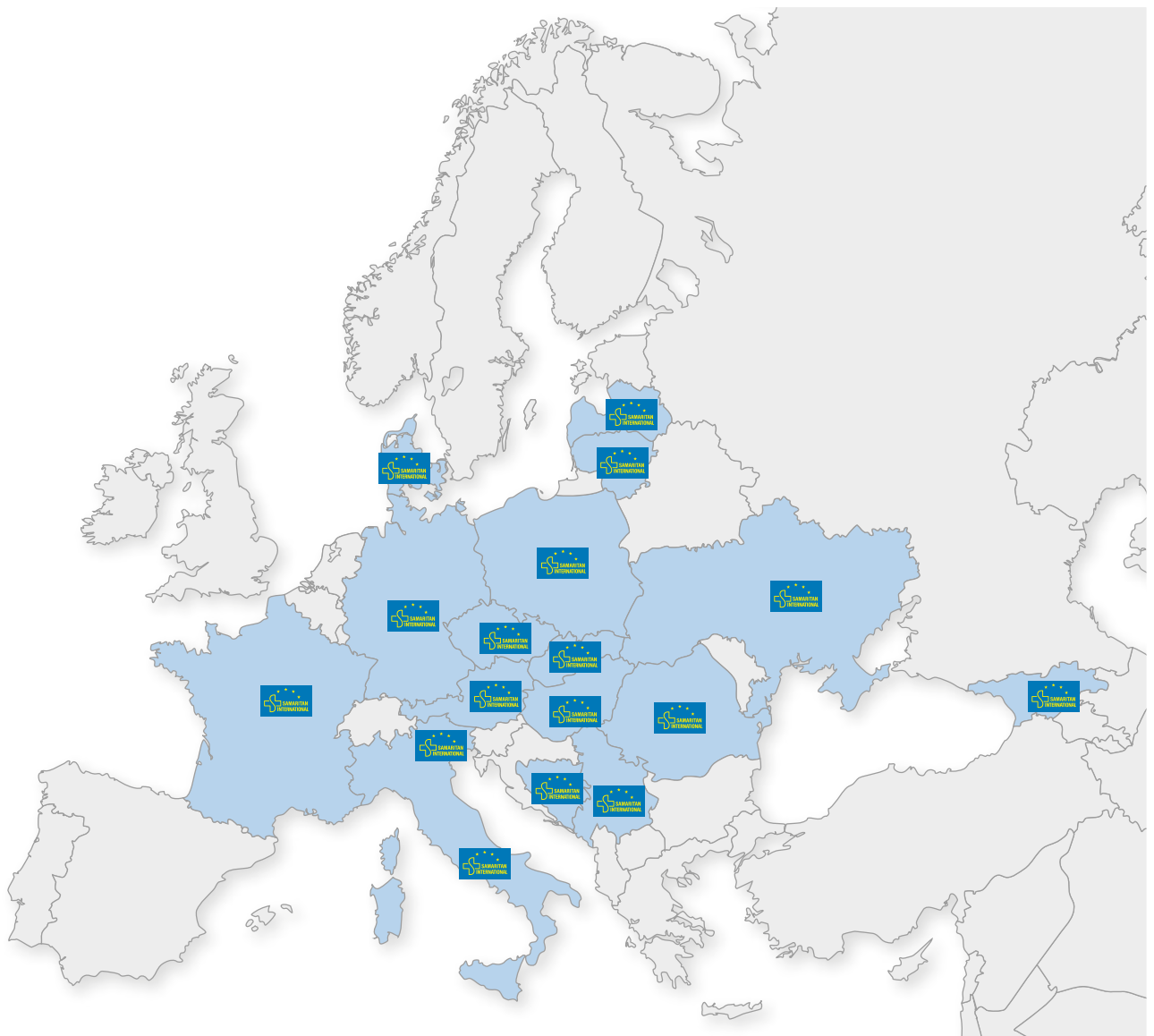


European Committee for First Aid Education

Single European First Aid: Cross-Border First Responders



samaritan-international.eu

European standardisation of first aid education

Even though first aid educators in the EU all follow accepted de-facto standards such as the European Resuscitation Council (ERC) guidelines, first aid education is highly regulated on a national basis. The details of national criteria for first aid training vary and are often not oriented along a modern learning result based educational approach.

Non-recognition across EU member state borders is a problem for the Single European Labour Market, particularly for professions with a responsibility for workplace safety.

Strictly national certificates also diminish the overall attractiveness of learning first aid, therefore deterring people from practicing this form of civic commitment, which is an important contribution to public safety.

Definition of courses by other means but learning results is also a hindrance in making first aid inclusive. Courses for disadvantaged groups such as people with disabilities may for example require adapted learning materials, while yielding the same results.



Recommendations to facilitate cross-border recognition of first aid skills

1. To facilitate cross-border recognition, the quality of first aid courses should be described by learning results.
2. Quality criteria for first aid courses that go beyond learning results should be more easily transferable than the current national frameworks.
3. Learning-result-oriented description of education is compatible with the mechanisms of the European Qualification Framework (EQF), which could provide a mean for official cross-border recognition, analogous to recognition of vocational or academic degrees and diplomas.
4. EQF integration in combination with reliance on established and accepted de-facto standards such as the ERC guidelines could pave the way toward cross-border recognition of first aid certificates in Europe
5. As an official regulating body, we propose the European Agency for Safety and Health at Work (EU-OSHA).
6. Regarding inclusive first aid, we recommend to develop learning materials for special target groups, aimed at achieving the same certifiable learning results.

In the Single European First Aid (SEFA) report, 17 Samaritan organisations from 16 European countries have pooled their expertise to lay out the problem of non-recognition of first aid certificates and propose approaches to solve it. As an annex for experts and practitioners, they have also included specific recommendations for learning results and additional transferable quality criteria.

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SAMARITAN INTERNATIONAL (SAM.I.) is a network of 17 aid- and welfare organisations in 16 countries. Its members are active in rescue- and social services and civil protection. Most member organisations are also established providers of first aid education and training in their respective countries.

The “European Committee for First Aid Education” (EC First Aid) is a permanent body of experienced first aid professionals and experts from the SAM.I. member organisations.

The EC First Aid promotes the acquirement of first aid skills for the general populace as an important aspect of public safety and as an essential expression of civic commitment. As such, it has worked out the following recommendations to improve the situation of cross-border recognition of first aid certificates.

This cross-border civic empowerment to help is in accordance with the core values which the members of the EC First Aid and all organisations in SAMARITAN INTERNATIONAL share.

Facilitating recognition – from national framework prescriptions to transferable learning results

In many positions with responsibility for workplace safety, first aid is an essential prerequisite. Certification of first aid skills is highly regulated nationally. In a European labour market, this can result in the unfortunate situation that somebody already educated in first aid has to retake a course in the country of their prospective workplace.

Effectively, this is a counter-incentive to acquiring first aid skills at an earlier time, as the perceived future usefulness to the learner is lower. This is problematic because the factual usefulness – the potential to save lives in medical emergencies in everyday life – cannot be valued high enough. Instead, first aid should already be included in school curricula. A universally recognised certificate would be an added value in preparing students for the labour market.

Quality in first aid education

First aid has long been an essential part of workplace safety in Europe and was enshrined in EU law as part of the Framework Directive on Safety and Health at Work (89/391/EEC). Subsequently, it is present in all EU member states via their respective implementations of the directive and their own preceding and following legislation. However, EU law only prescribes “necessary measures” for first aid and leaves open the definition and framework of what constitutes “necessary”. Thus, the definition of where exactly first aid skills are a requirement and how exactly personnel has to be educated is up to the member states. Structural first aid measures, such as the proliferation of automated external defibrillators (AEDs) in the public space, as advertised by the ERC and other expert bodies, have seen some success on a European scale. However, a corresponding officially recognised European standard for first aid skills, including AED usage, does not exist.

This results in a status quo where first aid education, wherever it is formally required, is defined in national regulations by the state, (semi-)public vocational accident insurance systems, self-regulatory organi-

sations for different industries (chambers) or similar bodies. The national guidelines are often highly prescriptive, not only with regards to the content of the courses but down to framework details such as the size of the instruction room and the type of media used for theoretical parts of the courses.

The sheer amount of exactly defined conditions is a major factor in why compatibility and mutual recognition is problematic. Since all national framework prescriptions within the EU are at least adequate to conduct successful first aid courses, this technical incompatibility is a problem of exact numbers, not of a general level of quality.

With regards to content, the exact curricula of first aid courses in different EU member states still differ slightly. Yet, they are nowadays all oriented alongside widely accepted standards such as the annual ERC guidelines which, in their latest revision, also include provisions on general first aid beyond resuscitation.

The EC First Aid is of the opinion that exact details of the curriculum are not the defining criterion in how well a course participant is ultimately able to perform first aid. As long as curricula are taking accepted standards such as the ERC guidelines into account, courses eligible for cross-border recognition could be defined exclusively by learning results: Which abilities does a course participant gain through the course? The more modern learning result oriented description of courses and their resulting skills is also already practiced by the national agencies certifying training for the European Qualifications Framework.

This changed approach would significantly facilitate cross-border recognition and would have the additional positive effect of encouraging more people to acquire first aid skills on their own and not only when and where they are prescribed to do so. Empowering as many people as possible to practice this form of civic commitment is an important contribution to public safety.

Our ideal to encourage as many people as possible to learn first aid not only includes crossing borders. It also includes people who are often neglected when considering potential first-aiders. In the preparations of this paper, the EC First Aid consulted with experts on first aid training for people with disabilities. The conclusions the first aid experts of the Samaritan organisations drew from these deliberations should be considered when bringing forward mutually recognition for first aid education in Europe.

Inclusion in first aid instruction: Teaching first aid to people with disabilities

People with disabilities have just as much need and use for first aid skills as other people. Be it at home, in the workplace or in a sheltered living and working environment provided by social services, the first person on the scene of an accident may very well be a person with a disability. There is no reason why people with disabilities should not be enabled to act as a first responder in this situation. In fact, it should be encouraged.

The EC First Aid considers it a fact that persons with most types of disabilities can acquire first aid skills just as well as any other person. It is up to the trainer to accommodate specific additional training requirements that arise with different types of disabilities. This includes special didactic skills but also adapted learning materials, such as instructions on video with subtitles, printed instruction materials in braille, plain language or pictograms.

National prescriptions on teaching materials limit the ability of instructors to teach people with disabilities. Learning result based courses could alleviate this problem by giving the instructor additional flexibility in approaching their specific target group. This does not only hold true for people with disabilities, but also for some other vulnerable groups. A prescribed teaching language, for example, is an unnecessary threshold for migrants wishing to learn first aid.

The demand for first aid training for people with disabilities clearly outweighs the supply at the moment. Training institutions that do offer such training, often do so only on request.

To improve the situation of first aid training for people with disabilities, we recommend to offer a further education module for first aid trainers on accommodating them in their courses.

In the interest of inclusion, courses conducted by trainers who have completed this module should be openly advertised in the course programme and not just offered on request. Also, first aid instruction should be as inclusive as possible. Whenever possible from the perspective of didactics and the sets of used learning materials, people with disabilities should be able to take the regular courses, but with an instructor who has completed the additional module.

Approaches for implementation

The EQF as a possible recognition framework

In their deliberations, the EC First Aid has identified several existing initiatives, policies and mechanisms that may facilitate the cross-border recognition of first aid qualifications.

The situation of first aid qualifications is remarkably similar to other vocational educations or degrees, be they academic or apprenticeship-style vocational training. All EU member states have their own educational traditions and all have developed them to achieve high quality results. Yet, they used to be, and in many respects still are, formally different.

The approach to ensure recognition of these degrees in the single European labour market is the European Qualifications Framework (EQF). It stands out as a plausible mechanism to integrate first aid courses. Despite its practice originally focusing on secondary and post-secondary degrees and diplomas, it is designed with sufficient flexibility to also map smaller scale qualifications at its lower levels.

Within the EQF, educational certificates in member states are classified by means of a concept based on learning results and sorted into a national qualifications framework (NQF). The NQF corresponds to the existing national educational system. NQF lev-

els have direct equivalents in the EQF, thus allowing for comparison of educational certificates within all countries participating in the EQF.

Assuring quality on the European level

To alleviate any concerns about differing quality in courses despite equal EQF levels, we recommend that the European Agency for Safety and Health at Work (EU-OSHA) puts together a first aid expert group that publishes regularly updated recommendations on which first aid standards it considers to cover the availability of “necessary first aid measures” as per EU law.

This recommendation could take the form of promoting an existing, regularly updated de-facto standard like the ERC guidelines. This would give the factually already established standard practices a higher degree of legal certainty and thus facilitate cross-border recognition of certificates. An established regulatory body for first aid matters on the European level would also be beneficial on another level of first aid in the European labour market: The cross-border recognition of first aid trainer qualifications, which suffers from similar obstacles as first aid certificates for learners. Trainer education has to contend with even stricter national regulation and should be addressed as well.

Annex: Learning results, content and transferable quality criteria

The learning results in the following table are organised according to the basic first aid scheme RECOGNIZE – EVALUATE – ACT, to correspond closely to the learner being able to help in emergency situations. We also make some recommendations on whether these results can be achieved via theoretical instruction, via demonstration or the learners practicing them themselves under supervision and with feedback from the trainer. If a type of instruction is optional, it is marked in brackets.

This table of recommended learning results is accompanied by brief descriptions of the topics.

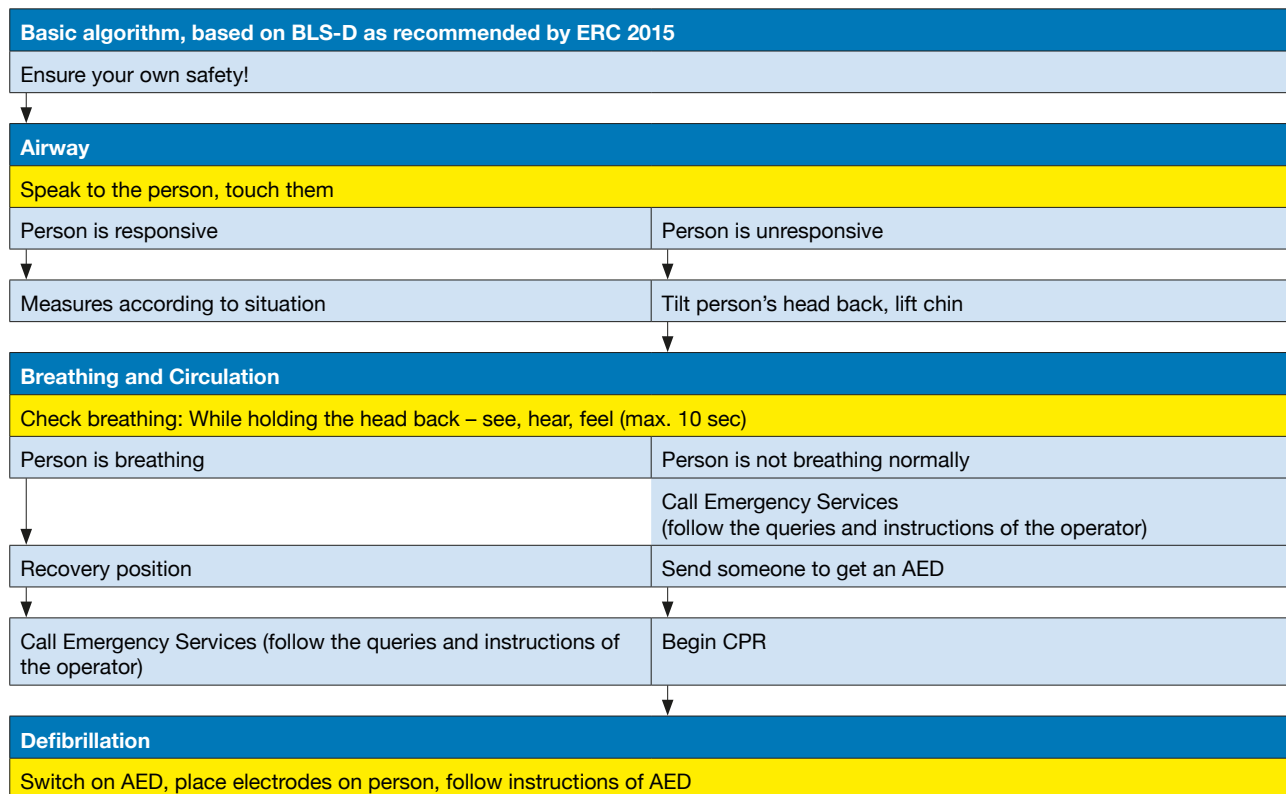
Please note that the EC First Aid recommends the details of the content of courses to always be oriented along the accepted state of the art of emergency medicine. The guidelines of the European Re-

suscitation Council, as a body of medical experts, are already the basis for most national content prescriptions for Basic Life Support and should, with the newest edition also including other first aid measures, also form the basis of other aspects of first aid courses.

In fact, this content overview begins with a first aid version of the ERC’s algorithm for basic life support in a flow-chart form as it is often used for teaching purposes.

The table afterwards lists the learning results for additional first aid measures. The recommended way of teaching (theoretical, demonstration, practice) is marked by checked or unchecked cells after the corresponding entries. If a way of teaching is marked in brackets (X) it is considered optional.

First steps in every emergency



The steps of the basic algorithm should be repeated at appropriate times of the course, in combination with the other measures.

Recommended course themes and how to teach them

	Learning results	Theoretical / Information	Trainer Demonstration	Training (all participants) + feedback
Basic algorithm	<i>We recommend the ERC basic life support guidelines in their latest version.</i>	X	X	X
Regular non-basic themes				
Administer basic psychological care	<i>Recognise:</i> Know the importance of basic psychological care.	X	X	X
	<i>Evaluate:</i> Determine if a person in need of basic psychological care.	X	X	X
	<i>Act:</i> Provide psychological care.	X	X	X
Prevent shock	<i>Recognise:</i> Be able to notice the possibility of shock.	X		
	<i>Evaluate:</i> Determine the possible cause of shock.	X	(X)	
	<i>Act:</i> Remove or limit the shock cause.	X	X	
Administer wound treatment	<i>Recognise:</i> Determine that the person's wound requires treatment.	X	X	X
	<i>Evaluate:</i> Be able to determine the type of wound and know the appropriate measures.	X	X	X
	<i>Act:</i> Treat wounds according to the different types of wounds.	X	X	X
Recognize thermal and chemical burns and treat them	<i>Recognise:</i> Identify the signs, Identify the cause of burns.	X		
	<i>Evaluate:</i> Know the the influence of fire and chemical substances on the human body. Be able to determine significant or severe burns and know appropriate measures.	X		
	<i>Act:</i> Stop burning process, cool the burn area with clean flowing water for a sufficient amount of time, cover the burn and seek medical assistance for further treatment if needed.	X	(X)	
Recognise life-threatening bleedings and take appropriate measures	<i>Recognise:</i> Be able to notice life-threatening bleeding.	X	X	X
	<i>Evaluate:</i> Determine the appropriate treatment depending on location of bleeding.	X	X	X
	<i>Act:</i> Administer appropriate treatment.	X	X	X

	Learning results	Theoretical / Information	Trainer Demonstration	Training (all participants) + feedback
Administer basic aid for physical trauma	<i>Recognise:</i> Identify the cause and location of suspected trauma: head, torso, abdomen, spine, limbs	X	X	
	<i>Evaluate:</i> Determine the appropriate method of treatment.	X	X	
	<i>Act:</i> Treat the person accordingly.	(X)	X	(X)
Recognise thermic disorders and treat them	<i>Recognise:</i> Know the possibility of critical thermic disorders, distinguishing hypo- & hyperthermia. Understand the influence of thermic disorders on the human body.	X		
	<i>Evaluate:</i> Determine the appropriate treatment depending on kind of thermic disorder	X		
	<i>Act:</i> Support the re-establishment of normal core body temperature.	X	(X)	
Recognise and treat poisoning	<i>Recognise:</i> Recognise possible poisoning.	X		
	<i>Evaluate:</i> Check vital signs to determine whether it is critical.	X		(X)
	<i>Act:</i> Administer basic life support	X		X
Check normal breathing and know the dangers of non-normal breathing	<i>Recognise:</i> Know the signs of breathing/non-breathing and the dangers of non-normal breathing.	X	X	X
	<i>Evaluate:</i> Determine breathing of the person: listen – see – feel.	X	X	X
	<i>Act:</i> Administer artificial breathing in case of non-normal breathing/CPR.	X	X	X
Get the person into the recovery position	<i>Recognise/Evaluate:</i> Determine that a person is unconscious and breathing normally.	X	X	X
	<i>Act:</i> Be able to decide if a recovery position has to be established and, if so, place the unconscious person into the recovery position.	X	X	X
Apply CPR	<i>Recognise:</i> Recognise an unresponsive/unconscious person.	X	X	X
	<i>Evaluate:</i> Determine/check non-normal breathing, cardiac arrest.	X	X	X
	<i>Act:</i> Perform CPR – if possible with AED.	X	X	X

	Learning results	Theoretical / Information	Trainer Demonstration	Training (all participants) + feedback
Use an auto-mated external defibrillator (AED)	<i>Recognise:</i> Recognise an unresponsive/unconscious person.	X	X	X
	<i>Evaluate:</i> Determine/check non-normal breathing, cardiac arrest.	X	X	X
	<i>Act:</i> Perform CPR with AED.	X	X	X
Take off a helmet	<i>Recognise:</i> Know the particular dangers of someone in an emergency situation wearing a helmet.	X	X	X
	<i>Evaluate:</i> Determine: conciousness&calm / unconsciousness or panic, vomit, blood inside helmet.	X	X	X
	<i>Act:</i> Remove/don't remove helmet according to evaluation.	X	X	(X)
Recognise neurological signs and know how to act in case of strokes and seizures	<i>Recognise:</i> Know how to recognize neurological signs.	X		
	<i>Evaluate:</i> Check vital signs. Recognize stroke as a high-risk emergency. (F.A.S.T.)	X		(X)
	<i>Act:</i> Be able to provide assistance according to type of neurological sign.	X		(X)
Recognise irregular breathing and be able to act in case of airway obstructions and general breathing distress	<i>Recognise:</i> Recognise irregular breathing/Breathing distress 1. Airway obstructions 2. General breathing distress	X		
	<i>Evaluate:</i> Determine if it is an airway obstructions or general breathing distress.	X		
	<i>Act (Airway obstruction):</i> Remove the object removal by the following measures: Coughing, back blows, Heimlich maneuver.	X	X	(X)
	<i>Act (General breathing distress):</i> Support a beneficial posture.	X	X	X
Recognise irregularities in circulation and be able to act in case of heart attacks and electricity accidents	<i>Recognise:</i> Know how to recognize irregularities in circulation and heart attack signs.	X		
	<i>Evaluate:</i> Check vital signs and recognize heart attacks as a high-risk emergency.	X		(X)
	<i>Act:</i> Be able to give assistance according to heart attacks and electricity accidents.	X		(X)

Transferable quality criteria for service providers and instructors

Just like the curricula, the framework conditions of certified first aid courses are heavily regulated nationally. In some cases, the prescription of conditions goes down to details such as the minimum floor area per participant. The EC First Aid considers the corresponding regulations at least adequate in all participating countries. To advance cross-border recognition, the exact details of such regulations should not be relevant. Instead, we recommend a few basic criteria indicative of good framework conditions. In case of recognition of certificates, the following criteria should be sufficient proof of a course framework in which the learning results can realistically have been achieved.

Note on times, educational units and recommended numbers

For the purpose of this chapter “hours”, as referring to duration of course work, are defined as educational units of 45 minutes. First aid courses and instructor courses should be scheduled to include appropriate breaks.

Where specific numbers of hours or participants are recommended, higher national standards should take precedence.

Basic pedagogical framework conditions of first aid education

1. Duration of courses

We recommend that first aid courses have a duration of no less than eight hours. We recommend that the participants should spend at least half of the course time with practical exercises.

We recognise the evidence based trend of shorter but more frequent courses, as also recommended by the ERC. Therefore, in the future, shorter courses yielding the same learning results should also be able to seek mutual recognition in educational frameworks such as the EQF.

2. Theory/Practice

For recommendations on which first aid themes may be taught without practical teaching and which themes require practical instruction and training, please see the theme table in the chapter on learning results.

3. Group size and number of trainers.

We recommend that the learning group for practical instructions and exercises should be one instructor for every 6-8 participants.

4. Educational success, quality management and evaluation.

Trainers should conduct continuous checks of educational success throughout their courses. These can take the form of practical trials of learned measures as well as written or practical final trials.

An evaluation of first aid courses by the participants should always be conducted.

5. Training equipment

Teaching has to be supported with appropriate usage of training equipment in sufficient quantity. This equipment has to be properly prepared before each course.

All training equipment has to comply with all national or local regulation on quantity and quality of such materials and has to be suitable to teach the current medical consensus on first aid and resuscitation, as for example collected in the ERC guidelines.

6. Continuing education / Refresh

First aid skills should be kept up-to-date with sufficiently frequent refresh courses. We recommend an interval of two years, in accordance with the findings of studies on the degradation of learned skills over time. At this interval, refresher courses may be shorter than regular courses and only take four hours.

Trainer qualifications

1. Recommendations on capabilities of providers of first aid training, their trainers and trainer education

A provider of first aid courses has to prove that it is able to provide training and has a corresponding number of trainers at its disposal. Providers of first aid training have to maintain a quality management system including documentation of certifications and evaluation of training courses. Facilities and equipment have to be properly maintained.

All first aid training for first responders and trainers has to be based on the current state of the art of medical science as propagated by recognised institutions¹.

The provider of first aid training has to make sure that its trainers receive appropriate continuing education. The completion of trainer training and their continuing education is documented appropriately (e.g. in personnel files or in training logs).

The ability to teach is given, when a trainer can prove, by showing valid documentation, that a special trainer course for first aid has been completed at an appropriate institution for training trainers. The trainer has to complete continuing education courses to refresh his certification in regular intervals.

The following requirements are necessary for trainers who are to conduct training and continuing education in first aid.

2. Medical/professional qualification

Precondition for entering instructor training:

To ensure quality in first aid education, we recommend that first aid trainers have previous knowledge or education in first aid or relevant fields of medicine or have received comparable education according to the respective national standards.

Instructor training courses:

We recommend the regular length of the trainer courses to be at least 40 hours. Duration and intensity of the courses may vary depending on pre-existing knowledge and qualification.

The trainer course has to cover BLS and PBLIS² in addition to all the themes named in this document (see table Recommended course themes) in a way that enables the trainer to teach these themes to others.

3. Pedagogical qualification

Trainers should have received pedagogical training of at least 40 hours. We recommend physical attendance at this training course.

A trainer has to have professional knowledge of the content of the course, in particular the first aid themes and learning results defined in the corresponding chapter.

Every trainer also has to acquire knowledge of basic didactic and teaching methods. This includes conflict management, relevant rules & guidelines, motivation, target group analysis, feedback / communication, evaluation / check of success, different methods of moderating³, subject-specific background-knowledge⁴, rhetorical skills, the role of the trainer as a medium, realistic emergency simulation, and topic demarcation⁵.

Trainers should be familiar with relevant teaching and demonstration materials. They should be able to organize a course in whole, including evaluation measures and methods of checking educational success (including exams).

Any additional national requirements on pedagogical training should be followed.

We recommend that pedagogical training is complemented by first-hand practical experience (such as a mentoring programme under the su-

1 e.g. the ERC

2 as defined by the ERC

3 Usage of different materials/media, electronic and/or classical.

4 Familiarity with first aid devices and materials, safety and hygiene rules.

5 I.e. Where does first aid end and further aid/emergency medicine start?

pervision of experienced trainers), before a trainer is allowed to conduct courses on their own.

(Partial) recognition of other teaching qualifications is subject to national regulations.

4. Conclusion of trainer education

Trainer education has to be concluded with a check of educational success that covers both theoretical and practical aspects. Pedagogical as well as medical knowledge and skills have to be checked.

5. Medical and pedagogical continuing education

The trainers are obligated to keep their knowledge and skills up to date.

They should receive update / refresh courses after at most five years (according to national regulation). We recommend that the regular refresh education should take at least 16 hours and should include medical and pedagogical knowledge.

(Partial) recognition of other continuing education courses is subject to national regulations.

We recommend that trainers who have not conducted any first aid courses for two years or longer should take an additional theoretical and practical refresh course and/or participate in another supervised practical experience phase before actively instructing again.

Brief description of first aid topics

ERC Basic algorithm

The ERC basic algorithm consists of different measures described in their own respective paragraphs of this document. The ERC guidelines of 2015 have been used to write these descriptions. Nonetheless, the latest version of the ERC guidelines should be used as a reference for these themes and the basic life support algorithm.

See:

- Ensure own safety
- Call emergency services
- Check consciousness

- CPR (with AED)
- Illustration of the ERC Basic Life Support Algorithm at the beginning of the Annex

Ensure own safety

Learning results:

	<i>Recognise:</i> Recognise an unsafe emergency scene.	
	<i>Evaluate:</i> Assess the potential hazards of an emergency scene, e.g. electricity or traffic.	
	<i>Act:</i> Be able to describe the scene and be able to secure and manage the site.	

Measures:

- Observe the scene!
- Protect yourself!
- If you can do something yourself: Act.
 - Take appropriate measures to either diminish the hazard or remove affected persons from the danger zone.
- Else: Call emergency services.

Call emergency services

Learning results:

	<i>Recognize:</i> Recognize that your situation requires you to call emergency services. When in doubt: call.	
	<i>Evaluate:</i> Gather the necessary information for emergency operator, if immediately available (don't delay!).	
	<i>Act:</i> Call the emergency number.	

Measures:

- Dial 112 or the national emergency number of your location!
- Give the operator all the the basic information he needs: Where, what, how, which (injuries).
- Then wait for queries.
- Follow the instructions of the operator, including telephone-assisted CPR.

Check consciousness and know the dangers of unconsciousness

Learning results:

	<i>Recognise:</i> Know the signs of consciousness and unconsciousness and the dangers of unconsciousness.	
	<i>Evaluate:</i> Determine consciousness of the person.	
	<i>Act:</i> Continue with appropriate measures depending on consciousness.	

Measures:

- Ensure own safety!
- Check Consciousness (talk to loudly and clearly, touch at the shoulder).
- If unconscious: Call emergency services for help and inform other people of the happening (shout for HELP). Observe where the nearest AED is (watch out for signs) and command someone to get it.
- Turn person on their back.
- Open the airway (turn the head back).
- Check Breathing (10 seconds. See, hear, feel) .
- no normal breathing, including gasping -> CPR or CPR with AED, see corresponding themes.
- normal breathing -> recovery position, protect against heat loss, regularly check vitals.

Check normal breathing and know the dangers of non-normal breathing

Learning results:

	<i>Recognise:</i> Know the signs of breathing/non-breathing and the dangers of non-normal breathing.	
	<i>Evaluate:</i> Determine breathing of the person: listen – see – feel.	
	<i>Act:</i> Administer artificial breathing in case of non-breathing/CPR.	

Measures:

- Determine whether there is normal breathing.
- Call emergency services.
- Start artificial breathing, start CPR.

Regular, non-basic THEMES

Administer basic psychological aid

Learning results:

	<i>Recognise:</i> Know the importance of basic psychological care.	
	<i>Evaluate:</i> Determine if a person in need of basic psychological care.	
	<i>Act:</i> Provide psychological care.	

Measures:

- Keep calm / get person to become calm.
- Talk to person, use “their language”, ask for cause for his state of distress.
- Communicate at eye level (kneel/sit down, if person is on the ground).
- Actively listen, let the person finish their statements and respond to their needs.
- Do not play down the situation, stay realistic while remaining reassuring.
- Explain any further first aid measures you take and actively involve the person.
- Isolate the person from passers-by and spectators.
- Don’t leave the person alone until emergency services arrive.

Prevent shock

Learning results:

	<i>Recognise:</i> Be able to notice the possibility of shock.	
	<i>Evaluate:</i> Determine the possible cause of shock.	
	<i>Act:</i> Remove or limit the shock cause.	

Measures:

- Ensure own safety!
- Know pain and blood loss as possible causes of shock.
- Stop the bleeding.
- Do not cause any additional pain.
- Let the person lay flat.
- Call emergency services.
- Keep the person calm.
- Protect against heat loss.

Administer wound treatment

Learning results:

	<p><i>Recognise:</i> Determine that the person’s wound requires treatment.</p>	
	<p><i>Evaluate:</i> Be able to determine the type of wound and know the appropriate measures.</p>	
	<p><i>Act:</i> Treat wounds according to the different types of wounds.</p>	

Measures:

- Ensure own safety!
- For large / deep wounds or for wounds of uncertain extend, call emergency services and don’t put any ointments or household remedies on the wound.
- Clean contaminants from wound.
- Use sterile bandages and wound dressings.
- Apply appropriate type of wound dressing.
- Do not remove penetrating foreign objects (danger of causing bleeding).
- Remark for course participants: Check your vaccination status for tetanus.

Recognize thermal and chemical burns and treat them

Learning results

	<p><i>Recognize:</i> Identify the signs, identify the cause of burns.</p>	
	<p><i>Evaluate:</i> Know the the influence of fire and chemical substances on the human body. Be able to determine significant or severe burns and know appropriate measures.</p>	
	<p><i>Act:</i> Stop burning process, cool the burn area with clean flowing water for a sufficient amount of time, cover the burn and seek medical assistance for further treatment if needed.</p>	

Measures

- Ensure own safety!
- Identify signs.
- Identify the cause of burns (hot water or oil, fire, electricity, direct contact with heat, chemicals or frozen surfaces).
- If needed: Call emergency services!
- In case of inhalation: Always call emergency services!
- Basic life support (see corresponding chapters: during initial care, wound care is of secondary

importance. The basic algorithm takes precedent over caring for the burn).

- Shelter from exposure.
- Stop burning process.
- Thermal burns:
 - Cool the burn area for at least 10 minutes with clean flowing water (or hydrogel products if water is not available) until affected person does not feel pain from the affected area anymore. In case of large burned areas, young children or infants, take particular care not to induce hypothermia when cooling. Note: Tap water may be very cold depending on region and season.
- Chemical burns:
 - cut off contaminated clothing, do not remove clothing contaminated by chemicals over the head or face; refer to instruction on the container if available; flush chemicals from the eyes for at least 20 minutes.
- Cover the burn and seek medical assistance for further treatment if necessary.

Recognise life-threatening bleedings and take appropriate measures

Learning results:

	<p><i>Recognise:</i> Be able to notice life-threatening bleeding.</p>	
	<p><i>Evaluate:</i> Determine the appropriate treatment depending on location of bleeding.</p>	
	<p><i>Act:</i> Administer appropriate treatment.</p>	

Measures:

- Ensure own safety!
- Apply direct pressure (with or without dressing) until emergency medical/ambulance service arrives.
 - Special case bleeding on a limb:
 - Apply direct pressure or apply pressure dressing.
 - If pressure is not sufficient to control the bleeding, tie the limb off.
- Recommended position: supine position.
- Call emergency services!
- Protect against heat loss.
- Be aware of the risk of shock and conduct shock prevention.
- Basic psychological care.
- Look after the injured person.

Administer basic aid for physical trauma

Learning results:

	<i>Recognise:</i> Identify the cause and location of suspected trauma: head, torso, abdomen, spine, limbs	
	<i>Evaluate:</i> Determine the appropriate method of treatment.	
	<i>Act:</i> Treat the person accordingly.	

Measures:

- Ensure own safety.
- Follow basic algorithm.
- Determine if a possible trauma occurred (fall, crash, crushing...).
- If the person is conscious, examine injury (look for obvious injuries, no full body check).
- If needed: Call emergency services!
- Do not unnecessarily change the position of the injured person.
- Do not move the injured part unnecessarily.
- Immobilisation – Maintain / help to maintain any unnatural positions of the injured body part (e.g. in case of fracture).
- Basic psychological care.
- Protect against heat loss.
- Treat injury appropriately according to type.

Recognise thermic disorders and treat them

Learning results

	<i>Recognise:</i> Know the possibility of critical thermic disorders, distinguishing hypo- & hyperthermia. Understand the influence of thermic disorders on the human body.	
	<i>Evaluate:</i> Determine the appropriate treatment depending on kind of thermic disorder	
	<i>Act:</i> Support the re-establishment of normal core body temperature.	

Measures

- Identify signs, including altered state of consciousness.
- Check skin temperature.
- Consider duration and intensity (temperature) of exposure.
- Call emergency services!

- Shelter from exposure (Seek shade or cover with blanket, depending on type of thermic disorder).

Recognise and treat poisoning

Learning results:

	<i>Recognise:</i> Recognise possible poisoning.	
	<i>Evaluate:</i> Check vital signs to determine whether it is critical.	
	<i>Act:</i> Administer basic life support	

Measures:

- Ensure own safety!
- Call emergency services!
- Basic life support (see corresponding chapters).

Get the person into the recovery position

Learning results:

	<i>Recognise/Evaluate:</i> Determine that a person is unconscious and breathing normally.	
	<i>Act:</i> Be able to decide if a recovery position has to be established and, if so, place the unconscious person into the recovery position.	

Measures:

- Ensure own safety!
- Check vital signs.
- Recognise unconsciousness.
- Applies the recovery position.
- Call emergency services.
- Protect against heat loss.

Apply CPR

Learning results:

	<i>Recognise:</i> Recognise an unresponsive/unconscious person.	
	<i>Evaluate:</i> Determine/check non-normal breathing, cardiac arrest.	
	<i>Act:</i> Perform CPR – if possible with AED.	

Measures:

Perform CPR according to the current ERC guidelines.

Overview:

- Ensure own safety!
- Check Consciousness.
- Turn person on their back and place them on a hard surface.
- Open the airway (turn the head back, lift the chin).
- Check Breathing (no more than 10 seconds. See, hear, feel). Result: no normal breathing.
- Call emergency services, follow the operator’s queries and instructions.
- Command someone to get the nearest AED.
- Undress the Chest.
- Place Hands (in the middle of the Chest).
- Start CPR (30x heart compressions 2x donate breath) Push hard and fast (100-120bpm, 5-6cm deep) donate breath two times Mouth to Mouth.
- Don’t stop CPR until medical services arrive or the person starts breathing normally.

Use an automated external defibrillator (AED)

Learning results:

	<i>Recognise:</i> Recognise an unresponsive/unconscious person.	
	<i>Evaluate:</i> Determine/check non-normal breathing, cardiac arrest.	
	<i>Act:</i> Do CPR with AED.	

Measures:

Perform CPR with AED according to the current ERC guidelines.

Overview:

- AED not directly available:
 - Ensure own safety.
 - Check Consciousness.
 - Turn person on their back and place them on a hard surface.
 - Open the airway (turn the head back, lift the chin).
 - Check Breathing (no more than 10 seconds. See, hear, feel). Result: no normal breathing.
 - Call emergency services, follow the operator’s queries and instructions.
 - Command someone to bring an AED. (Do not leave the patient to get one yourself).
 - Undress the Chest.

- Place Hands (in the middle of the Chest).
- Start CPR (30x heart compressions 2x donate breath) Push hard and fast (100-120bpm, 5-6cm deep) donate breath two times Mouth to Mouth.
- When AED arrives, continue CPR. The second Helper will handle the AED:
 - Switch on AED.
 - Place Patches on the Chest.
 - Follow the instructions of the AED.
- Don’t stop CPR until medical services arrive or the person starts breathing normally.
- AED directly available:
 - Ensure own Safety.
 - Check Consciousness.
 - Turn person on their back and place them on a hard surface.
 - Open the airway (turn the head back, lift the chin).
 - Check Breathing (no more than 10 seconds. See, hear, feel). Result: no normal breathing.
 - Call emergency services, follow the operator’s queries and instructions.
 - Command someone to use the AED.
 - The second Helper handles the AED (simultaneously):
 - Switch on AED.
 - Place Patches on the Chest.
 - Follow the instructions of the AED.
 - Place Hands (in the middle of the Chest).
 - Start CPR (30x heart compressions 2x donate breath) Push hard and fast (100-120bpm, 5-6cm deep) donate breath two times Mouth to Mouth.
 - Don’t stop CPR until medical services arrive or the person starts breathing normally.

Take off a helmet

Learning results:

	<i>Recognise:</i> Know the particular dangers of someone in an emergency situation wearing a helmet.	
	<i>Evaluate:</i> Determine: consciousness, calm / unconsciousness or panic, vomit, blood inside the helmet	
	<i>Act:</i> Remove/don’t remove helmet according to evaluation	

Measures:

- Ensure own safety
- Check consciousness!
- Call emergency services!
- Consciousness: only remove the helmet if the person starts to panic, to vomit or is bleeding under the helmet.
- Unconsciousness: remove the helmet and ensure free airway (recovery position/eschmark)
- Basic psychological care.

Recognise neurological signs and know how to act in case of strokes and seizures*Learning results:*

	<i>Recognise:</i> Know how to recognize neurological signs.	
	<i>Evaluate:</i> Check vital signs. Recognize stroke as a high-risk emergency. (F.A.S.T.)	
	<i>Act:</i> Be able to provide assistance according to type of neurological symptom, basic psychological care.	

Measures:

- Identify neurological signs.
- Call emergency services (as soon as possible, particularly in case of a stroke).
- Basic psychological care.
- Stroke, determined by F.A.S.T. test: Perform basic life support if needed.
- Seizure: Prevent person from accidentally injuring themselves, don't hold the person down.

Recognise irregular breathing and be able to act in case of airway obstructions (and asthma bronchiale)*Learning results:*

	<i>Recognise:</i> Recognise irregular breathing/Breathing distress 1. Airway obstructions 2. General breathing distress	
	<i>Evaluate:</i> Determine if it is an airway obstructions or general breathing distress.	
	<i>Act (Airway obstruction):</i> Remove the object removal by the following measures: Coughing, back blows, Heimlich maneuver.	

Measures:

- Airway obstructions
 - Instruct the person to cough strongly, Alternate between 5 blows on the back, and 5 attempts of Heimlich maneuver, until the foreign body is released or the person collapses. If the person becomes unconscious: Call emergency services and start CPR.
- General breathing distress:
 - Try to calm the person down, ensure fresh air and loosen tight clothing, support a beneficial posture, support in letting them take their own medication, call emergency services early.

Recognise irregularities in circulation and be able to act in case of heart attacks and electricity accidents*Learning results:*

	<i>Recognise:</i> Know how to recognize irregularities in circulation and heart attack signs.	
	<i>Evaluate:</i> Check vital signs and recognize heart attacks as a high-risk emergency.	
	<i>Act:</i> Be able to give assistance according to heart attacks and electricity accidents.	

Measures:

- Ensure your own safety.
- For heart attacks:
 - Instruct the person to stay calm in chair, do not move, open window for fresh air, loosen any tight clothing.
 - Call emergency services.
- For electricity accidents:
 - Call emergency services!
 - Unplug the appliance or turn off the power at the control panel.
 - Basic life support.

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