



First Aid

in action

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Editorial

When we think about road safety we often think about something more or less ordinary. Whenever you cross a street you look to see if it is safe. When you hear on the news about an accident that took place or you stand in a queue for half an hour because of an accident you are just reminded of the dangers. But very likely you are not surprised.

The fact that you are not surprised anymore when hearing about road accidents illustrates how serious the problem is. And the problem is still growing. The World Health Organisation has calculated that if we don't do anything, road accidents will grow to become the 3rd leading cause of death worldwide by the year 2020. At this time they are still 9th leading cause of death.

Whether you are involved in teaching people First Aid, belong to a rescue corps, or even if you have only attended a course, we often do not realise how valuable First Aid knowledge can be. And this is certainly the case for road accidents. Now matter how fast the emergency system in your country is, when you are witness to an accident, YOU can make the difference between life or death for the victims. Indeed, if you do not help a victim who is loosing a lot of blood or who has a blocked airway, when the ambulance personnel arrives, they will only be able to determine that the victim has died. So the challenge in front of us now is to make the value of First Aid clear also to other people, organisations, local and national governments. All of them have an interest in road safety and for all of them First Aid can be relevant.

Exactly how valuable can First Aid be when we talk about road safety? As valuable as you want it to be. The value of First Aid training does not stop with learning how to put someone in the recovery position. It is also about learning people that they can prevent serious head injuries by wearing a helmet when riding a motor bike and dealing with risks in a sensible way. It is also about finding those people to whom this issue is the most relevant, those who are most vulnerable to these risks. In this case... mainly young people. And as Red Cross Red Crescent it is also about communicating that it's about dealing with the wounded rather than just the wound.

This awareness has lead Red Cross/ Red Crescent volunteers and staff all over Europe to act.

By combining our efforts to reach everyone who is concerned, by stressing the importance with local, national and international governance, and by working together also with others, we CAN make a difference.

*Laurent Van Rillaer,
Head European Reference
Centre for First-Aid Education*



Content

Editorial 1

Road Safety - campaign

Road Safety and First Aid 2 

European Road Safety Campaign and the French Red Cross 4 

A global partnership dedicated to the sustainable reduction of road accidents 6 

Mind you, when you're on your way, you've only got one life... so take care! 9 

Road Safety Campaign is going on in Finland 11 

First-aid activities in National Societies

The Traffic Safety Research Board, Study of first-aid education at driving schools 13 

Operation "India - 2001" 18 

Dissemination of First Aid Knowledge through TV Broadcasting Program 22 

15 Years Co-operation between Red Cross-Aalst and Red Cross-Cochem 25 

Medical Research 28

Events - Other news

Road Safety and First Aid



Logo Road Safety Campaign

European Road Safety campaign on the move!

First Aid plays an important role in cases of road accidents. Studies show that many pre-hospital deaths may be preventable and injuries may have less long-term impact if non-medical people who had basic First Aid knowledge could treat casualties immediately.

The idea of having a First Aid and Road Safety campaign was put forward by the European Working Group for First-Aid education. A planning group was formed and after submitting a project proposal to the European Commission the project was accepted and given a EU funding.

You've only got one life... So take care!

The campaign is designed to target young people between 18 and 25. The message is the same in all countries: "You've only got one life... So take care!" and the communication material has been produced in the 11 official EU languages. Developing a campaign that can work across all of the EU is quite a challenge. The solution that came up is to use cartoon figures to tell the story of two young cat's behavior on the road. Cats have many lives so they have a few to spare, but humans only have one life so we have to take care!

Campaign activities are taking place during the whole period. For summer 2002 activities across EU ranging from First Aid initiations on the seaside in Belgium to Safe 1st School week in Finland are being organized.

Examples

Austria

Austrian Red Cross has printed 60.000 free post-cards that have been widely distributed in cafes and restaurants. The cards use the logo of the European campaign.



Spain

Spanish Red Cross are organizing a big Road safety campaign "To prevent is to live". Big media campaign with wide coverage including free television airtime. In the late summer they will organize Road Safety schools for children in shopping centers.

Italy

Italian Red Cross will use the Internet to tell young people about Road Safety and First Aid and therefore they have developed a special web site.

Denmark

In Denmark young people will have the possibility to practice Road Safety and get First Aid training at a course arranged by the Red Cross. They will have the opportunity to test their driving skills in a training facility and they can practice how to react in dangerous situations.

France

The French Red Cross has handed out not only leaflets, but also Easter eggs to drivers on motorways during Easter 2002. The simple message is: In traffic, your life is as fragile as an egg.

First Aid is about stepping out of one's way...

A press event was organized in Madrid in March 2002 to promote the campaign and the materials to the media. The President of the International Federation of Red Cross and Red Crescent societies, Juan Manuel Suarez del Toro Rivero, who attended the event, stated that:

"Road Safety concerns all of us, and we need to learn to take better care of each other in traffic. Each one of us should learn First Aid; each one of us should be confident in saving a life. You don't have to be a professional to help. First Aid is about stepping out of one's way to ensure that other people get the immediate assistance they need in the aftermath of an accident."

The campaign will close on European First Aid Day 2002, but for many countries Road Safety activities will keep being an important part of the national work on First Aid. Road Safety is an area of opportunity and challenge for First Aid. Through First Aid education we can give people the gift to save lives.

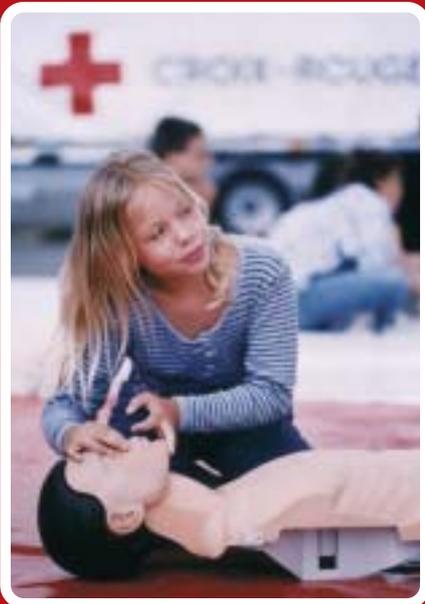
FACTS

- More than 40.000 people die in road accidents in EU every year. 10.000 are between 15 and 24.
- 57% of deaths consequent on road accidents occur within a few minutes of the crash at the accident scene. 22% occur during transport to the hospital or within the same day; 21% occur within 30 days.
- The injury severity scores indicate that only a fifth of those who died before reaching hospital had injuries incompatible with life.
- At least 39% and up to 85% of preventable pre-hospital deaths may be due to airway obstruction. This can be resolved by applying simple first aid techniques.

*Ms. Viken Wetlesen
Coordinator European Red Cross Road Safety Campaign*

European Road Safety Campaign and the French Red Cross

Campaign and the French Red Cross



French roads are among Europe's most murderous, with 22 dead and 444 injured every day. Unhealthy behaviours are still widespread, especially among the young, who are often involved in accidents. France is no exception: 21.3 percent of road victims are aged 18 to 24, an age group which only makes up 9 percent of the population.

Faced with such statistics the French Red Cross was bound to actively participate in the European Road Safety campaign. Several events were held at the local, regional and national levels on specific dates and along two lines:

- education of the public through first-aid training sessions;
- awareness raising through initiatives focusing on road safety and what to do in case of an accident.

Less than 6 percent of the French have had some kind of first-aid training. The French Red Cross

aims to increase this to 20 percent within five years.

Schedule of events in France

- **September 2001/September 2002:** French Red Cross delegations gather for European First-Aid Day.
- **Christmas 2001:** launch of an Internet-based competition (20 questions broken up in 4 themes: prevention, protection, alerting and rescue). Participants could win first-aid kits and manuals explaining basic first-aid principles. The questions are still online at <http://www.croix-rouge.fr/goto/secours/index.html>
- **Easter 2002:** volunteers were present on rest areas throughout France's road and motorway network. They informed the public about road hazards and taught basic first-aid techniques to be used in case of road accident.



- **Summer 2002:** the French Red Cross will reach out to vacationers in heavily populated summer spots: beaches, entertainment centres, etc. Sixteen such events will be staged in the month of July and August. The goals are the same: teaching basic first-aid and raising awareness about road safety issues. This should let us give basic training to some 10,000 individuals.



As part of this campaign, a call for projects was announced last January, which resulted in many local delegations of the French Red Cross submitting initiatives. One idea was to add a "licence to save" to the driver's licence, as part of an agreement between local authorities, a number of driving schools and the French Red Cross. In France, student drivers are not required to learn first-aid techniques; to remedy this, delegations of the French Red Cross will be teaching first-aid in driving schools.

*Mrs. Diane Issard
French Red Cross*



A global partnership dedicated to the sustainable reduction of road accidents



Road Safety Globally

Almost one million people are killed in road crashes every year, with the majority of fatalities occurring in the developing world. Poorer countries account for a mere 40 % of the world's motor vehicles yet their share of the death toll is a staggering 86 %. World-wide, between 23 and 34 million people are also injured,

many of these seriously. In industrialized countries, road safety – in terms of fatalities per kilometres and per number of vehicles – is seeing consistent improvement, whilst the toll in most developing and transition countries continues to grow at 3-5 % per year. In the developing world road crashes represent an unwelcome drain on medical resources. Already, in many countries more than 10 % of hospital beds are occupied by road crash victims.

The economic impact of these crashes for developing and transition countries amounts to over US\$60 billion each year – an amount exceeding the entire annual flow of official development assistance (ODA) to these countries. These huge economic losses hamper economic development and perpetuate poverty. Apart from releasing pressure on medical facilities, reductions in road crashes produce savings that can benefit other aspects of health care, or be invested in other public services.

What Can We Do About It?

In spite of years of assistance from the international donor community, governments in developing and transition countries have not been able to tackle this growing problem. Road fatalities and injuries continue to rise, especially in Asia, where pedestrians and two-wheelers are particularly vulnerable. It is this situation which brings together the World Bank and the Red Cross with major international corporations and NGOs to form the Global Road Safety Partnership (GRSP). Our question: since traditional, government-led road safety interventions have failed, could a coalition of local business, civil society and government working in partnership have more success?

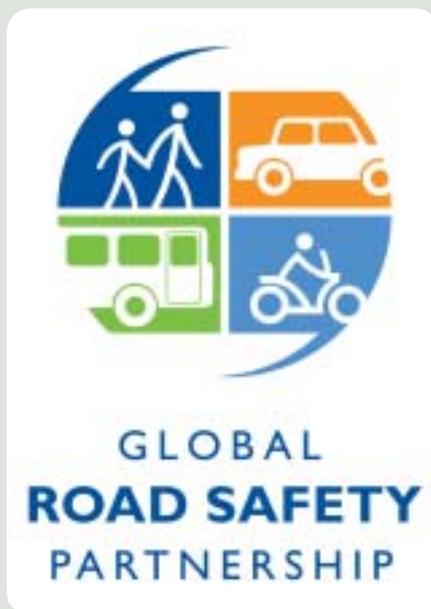
The Global Road Safety Partnership (GRSP)

GRSP operates in a limited number of focus countries where road safety has been identified as a problem, governments are willing to tackle the problem and there is an agreed framework – usually a national road safety action program – within which GRSP can operate. The partnership is currently involved in 10 countries, namely Vietnam, Thailand, India (Bangalore), Ghana, South Africa, Costa Rica, Brazil, Poland, Romania, and Hungary. GRSP is not a funding agency and does not finance the sort of road safety interventions normally financed by governments. Rather, in the selected focus countries, GRSP:

- brokers and animates local business partners and civil society and encourages them

to work together with government in the cause of road safety,

- offers advice on road safety “good practice” and encourages others to share their knowledge with the wider road safety community,
- facilitates implementation of focus projects in selected target countries, and
- monitors lessons learned and makes them available to others.



GRSP Activities and Outputs

GRSP has identified the following priority areas for its activities:

- identifying potential partners willing to support individual components of national and local road safety programs, particularly when these act as demonstration projects to illustrate innovative solutions to road safety problems;
- identifying ways in which business and civil society

already intervene to improve road safety and disseminating this information to others;

- encouraging strengthening of national road safety councils, or their equivalent;
- developing innovative off-budget financing mechanisms to supplement regular government funding;
- disseminating examples of “good practice,” particularly those involving the partnership approach to road safety, by way of regular newsletters, through the GRSP web page and through sharply targeted country level workshops;
- maintaining a knowledge base on key issues in road safety, both by topic and on a country/regional basis, a database of expertise, detailed approaches to the planning and implementation of road safety action plans, and examples of “good practice”; and
- raising awareness of the seriousness of the global road safety problem and encouraging collaboration and coordination between all key parties to increase the effectiveness of their individual interventions.

GRSP and the Red Cross/Red Crescent

The GRSP is working closely with the Red Cross/Red Crescent to raise awareness of the importance of first aid training and education in connection with road safety. Many who are killed as a consequence of road crashes die in the first minutes following

the incident (studies estimate over 50%), that is before professional emergency services arrive. For some road crash victims, basic first aid measures such as opening the airway, stopping bleeding, moving the victim from other imminent dangers, performed by first aid "aware" or trained laypersons can potentially save lives and reduce the severity of an injury. In developing countries, where professional help often is extensively delayed or non-existing - first aid training might be of even greater importance. Road fatalities are acknowledged by the International Federation of Red Cross and Red Crescent Societies (IFRC) as one of the world's biggest silent disasters. The Federation Secretariat contribu-

deration, its regional and national delegations and national societies. Possible partnering "synergies" lie in increasing awareness of road safety, first aid education/training, and emergency response systems. Supporting road safety/first aid networks are also valuable means of empowering local stakeholders to proactively tackle local road safety issues. To date, GRSP has worked with primarily fleet operators who have collaborated with national societies to include first aid training in their drivers training programs. GRSP is also participating in an initiative to establish an emergency response system in Poland. GRSP has also assisted in preparing IFRC a health/first aid seminar in South-East Asia.



tes to tackling the scourge of road crashes by hosting the GRSP secretariat at its headquarters in Geneva. Furthermore, many national societies are already active in the area of road safety. In 2000, the Federation Secretariat and the GRSP conducted a survey of national societies with regard to road safety. The report can be downloaded from the GRSP website: www.GRSProadsafety.org.

GRSP is very keen to partner, where appropriate, with the Fe-



If your organization/company would like to know more about how to work with GRSP and to exchange knowledge and ideas please contact the GRSP secretariat on email: grsp@ifrc.org.

*Mrs. Rikke Rysgaard
Global Road Safety Partners*

Mind you, when you're on your way, you've only got one life... so take care!

Faced with an increasing number of cars on our roads these days, Red Cross has initiated a campaign in order to make people aware of the importance of prevention and knowledge of first aid.



Canal Solidario Catalunya

The WHO has qualified road accidents as one of the major death causes of the 20th century. Every year, more than 700.000 people die as a result of traffic accidents and many tens of millions more get hurt. About 40.000 of this millions die on European motorways, 6.000 of them in Spain. That is why the seats of Red Cross in the fifteen countries of the European Union (EU) have joined forces to launch a campaign in order to make people aware of the importance of preventative measures and knowledge of first aid in case of road accidents.

The initiative, which received following slogan 'You've only got one life... so take care!', is especially

directed towards youngsters, because one out of every fourth European death due to car accidents is under 24. The latest studies alarm us telling that the drivers between the age of 18 and 29 have a six-fold risk of being victim of a road accident than older drivers. As explains the President of the International Federation of Red Cross and Red Crescent Societies, Juan Manuel Suárez del Toro, this is a disastrous silence we are facing and a catastrophe, hence the importance of making people aware and to teach them how to act in 'PAS', meaning how to Protect (the place of the accident), advise (the police and the ambulance) and to Save (the victims).

Therefore, according to the Red Cross, it is of the essence to

know and master the basics of First Aid, in order to help the victims immediately after the accident occurred. In reality 57% of the deaths in car accidents happen on the spot of the accident and within the five minutes following the accident, according to the non-governmental organization. Moreover, between 39% and 85% of these deaths are due to hemorrhages or obstruction of the respiratory tract, problems that might have been avoided if the witnesses to the accident had known how to apply simple first aid techniques.

Therefore, and with the goal to educate people, Red Cross had started to distribute material in the fifteen countries of the EU., which will be at the disposal of the people come September,

Mind you, when you're on your way, you only got one life, so take care!



date when the campaign will be concluded which will coincide with the celebration of the European First-Aid Day.

In Spain, like in France and in Belgium, Red Cross will offer initiation first aid courses. In other countries like Italy, it will address itself to the youngest ones through

ice cream parlors, where it will teach them: the importance of prevention and the basic First Aid knowledge. In that line the French Red Cross will distribute leaflets and eggs between the drivers to pass on the message that in a car your life is about as fragile as an egg.

This campaign on life safety and First Aid, which is supported by the European Commission, develops in the scope of a large program of the European Union, having for an objective to reduce by half the number of deaths due to road accidents in the countries of the European Union.

Accent on prevention

The Red Cross initiative will be very intense in the countries of Southern Europe, as countries like France, Greece, Italy, Portugal and Spain are in the group of the pig-headed ones, according to the Director General of Traffic, Carlos Muñoz. According to Muñoz, the number of accidents in those countries is mostly a question of attitude.

Last week, not to go any further, several people lost their life, in different car accidents which happened on heavily clouded days. In such a situation it is important that people adapt their attitude. Faced with this atmospheric condition, the Director General of Traffic also reminds drivers of the absolute necessity to use safety belts in the back-seats of the car.

Spanish Red Cross



Road Safety Campaign is going on in Finland

"You've only got one life...
so take care!"



The Road Safety Campaign title, idea and slogan "You've only got one life... so take care!" is moving around Europe and also here in Finland. The number of fatal traffic accidents in Europe rises continuously. According to the amount of severe traffic accidents the figures are also too high in Finland. Road accidents form also one of the major causes of permanent physical or mental disability. This means that the consequences of road accidents form an important social and economical problem, not to mention all human suffering involved.

The aim of this Road Safety Campaign and the Finnish Red Cross (FRC) is to increase awareness and First Aid ability amongst the

public at large. The objective is that on the site of traffic accidents, there are always several people versed in First Aid. Also as many drivers as possible will learn the basic FA and CPR skills while learning to drive.

The campaign started last September, 2001 in Joensuu. A seminar of Road Safety and First Aid was organised, in which also different national authors took part. Local newspapers and radios were interested in that seminar, and they did some reportage of it.

On a national level, we find many actors working on prevention of traffic accidents. Combining all the available resources will be the most efficient way to proceed.

The Finnish Red Cross concentrates mostly at first aid training, but of course it is always important to talk about what we can do to prevent the accidents.

In Finland the special target groups in the road safety campaign are children, recruits starting their military service and the driving schools cooperating with educational institutions.

We received good campaign material from the Road Safety campaign coordinator. Besides that the FRC created a first aid card related at the campaign. All the people who participated at a first aid lecture and learnt these things by FRC will get this card, at least during this campaign year.



Normally we give a special first aid certificate at those first aid instructors who have passed the first aid course.

Why do we concentrate at children, especially young school-beginners? Simply because they may have a long route to go to school and there will be one or several crossroads for them to pass. In spite of that, their parents or schools or some other instant normally will arrange some transportation system for school beginners. Unfortunately for a child of six or seven years, only one street crossing can be more dangerous than an adult. We adults have an ability to concentrate at more things at the same time than a child.

For school-beginners the Finnish Red Cross has the idea to organize a special safety day: "The safety first school days and weeks". We offered that idea to our districts and they will share it with their branches. The branches will organise different happenings together with districts or by themselves.

Once the school starts this project, there will be happenings at schools, where the children will be taught by our branches. The subjects will be eg. how to do an emergency call and how to give some simple first aid treatments. Also they learn children how to cross the street at a safe manner.

One of the target groups in the Road Safety Campaign are young drivers. So, that's the reason why we taught recruits. Mostly they are in a high risk group, because of their age. Also by now, two of our districts have been asked to

take part in a "health-day". Two health planners organized traffic accidents, where the servicemen and -women had a chance to learn the three most important first aid treatments as access the situation, call for help 112 and give first aid. All people, who passed this "accident point" received the campaign FA-card.

In Joensuu, the local district organized a special first aid course to a driving school. This course consisted of different practical first aid exercises. It was organised together with some local driving schools and FRC district Savo-Karjala. The first aid instructor arranged a "real" (simulated) car accident. The pupils of the driving school came in small groups and gave first aid. After that the instructor repeated the most important points to remember. Again local newspapers were interested in first aid education.

At last, related to the road safety campaign the Finnish Red Cross' National Emergency Preparedness Team has arranged a first aid exercise at the headquarters in Helsinki. This practical course was similar to that described above. Until now one course has been organised and the participants were pleased. The next organised courses are complete, but we will arrange as many as needed or requested.

*Finnish Red Cross
Headquarters
Kristiina Myllyrinne
First Aid planner
National Emergency
Preparedness Team*

The Traffic Safety Research Board - Study of first-aid education at driving schools

First-aid education at driving schools

This project is conducted by the driving school, Almenni ökuskólinn EHF, the Development and Research Division, in collaboration with the Traffic Safety Research Board. The objective of the project was to conduct a study of first-aid education at driving schools, and to evaluate the education's strengths and weaknesses; to cast a light upon today's focal points and the points that should be focused on according to international standards. The project is intended to support the plans of the authorities and the Icelandic Red Cross on strengthening first-aid education for drivers and the general public in Iceland.

Many people are of the opinion that First Aid has not been focusing on driving education to the extent it should. No research in this area has taken place, at the same time the arrangement of driver education in Iceland has changed extensively over the last few years. A large number of driving schools have been established and the academic study in driver education has rapidly grown over the last two years. A new curriculum has been published,

based on a Norwegian model, however, adjusted to the Icelandic circumstances. The curriculum was prepared in close collaboration with the Traffic Safety Council and the Union of Icelandic Driving Instructors. There exists only limited experience from this curriculum, however, it looks highly promising.

Execution of the study

Initially, meetings were held with a group of driving instructors and first-aid instructors to formulate the project ahead. A list of the driving schools that had received a formal operating license was prepared in collaboration with the Driver Education Division of the Traffic Safety Council. The number of driving schools proved to be 34. It turned out later that these schools are as different as their number. A considerable lesser number of these schools were active and there were instances of schools that had an operating license but had held no courses. Additionally, there were several instances of driving schools uniting on holding courses, and examples of larger driving schools supporting the activities of smaller schools, one way or the other. This applies in particular to the regional districts, as there are no

grounds for holding extensive courses in areas with small populations.

Collaboration also took place with the Internal Division of the Icelandic Red Cross and first-aid instructors in conducting the study and categorizing the questions in accordance with the existing standards. The questionnaire was read over by personnel of the Icelandic Red Cross, a few driving instructors and first-aid instructors. The Traffic Safety Council was also consulted regarding the questionnaire. The questionnaire was then sent to all the acknowledged driving schools in Iceland together with a letter of introduction in which the study was formally presented.

The request for the participation of the driving schools was dispatched later by e-mail, with follow-up telephone calls. Despite the follow-up and the reminders, replies were received from only 16 schools, or close to 50% of those registered with a formal operating license. It should be mentioned, however, that some of the schools said they were unable to reply formally as no courses had been held, whereas others replied jointly. Some of the schools provided important



information about the driver education and the first-aid training even though they felt they were unable to fill out the questionnaire. Taking this into consideration, it must be said that the response was better than initially anticipated, although the best scenario would have been a 100% response rate.

The results of this study will be introduced to the Icelandic Red Cross, the Traffic Safety Council, and other interested parties. The study's organizers hope that this effort will cast a light upon the situation in these matters, and that the study will contribute to ways being sought on increasing first-aid training in Iceland. The results confirm various matters that hitherto were considered likely, as well as bringing to light new information that should be useful to those working in this field. The group is of the opinion that the response in the study provides a realistic illustration of the situation and that the conclusions on the whole are significant.

Results

The results of this study reveal that first-aid education must be increased. There are different views, however, on where the overall teaching should take place. The leaders of the driving schools, for example, seem to agree that the actual time needed for the first-aid training cannot be accommodated in the schools today. The 24 lessons that are at the schools' disposal are already fully used. It is also agreed that the first-aid teaching materials must be adjusted to the consumers' needs, i.e., that the materi-

als must be suitable for the age group generally learning how to drive, and in the form of supplementary materials, or even a refresher of an overall education in first-aid in the general schooling system.

All the driving schools in Iceland follow the same line in their teaching materials and seem to be using the same book, i.e., *Driving and traffic* (informal translation), by Arnaldur Árnason, published by the Union of Icelandic Driving Instructors. When the book was published collaboration was sought with the Icelandic Red Cross, whose personnel adjusted the teaching material to the new international first-aid standards. It may thus be said that all the driving schools are working on grounds of the newly passed standards even though this may initially have been coincidental. The Traffic Safety Council also collaborated with the Icelandic Red Cross on the preparation of a new curriculum; hence there seems exist harmony between all factors despite the absence of detailed definitions.

The fact that international standards are followed is certainly important in the first-aid education. It seems, however, that at the same time new teaching materials are being published, the development of the teaching methods has not progressed as much; hence a large part of the teaching is in the form of lectures with the use of overheads. The answers by the students, cf. the study sample, illustrate among other things, that they find that there are too many overheads being used and too limited stu-

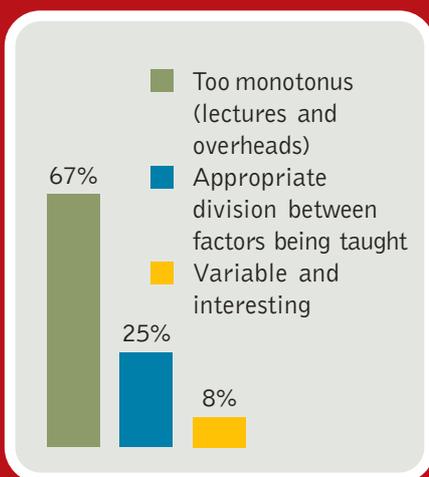


Fig. 1 - What are the students' opinions about the first-aid teaching in the driving schools?

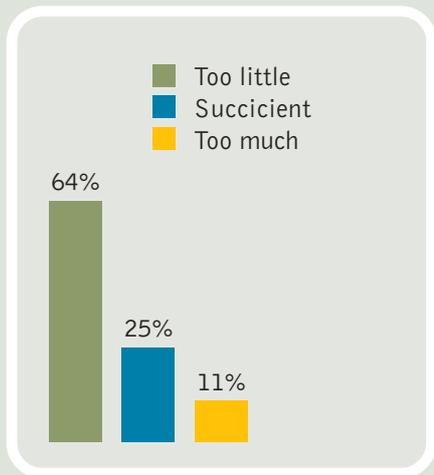


Fig. 2 - Students' opinions about the number of lessons in first-aid.

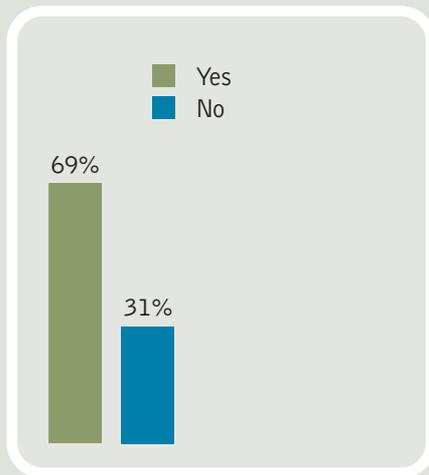


Fig. 5 - Do the students receive special teaching material about first-aid?

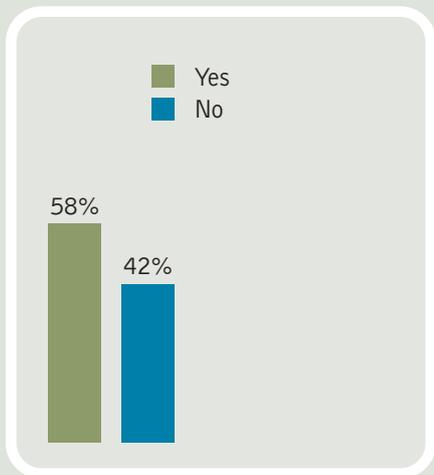


Fig. 3 - Have you attended a special first-aid course in primary school of held by organizations like the Icelandic Red Cross?

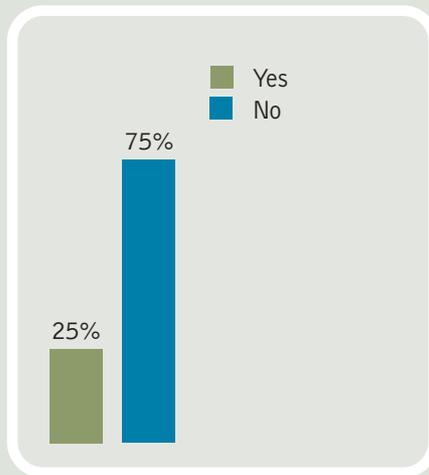


Fig. 6 - Does or did the driving school used the first-aid teaching material from the Icelandic Red Cross?

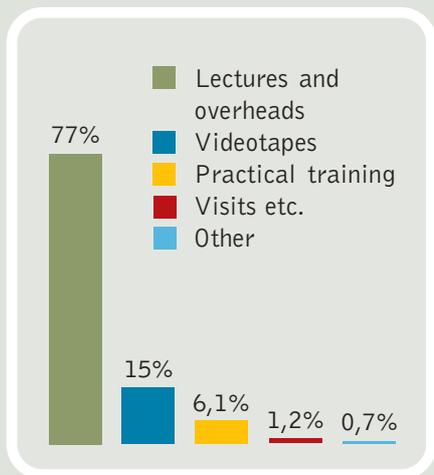


Fig. 4 - The arrangement of first-aid lessons in %.

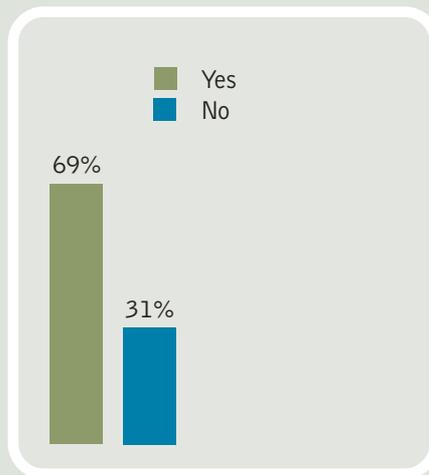


Fig. 7 - Is the first-aid instructor certification from the Icelandic Red Cross?

dent projects, etc. The students are of the opinion that first-aid is not sufficiently addressed by the driving schools and that the only matters focused on are the ones covered in the book. The students also state that first-aid should be given more time in the driver education.

The representatives of the driving schools find it desirable that the proportion of the teaching be changed and that the share of video tapes, practical training, etc., should be increased at the expense of the overheads. The monotonous teaching methods are therefore a weakness in the teaching, as well as the first-aid teaching materials not having been adjusted to the driver education.

The Icelandic Red Cross holds a key role in first-aid education in Iceland. This appears in various areas, for example, regarding the teaching materials, the training of instructors, the coordination to international standards, overviews, etc. One party overseeing all of these factors has ensured that new methods are immediately brought to the Icelandic market and that the first-aid education is in tune with the focal points in Iceland's neighboring countries. Additionally, the teaching materials are adjusted to the local conditions, as well as being translated into Icelandic, which means that the focal points seem to be the same everywhere. It has also materialized that the Red Cross seems to supervise the first-aid education in Iceland's neighboring countries. When looking for information about first-aid education the Icelandic Red Cross appears



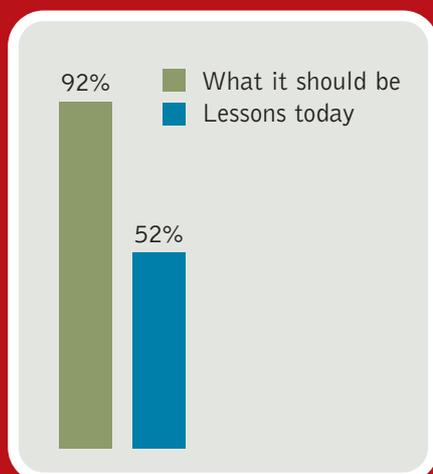


Fig. 8 - The average number of first-aid lessons in driving schools today, compared with what the driving schools think it should be.

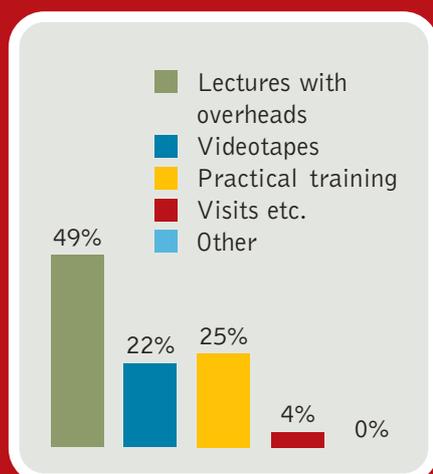


Fig. 9 - How should the first-aid lessons be divided?

in the frontline of the national organizations of the Red Cross providing first-aid education and is internationally respected in this area.

Despite the strong position of the Icelandic Red Cross, its extensive knowledge and competence, this knowledge has not been sufficiently filtered into the general schooling system. Instead of the driving schools providing the student drivers with refresher courses in first-aid, the education is frequently the first and even the only of its kind that the student receives. This must certainly be deemed as a major weakness. Additionally, it is clear that first aid is not emphasized on in the general schooling system. According to the new national curriculum, first aid is included in a subject called social competence, whereas it was a special selective subject in the 10th grade. The representatives of the driving schools are furthermore of the opinion that the current curriculum for the driver education does not stipulate clearly enough what should be taught and for how long. They state that the provisions of the curriculum are general and that further definitions are needed. Also, that there is inconsistency between the listing in the curriculum and the time schedule on which it is based.

Today, First Aid is taught in an average of 2.1 lessons at the driving schools in Iceland. This must be deemed as too little, not least when considering that some of the students have never received any such education. According to this conclusion, it is not surprising that the Traffic

Safety Research Board is concerned about the wrong reaction by road users to traffic accidents, cf. the boards annual reports over the least two years. The leaders of the driving schools are of the opinion that the share of first aid has increased in the driver education through the new curriculum and the provisions on the minimum number of lessons in the academic driver education. Previously, the academic study was 8-12 lessons, whereas the minimum is 24 lessons according to the new system. There are instances before of students basically engaging in some kind of a self-education. The share of First Aid has risen parallel to this increase (annual reports by the Traffic Safety Research Board 1998 and 1999).

The students in the study's sample were asked, for example, whether they had attended special first-aid courses in primary school or held by organizations like the Icelandic Red Cross. The length or type of such courses was not defined. The conclusion can thus not be significant for the group on the whole because how few students were asked, even though it certainly provides clues on the situation.

Everyone approached regarding this study is of the opinion that first-aid education will not increase by any significant token unless the authorities stipulate more clearly that First Aid should be given more weight. Today, First Aid is not prioritized in the driver education or in the general schooling system. According to information by the International Red Cross, work is taking place on

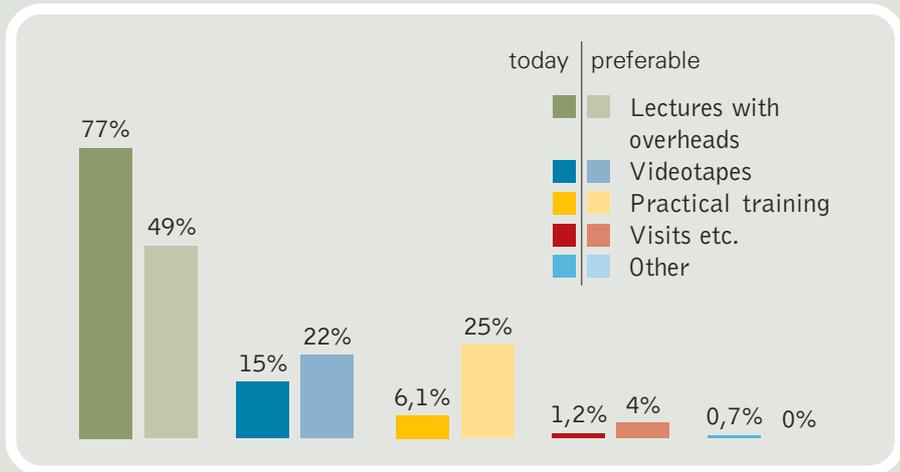


Fig. 10 - Contents of first-aid lessons.

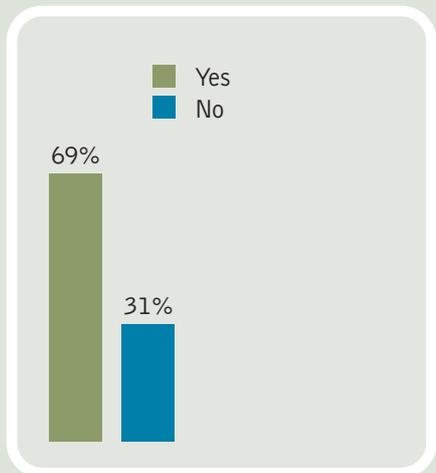


Fig. 11 - Do you find it necessary to publish a special first-aid material for driving schools?

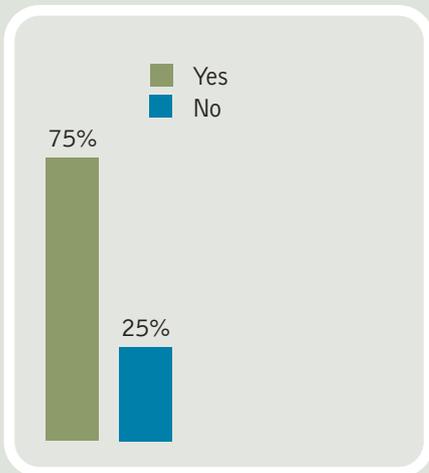


Fig. 12 - Do you find it necessary to offer a special first-aid instructors course for the teachers in driving schools?

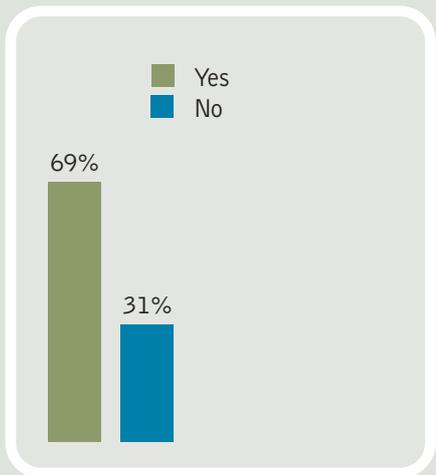


Fig. 13 - Would your representative attend such a special course for driving schools?

making First Aid an obligatory subject in the driver education and that it be taught in a minimum of 6-8 lessons. It is also variable how many questions comes from the first-aid part in the final driving tests. An experiment has been made in Norway where the number of questions about first-aid in the driving test was increased, and it is felt that this experiment resulted in increasing the share of first-aid in the education. Additionally, there exists much interest in dividing First Aid into certain units, such that courses are organized for each target group, focusing on certain principal factors for each group, whereas other factors are specially selected depending on the circumstances. The extent of these factors in the education could be different, ranging from 4 lessons to 32. This development is interesting and it is clear that Iceland will see the same development within a few years time (Red Cross and the Red Crescent Societies).

Practical training is according to information from the driving schools representatives, too little. Where practical training was done it was as followed: to put in to recovery position, CPR and physical, physical assessment.

*Mrs. Svanhildur Þengilsdóttir
Director of health and prevention division
Icelandic Red Cross*



Operation “India - 2001”

Friday, the 26th of January of 2001, at 08:50 a.m. (local time), a series of violent earthquakes, reaching 7.9 on the Richter Scale, shocked the state of Gujarat in the northwest of India, between States like Delhi and Bombay, with Pakistan as neighboring country.



The **epicentre** of the earthquake was localized at 30 kilometers north of the city of Bhuj (150.000 inhabitants) and produced major devastating results in a 200 mile radius, reaching as far as the most important city of the State of Gujarat, Ahmedabad, situated at more than 100 km east of Bhuj. According to official estimations, the earthquake took the life of

about 20.000 people, yet other sources claim more than 100.000 deaths may have been caused by the earthquake.

Infrastructure was heavily damaged. Many buildings collapsed, mine exploitations fell apart, trains were derailed, water and electricity fell out. More than 90% of the **city of Bhuj** was affected by the earthquake.

Assessments speak of 37 million people affected in some way or other by the earthquake. According to the latest government counts more than 200.000 houses were completely destroyed and some 400.000 were partially affected.

The situation was worsened because the local health infrastructure was out of order, meaning even the most basic sanitary services could no longer be provided to the totally destitute population.

The International Federation of Red Cross and Red Crescent Societies (IFRC), joined forces with the Indian Red Cross, and exhaustively assessed the most urgent needs of this damnified population, in the hours and days following the earthquake, assessing as one of the priorities basic sanitary assistance, on top of the basic needs of lodging, water and food. The Spanish Red Cross (SRC) actively participated in the IFRC team, by sending a Deputy Assistant in the earthquake zone, only two days after the disaster occurred.

The mission of the Spanish Red Cross consisted of deployment on the ground, the installing, functioning, dismantling and finally, transfer to the Indian Red Cross of a **Unit of Basic Sanitary Services** (hereafter called UCBS) in mission Emergency Response Unit (ERU), under the care of the International Federation of Red Cross and Red Crescent Societies (IFRC).

The human team that was sent by the Spanish Red Cross (SRC) was composed of a team leader (doctor), a medical coordinator, two nurses and five technical-logistical specialists one of whom executed the duties of logistic coordinator.

The material equipment that was used in the unit was transported from Spain to the military aerodrome of Bhuj immediately and consisted of the necessary material to make the unit self sufficient and completely self-operating.

Context of the mission

Initially, the conditions of the mission were described as **'difficult'** and we really did experience it that way too. Far away from other ERU's, in a place of major devastation, with little or no infrastructure, initial information on the sanitary state, no communication

- The UCBS of the SRC starts to be operative on the grounds within 24 hours after their arrival in Bhachau.
- More than 6.000 patients have been seen and/or cures established in the unity in the two months that is was operational.
- More than 60 people were evacuated to Bhuj Hospital to get special treatment.
- 6 Basic Emergency kits of the OMS were distributed in the peripheric health institutions in the area.
- All sanitary equipment and the UBS infrastructure of the



The Sisters of Charity of Saint Anne supported the mission "in situ", (a group of 6 to 8 peoples was permanently present during our stay in India., offering an indispensable support in translating, attending the sick, as well as kitchen and logistic tasks of all kinds. A local medical doctor also supported the mission, as did a physiotherapist and a German voluntary nurse, on top of other assisting personnel (local drivers, people taking care of washing and cleaning, etc...)

with the hospital, no electricity on the spot, no telephone lines, no market, no place to buy food, with extreme temperatures up to 55 °C under the sun (44 °C in the shade) and a relative humidity of the environmental air of 3° during the day. On top of that reports of temperature rising with 5° a day, zone of malaria, dengue, and venomous spiders and snakes. The **results obtained** can be resumed as follows:

SRC was donated to the Indian Red Cross, with the objective to ameliorate its capability of responding to new possible disasters in the area.

- A team of 10 people pertaining to the Indian Red Cross was trained previous to termination of the mission of the unity, in order to be capable to manipulate the equipment in case of new disasters.

- Several deputies of the SRC were replaced in the area, in order to terminate several works of reconstruction of several local Health Institutions (PHC), identified in the 2 first months they were working in the area.

Underneath you will find a diary of the operation of the Spanish Red Cross in India.



Patient care quickly increases day by day, till we have to take care of an average of 100 daily interventions. We mainly see diarrhoea, respiratory infections, fever and a large number of trauma cases and wounds caused by the earthquake that were not treated until this day, or that have not been taken care of after first treatment. An important number of patients is transferred to the Norwegian-Finnish ERU hospital in Bhuy.

PERIOD OF 19 FEBRUARY TO 4 OF MARCH 2001

Slowly **BASIC SERVICES** are being rebuilt in the zone: we already use Electrical energy in the "Spanish Hospital" (as we are known by the locals), although we have to go to some periods of "shortage".

Around our camp, life continues and some changes become visible: we have a bus station of the city to the one side (a large field shop that is) a child care center for 2-end 3 year old toddlers and their families, in tents as well and they have started to put up some tents for the Village Primary School.

We observe a local 'shop' with small tilt carts foreseen with basically vegetables and fruit. We also spotted a service station with gasoil and gasoline, about 5 kilometers away.

We have improved our contacts with local health authorities, every 10/15 days they switch duties and it is time-consuming to 'connect' with the substitutes.

We have a very friendly contact with Doctor Ghandi, assigned by

Operational Chronology

PERIOD OF 08 TO 18 FEBRUARY 2001

The expatriate team of the UCBS of SRC who left Madrid on Thursday 08.02.01 at 07.00 a.m. arrives in Bhachau with the unit's equipment, on Sunday 11.02.01 at 05 p.m. local time, where they are operational from the very first hours of Monday 12.02.01.

That same morning, 20 patients were seen (using the assistance cabin' of the ambulance as a provisory clinic), patients who came to see us spontaneously, after they had spotted the 'red cross' on our shirts.

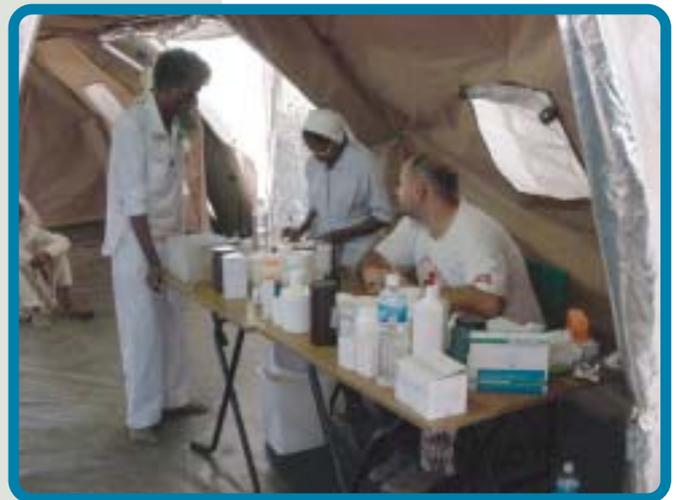
the Indian Red Cross to keep in touch with all organizations present. We told her of our intention of leaving the UCBS here, but given the fact that in Bhachau la CR India does not have such means, we would need to initiate a process of instructing the volunteers, so that they are capable of "manipulating" the equipment.

During the day all is well, but once the night has fallen they give us the shivers.

A 'hospital' established at about 300 meters of our unity has started to be operational, in charge is a Hindu organization with connections with the Government Party. It has 65 beds, different areas of expertise.

After the contacts with the Indian Red Cross, we start training a team of 10 people of that organization, in order for them to be capable to take charge of the unit, once the expatriates of the SRC—have gone home.

On Saturday 31.03.01, and prior to reporting to the Health Authorities of the area and to the po-



PERIOD OF 5 TO 18 MARCH 2001

Little by little, the city takes up its activity again (normality is not yet restored), in the very early hours of the morning, people are roaming the streets; going to community diners, stand in line in front of our clinic, or are looking for food, garments, water...

We are used to inhaling the very fine dust particles, that are everywhere paint everything the shade of the desert.

The answers of the earthquake are still daily business in this area (we do not know their intensity and they last for 4 or 5 seconds).

The Community Health Center (CHC) of Bhachau was reconstructed on a prefab structure and will be operational shortly. It has 30 beds and a few medical areas of expertise.

PERIOD OF 19 MARCH TO 8 APRIL 2001

We continue our activities of assistance, contrary to what we believed, daily intervention level has risen up to an average of 160.

During this period we enhance our support activity vis-à-vis the Peripheric Health Care Centers, by means of the distribution of different OMS Kits and tents that will support these Health Care Centers.

pulation benefiting from it, we give the assistance activity of the Spanish UCBS.

On Sunday 01.04.01, we sign the agreement of conveyance of the equipment of the unit to the Indian Red Cross.

Dismantling and assembling the unit takes 2 days (April 2 - 3, 2001). And on April 4 we initiate our trip home.

*Dr. Carlos Urkía
Team Leader
Basic Health Care Unit
Spanish Red Cross*

“Dissemination of First Aid

Knowledge through TV Broadcasting” Program



Picture 1

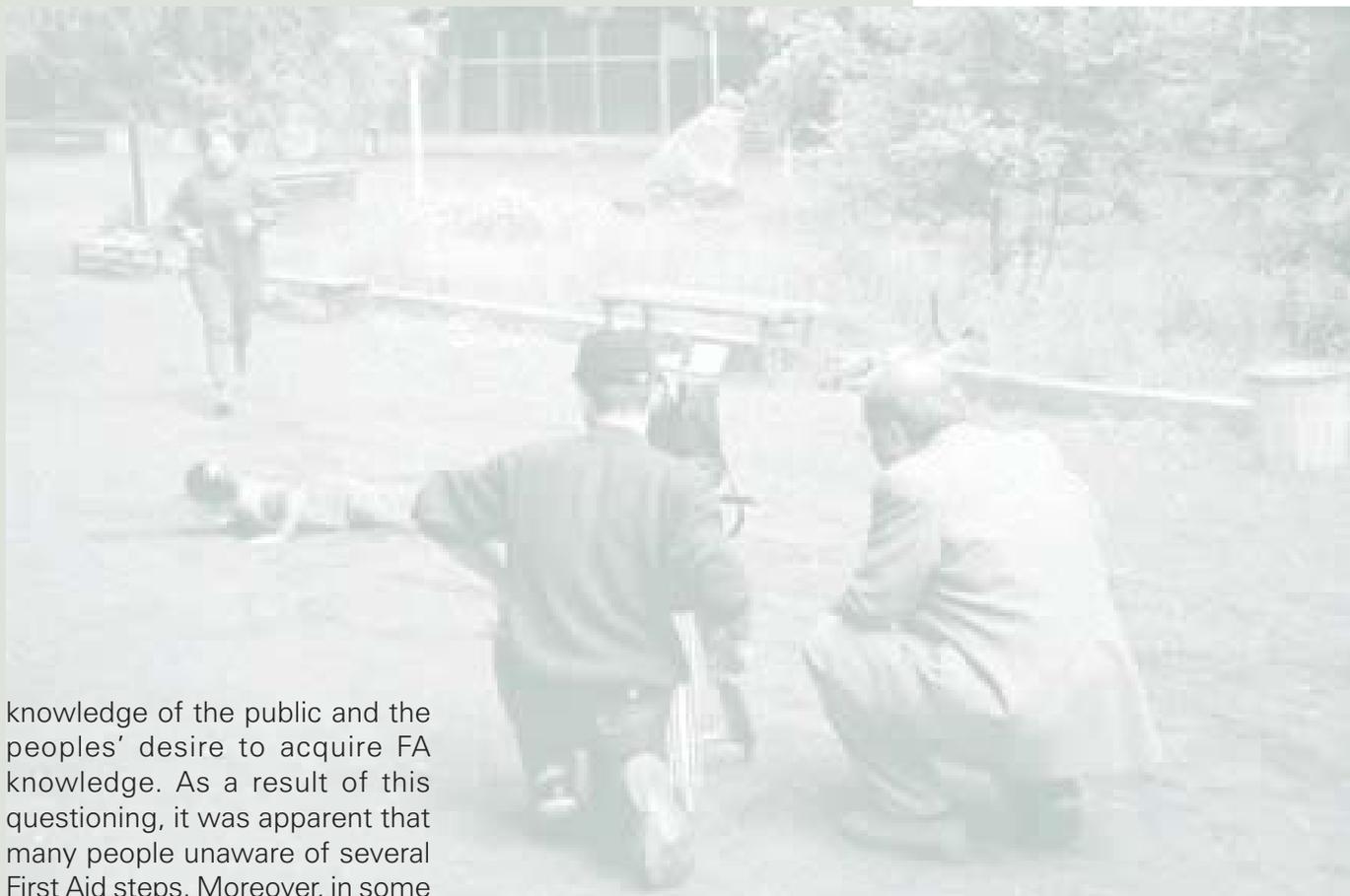


Picture 2

The volunteers involved in the Armenian Red Cross Society (ARCS) First Aid sphere began the broad activity of disseminating FA knowledge and skills based on the real situations facing Armenia. There was one objective: to reduce the vulnerability of the general population against all types of disasters. The training courses were diverse both from the point of view of the subject as well as the targeted groups. It was important that this information be available to as much people as possible. In this regard, the best means of broadly disseminating FA knowledge is television, which has the broadest audience.

The First Aid Training Methodological Center (FATMC) of the Armenian Red Cross Society (ARCS) prepared several experimental TV programs that were broadcasted on the “Emergency Channel” TV program (National TV of the Republic of Armenia) from 1998 to 2000. The response of the viewers surpassed expectations. Inspired by this success, the FATMC began working on developing a better-founded program. Thus, the “Dissemination of First Aid Knowledge through TV Broadcasting” program was developed, which was later financed by the American Red Cross.

At the onset of the program, a questionnaire was developed to test the level of First Aid knowledge among the population of the Republic of Armenia. The questionnaire included questions about the signs and symptoms of different injuries and sudden illnesses, first aid, prevention steps, as well as the level of FA



knowledge of the public and the peoples' desire to acquire FA knowledge. As a result of this questioning, it was apparent that many people unaware of several First Aid steps. Moreover, in some cases there are many accepted and wrongly applied steps of providing FA. Ninety-nine percent (99 %) of those questioned indicated that they would watch the First Aid Program on television.

While developing the program, the FATMC planned to broadcast to a large audience in their homes to present the material in a program that would be comprehensible, and interesting, stable and complete from a structural point of view.

The TV working group that dealt with the preparation of the TV program chose 30 FA topics for broadcasting on TV. The scenarios of the topics have been formed and developed by FATMC FA Instructors. The advice of specialists, the results of the questionnaires and the suggestions of

other FATMC volunteers were taken into consideration during the development of the scenarios. The average duration of TV lessons is 10 minutes. For every TV broadcast, filming took place in both the studio and in natural conditions. The interpretations of the commentator and a part of the FA steps are filmed in the specially designed studio (Picture 1 and 2).

In some of the TV lessons computer design was used - the mechanism of the origin of some sudden illnesses, the activities of body systems, etc., are presented in the form of animations. A computer designer worked on the design of the TV lessons and the preparation of the titles.

Every TV lesson starts with chain of frames of 30 seconds duration

depicting different disasters, emergencies, injuries and first aid steps, particularly earthquake, fire, freezing, bleeding, injuries to the abdomen, injuries to bones, etc. This chain of frames has the title: "You can help when you know how". After the title, the Red Cross emblem is displayed on the screen.

The structure of the scenario was formed consisting of the following parts:

- Introduction
- Presentation of the Topic
- Presentation of the Signs of Injury/Illness
- Interviews of Passers-by
- First Aid
- Forbidden Steps
- Prevention
- Summary.



The lessons include also the interviews with people regarding their First Aid knowledge; this took place on the streets, in cafes, parks, gardens, and elsewhere. These interviews form an organic part of the TV lessons, once again pointing out the actuality and the importance of this project.

Presently, the filming works of the program are finished. An agreement was signed with the Public TV of the Republic of Armenia for charge free broadcasting the TV lessons twice a week. The prepared advertising for the TV program has been broadcasted since August and continues on a periodic basis. The TV program is also advertised on National Radio.

Since August 20, 2001 this TV program has been broadcasted on the Public TV of the Republic of Armenia. Since that day the FA lessons are broadcasted twice a week – one day in a morning and the other day in evening.

The presentation for the TV Program took place at the ARCS National Headquarters on October 3, 2001. People and representatives of organizations that had input in the implementation of the TV program and interest in the development of First Aid were invited to participate in the presentation. The active participants of the TV program organized a show during the presentation, a part of which was filmed before. During the presentation, the idea that these works should be continued and developed was stressed alongside with words of praise and gratitude. Special words of appreciation were addressed to the American Red Cross and to the

American Red Cross Delegation in Armenia for both financial and moral support.

In addition to the financial support, the unlimited assistance received from the FATMC volunteers, from those people to whom we turned for help, from passers-by to professional actors, should also be mentioned. The FATMC expresses its deepest gratitude to the people whose work is inestimable and without which the TV program would not exist.

Five months after the TV programs were broadcasted on television a questioning was carried out among the population. As a result of the questioning, it turned out that the majority of the population have watched the TV program. For the majority of those who do not watch the program the hours of the broadcasting are not convenient. Judging from the results of the questionnaires it is planned to carry negotiations with the Public TV of the Republic of Armenia with the aim of changing the hours of the broadcasting.

After the first broadcast did it become apparent that the program is in great demand from the point of view of its professional interest and it can be said that the projected goals have been reached judging from the response of the viewers.

This FA TV program can serve as a model for the National Societies of other countries, which have limited possibilities like Armenia.

*Mr. Movses Poghosyan
Head of the First Aid Training
Methodological Center of the
Armenian Red Cross*

15 Years Co-operation between Red Cross-Aalst and Red Cross-Cochem



1. 1988: first official visit of the Red Cross committee of Cochem to Aalst, during the celebration of the 80th anniversary of Red Cross Aalst. On the left: president Adolf Laux of Red Cross Cochem, on the right: president Carlos de Vuyst of Red Cross Aalst. Exchange of presents.

Aalst (Belgium – Flanders) is a well known carnival city, lying on the river Dender, while Cochem (Germany - Rheinland Pfalz), lying on the Moselle, is a well known wine city.

Halfway the 80's of the previous century, preparations were going on to celebrate the eightieth anniversary of Red Cross Aalst. As a part of this celebration, the Fort-

night Campaign 1988 (during a period of 14 days Red Cross volunteers sell stickers to gain revenues for their local branch) was to be officially launched by the national president HRM Prince Albert. To emphasise our international commitment, we decided to contact a foreign Red Cross branch. Through mutual acquaintances of president Carlos De Vuyst, we were able to get in

touch with president Adolf Laux of Red Cross-Cochem on the Moselle. Already from the first meetings, everyone agreed that it was a laudable initiative, which was not to be restricted to a few visits. It was to become a substantial collaboration effort. A delegation from Aalst travelled to Cochem to establish formal ties with the committee of Red Cross-Cochem.

The first official three-day visit of the committee of Red Cross-Cochem to Aalst took place during the celebration of our eightieth anniversary and the launching of the Fortnight Campaign 1988. The delegation was presented to our national president.

Ever since, our friendship and co-operation grew stronger. This co-operation consists mainly in a mutual effective and integrated collaboration of the two relief services. During the Aalst carnival some 12 members of the relief service Cochem, together with their president and some members of the committee, come to Aalst. The members of the rescue service Cochem are affiliated with the several rescue teams, working along the track of the carnival parade, as well as in the relief



2. 1988: First visit of the Aalst Branch Council to the YRC campsite at Cochem. The picture shows the Oberbürgermeister of Cochem (with red tie), between the two branch presidents of Cochem and Aalst.



3. 1999: Betty De Vuyst - De Block, vice-president of the Aalst branch, visits the YRC members of Aalst on the campsite at Cochem.



4. Delegation of relief service team, headed by the branch president of Aalst (to the far right), assisting during a preventive relief operation at the regional festivity in Zell.

posts. These combined teams have become a familiar sight in Aalst for many years. Before going into action, a short briefing is held and all the material is carefully checked and discussed.

In return some 12 volunteers of the Aalst relief service go to Cochem during the Wine festival at the end of August. There also, our volunteers are integrated during the two days of the festival in the different relief teams and relief posts. These combined teams have also in Cochem become a familiar phenomenon. The work of our volunteers is indeed very much appreciated. It also happens that Red Cross Aalst is called for help to send some volunteers during the regularly returning floods. These volunteers collaborate with their German

colleagues on evacuation and provision operations.

There are also excellent contacts between the Youth Red Cross branches. Every year during the month of July, our YRC members are ready off to go to Cochem to enjoy with their German friends a one week 'Zeltlager' or outside camping holiday. High on the wide plateau, a large campsite is built by the Cochem branch, including a field kitchen, sanitary facilities, showers, etc. During this week a number of First Aid missions are carried out, under the guidance of the YRC branches of Aalst and Cochem. Of course, there is much time for playing also. There are lovely walks in the forest, boat trips on the Moselle with the rescue boats of Red Cross Water res-

cue, and of course, there is a lot of fraternisation going on with their German friends. In this way they learn to appreciate each other. No language barriers here! Of course, some counter visits from the YRC Cochem to Aalst are being considered.

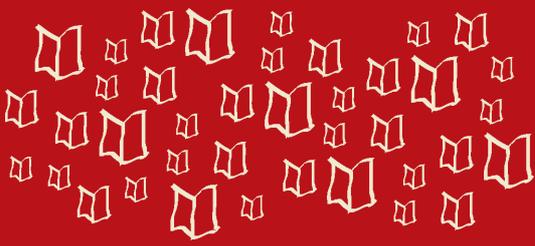
In both relief services some members have met each other first during one of these youth camps. After years of co-operation, many personal friendships have evolved. The mayor of Cochem has contributed as well, and has paid a visit to Aalst, together with the relief service team. He has expressed his satisfaction about our co-operation and hopes, as we do, that this co-operation may last for many years to come.

*Betty De Vuyst – De Block
Vice-president Red Cross Aalst*

5. Rescue exercises on the Moselle with volunteers from Aalst and the Red Cross Water rescue.



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January 52(1):13-21

Events

June 26-28, 2002

Amsterdam, THE NETHERLANDS

World Congress on Drowning

Congres Secretariaat
PO Box 3530
1001 AH Amsterdam
Fore more information:
secretariat@drowning.nl

September 11-13, 2002

Singapore

2nd Asia Pacific Forum on Quality Improvement in Healthcare

For more information:
quality@bma.org.uk

October 3-5, 2002

Florence, ITALY

6th Scientific Congress of the ERC

Organising Secretariat
Noema Srl
Via Orifici 4
40124 Bologna
Fore more information:
noema@alinet.it

Other news

Recently the Reference Centre has created a new website <http://www.firstaidinaction.net> for its newsmagazine First Aid in Action. We have put the digital version of the newsmagazine in English, French and Dutch on the internet.



Newsmagazine from the European Reference Centre for First-Aid Education

