Review

First Aid Education Guidelines for the General Approach: Integrating Physical and Mental Care in Approaching any First Aid Situation

Katie Pavoni [1,2] and Kristopher Tharris[3]

[1]British Red Cross [2]Kingston University & [2]St. George's, University of London; [3]Learn. change. Lead

Abstract

The International First Aid, Resuscitation and Education Guidelines 2020 (IFRC, 2020) brought together not only the relevant evidence base for a particular clinical intervention, but also the evidence that underpins first aid education approaches. This synthesis ensures accessibility of learning and the ability for learners to apply it to their own unique contexts and an acknowledgement that if we are to achieve resilient communities where individuals feel able to intervene in a crisis, we must ensure a parity between clinical familiarity and enabling confidence in learners via relevant and adaptive first aid education.

The IFRC Guidelines (2020) embed the "General Approach" as a foundation for providing care to all involved in a first aid situation. Through the general approach, the first aider assesses the scene and the person, making critical and dynamic decisions to keep themselves and others safe. The inclusion of psychological first aid in this recognizes that all first aid interventions have the potential to be emotionally challenging, and outlines strategies for promoting self-care and mental wellness when responding to a crisis.

In this paper, the Chain of Survival Behaviors and core educational principles of link to learners, variety, simplicity & clarity, discovery, and outcome driven, are used to explore the context of the general approach and psychological first aid. Challenges and barriers, such as stigma and facilitator confidence are then discussed, along with and navigating the 'grey space' in order to achieve true inclusive, effective and equitable first aid education practice.

Key words: *psychological first aid, stigma*

A general approach to first aid situations and subsequent application of psychological first aid are included in the International First Aid, Resuscitation, and Education Guidelines 2020 (IFRC, 2020) and outlined as key elements of providing care. Each play an elemental role in each domain of first aid education. The domains represented in the Chain of Survival Behaviors highlight "the safety of the first aid provider and their ability to make decisions to act effectively" (IFRC, 2020, p.100). Psychological first aid explores how responders can provide emotional support and care to individuals experiencing distress, whilst empowering individuals to make informed decisions and utilize personal coping strategies and resources in times of difficulty. This approach also aims to enhance individual resilience and should be always integrated when providing care (IFRC, 2020). In first aid education, integrating emotional health and confidence to intervene

ensures that care for the whole person is considered in any first aid situation. Furthermore, psychological first aid also considers and recognizes the crucial issue of psychological health and emotional safety of the responder.

The International Federation of the Red Cross and Red Crescent (IFRC) updated their 2016 Guidelines (IFRC, 2016) in 2020 to reflect the evidence regarding specific first aid clinical actions and education modalities regarding first aid education. This approach was designed so that users of the Guidelines are easily able to apply them through adaptation to relevant learner contexts, contextualization to different levels of resources and medical care, and local implementation strategies.

The development of each new guideline and the review of the 2016 version included a new focus on the domains of the Chain of Survival Behaviors as well as a fresh look through an educational lens across different contexts and the provision of education considerations for each topic. This shift in emphasis occurred in response to calls from developers of curricula and first aid educators from across the Movement (including National Societies and the International Committee of the Red Cross – ICRC). The process to include these elements was rigorous and consistent and is explained in full in the Guidelines (IFRC Global First Aid Reference Centre, 2020. Topics for inclusion were identified in 2018 using surveys and expert opinion of actors within the Movement. Individuals from 43 countries with clinical and/or educational expertise participated in teams to develop search criteria from existing published literature and wider literature for each research question.

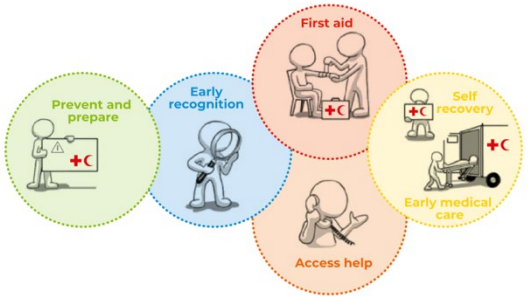
Following a clinical review of evidence, each topic was then considered independently by at least two educational reviewers (including one from a lower resource setting and one from a higher resource setting) who both reviewed existing literature to inform the educational approach to a first aid intervention for that topic. They also drew on their own experience and expertise. Together they then synthesized the insight available and contributed educational aspects to the Chain of Survival Behaviors for that topic. They also provided Education considerations to support the application of the topic in an educational setting. Any conflicts were resolved by an independent Guidelines Steering Committee (GSC) member. Worksheets that described the outcomes of each included work and summary relevance were completed. These were presented for peer review to the GSC.

The topics in the revised Guidelines discussed in this paper include general approach and psychological First aid.

Each of these topics are introduced with a key action to be emphasized to learners and a brief explanation of how to effectively implement the topic. The Guidelines that follow are rated by the level of scientific evidence that exists for them. Good practice points are provided where evidence was missing, and expert opinion was available based on experience and non-systematic review sources of evidence.

Figure 1

Chain of Survival Behaviors (IFRC, 2020, p. 35)



The Chain of Survival Behaviors is used by the Guideline authors as a tool to emphasize how first aid education does not start and end with a first aid action. The domains of Prevent and Prepare; Early Recognition; First Aid and/ or Access help; and Early Medical Care/ Self-recovery, are fundamental considerations for education depending on the

context and learner needs. Each clinical topic covered by the Guidelines includes insight based on evidence and expert opinion on how best to frame an educational intervention using these domains and identifying where educators might best position that learning.

This paper reviews how the Guidelines incorporated available clinical and educational evidence within the domains of the Chain of Survival Behaviors for the general approach to clinical care, while considering psychological wellness of the ill or injured person. Additionally, the paper discusses how the educational considerations might be adapted to different learner audiences and their needs.

Educational Approach

Recent years have seen an evolution of first aid education, from traditional practice which placed sole focus on the clinical content of first aid learning, towards recognizing the importance of the way in which we provide first aid and educational modalities. This shift acknowledges that if we are to achieve resilient communities in which individuals feel able to respond to first aid crises, our educational approach must be accessible, relevant, and empowering and considers the needs of the learner and their unique context.

The IFRC Guidelines (2020) acknowledge that it is not only familiarity with evidence-based first aid actions which make a humanitarian difference, but it is encouraging the intention and confidence in the bystander to assist an individual that is perhaps equally valuable. The parity between first aid guidance and educational modalities is strikingly evident and asserts that the ways in which first aid education is facilitated is as important as the content and lifesaving skills themselves.

The IFRC (2020) education chapter identified the core principles of education delivery as: *simplicity, clarity, link to learners, variety, discovery, and outcome driven.* Each of these principles are evident when teaching first aid. Consider how they apply to the general approach while integrating a psychological first aid perspective.

Simplicity & Clarity

The administration of first aid is widely recognized as a powerful humanitarian act in which everyone has the power to make a significant difference to the lives of others (IFRC, 2020). Despite its undisputed impact, recent evidence has shown there are numerous barriers to confidence and willingness to provide first aid interventions (Muise et al., 2018; Oliver et al., 2014). These barriers include the perceived necessity to recall complex skills and algorithms which are often delivered in sterile training classrooms (Heard et al., 2020) rather than the ability to provide simple outcome focused interventions in times of crisis which are often driven by human instinct (Muise et al., 2018).

The general approach presented in the 2020 Guidelines seeks to challenge this, and instead promotes the message that first aid emergencies can be ambiguous and overwhelming. It is therefore essential that information is given in a clear and accessible manner which focuses on simple and instinctive intervention and utilizes principles, rather than acronyms, which are relatable and meaningful. For example, the use of 'Look, Listen & Link' when supporting a person in emotional distress (IFRC 2020) or the Canadian Red Cross' 'Check, Call, Care' (Canadian Red Cross 2019) to express assessment, accessing advanced care, and providing first aid.

Link to learners, Variety & Discovery

Furthermore, traditional, and often purely didactic education methodologies may create a sense of imbalance of power and perceived 'authority' between learner and educator, which has been skewed towards recognition of educator ability, rather than that of the learner (Friere, 1970). The general approach seeks to encourage a safe space in which learners can be reflective upon their own unique lived experience and knowledge, and

encourages dynamic, context-specific action that takes into account best practice. It also acknowledges the facilitator as a key aspect of the educational journey, however not as the sole imparter of knowledge into the empty vessel. Educators can empower, encourage, support and unlock the hidden and often under-recognized pre-existing knowledge and skill of their learner audience. The facilitation tips within the general approach allow for personal reflection, and a variety of educational methodologies including when assessing the person or the scene, allowing space for critical thinking and application to specific learner contexts.

Adaptations

The general approach is incredibly varied in application according to the context in which the first aider finds themself. The 2020 Guidelines (as a whole) explore multiple overarching contexts: conflict, disaster, water, pandemic, remote, and workplace (IFRC, 2020). Each of these contexts can be considered through the perspectives of access to resources for advanced care, and the culture/environment in which initial care is provided.

Where the general approach covers the basics of assessing the scene and person, providing care, and accessing help, there is significant variation in what each of those steps mean in different contexts. This requires the ability of the trainer to either be familiar with or open to contribution from the learners (for example using the peer learning modality). For example, assessing the scene will be completely different in an active conflict zone in Syria than in a workplace context in Dubai: in the latter, it would be highly unlikely that a first aider would enter an office building where gunshots have been heard, whereas in the former that might be the safest option. Therefore, the trainer must be ready to adjust their own conceptualization of the general approach so that it can be more effectively adapted to the context in which the learners will provide care.

Another dimension to consider is the access to resources and advanced care in different contexts. The general approach as described in the Guidelines assumes that there will be access to common resources (e.g., clean water) and advanced care, where that will not always be the case. For example, even in a country with a robust health system that includes ambulatory advance care, there may be very limited access to those resources on a small fishing boat on a large lake. Again, the ability to adapt understanding of general approach is important on the part of the trainer for the benefit of the learner.

Environment presents an additional dimension to the discussion in that environments are incredibly variable, even within the identified contexts. For example, providing first aid during a disaster in California where there is a robust response system and infrastructure is completely different from providing care in a disaster in Haiti where infrastructure and systems have been ravaged by unrest and natural disaster. Add to that the dimension of culture (the set of values, norms, and behaviors of a particular group (Schein, 2016) and providing first aid care becomes an art of adaptation.

This highlights one of the main shifts that is required in first aid education for the general approach: the shift from providing knowledge and first aid skills to the development of critical thinking and decision-making skills. To develop these skills, there is a degree of metacognition (i.e., thinking about thinking) required to adapt the general approach effectively. This requires ample opportunity for practice, application, reflection, and feedback that are each ground in the context that the learner will eventually provide care. In unfamiliar contexts there may be a degree of chaos to the first aider, where chaos is in "the realm of 'unknown unknowns'" (Snowden & Boone, 2007) where there is an undefined relationship between cause and effect (Al-Azri, 2020). A common general approach allows the

first aider to shift from chaotic to complex (Al-Azri, 2020; Burdick, 1991), which is a more manageable, predictable challenge to face.

It must also be considered that within global populations there are diverse socio-cultural approaches and disparities regarding psychological health. For example, the recognition of, and even language to describe certain mental health challenges differs greatly within diverse cultural contexts (Golpalkrishnan, 2018). Furthermore, varying perceptions of physical and psychological health may influence disclosure of difficulty and may carry a heavy burden of individual and societal stigma (Ran et al., 2021). Socio-economic inequalities can also significantly impact access to mental health care, both in terms of individual willingness to seek help and the resources available within communities (Oexle, 2018).

Adaptations which acknowledge the contextual delivery of psychological first aid are therefore crucial, alongside an awareness of how these may impact upon the facilitator's or learner's approach and understanding. Whilst there is a need for parity and inclusion, it must be recognized that the landscape and narrative surrounding our psychological health is far from equitable.

Discussion

The general approach is the foundation of providing first aid care. It is through the approach that a first aider is able to assess the scene and the person, make critical decisions to act (Vaillancourt et al., 2008) and what interventions will be beneficial to the person, while maintaining safety. The Guidelines 2020 note that "a standard approach to assessment could be taught to first aid providers" (IFRC, 2020, p. 100). There are two important considerations from an education perspective: having a *routine* (or algorithm) and *practice* is important for application. The challenge that is inherent in practicing first aid is the great diversity of situations in 'grey spaces' (i.e., those without a clear, objective response) in which a first aider can be found. Therefore, by developing a common general approach to providing care that is built on critical thinking, assessment, and above all self-care, educators can encourage first aiders to practice and see the benefits of doing so.

Self-care is of utmost importance in providing first aid. By incorporating a value for self-safety into the general approach when providing care, educators can reduce fear and increase confidence to act. Furthermore, promoting access resources, can help to reduce fear to act (Fischer et al., 2011). Alongside this potential increase in confidence and willingness to act, which undoubtedly has a positive physical and emotional impact upon the person experiencing the crisis, instilling an ethos of self-care within the helper will also cultivate their resilience, promote emotional healing post an adverse event and furthermore ensuring that they are able to continue to provide assistance to others in future.

The literature surrounding self-care in the context of rendering assistance often focuses on significant physical trauma and life-threatening emergencies (Chalmers et al., 2020). However, it is imperative to be mindful that any first aid interaction has the power to be emotionally laborious due to the unique lived experiences of the individual rendering assistance (Mildenhall, 2012). It is therefore crucial that educators validate the conversation surrounding emotional well-being when providing first aid across all contexts, in order to challenge stigma and misconceptions surrounding the psychological impact of helping behaviors and promote the self-reflection, self-awareness and self-compassion of the responder.

The inclusion of psychological first aid as a core element of the general approach demonstrates not only the essential recognition of the bi-directional relationship between our psychological and physical health but also emphasizes the shared human vulnerability to experiencing emotional difficulty and distress, whether that being supporting another individual in a crisis or recognition of the psychological health of the

responder. Despite this positive acknowledgement within the Red Cross movement, it is important to be cognizant of the significant stigma and discomfort which has historically been attributed to discussions surrounding mental health and wellbeing (Huggett et al., 2018; Stuart, 2016). If we are to ensure a true parity, recognition of the value and importance of psychological first aid amongst learner audiences, and confidence in those providing assistance to a person in crisis, and to take steps to engage in self-care when providing aid, there is then perhaps a discernible need for this 'elephant in the room' to be considered throughout the educational approach. Furthermore, recognizing that these often emotionally charged conversations can be challenging to facilitate is important, along with the need to equip and support our educators to feel comfortable when disembarking from the safety of traditional algorithmic approaches to physical health first aid and moving into the arguably more daunting 'grey space' when discussing psychological first aid and emotional health.

Educator recognition of the historical context of psychological first aid and comfort with embracing the 'grey' may not only lead to an increase in helper confidence and willingness to support those in emotional distress, but furthermore has the very real potential to influence the wider discourse of the need for parity between our physical and mental health and wellbeing and support to individuals in crisis.

In developing a general approach to providing care, there are several additional tools described in the general approach section of the Guidelines: hand washing, medical administration, oxygen administration, and de-escalation techniques for violent behavior. Each of these tools can be applied by the first aider when approaching a first aid situation. By incorporating these elements as tools, educators can differentiate between scope of practice for a first aider or advanced care, focusing only on the appropriate/available tools for a first aider while still maintaining a consistent general approach which can be replicated for any situation.

Conclusion

Any learning intervention in first aid education should include dedicated time to the general approach which integrates care for mental wellness through psychological first aid. It is also important to acknowledge that any first aid intervention has the potential to be emotionally challenging. We examined how first aid educators must embed local adaptation and contextualization in teaching the general approach to provide care, while still seeking ways to ensure that both the first aider and ill or injured person are cared for both in their physical and psychological needs. However, to ensure true parity and inclusive practice, issues such as stigma, individual vulnerability, facilitator confidence along with acknowledgement and comfort within the 'grey space' must be considered.

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Conflict of Interests

No financial conflict of interest exists for any of the authors. The authors were content contributors to the 2020 International first aid, resuscitation, and education guidelines.

Corresponding Author

Katie Pavoni Katie.Pavoni@sgul.kingston.ac.uk

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