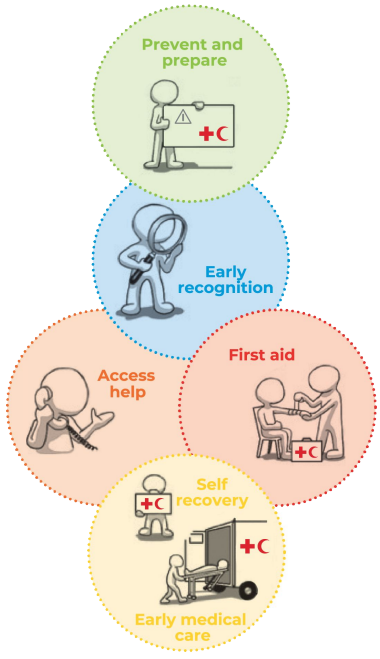
Good practice points (GPP)

Where no clear evidence was available or missing but clinical practice or expert opinion is available, good practice points were formulated based on the experience of Red Cross Red Crescent National Societies or based on the non-systematic review sources, provided in the scientific foundation.

Chain of survival behaviours

In 2016, the Chain of survival behaviours was first introduced as a concept. The guidelines asked programme designers to consider how to develop all of the survival behaviours when designing educational activities.

In 2020, each first aid topic has been considered using the domains of the Chain of survival behaviours. These domains reflect the evidence from the scientific foundation and guidelines. They are provided as instructions.



Education considerations

Every topic has education considerations based on available research papers and expert opinion. The considerations provide ideas based around the themes of:

- Context considerations
- Learner considerations
- Facilitation tips
- Facilitation tools
- Learner connections

The 2020 Guidelines is the most inclusive of diversity it has ever been

Inclusion and diversity

The 2016 guidelines advocated the designing of special programmes for people that typically are not reached by training. Examples include those with language, socioeconomic or educational limitations, as well as those living with a disability or any other impairment.

This has been further developed in 2020. As much as possible, instructions focus on what needs to be achieved (i.e., the outcome) rather than the exact way something must be done. This is intentional to be inclusive of people with diverse physical needs and abilities.

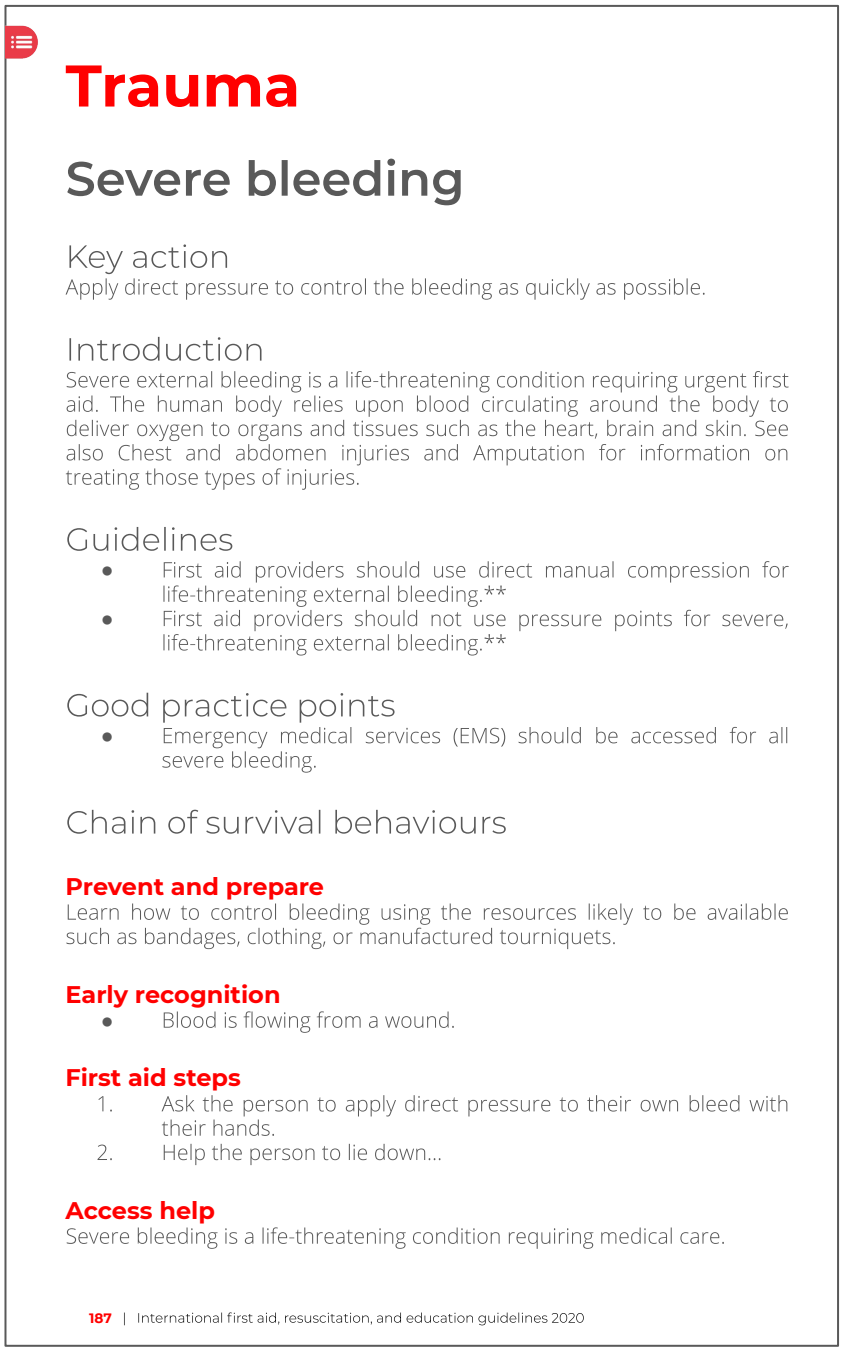
The guidelines also encourage programme designers to adapt first aid skills to the abilities of learners, with guidance that adaptations need to "allow the first aid provider to perform the principles of the method safely and effectively, be safe for the ill or injured person and be quick to start".

Special attention has been paid to using inclusive descriptions of conditions that present on the skin, such as an infection or a bite or sting. These have been described using language that reflects the way a condition may appear on a range of skin colours.

Considerations have been added where there is some evidence of prejudice or health inequalities related to skin colour, generally due to an ethnicity forming a minority group in a country.

Structure of each topic

Each topic of the 2020 Guidelines follows the same structure. Here we describe very briefly each part of the topic using a very abbreviated version of *Severe bleeding*. Check out Process in the 2020 Guidelines to learn more about the structure.



Trauma

Severe bleeding

Key action
Apply direct pressure to control the bleeding as quickly as possible.

Introduction
Severe external bleeding is a life-threatening condition requiring urgent first aid. The human body relies upon blood circulating around the body to deliver oxygen to organs and tissues such as the heart, brain and skin. See also Chest and abdomen injuries and Amputation for information on treating those types of injuries.

Guidelines
- First aid providers should use direct manual compression for life-threatening external bleeding.**
- First aid providers should not use pressure points for severe, life-threatening external bleeding.**

Good practice points
- Emergency medical services (EMS) should be accessed for all severe bleeding.

Chain of survival behaviours

Prevent and prepare
Learn how to control bleeding using the resources likely to be available such as bandages, clothing, or manufactured tourniquets.

Early recognition
- Blood is flowing from a wound.

First aid steps
1. Ask the person to apply direct pressure to their own bleed with their hands.
2. Help the person to lie down...

Access help
Severe bleeding is a life-threatening condition requiring medical care.

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The topic title is descriptive and typically describes the illness or injury.

Key action is the main takeaway for this topic.

Introduction describes the topic and may include causes or other information.

Guidelines are evidence-based statements based on systematic review sources. Each guideline indicates the strength of evidence. Read more here.

Good practice points reflect a consensus of expert opinion, or non-systematic reviews.

The Chain of survival behaviours are the domains that represent the most effective ways to prevent, recognise or treat an illness or injury, based on the scientific foundation and guidelines. These behaviours are new to the 2020 Guidelines and reflect extensive input from experts throughout the Movement.

Education considerations

Context considerations

- Consider the local health system, especially the availability of well-developed emergency care and manufactured tourniquets to decide whether to include tourniquet education.
- Consider local laws and regulation as well as the availability of haemostatic dressings before including them in learning design.

Learner considerations

- Consider where learners live and work and discuss the most likely causes of injuries that cause bleeding in the local setting to give context and relevance to the topic.
- This topic can be quite graphic (both in training and in reality). The use of images and video can be helpful and can prepare the learners for what they might see in reality. However, this may be unsuitable for children and some other learner groups. Scenarios and storytelling with or without actors might produce engagement without fear and upset.

Facilitation tips

- Discuss with learners how to recognise a severe bleed: how much blood is coming out, what does it look like? Discuss it in terms of volume (e.g. cup-full, ounces); how it looks (forming a puddle or pool, soaking through the bandage); and the emotional reaction they might have (Pellegrino et al., 2020).
- Emphasise that timely intervention to stop bleeding is vital and may be a life-saving action. Applying pressure to a bleed is often a simple action, easy to do and can be very effective.

Facilitation tools

- Provide a glossary of terms of words or phrases that may be used interchangeably (Bleeding and haemorrhage for example).

Scientific foundation

Pressure dressings, bandages, devices or proximal manual pressure

Six studies compared the use of pressure dressings, bandages, or devices to direct manual pressure. Three in-hospital randomised controlled trials and one in-hospital cohort study demonstrated a significantly longer time to haemostasis with the use of mechanical pressure devices (pneumatic device, Femostrop, C-clamp) compared with the use of direct manual pressure.

Describes how location, environment, access to resources and other local factors may influence how a topic is taught.

Describes factors that programme developers should consider about learners.

Identifies teaching approaches, adaptations, and points to emphasise to strengthen learning.

Suggests tools for effective training.

The Scientific foundation is a summary of systematic and non-systematic review sources. The Scientific foundation is just that: the foundation for each education and first aid topic.

Anatomy of a topic

Within each topic, each section builds up from the scientific foundation. So, while they are presented in a way that can be used most effectively by programme developers, the sections build upon one another to create a comprehensive topic in the 2020 Guidelines.

Scientific foundation is the base of evidence that structures the entire topic.

Guidelines and good practice points are built out of the scientific foundation.

The key action and Chain of survival behaviours bring the theory into first aid practice.

Education considerations are developed to carry the evidence to action.

Summary of changes

Included in this section are:

- New topics
- Updates to education topics
- Updates to first aid topics

New topics

The 2020 Guidelines include many new topics in education and first aid.

Education

Contexts

Information to help you design education appropriate to some common contexts.

- Conflict
- Disaster
- Water
- Remote
- Pandemic
- Workplace

Modalities

Information demonstrating that a range of modalities can be used to motivate and reach new learners, to make education more effective, to help with the retention of knowledge and skills, or to provide just-in-time information.

- Blended learning
- Gamification
- Feedback devices
- Media learning
- Online learning for adults
- Online learning for children
- Peer learning
- Refresh and retrain
- Video learning

First aid

New topics in first aid and resuscitation to support programme designers to develop evidence-based first aid education programmes.

- Abdominal pain
- Acute grief
- Acute lower back pain
- Blister
- Emergency childbirth
- Earache
- Flash eye
- Headache
- Hiccups
- Hyperthermia
- Hand hygiene
- Motion sickness
- Sore throat
- Unresponsive and breathing normally
- Unresponsive and abnormal breathing with suspected opioid overdose

Education topics

Specific updates

	2016	*2020*
Motivation to learn first aid	In 2016, this topic included the guideline that self-determined learning taken in a relevant context could improve educational outcomes for the learner. .	There is a similar guideline to 2016 - self-led learning completed in a familiar context (e.g., at home) may improve individuals' motivation to successfully achieve the learning outcomes.* Recommendations also now include empowering first aid programme designers to advocate that decision-makers make first aid learning a requirement for specific groups, such as school children, new drivers and employees.**
First aid education for children	In 2016 the guideline stated that National Societies should endeavour to create educational programmes for children, according to their cognitive, social, and behavioural abilities, as described by the educational pathway provided by the CEBaP.	In 2020, we found evidence that when combined with a secondary method (e.g., educational songs), hands-on training may help children to retain knowledge and skills as well as increase their confidence and willingness to act.* There is some evidence that training teachers to facilitate first aid education may be more productive, time-efficient and relevant than bringing in medical facilitators.*
Measuring outcomes	The 2016 Guidelines urged National Societies to find ways to test the effectiveness of their first aid education, either by measuring the change in self-efficacy of all learners pre- to post-learning, or by undertaking empirical studies in areas where they train to measure the health outcomes of communities.	The 2020 Guidelines reiterate the importance of outcome measurement and include a new tool to for education providers to measure effectiveness: the Outcomes measurement toolkit.

First aid topics

Specific updates

	2016	*2020*
General approach	In 2016 the general approach covered assessment of the scene and casualty, positioning of the casualty, calling for help, and medication administration.	This section and topic has undergone a significant restructure and updates. New good practice points have been developed on many aspects including: ● the ambiguity of emergencies ● scene assessment ● communication with the ill or injured person ● improvising equipment when necessary ● the issue of bystanders filming at the scene of an emergency ● multiple casualty incidents.
Psychological first aid	This topic included measures to enhance psychosocial wellbeing after a traumatic event including ensuring safety, assessing needs, providing stability and information	While many of the principles remain the same in 2020, the topic now uses “Look, Listen, Link” as the basis for providing psychological first aid.
Medication administration	In 2016, this topic laid out some parameters for medication administration by first aid providers.	The parameters of when a first aid provider may administer medication remain the same as 2016. There are several new good practice points. For example, advising that first aid providers are familiar with conditions that may require medication, and the common routes of medication administration (e.g., inhaler, auto-injector, etc). This topic remains subject to the laws and regulations of the relevant country.

Oxygen administration

The 2016 guidelines recommended that administration of supplementary oxygen by specially trained first aid providers in certain cases may be reasonable.	In 2020 the cases in which oxygen may be given have been revised. Until emergency medical care is available, the administration of supplementary oxygen is reasonable for a person: > after exposure to carbon monoxide. > experiencing decompression illness (e.g. a scuba diver). > experiencing breathing difficulties. > experiencing hypoxia (SpO2 at 94% or less). (GPP) A first aid provider should not give supplementary oxygen to an adult with a suspected stroke.* A first aid provider should not routinely give supplementary oxygen to an adult with a suspected heart attack unless they recognise the person is hypoxic. (GPP)

Unresponsive and abnormal breathing adult and adolescent

Previously Cardiac arrest

Unresponsive and abnormal breathing baby and child

Previously Resuscitation in children

Unresponsive and abnormal breathing when a defibrillator is available

Previously Early defibrillation

In 2016 the Resuscitation section included the topics Cardiac arrest in adults, Early defibrillation, Resuscitation in children, Withholding of resuscitation in cases of trauma, and Methods of providing ventilation.	These topics have been split up and reformatted significantly. The names of the topics have changed to align with the focus on the presentation of the condition. The main recommendations in the topics remain the same as 2016. There are new recommendations and other information on resuscitation for babies and children, and also for defibrillation.

Allergic reaction and anaphylaxis

Previously Allergic reaction and second dose of anaphylaxis, includes new content

The 2016 guidelines focused on the recognition of anaphylaxis signs and symptoms and recommended the use of an epinephrine auto-injector intramuscularly with a second dose administered in certain circumstances.

One new guideline highlights that first aid providers should be aware that anaphylactic reactions can be biphasic (symptoms recur after complete improvement) between 1 and 78 hours after the initial onset.

Multiple new guidelines and good practice points have also been developed for mild allergic reactions including for the use of moisturisers for atopic eczema or dermatitis.*

Rinsing the eyes or nasal cavity with saline may relieve symptoms of hay fever.*

And finally, 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.*

Feeling faint

Previously Fainting

New in 2020

Emphasis in 2020 is on the recognition and prevention of fainting. The use of physical counter pressure maneuvers are recommended to reduce the symptoms of feeling faint.

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.*

Severe bleeding

In 2016, the focus was on direct pressure. The use of tourniquets was only recommended in 'special circumstances' when bleeding couldn't be controlled.

In 2020, there is continued emphasis that direct pressure is the primary initial response to severe bleeding. **

First aid providers may use tourniquets if direct pressure is not effective; manufactured tourniquets are preferred. *

The use of haemostatic dressings (with direct pressure) remains an option for first aid providers where direct pressure is not effective.*

There is clarification that bandaging should only be undertaken once bleeding has been controlled by direct pressure. (GPP)

Chest and abdominal injuries

The 2016 Guidelines recommended leaving a chest wound free without a dressing, and applying a dressing to an abdominal wound.	The treatment recommendations of these injuries remain similar to 2016. We have added several good practice points related to safety and security, the risk of blunt force trauma when wearing a ballistic vest and the preferred positioning of someone with chest or abdominal injuries.

Dental avulsion

The avulsed tooth may be placed in Hank's balanced salt solution. If not available the tooth may be placed (in order of preference) in propolis, egg white, coconut water, ricetral, whole milk, saline or phosphate buffered saline. (*)	In 2020 there have been some adjustments to what the tooth may be stored in with the new additional options including oral rehydration salt solutions, solutions containing sodium chloride, glucose, potassium chloride, citrate, extruded rice, or in cling film.* There is also a good practice point: If cow's milk is not available, the first aid provider may temporarily store the tooth in the person's own saliva. Unless there are no alternative options, do not let the person keep the tooth in their mouth, as there is a chance that the person will swallow it. The topic also includes some new good practice points on stopping bleeding and preventing further injury.

Head injury

If a casualty with a suspected concussion has had an initial sports concussion assessment tool assessment (SCAT3), healthcare professionals may use this assessment for recognition of concussion during further care. (Good practice point)	There is now greater emphasis on recognition of a concussion or other serious head injury and indicators for what could be considered a mild injury. They are all good practice points. Following a head trauma, the following signs may indicate a concussion. The person: > becomes unresponsive, even for just a few seconds > starts behaving differently (they become aggressive, have slurred speech or a loss of balance, for example) > they vomit more than once. If the person has a mild headache, a bump on their head, or feels nauseous following a blow to the head, they may rest and continue to be observed for any change to their symptoms or behaviour requiring medical care. If the person shows none of these signs following a blow to the head, they may carry on with their day but should be observed in case any of the above signs develop over the next 24 hours.

Burns

Previously also Injuries due to chemical exposure, now combined into one topic with Burns; *includes new content*

In 2016 it was recommended that burns be cooled with water for at least 10 minutes, and then a sterile dressing applied. It suggested that in cases of minor burns honey or aloe vera may be applied to the wound. Injuries due to chemical exposure recommended copious irrigation.	The 2020 update recommends that burns are cooled with running water for a minimum of 10 minutes, ideally 20 minutes.** Also that a dressing that maintains moisture, contours easily to the wound and is non-stick (e.g.,hydrogel) be applied. ** And after cooling, vaseline or honey may be beneficial substances to apply to a thermal burn.* The 2020 Guidelines also provide guidelines for sunburn for the first time. There is a recommendation that silver sulfadiazine should not be used on burns.* Chemical burns have been added to this topic and there is a recommendation that they be rinsed with running water and (if available) diphoterine until the pain eases.*

Insect bites and stings

In 2016 the emphasis for tick removal was first on using forceps or tweezers. Manufactured tick removal devices were an option if available.	The 2020 Guidelines recommend that a manufactured tick removal device is used to remove a tick if available(*), and tweezers if the manufactured device is not available (GPP). A good practice point has been added regarding removal of a stinger (e.g. bee sting) from a person: Gently scrape the sting area with a flat object, such as a bank card or butter knife. Using tweezers or any other object that can press down on the venom bag should be avoided, as this may aggravate the symptoms.

Aquatic animal injuries

Previously Jellyfish stings

Topical application of seawater, baking soda, vinegar or heat can be applied for nematocyst deactivation.	This topic now includes increased guidance on the removal of stinging cells. Some evidence indicates applying heat to jellyfish sting may relieve pain, and so this has been extended to include heat packs (as well as hot water). No evidence could be found for baking soda paste and this has been removed.

Snakebites

Specially trained providers may use compression for special situations such as remote locations and wilderness environments. (*)	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.*

Poisoning

Guidelines on poisoning in general, ingestion of a substance and gaseous poisoning.	The points in 2020 remain consistent with 2016, however there are a two new noteworthy additions to the good practice points: 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. Button-sized batteries contain poisonous chemicals which may leak into the body. If they are swallowed this should be treated as poisoning.

Choking

In 2016 a good practice point outlined that although injuries have been reported with the abdominal thrust, there is insufficient evidence to determine whether chest thrusts, back blows or abdominal thrusts should be used first in conscious adults and children older than one year old.	The latest guidelines now recommend that back blows are given before abdominal thrusts. 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.*

Breathing difficulties

Includes new content

In 2016, this topic covered asthma attack and other generic breathing difficulties.	The recommendations for breathing difficulties remain similar to 2016. Asthma attack has become a topic of its own. Information on hyperventilation has been added: A person who is hyperventilating may be reassured. Rebreathing in a paper bag may also help relieve the symptoms.*

Asthma attack

The guidelines set out that the person should be moved into a position of comfort, usually upright leaning forward and assisted to use their bronchodilator.	The points in 2020 remain consistent with 2016 with two additional points: Fitting a spacer device to an inhaler for medication administration may help to improve the person's breathing.* A person experiencing an asthma attack should be reassured. (GPP)

Croup

In 2016 breathing humidified air was removed from the guidelines due to lack of any evidence of benefits and concerns that ;the use of steam can lead to accidental burns.	There is now some evidence that a humidified environment results in a statistically significant decrease in heart rate and breathing rate, so breathing in wam, humidified air has been re-introduced. Breathing in warm, humidified air may help to calm down and distract the child. (GPP) Make sure the water is not too hot to avoid burns.

Suicidal ideation

If a person is considered to have suicidal ideation, trained first aid providers should directly ask him or her about the suicidal thoughts. Inquiry about suicidal thoughts will NOT precipitate a suicide attempt. Instead, the person will feel being cared for if the inquiry is performed appropriately. (GPP.) If a person is considered to have suicidal ideation, a trained mental health provider should evaluate him or her immediately or EMS should be activated. (GPP.)	There are two new guidelines in 2020. Having a confidant or someone to talk to may decrease the risk of suicidality.* Staying connected to and befriending the person at risk may decrease psychological distress in people with suicidal ideation* There are also new good practice points recommending psychological first aid may be used and outlining the types of actions that may help people with suicidal ideation.

Key actions

Topic	Key actions	Scientific Foundation Reference
Education contexts		
Conflict context *page 38*	Promote the first aid provider's safety and security before giving lifesaving first aid care in first aid education.	Page 409
Disaster context *page 42*	Ensure that first aid programmes are built on a foundation of preparedness that includes preparedness of individuals, families, communities and emergency services to respond to disaster situations.	Page 409
Water context *page 46*	Develop a culturally inclusive programme with key water safety messages that address local risk factors.	Page 412
Remote context *page 50*	Differentiate the first aid education delivered to communities living in remote locations and to those individuals who are visiting.	Page 413
Pandemic context *page 53*	Protect learners and facilitators through protective practices (e.g., wearing personal protective equipment, spacing, hand washing) while providing first aid education during a pandemic.	Page 414
Workplace context *page 56*	Position first aid education for the workplace as central to health and safety needs and requirements.	Page 414
Education modalities		
Motivation to learn first aid *page 60*	Consider the individual's specific motivation to learn and use this to inform the planning and content included in first aid education.	Page 415
First aid education for children *page 63*	Encourage children to develop their first aid knowledge and skills and become lifelong learners.	Page 416
Online learning for adults *page 67*	Use online learning to develop learners' first aid knowledge.	Page 418
Online learning for children *page 70*	Use online learning to increase children's first aid knowledge.	Page 418
Blended learning *page 73*	Use blended learning to increase the flexibility of first aid learning.	Page 419
Media learning *page 73*	Use media to raise awareness, change attitudes and beliefs, and motivate people to learn or recall basic first aid knowledge and skills.	Page 419
Gamification *page 73*	Apply gamification techniques to first aid education to reach a broader range of learners, repeat learning over time or to reinforce learning from other sources (e.g., facilitator-led sessions).	Page 420
Peer learning *page 73*	Use peer learning to add extra value to education as learners support each other and provide different perspectives.	Page 421
Video learning *page 73*	Provide learners with skill demonstration and skill application videos for learning to support facilitator-led activities.	Page 422
Feedback devices *page 73*	Use automated feedback devices to teach first aid skills, such as CPR.	Page 423
Refresh and retrain *page 73*	Provide opportunities for learners to maintain their knowledge and skills after completing an initial first aid education session.	Page 423

Topic	Key actions	SR	NSR	Scientific Foundation Reference
General approach				
General approach *page 100*	Provide help while maintaining your safety, as well as the safety of the ill or injured person and any bystanders.	•	•	Page 424
Hand hygiene *page 109*	Use soap and water to wash your hands	•	•	Page 426
Psychological first aid *page 113*			•	
De-escalation techniques *page 120*	Create a safe environment and relationship for and between the ill or injured person and any bystanders.		•	Page 428
Medication administration *page 122*	If the ill or injured person has prescribed medication which will help their condition, the first aid provider can assist them to take it, if local regulations allow.			Page 428
Oxygen delivery *page 124*	Until emergency medical care is available, give supplementary oxygen in circumstances defined below, if specifically trained to do so.	•	•	Page 428
Unresponsiveness				
Unresponsive and breathing normally *page 128*	Maintain an open airway so the person can continue to breathe normally.	•	•	Page 429
Unresponsive and abnormal breathing (adolescent and adult) *page 134*	Immediately start chest compressions and access emergency medical services	•	•	Page 430
Unresponsive and abnormal breathing (baby and child) *page 147*	Immediately start rescue breaths and chest compressions and access emergency medical services.	•	•	Page 433
Unresponsive and abnormal breathing when defibrillator available *page 154*	Use a defibrillator when giving CPR to improve the person's chance of survival.	•	•	Page 434
Unresponsive and abnormal breathing with suspected opioid overdose *page 163*	Use naloxone for suspected opioid overdose when giving CPR to improve the person's chance of survival.	•	•	Page 436

SR Systematic reviews
NSR Non-systematic reviews

Topic	Key actions	SR	NSR	Scientific Foundation Reference
Trauma				
Severe bleeding *page 186*	Apply direct pressure to control the bleeding as quickly as possible.	•		Page 439
Chest and abdominal injuries *page 194*	Help the person to lie down in a comfortable position and monitor them closely.			Page 440
Amputation *page 198*	Stop the bleeding and preserve the amputated body part as much as possible.	•		Page 441
Cuts and grazes *page 201*	Clean the wound and cover it to increase healing and reduce the risk of infection.		•	Page 441
Dental avulsion *page 205*	Store the tooth temporarily (e.g. in Hank's balanced salt solution, cling film, or cow's milk) and advise the person to seek help from a dentist as soon as possible.			Page 442
Blister *page 208*	Keep the blister clean and covered to prevent infection.	•	•	Page 442
Burns *page 212*	Cool the burn with running water for at least 10 minutes, ideally 20 minutes.	•	•	Page 443
Flash eye *page 220*	Protect the eyes and let them rest.			Page 445
Fractures, sprains and strains *page 222*	Keep the injury still to reduce pain.	•		Page 445
Spinal injury *page 227*	Help the person to keep as still as possible to prevent further damage to their spine.	•		Page 446
Head injury *page 232*	Remove the person from their activity and observe them for signs of a concussion or other brain injury.	•	•	Page 447
Acute lower back pain *page 237*	Help the person take the recommended dose of painkiller or apply heat wrap therapy to relieve back pain.	•	•	Page 447
Mammal bites *page 241*	Clean the bite wound by rinsing it with clean water as quickly as possible to minimise the risk of infection.	•	•	Page 448
Insect bites or stings *page 243*	Remove the stinger or insect from the person to prevent the further spread of venom or disease.			Page 448
Aquatic animal injuries *page 249*	Remove any stinging cells from the skin and apply heat to the injury to reduce pain.	•	•	Page 449
Snakebites *page 253*	Help the person keep as still as possible to slow the spread of the venom.	•		Page 450
Poisoning *page 258*	Quickly try to identify the poison, the amount and when (or how long) the person was exposed to it.	•	•	Page 450

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Topic	Key actions	SR	NSR	Scientific Foundation References
Medical conditions				
Chest pain *page 264*	Recognise the symptoms that may indicate a heart attack and access emergency medical services immediately.	•	•	Page 452
Stroke *page 271*	Recognise the early signs of stroke and access emergency medical services for help immediately.	•	•	Page 453
Allergic reactions and anaphylaxis *page 279*	Stop further contact with the allergen and help the person to use their medication.	•	•	Page 454
Shock *page 288*	Identify the signs of shock and provide care accordingly while supporting blood circulation.			Page 456
Diabetic emergencies *page 291*	Give the person something sweet to eat or drink to raise their blood sugar level (in the case of low blood sugar).	•	•	Page 456
Seizure *page 295*	Protect the person from harm.	•	•	Page 457
Feeling faint *page 299*	Help the person get into a safe and comfortable position and ask them to do physical counterpressure manoeuvres to increase blood flow to their brain.	•		Page 458
Fever *page 303*	Assist the person to take paracetamol or acetaminophen to control their fever.	•	•	Page 458
Abdominal pain *page 307*	Reassure the person and make them comfortable.	•	•	Page 459
Emergency childbirth *page 312*	Support the person to give birth, providing comfort to both the woman and baby.	•	•	Page 459
Sore throat *page 320*	Advise the person to take the recommended dose of paracetamol to relieve their pain.	•	•	Page 460
Earache *page 323*	Advise the person to take the recommended dose of an over-the-counter painkiller (e.g., paracetamol).	•	•	Page 461
Headache *page 325*	Advise the person to take the recommended dose of an over-the-counter painkiller (e.g., paracetamol).	•	•	Page 462
Hiccups *page 329*	Comfort and reassure the person.	•	•	Page 462

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Topic	Key actions	SR	NSR	Scientific Foundation Reference
Environmental				
Hyperthermia *page 331*	Rapidly cool the person to reduce their body temperature.	•	•	Page 463
Dehydration *page 336*	Give the person plenty of fluids to drink.	•		Page 463
Hypothermia *page 342*	Gradually warm the person using the most appropriate equipment available.	•		Page 464
Frostbite *page 348*	Gently immerse the affected area in warm water until it is rewarmed (usually 30 minutes).	•	•	Page 464
Altitude sickness *page 351*	Take the person to a lower altitude as quickly and safely as possible.	•	•	Page 464
Motion sickness *page 355*	Stop travelling if possible, to allow the person time to recover and take corrective action.	•		Page 465
Decompression illness *page 359*	Access emergency medical services immediately and administer oxygen (if specifically trained).		•	Page 465
Radiation injuries *page 362*	Remove yourself and others from the area where there is radiation to prevent and reduce injuries from radioactive material.		•	Page 466
Mental distress				
Traumatic event *page 365*	Provide support (through listening, being empathetic, maintaining contact and connecting to other resources) to those who have experienced a traumatic event.	•	•	Page 466
Suicidal ideation *page 370*	Engage the person in conversation, ensure safety and provide empathetic support.	•	•	Page 467
Acute grief *page 376*	Support the person to experience their grief according to their context.	•	•	Page 469
Breathing problems				
Choking *page 169*	Dislodge the obstruction in the person's throat so they can breathe.			Page 437
Breathing difficulties *page 174*	Help the person get into a comfortable position (usually seated).			Page 438
Asthma attack *page 179*	Help the person to sit in a comfortable position and ask them to use their inhaler.	•	•	Page 438
Croup *page 183*	Help the child to rest in a comfortable position which allows them to breathe easily.	•	•	Page 439

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We need you!

There remain significant gaps in the evidence base we draw upon. We encourage all parts of the Red Cross and Red Crescent Movement to contribute to building the evidence base underpinning first aid education by carrying out research projects, publishing evaluations, and sharing good practice. National Societies can start using the outcomes measurement toolkit and explore our platform for more information.

Global First Aid Reference Centre

International Federation of Red Cross and Red Crescent Societies

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