



Training persons with disabilities in first aid

A collection of practice examples and recommendations compiled by the Erasmus+ project “Inclusive First Aid” (INFA)

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1) Why we can and should train persons with disabilities in first aid

First aid training for persons with disabilities can pose challenges to educators beyond what they handle in their everyday courses. Matters of accessible teaching, learning result optimisation and issues with the regulatory framework, that first aid is usually a subject to due to being a matter of public health, require adaptation.

At the same time, persons with disabilities are an important target group for first aid trainings. First of all, the opportunity to participate in such trainings should be provided by right, first of all due to the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD), which aims to protect the rights and dignity of people with disabilities and, in particular, equal rights for full participation in society. It includes a right to education, as guaranteed by Article 24 of the CRPD, as well as a general right to accessibility, as guaranteed in article 9. This alone means it is not acceptable to keep any kind of education, including first aid training, exclusive. First aid training in particular, however, also has a practical importance in the context of certain disabilities. Illustrative examples that come to mind are sheltered workshops - where usage of power tools is ubiquitous, and so are the injury risks associated with them - or accessibility issues when calling for help - which can be alleviated though the general awareness for this is limited. Knowledge about first-line measures for injuries is also an important factor to encourage independence and independent living for persons with disabilities, as it decreases reliance on external assistance to safeguard against such emergencies, be it household

accidents or getting injured in larger emergency situations.

Being able to render first aid to other people is also an important expression of civil engagement which means that the acquisition of first aid skills has a particular participatory and empowering component beyond the general inclusive effect of access to education. In an intermediate way, the offer of inclusive courses also has a wider awareness-raising effect that contribute to mainstreaming of inclusive education.

Of course, as in other fields of education, the task of the first aid educator varies strongly depending on the type of a learner's disability. People with physical disabilities will require an adaptive first aid training, ensuring an accessible first aid training environment and equipment. Examples of reasonable accommodations may include a sign language interpreter, teaching materials that are accessible for persons with sensory disabilities (e.g. braille texts for persons with visual impairments, video subtitles for persons with hearing impairments) wheelchair accessible buildings.

First aid training for people with intellectual disabilities involves changes in the training programme beyond that, such as changing the style and the set of learning results to be achieved through the training, and adapted teaching materials, such as more visual or easy-to-read materials and also adapted methods of communication.

Yet, many first aid trainers feel overwhelmed with the task as the necessary adaptations are not part of their own regular training. Others have concerns about the validity of certification of adapted courses within their regulatory framework.

The project Inclusive First Aid, as a best-practice exchange project, does not go as far as develop a train-the-trainer program that includes first aid for persons with disabilities. In our projects work we did, as a first step,

collect and discuss practices of instances where first aid trainers took the initiative to train persons with disabilities, drawing from their experience and alternative materials and methods that they had and knew or that they could access for the purpose of the course. The cases that we will show in Chapter 3 have in common that they came from a perspective of seeing what is possible or can be made possible to achieve the best possible learning result. Regulatory issues were brought up but did not play a key role, as the factual acquirement of knowledge and skills as well as the participatory effect of the educational offer were focused.

The intention of the INFA consortium is to inspire other first aid trainers who find themselves with the task of teaching persons with disabilities, maybe for the first time, or who wish to initialize an educational offer in first aid for persons with disabilities to take up the challenge.

Contributors to the project:



2) Basic Principles: What to observe when designing first aid training for persons with disabilities

Developing basic principles that should always be taken into account when designing a first aid course for persons with disabilities was one of the first steps of the project. These principles were compiled in a joint discussion of first aid trainers and representatives of the consulting disabled people's organisations, following an exchange that included a practice overview as well as an initial assessment.

The general principles, that the project used as their guideline for all subsequent discussions, are as follows:

Teaching and training materials should be accessible.

The first aid training provider is primarily responsible for **accessible materials/accessibility** but they can and should **cooperate with relevant experts** in creating or reviewing these materials. If at all possible, this means cooperation with persons with disabilities, otherwise in coordination with persons close to the course participants with disabilities or caretakers. The quality and usability need to be reviewed by specialists. A good starting point are available and verified resources for accessible teaching materials.

Persons with disabilities will be permitted to bring their own assistive devices or personal assistant to the training.

If a first aid measure is not accessible to a person with a specific disability, the trainer should find an alternative way to get the best possible learning result.

The most important point to achieve this is **communication**. Ask the person what they are able to do or how the measure could be done with accessibility aids.

If you can, ask about support & accessibility needs in your registration form (in basic terms, this does not replace the direct communication, but helps the trainer to prepare teaching materials), to make sure that accessibility measures can be in place before the participant in question arrives at the first aid training.

Flexibility and creativity of the teacher are key here, which is why a solid level of experience is recommended for trainers who intend to train persons with disabilities.

While most target sub-groups of trainees with disabilities will only require minor but effective adaptations, some target groups may require resources that should be clarified within the training organisation.

Best practices from other training organisations may help to find suitable solutions.

If there is no way for a person with a specific disability to physically conduct a specific first aid measure, or only with accessibility aids that may not be available in an emergency: Teach them the **theory and how to instruct others to do it**. Consider training this skill in a simulation. This can be very valuable on the scene of an accident, as a feeling of insufficient competence or, "the fear of doing something wrong" is often a major obstacle for rendering first aid.

Certify what you can, communicate openly about it.

Legal regulations may make the official certification for participants with disabilities difficult, as they may not be able to do the course exactly as prescribed. This can be the case even if the trainer has a solution to still achieve a valuable learning result, as regulations may not be learning result focused but prescribe specific actions instead.

If there are persons with specific disabilities that may run into this issue, **explain the certification situation** in the beginning. **Communicate with the participants with disabilities and ask them for their motivation** for the first aid course. It may be that they are there by intrinsic motivation, not for a legally required qualification, so the validity of certification could be irrelevant.

If the course has been initiated because an institution or organisation has asked you for it, you can also clarify this beforehand.

In any case, there should be **acknowledgement of participation for everyone**. This means that if official certification is an issue, you should issue your own course certificates that state the learning results of the participant, even if these certificates do not hold official validity.

Persons with disabilities should generally take part in your regularly offered courses. In some cases, a dedicated course may also be an acceptable solution.

For individual participants with disabilities, the **attendance of the mainstream course should be the norm**. If you happen to have a person with a disability in your course, **talk to them beforehand** to get an idea on what is possible for them, what is not, and how to work around specific parts of the course content that are not accessible for them (e.g. certain practical exercises) to still achieve good learning results.

A dedicated course for persons with a specific disability is unproblematic and should be offered **if you are contacted with a specific request** (e.g. a special education school) or if you otherwise know that there is a need for this. This could be multiple individual requests in a short time, or if you find out, in consultations with experts or from feedback from persons with disabilities, that cornerstones of your mainstream course, such as the length of typically one day/eight educational units, are a source of accessibility issues.

To observe the aforementioned points and to find a good way of handling any other issues that arise, the guiding points are:

- flexibility and creativity
- competence and professionalism of the trainer
- Adjustment of the courses based on the (verified) needs of the participants, which may require a concentration on the most relevant portions of the curriculum.
- **Be as inclusive as possible.** The goal should be to have courses where everyone can learn together and from each other to be of help in emergency situations.

3) Examples from the practice of the project partners

Where we came from with our practices: Initial work on the topic in projects such as FormAbili and MOSAIC

Before implementing educational offers in first aid for persons with disabilities in practice, several consortium organisations worked on a different, but related, approach first. Among first responders – be they layperson first aiders or even in some cases trained, paramedical personnel – a degree of uncertainty on how to *help* a person with a disability in an emergency is unfortunately still prevalent. This is despite basic measures, i.e. first aid in the strict sense, being largely the same, as any medical specifics of any disability only come into play in more advanced stages of medical treatment. For advanced paramedical measures, some differences exist, but also here an important focus was on approaching and communicating with persons with disabilities in emergency situations.

In 2016, the regional committee of ANPAS Abruzzo launched the project “FormAbili”: a full course composed of 4 seminars for rescue services personnel of theoretical and practical modules specifically focused on the different types of disabilities (cognitive, sensory, motor- and intellectual). This specialised course has been carried out together with local stakeholders of the public administration, national rescuers, academic researchers and volunteers. In the past years FormAbili has provided basic training in emergency rescue for persons with disabilities to many key players in the field of rescue and has among its goals to establish a permanent technical table to further

develop and discuss on the theme of inclusion.

MOSAIC, an earlier Erasmus+ project coordinated by INFA project partner CDI, focused more on the issue of basic first aid and thus published guidance that focused strongly on the difference in communication and what is usually called “psychological first aid”. It is easy to imagine that a helper has to act differently to make an accident victim aware of their injury, the situation, and to calm them if the injured person has a sensory disability, for example. A few amendments to the regular first aid curriculum were also collected, like how to transfer an unconscious person out of their wheelchair to the ground before further measures can be taken, or differences in symptoms in very specific cases.

Like FormAbili, which served as a door-opener for the topic of persons with disabilities in emergency settings which then led to follow-up work, MOSAIC also had this function for participating experts. The question of why it should only be taught how to help an injured person with disability and not how a person with disability can help an injured person (with or without disability) came up and was discussed. The frame of the project, due to its different focus, did not allow for an extensive exploration of this aspect, but a limited collection of ideas and a brief exchange with experts (educators for persons with disabilities as well as feedback from one local disabled people’s organisation) was sought.

In this way, FormAbili as well as MOSAIC can be understood as precursor projects to the following practices, but also to the formation of the “Inclusive First Aid” project as such – to give the issue of teaching persons with disabilities more space and to have a consultation with relevant stakeholders beyond what the precursor projects included or could accommodate in their contexts.

Four cases of training practices for persons with disabilities

Two examples Inclusive groups of children and persons receiving homecare services - Associazione Nazionale Pubbliche Assistenze (ANPAS), Italy

ANPAS is a large network of volunteering organisations operating in the field of emergency medical rescue, civil protection and disaster relief.

Although ANPAS is composed of many organisations with extensive experience and large numbers of volunteers, and although many situations have called for volunteers to train in rescuing persons with disabilities, the wider ANPAS movement does not yet, on a regular basis, provide specialised courses, manuals or instruments designed at national level to teach first aid to persons with disabilities.



Image 1 Visual aids. Following the positive results of this simple experience, trainers propose for the future to introduce FA courses using Augmentative and Alternative communication pictograms.

Thus, before the practices presented in this chapter came to be, the topic of persons with disabilities in first aid and rescue had been approached mainly from the angle of inclusive rescue services, where a lot of relevant work has already been done:

ANPAS organisations and their volunteers have been invested in the theme of inclusive rescue and first aid in the past few years, and a lot of relevant work has been done in this field – starting with the aforementioned FORMABILI project and moving forward to

practical experience in teaching persons with disabilities in first aid.



Image 2 Role play in action!

ANPAS Practice: “Inclusive First Aid Training: learning from Experience” – Croce Azzurra di Poviglio

The first example of training comes directly from the personal experience of a volunteer involved in first aid training to children (8-12 years old). First of all, the need for implementing these courses takes into consideration the lack of first aid training to children and the general level of unfamiliarity and apprehension of infants towards basic emergency concepts such as ambulances, phone calls to emergency operators etc. The 3-hour first aid course involved mostly games and hands-on activities specifically designed for kids, such as role play, cards etc., providing the young trainees with some basic instruments to recognise and implement the first basic and simple steps to first aid (recognising danger, alerting an operator and management of minor injuries).

During the training, the trainers realised that two of the trainees were kids with learning disabilities, but they were not previously informed. They did not plan any specific course or activities, and they had to improvise a way to successfully include these kids in the group and make the learning experience successful for them too.

The module had to be adapted so the activities could be more inclusive: **the trainers found that cards with pictures**

were extremely useful and effective, and so were role play and imitation games (where the children with LD were first acting as injured patients that had to be “treated” by other kids, then switching roles to rescuers once they were more familiar with the actions; another game involved the use of walkie-talkies to simulate emergency phone calls also through the use of story-telling).

The volunteer trainers quickly realised that the **visual aid through cards and the possibility to include the children with LD into the wider group were extremely helpful in this circumstance**. Integration and interaction among the children was key in this occasion.

Target group:

- Children 8-12, among them some children with learning disabilities

Adaptations / Learning materials:

- Inclusive teaching!
- Visual materials
- Role play, imitation games, storytelling

Learning results:

- Not a full mainstream first aid course but:
- Age-appropriate learning results, same for all learners!

Key points:

- Preparedness with visual aids (can be paper or digital)
- Keep interactive elements inclusive: Change roles up between children with and without disability!

An example of:

- What is possible even when unprepared for the specific target group
- General preparedness, i.e., having alternative teaching materials available and keeping in mind the principle of inclusion

Additional considerations for adaptations:

- Never push a child to do something they don't want to do (e.g. uncomfortable with injury simulations), find alternative things to occupy them during such instances
- In case a disability increases the risk of occurrence of a relevant emergency (e.g. epilepsy), it could be useful to teach the children how to help their classmate

ANPAS Practice: “Competenze formid-Abili” – Assistenza Volontaria Collecchio – Sala Baganza – Felino

The second input comes from another ANPAS local organisation that structured a training module aimed at persons with disabilities receiving home assistance. The project aims at enhancing integration and inclusion for persons with disabilities, other than increasing their level of independence, especially in the home environment. At the same time another outcome could be that of providing a sort of safety net for caregivers who may find themselves in urgent need of attention (e.g. what happens if the reference person suffers a stroke during service?). The project is designed to provide specific training modules that illustrate basic skills and useful information in case of emergency.

The whole project idea was put together with a local stakeholder and some key territorial operators (University Hospital of Parma, the 118-emergency phone number operator, ANPAS Regional Committee and team of psychologists). The training module, designed in this case for a target group of 22 local young adults, has been divided into four main actions: basic FA courses aimed at familiarising with actual health care environments and tools and the recognition of emergency situations that require action, the creation of a database of local caregivers and the persons with disabilities associated with them and finally the sharing of results within the community to discuss the different outcomes (social gatherings).

The project, that has yet to be put into practice, finally aims at building stronger bonds and alliances within the local community through better relationships and shared moments of conviviality that could increase the reciprocal level of acquaintance between local health care providers, caregivers and the persons with disabilities.

Target group:

- Persons with different disabilities who receive assistance at home

Adaptations / Learning materials:

- Discussed with persons themselves or caretaker

Learning results:

- Being able to get help in case of a medical emergency of another person in their home (e.g. the caregiver)

Key points:

- Inclusive development process of local project (“breakfasts” with persons with disabilities/their caretakers and rescue organisations explaining the situation and the possibilities to act in case of emergency)

An example of:

- Development of a local project under inclusion of all relevant stakeholders
- People in need of a high level of assistance and support as providers of essential emergency help.

Two examples: Inclusive school paramedics and audio only courses for persons with visual impairments – Arbeiter-Samariter-Bund Deutschland e.V., Germany

About the organisation

Arbeiter-Samariter-Bund Deutschland e.V. (ASB) was founded in 1888 by six carpenters in Berlin conducting the first "Training Course for First Aid after an Accident". Today ASB is one of the biggest non-political and non-denominational charity and relief organisations with 16 branches at federal and more than 200 branches at regional level. First Aid has been and still is one of the major activities ASB is providing - next to Civil Protection, Social Services or Foreign Aid.

ASB is based on democratic and humanitarian principles and helps all people regardless of their political, ethnic, national and religious affiliation. According to its mission statement "we help here and now" ASB is, besides others, focusing on vulnerability and therefore on target groups such as people with disabilities.

In all 16 federal states, around 130 ASB branches give first aid courses for adults, children, educational institutions and dogs. Several hundred thousand participants are trained each year and around 1.700 ASB instructors are trained and further trained as instructors each year.

ASB Practice: First Aid Responder at School - "Pausenhelfer:innen-Dienst inklusiv"

The Inclusive First Aid project „Pausenhelfer:innen-Dienst inklusiv“ (approx. translatable as: inclusive service of break-time helpers) was conducted by the ASB's independent youth association in order to qualify students of inclusive primary schools in first aid. By doing so, the children develop team spirit, self-confidence and overall awareness for moral courage / social engagement.

Part of the course is to explain the relevance and when to call the Emergency

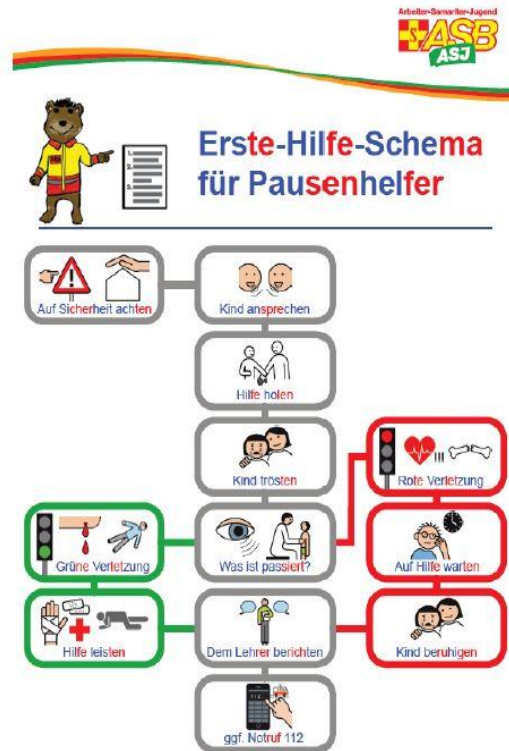


Image 3 A first aid flow chart used for the inclusive training

In order to reach the students appropriately and with reachable goals it was necessary to involve teachers and parents beforehand since they know the students, their strength and limits the best and are therefore able to value tasks and responsibilities that are coming along with the project.

Existing material and training schedule needed to be adapted:

- translation of teaching materials to easy-to-read language
- Poster and worksheets were built by using METACOM symbols
- The AnyBookReader with its audio support was included
- Training folders have been individualised

Depending on the class and based on the parents' advice additional resources have been used such as augmentative and alternative communication (AAC), volume

signal lights, time timer or sign language interpreters during the training. Moreover, it became clear that there is always a team of trainers necessary in order to meet the needs of every student.



Image 4 A "mood traffic light" - a tool to help children, who otherwise have difficulties to do so, communicate their current feelings.

A pilot training in 2021 and its evaluation were conducted to ensure the accessibility of the education tools.

It is particularly important to note that sufficient time was available for preparation: internal training, development of guidelines, materials and information for parents had to be created and more trainers had to be organised.

Depending on the participants, the courses had to be adapted to local conditions and responded to flexibly.

Target group:

Primary school students with disabilities

Adaptations / Learning Materials:

- Using easy-to-read language and more visual/auditive resources
- depending on the participants, flexible reactions and adjustments are important.

Learning Results:

- Not a normal first aid course, as the students are too young, but age-appropriate learning goals could be achieved.

Key Points:

- visualisation of the learning materials and methods (visual and auditory)
- use of several trainers
- the focus is on fun while learning

An example of:

- Learning materials and methods in easy-to-read language
- individualised course structure depending on the disabilities

Additional considerations for adaptations:

- parents and teachers need to be involved at an early stage in order to meet the need adequately

First-Aid for people with visual impairment

ASB was consulted to conduct First-Aid Courses for people with visual impairment by an NGO working with this target group in 2021. At first two teleconferences with 12 participants were initiated by the trainer to first of all create an environment that is equally accessible for everyone, second of all to receive an idea of the target group and its needs and third of all to make the trainer himself focus on the speech without relying on presentations or handouts. During this meeting the trainer was following three subjects:

- psychological first aid
- what to expect when calling the ambulance
- shock

Especially by talking about shocks the trainer needed to communicate different ways of becoming aware of someone suffering from it, since usually a shock is more identifiable through visual characteristics.

Altogether each course lasted 1,5 hours with breaks to make sure the participants had the space to ask questions and give feedback. By doing so it became clear that the target group is not aiming to be capable of providing support in public but to gain the ability of helping themselves, family, friends and their service dogs in their own environment if needed. Moreover, it is one major subject to increase knowledge and assessment of injuries since people with visual impairments are more likely to sustain accidents even at home.

The third course was conducted face-to-face focusing on breathing problems, disorder of consciousness (without cardiac arrest and CPR) as well as injuries. In total six trainers were needed since every single exercise

needed to be shown directly to every participant:

1. Explanation in theory
2. First demonstration while the participant was taking the role of the injury actor
3. Second demonstration including in-depth explanations
4. Change of roles: the participants were supposed to demonstrate the measure and the trainer would become the injury actor including corrections

After finishing the first sessions successfully a fourth course was designed covering cardiac arrest and CPR. Again, the trainers illustrated the basics on themselves as well as on the participants. For the practice itself dolls have been used. In the end, the participants requested a course focusing on their service dog which then also became part of the whole module.

Since most people with visual impairments are able to reconstruct procedures and repeat information even after weeks or months it is possible with adaptations and flexibility to teach the same topics as in the usual first-aid courses.

Target group:

People with visual impairments

Adaptations / Learning Materials:

- The voice is the most important source
- trainers must have no fear of contact, as they themselves become the injury actor
- more time, trainers and course types were necessary

Learning Results:

- being able to provide first aid in the case of medical emergency involving another person or dog in their own home

Key Points:

- the focus is on the voice and haptic exercises
- use of several trainers
- special preparation of the course essential

An example of:

- extensive preparation
- customized course design for one type of disability
- people who need a high level of support but want to help themselves and others (i.e. service dog, family members, friends...)

Additional considerations for adaptations:

- Theory via phone possible (easier for the participants, less resources)
- service dogs are likely to be part of the training (accessible accommodation, hygiene, cleaning, house rules need to be taken into consideration)

Training persons with disabilities in first aid in Denmark - Regulatory provisions and practical implementation – Danish People’s Aid, Denmark

About the organisation

Danish People's Aid is a voluntary organisation which, among other things, deals with first aid. Among our activities is teaching first aid. We are the third most prominent organisation in Denmark in terms of the number of course participants, and we teach many target groups: school pupils, students, students on vocational training courses, driving school students, company employees and members of associations.

Of course, among these target groups there are people who have disabilities to a greater or lesser degree.

Built-in flexibility in the national regulatory framework enables instructors to offer inclusive education

Danish People's Aid is a member of the Danish First Aid Council and is therefore obligated to follow the council's plans for education. All of the council's education plans contain competence objectives. An example of a competence objective is this competence objective from the module First Aid for bleeding:

“The participant can assess and provide the appropriate first aid for both minor and major bleeding regardless of location on the body and extent of bleeding. Besides, the participant can provide appropriate first aid in case of suspected internal bleeding. The participant can act from the first aid's main points. The participant can take preventive action to avoid circulatory failure due to bleeding.”

If the student achieves the competence objectives, a certificate stating as much can be issued to them. Certification is only given if the student reaches the competence objectives.

Because the course certificate is recognised by the authorities and as documentation that the person has the competencies stated on the certificate, the practice among the instructors is very restrictive: the person must meet the competence objectives to get a course certificate.

Whether the full course certificate is accessible is different for different disabilities.

Accessibility considered when developing official national learning materials

Regardless of the practical ability to practice or conduct a certain first aid measure, general access to the educational content is facilitated by accessible official course materials. The official course book, provided for all participants with or without disability, is written in easy-to-read language and an audio version is available.

This means that for some disabilities, there are no obstacles to inclusion – for example visual impairments. Danish People’s Aid has had trainees, such as an employee who is blind on an internal first aid course, who achieved all the competence objectives and received a certificate on an equal footing with his colleagues when the course was over.

If he had not achieved all competence objectives due to accessibility issues, he would still have received a certificate, but not a full one stating all competence objectives. The certificate system provides for flexibility options in such a case:

The Danish First Aid Council uses an electronic course certificate portal where all

instructors log in and all

Elementer som kursisten har deltaget i


- Førstehjælp ved sygdomme (1,5 timer)
- Særtillæg: Del 2 af 'Førstehjælp ved ulykker' (1,5 timer)
- Førstehjælp ved småskader (1,5 timer)
- Særtillæg: Forbrændinger, ætsninger og forgiftninger (0,5 timer)
- Førstehjælp ved hjertestop (4 timer)
- Førstehjælp ved skader på bevægeapparatet inkl. hovedskader (1,5 timer)
- Førstehjælp ved blødninger (1,5 timer)

Image 5 Screenshot from the system where the instructor can deselect competence objectives

course participants collect their certificates. Because these are electronic certificates and there are typically several competence objectives in a course, it is possible to issue a certificate to a person who has participated in a first aid course and has achieved some competence objectives but not all. The instructor can deselect the competence objectives that the student does not meet and then issue a course certificate on an equal footing with everyone else who does this.

Exemption for driving licenses, where a blanket requirement of the full course certificate would exclude persons with disabilities from obtaining a licence

If the student has to take a driving licence, there is a requirement in the legislation that one must have completed a first aid course. The course must last 8 hours and includes basic resuscitation, prevention of traffic accidents and their handling.


 Dansk Førstehjælpsråd
Førstehjælpsbevis

Test

har den 02-10-2023 deltaget aktivt i de nedenfor anførte førstehjælpsuddannelser som er gennemført med tilfredsstillende resultat jf. Dansk Førstehjælpsråds anbefalinger:

- Førstehjælp ved hjertestop (4 timer)
Deltageren kan både selvstændigt og i samarbejde med andre håndtere en voksen bevidstløs person, med og uden normal vejtrækning, jf. ERC guidelines for basal genoplivning. Deltageren kan give relevant førstehjælp til en voksen person, der har fremmedlegemer i luftvejene, jf. ERC guidelines for basal genoplivning. Deltageren kan anvende en hjertestarter, hvor det er relevant for førstehjælpen.
- Særtillæg: Del 2 af Førstehjælp ved ulykker (1,5 timer)
Deltageren kan planlægge og udføre de nødvendige handlinger, der tilgodeser egen og andres sikkerhed. Deltageren kan ved anvendelse af ABC-metoden vurdere om en tilskadekommen har kritiske skader og hjultere disse, herunder beredelse med normal vejtrækning og personer der er tvunget af kredsløbsstop. Deltageren kan vurdere om der er behov for professionel hjælp, og tilkaldte dem på et hensigtsmæssigt tidspunkt. Deltageren kan give fysisk førstehjælp til tilskadekomne, i de første minutter, i forbindelse med ulykker.
- Førstehjælp ved blødninger (1,5 timer)
Deltageren kan vurdere og yde den relevante førstehjælp i forbindelse med både mindre og større blødninger uanset placering på kroppen og blødningens omfang. Desuden kan deltageren yde relevant førstehjælp ved mistanke om indre blødninger. Deltageren kan handle ud fra førstehjælperens hovedpunkter. Deltageren kan handle forebyggende i forhold til at undgå kredsløbsstopt som følge af blødninger.
- Førstehjælp ved sygdomme (1,5 timer)
Deltageren kan handle hensigtsmæssigt ved alene opståede situationer i forbindelse med sygdom og kan vurdere og yde den relevante førstehjælp i kritiske eller livstruende sygdomssituationer.
- Førstehjælp ved skader på bevægeapparatet inkl. hovedskader (1,5 timer)
Deltageren kan handle hensigtsmæssigt ved skader på bevægeapparatet samt ved hovedskader. Deltageren kan vurdere hvornår der skal tilkaldes hjælp, henviser til lægeklædning eller behandlingen kan afsluttes af førstehjælperen.

Dansk Førstehjælpsråd anbefaler at den opnåede førstehjælpskompetence vedligeholdes jævnligt, senest den 02-10-2025. For førstehjælpsuddannelser gennemført i forbindelse med erhvervelse af kørekort gælder dog, at de højst må være et år gamle jf. kørekortlovgivningen.



Instruktør: Thomas Egeberg Pedersen (2023)
Bevis ID: 046-4646-2023-02
Beviset kan verificeres på <http://kursusbevis.førstehjælpsraad.dk> bekræftning ved hjælp af bevis-id.

Image 6 The certificate with the deselected competence objectives

It is possible that a student cannot complete the course due to a disability. In that case, an arrangement has been made where the instructor can fill in a form certifying which competence objectives the person does not meet. The person can then submit the form to the police's administrative centre, which will permit the person to acquire a driving license without completing the regular first aid course.

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Har Klik eller tryk for at angive en dato, deltaget på et 8 timers færdselsrelateret førstehjælpskursus gennemført i overensstemmelse med Dansk Førstehjælpsråds retningslinjer og anbefalinger.

Kursisten har grundet sit handicap ikke kunnet honorere følgende af rådets uddannelsesmål som angivet i kursusbeskrivelsen for kurset.

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Kursisten honorerer dog kursets øvrige uddannelsesmål, hvorfor det anbefales, at der i forbindelse med gennemførelse af dele af det færdselsrelateret førstehjælpskursus dispenseres jf. kørekortbekendtgørelsens §30 stk. 7.

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Organisationsstempel Instruktørnavn, -nummer og underskrift

Image 7 The form the instructor can give the person with disability

These two systems make it possible to issue first aid certificates to people with disabilities that even when parts of the course, or specific parts of the subject matter taught, are inaccessible to them. Apart from the certification as such, this allows people with disabilities to participate on an equal footing with other course participants.

Target group:

- Course participants with any kind of disability

Adaptations / Learning materials:

- Accessibility of official learning materials for some disabilities has been implemented (easy language in materials for everyone, audio version available)
- Beyond the official materials, it depends on the participant and the instructor

Learning results:

- Full mainstream results or, if that's not possible, a subset. This is reflected in the certificate.

Key points:

- Courses set up to be inclusive as the baseline
- “fall back” options for recognition of participation deviating from the mainstream course
- People with disabilities participate on an equal footing
- Exemption system for driving licenses, where non-acquirement of the full mainstream certificate would otherwise have severe exclusive consequences.

An example of:

- Certification systems where equal possibilities are considered from the beginning

Additional considerations for adaptations:

- Practical usage of the flexibility offered by the system still depends strongly on the individual instructor
- Better consideration of the topic in instructor-training could improve this gap and increase rate of best-possible usage of the system's flexibility. Guidelines to this end should be developed with DPOs.
- The availability of courses has to be known, i.e. proactively communicated! Despite the flexible system, Persons with Disabilities are still underrepresented in first aid education in Denmark.

Our training department's collaboration with local association for persons with hearing impairments – Landesrettungsverein Weißes Kreuz, Italy

The Provincial White Cross Rescue Association was founded in 1965 by several private individuals in the provincial capital of Bolzano. The primary aim at the time was to guarantee rescue services and patient transport in the province of Bolzano for the entire population. In the meantime, the White Cross has become the strongest aid organisation in South Tyrol. In addition to the core tasks of rescue services and patient transport, a number of other services have developed. The most important of these include civil defence, air rescue, piste rescue, home emergency call, emergency pastoral care and many other social services. The White Cross has also been offering first aid courses for various needs and target groups for over 25 years. These range from first aid information courses to certified courses in the context of occupational safety.

The training department, which is responsible for first aid courses, is accredited as a course centre by various professional associations. Depending on the course offered, the framework conditions and course content are specified by the legislator. In this respect, this also affects the methodological and didactic framework as well as the design of the course conclusion.

In the past, the number of requests from people with disabilities to take part in a first aid course has been limited, so were requests to organise a course for a group of people with special needs. Yet, whenever such a request was made, we tried to accommodate it, from course groups made up entirely by persons with disabilities to dedicated but inclusive courses, such as

when a company with an explicitly inclusive personnel policy requested first aid training for their employees. Because these requests only happen on occasion, it was usually possible to specifically adapt the course for the respective group of participants in the planning and implementation stages, and the instructor could be assigned accordingly. Experienced instructors with an in-depth medical background, such as nurses and medical students, felt more confident to take on such course assignments.

Besides the ad-hoc adaptation of the course, there has been collaboration with a local association of persons with hearing impairments. Originally consulting us regarding communication of paramedics with patients with hearing impairments, knowledge was transferred into a set of recommendations for teaching this target group, that developed when organising a defibrillator course. With a few adjustments and some important information on how the instructor can communicate better with the participants, all the course objectives were achieved without restriction. The recommendations were as follows:

- Speak in the patient's native language¹
- Frequently re-establish eye contact
- Speak calmly and repeat what has been said
- Use simple sentences and words
- Speak at normal voice volume
- If possible, organise a sign language or written interpreter for the course
- Write down important words and provide written material. The more written support is provided, the better the information can be absorbed

Based on the experience gained in working with people with disabilities during first aid courses, we consider the following points

¹ The practice comes from a bilingual region (South Tyrol, Italy, where German and Italian is spoken)

central in improving the regular offer of courses for this target group:

- Reduce the uncertainties and lack of awareness of instructors of running courses for people with disabilities
- Offer special training courses for instructors
- Better prepare instructors for needs of participants
- Adapt course materials to specific accessibility needs

Target group:

Persons with hearing impairments

Adaptations / Learning materials:

Focus on written and visual materials

Communication: Make sure spoken instruction is accessible (native language, clearly (but not loudly) spoken to facilitate lip-reading) or have sign language interpretation ready

Learning results:

Mainstream course learning results

Key points:

Participation of the target group from the concept phase for the course

For experienced trainers, achieving full learning results for the target group is little extra effort

An example of:

Good collaboration with local/regional stakeholder in developing content for the target group

Additional considerations for adaptations:

In the long-term, training of trainers for the target group for a regular course offer is recommended.

4) Conclusion & Outlook:

The project Inclusive First Aid gave its participants new perspectives and flexible ideas and approaches that can support the offer of regular first aid trainings for persons with disabilities.

Many practices showed what is possible or can be made possible if there is a will to do so. We saw cases of very different kinds of disabilities and addressing very different challenges, from accessible didactics to regulatory frameworks. The discussion with stakeholders and experts from disabled peoples' organisations and social service providers enabled us to check the practices against good principles for inclusive education.

We hope to have encouraged other first aid trainers to take up the task and work toward better educational offers in first aid for persons with disabilities within their own course schedule and training organisation.

Yet, the work of INFA can only be the beginning – a proof of concept that it is feasible and thus necessary to further open the field of first aid education to persons with disabilities.

One key take-away is that it is important to train first aid trainer on how to conduct courses for persons with disabilities. Such a training should include knowledge about different types of disabilities and the support needs of the people who have them. This would include basic knowledge about the disabilities as such and how to recognise that a person has a disability. It would also need to convey a better understanding of how the training helps a person with disability to live more independently, why knowledge to deal with emergencies is of particular importance to them and why equal access to education is such an important

pillar of societal integration and participation for people with disabilities of all ages. Finally, the trainer-course would have to teach how to adapt the curriculum, teaching style and teaching materials to accommodate the persons' support and accessibility needs as inclusively as possible, with the goal of creating courses with good learning results for everyone and mainstreaming the availability of inclusive courses.

Another important aspect is that first aid is a type of education that is not only offered to adults but also to school-age children in various “first aid early on” initiatives, including those of some of the consortium organisations. It is thus important for inclusive schools to also be able to have all children learn and play together in education that is not part of the day-to-day curriculum such as first aid. The inclusive first aid responder project presented here is one example where this inclusion of children is systematically addressed.

Bringing inclusive education to fields of education not typically part of the degree-focused primary, secondary and tertiary education systems is also explicitly included in the meaning of Article 24 of the UNCRPD, the right to education. Article 24/5 also insists “states parties shall ensure that persons with disabilities are able to access (...) vocational training, adult education and lifelong learning without discrimination and on equal basis with others. To this end, state parties shall ensure that reasonable accommodation is provided to persons with disabilities.”

Our approach highlights the need for, right to, and possibility of inclusive first aid training for people with disabilities. There is an urgent need to promote and advocate first aid education and training for all.

On a regulatory level, first aid certificates should be opened up to better accommodate inclusive courses. One way to facilitate this would be to base the certification primarily on learning results, instead of a prescriptive

catalogue of not only what to teach but also how. The case example of first aid certificates in Denmark has done the first step toward this, by allowing certificates with lists of competence goals, which could be differentiated further – yet all certificates handed out after a course are official certificates. Learning-result based definition of first aid curricula and certificates would, at the same time, facilitate European recognition of first aid certificates, as it could make an integration with the European Qualifications Framework easier than the current, national and very specific national rules and regulations for first aid courses.

While these practical and regulatory challenges are complex, the benefits are clear:

Offering accessible, inclusive training will allow people with disabilities to live more independently, to have awareness of what to do in an emergency. Clarifying regulatory uncertainty but, even more importantly, making trainers confident and competent to train persons with disabilities will encourage more inclusive first aid courses, thereby taking a step closer to fulfilling the need for and right to inclusive education and societal integration for all people with disabilities.

While it will take substantial time and effort to develop a trainer education module like this, and even more time until it translates into a regular and active educational offer and keep improving it continuously. Yet, it could be a catalyst for more inclusive trainings, in general, for people with disabilities. Showing that inclusive training with good learning results can be established as part of regular curricula may also have a facilitating effect on arguing for regulatory adaptations, where such rules still pose an obstacle to full recognition of training for persons with disabilities.

The consortium organisations will explore possibilities to jointly work on the development of a train-the-trainer module for

first aid for persons with disabilities in the follow-up to this project.

Inclusive First Aid is an Erasmus + project that looks at good practices about first aid education for people with disabilities.

The aim of this project is to help different organisations and service providers give first aid courses.

It focuses on the challenges that first aid trainers have when teaching people with disabilities.

The project focuses on ways to give support to trainers to offer inclusive first aid training.

The paragraph above is an easy-to-read description of the project. More information about easy-to-read language at:

<https://www.inclusion.eu/european-standards%3A-how-to-use-easy-to-read>

The project “Inclusive First Aid” was co-funded by the European Union’s Erasmus+ program. For more information, please see the project website at:
<http://infa.samaritan-international.eu/>

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