

## Good Practices in First Aid Education

A collection of practices and activities of the partner organisations of the Erasmus+ project “First Aid, Civic Engagement, Training” (FACET)



First Aid Civic Engagement and Training

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## Introduction

The project First Aid, Civic Engagement, Training (FACET) brought together eight aid organisations under the coordination of Samaritan International. These organisations from 7 countries were united by a common cause: Volunteer-based first aid training as an important mean of civic commitment and contribution to public safety.

In FACET, these organisations were able to demonstrate best practices in first aid education to each other, some of which even could be visited first-hand in the frame of the project meetings. These practices will serve as an inspiration for the involved first aid trainers to amend and optimize their own training programs and methods in their respective countries. One project partner, CDI from North Macedonia, will, in the final stages of the FACET project, be enabled to add first aid to their volunteering portfolio for the first time, based on the international expertise present in the consortium.

This project brochure documents the partners' best practices and experiences with the project, in the hopes that it may encourage other first aid educators to learn from them and that it may showcase the benefits of such an international exchange of practices and experience beyond the field of first aid/volunteer education.

FACET took place from January 2019 to August 2021. For more information on the project, please see the project website at:

<http://facet.samaritan-international.eu/>

## Project partners



## Good practice examples from the project partners

On the following pages, the best practices contributed by the seven partner organisations that have been active in volunteer-based first aid training for years are being presented.

### ANPAS – National training protocol for rescuers / Cascade Training

ANPAS is part of the context of the National Health System through the conventions on the individual regions of Italy territory. The system uses volunteering in those areas where professionals and volunteers can live together (extra-hospital activities). The fact that associations are historically rooted in the territories means that they have gained the recognition and confidence to do activities for which they have resources, equipment, and volunteers. This is an advantage for the system that does not have to directly and economically manage all the costs of this system (AMBULANCES, uniforms, locations, equipment, and TRAINING).



In order to ensure a homogeneous and high quality standard in all territories ANPAS has been structured to define a unique training path at the national level through the establishment of the National Volunteer Rescuer. This path has also been shared

#### THE HISTORY

The Pubbliche Assistenze, Italian Associations that provided assistance to the general public, began to form in 1860. Inspired by solidaristic ideals and acting on the belief that people should help one another as brothers and sisters, they were free, secular and democratic associations of volunteers open to anyone's participation.

#### TODAY

Today, ANPAS is a national-level independent unitary movement that grounds its associative and institutional activities on democratic constitutional principles, community participation and volunteer work.

#### Principle Areas of Activity

- Emergency Medical Rescue -112
- Ambulance Services
- Blood Donations
- Civil Protection/Disaster Relief
- Fire Fighting and Prevention
- Social and Health Care Programs
- Volunteer Civic Service
- Training

#### In numbers (as of 2018)

- 930 Member Associations
- 103,266 Volunteers
- 1,000 Civil Service Volunteers (currently serving)
- 2,200 Professionals
- 8,020 dedicated vehicles

with other organizations operating in the non-hospital healthcare sector such as Misericordie and the Italian Red Cross.



#### The training behind the professionalism of the volunteers

The training of volunteers goes through a first path of construction of the trainers, self-

generated within the movement, on different levels. This is, for ANPAS, an important system called training cascade. ANPAS National follows first-hand this path for the construction of National Trainers who have

A National training protocol for rescuer

The ANPAS training model includes:

- Defining tasks and intervention fields
- Definition of skills (cognitive, technical, and relational )
- Content of educational modules
- Qualifying validation (Autonomy of the regions)
- Training update

COURSE PRESENTATION (modules)

-THE RESCUER ANPAS: ROLE AND RESPONSABILITY

-THE HUMAN BODY AND THE PATIENT VALUTATION

-PRIMARY TREATMENT

-THE TRAUMA: Head trauma, The traumas of the spine, Chest trauma, Injuries of the abdomen Soft and bone lesions, Burns, Trauma in particular cases

-MEDICAL EMERGENCIES

Respiratory Emergencies

Cardio-Vascular Emergencies

Neurological Emergencies

Other medical conditions

-THE OSTETRIC-GINECOLOGIVE URGENCES

-PEDIATRIC EMERGENCIES

-DISRUPTION OF BEHAVIOR and PSICOLOGIC ASPECTS OF PREHOSPITAL

-AMBULANCE OPERATIONS

-MAXI-EMERGENCY

-PRACTICE TRAINING

Total hours (theoretical and practical): 100

Total Practice training hours: 100

Total training hours: 200

Achieving this goal has several advantages:

-Low costs - no need for external teachers

-Only ONE national standard of intervention

- ANPAS Model and Organization credibility

-Inter-exchange trainers and volunteers between Associations

-Growing sense of belonging to the movement by volunteers

the same skills and abilities. Trained volunteers can be the trainers of the future.

The national trainer must be able to “sapere, saper fare e saper essere” (“know, know how to do and know how to be”)

For further information please see:

<https://www.anpas.org/english-version.html>

[https://drive.google.com/file/d/1md9h5dJ4K\\_nlfYx1XGcw86Dks1hHdNc9/view?usp=sharing](https://drive.google.com/file/d/1md9h5dJ4K_nlfYx1XGcw86Dks1hHdNc9/view?usp=sharing)

### ASB – School paramedics / school medical service

The school medical service is a non-profit institution at schools that is directly subordinated to the school management. It supplements and secures first-aid at schools. Pupils can be trained nationwide by the ASB to become school paramedics. This is due to the occurrence of minor and major injuries when playing during breaks, in sports lessons or on the schoolyard. The ASB student first aiders know how to provide assistance as first responders in case of accidents, injuries and illnesses.

*The tasks of a school medical service:*

- Recognize and assess emergency situations
- If necessary, carry out immediate life-saving measures and alert the rescue service.
- First aid measures and personal care for the injured person
- Passing on the injured person to the rescue service or doctor
- Documentation of the use of school medical services
- Deployment during school events
- On-call duty during class hours
- Supervision of the first-aid room and examination of first-aid materials

### *Prerequisites to become a first responder:*

- Age: At least 14 to be trained to become a school paramedic
- Declaration of consent of parents and teacher/school management
- Sufficient "youthful maturity"
- Attitude and willingness to subordinate oneself to the experienced school paramedics
- At least two school paramedics are always on standby during class hours
- duty rosters are coordinated with the school management and then published

The school medical service course comprises 35 units and focuses on the following topics:

- Deepening and consolidating the basic knowledge for first aid (theoretically and practically)
- Extending knowledge with regard to school-specific requirements, everyday situations (above all sports accidents)
- Briefing in the field of activity of a school paramedic



To successfully complete the course the school paramedics need to take an exam, consisting of a written and an oral part. If at least 65% of the performance is correct, the student will receive a certificate with the note "passed successfully" and an SSD card valid for the current school year.

### *Benefits of a school medical service:*

Arbeiter-Samariter-Bund Deutschland e.V. (ASB) was founded in 1888 as a non-political and non-denominational charity and relief organization with 16 branches at federal and more than 200 branches at regional level. ASB is based on democratic and humanitarian principles and helps all people regardless of their political, ethnic, national, and religious affiliation. ASB enables people to develop and maintain the greatest possible degree of self-determination. With more than 1,3 million members in Germany, ASB is one of the bigger welfare organisations in Germany. Since its foundation in 1888, ASB has provided services that focus on people's needs, including care for the elderly, rescue services and first aid, assistance for children and young people, support for people with disabilities and those suffering from mental problems as well as foreign aid and adult and further education. All over Germany ASB has more than 40.000 employees and 20.000 volunteers that are committed to Rescue Services, First Aid, Youth, Social Services, Volunteerism and Foreign Aid.

- With the help of SSD pupils are trained in a professional qualification to provide first aid in case of emergencies. This is, of course, helpful in school, but may just as well be useful at home or in their free time.
- Side effect: The participants' self-esteem is strengthened as they become aware of their capabilities to provide first aid whenever needed.
- They are used to stressful situations and enjoy their classmates' trust. What is more, the SSD meetings enhance not only the pupils' abilities but provide a lot of fun.

For further information please see:

<https://www.asb.de/unsere-angebote/asb-rettungsdienst-katastrophenschutz/schulsanitaetsdienst>

<https://www.youtube.com/watch?v=kprlaENWE7U>

## ASBÖ – Training the first aid trainer

### First Aid in ASBÖ and in Austria

Due to the lack of a duty of the population to train in first aid, there are also no legal standards for the training of first aid trainers. However, if we look more closely at the Austrian legal concerns, we find a provision in the driving licence law according to which primarily a doctor is to be employed for first aid courses. If there is none available, the instruction can also be given by persons (with special trainings) who belong to the organisations running the courses and are not doctors. The special training of such persons must be carried out according to the guidelines of the respective organisation. The ASBÖ is acknowledged as such and this circumstances essentially points also to the philosophy of the ASBÖ: By raising the awareness of the population, by taking initiatives and issuing statements on socio-political issues, the ASBÖ makes an important contribution to health, security and solidarity in Austria.

Therefore, a special course had to be developed that would meet all professional and pedagogical standards over time. A high-quality standard of this training is guaranteed by limited 12-15 participants per module.

The requirements to become a first aid trainer are to be able to complete the training:

- Membership in the organization as an EMT (Emergency technician) for at least 2 years
- Re-certified Status
- Social competence
- Professional and pedagogical suitability

If the formal basic requirements are met, the participant must pass through a special assessment centre. Theoretical and

### About ASBÖ

On 8 November 1927 the Arbeiter-Samariterdienst, which was initially a committee of the „Arbeiterbund für Sport und Körperkultur“, was given its own statutes. The name Arbeiter-Samariter-Bund did not appear independently until in 1932. In 1934 the association has to suspend its activities again owing to the National Socialism. The „Arbeiter-Samariter-Bund Österreichs“ (ASBÖ) was officially newly founded in 1947.

Today, the Samaritan organization is one of the largest health and social organizations in Austria and the largest provider of rescue and ambulance services in the city of Vienna. The range of its activities has expanded greatly in recent years, particularly in the fields of health, nursing and social services. It covers a wide range of services from medical care at major event, such as the Danube Island Festival, social services such as nursing care at home, domestic care, household and nursing care assistance at home, home nursing care or the help for the homeless and asylum seekers to disaster relief and own care competence centres.

About 2,100 full-time employees and over 7,300 voluntary helpers contribute to the successful work of the Austrian Samaritan organisation. The ASBÖ has more than 315,000 members and is represented in all federal states.

practical knowledge, good communication skills, self-reflection and enjoyment in teaching are the basic skills that are not only assessed but are also decisive for later success in first aid courses.

After passing the assessment centre, a methodological-didactical training as well as technical training on the course contents is provided. Internships and the assessment of experienced trainers determine whether the trainee has the qualities to hold future first aid courses for the ASBÖ.

For further information, please see:

<http://www.samariterbund.net>

## ASSR – First Aid as introductory education for Rapid Response Team volunteers

The internal ASSR education system is structured in different tiers and takes first aid as an entry point for later on participating in our Rapid Response Team SkSRRT.

“New” Samaritans are educated in the following steps:

1. First Aid Course – 16 hours
2. Induction course of Rapid Response Team – 2,5 days
3. Field Training Exercise – 3,5 days

Existing volunteers receive refresher education:

1. Refresh First Aid Course – 8 hours each 2 years
2. Refresh course of Rapid Response Team – 2,5 days, every 3 years
3. Field Training Exercise – at least each 3 years, mostly in leading functions

There is also separate education within special rescue modules and teams:

- EURACARE Flight & Shelter
- Emergency Temporary Camp
- Special Logistic Unit within Voluntary fire rescue team

First Aid at ASSR is not only taught internally, but has also been offered externally from the beginning of our activities. Our first first aid instructors were also trained externally, by Samaritan Austria.

### External First Aid Education

Today, our external clients for first aid education include:

1. Volunteer Fire Brigade in all of Slovakia
2. Companies
3. Schools

ASSR is offering the following range of courses:

- Short presentations 1 – 2 hours for kindergarden, primary schools, including small competitions/games
- Special First Aid course for 5 hours for students (14 – 24 years old)
- First Aid course 8, 12,16 hours under SAM.I. conditions
- Refresher First Aid Courses 8 hours
- Certificate of graduation x- hours course

#### Samaritan Slovakia

- Established in 2005
- Close cooperation with Samaritan Austria and first courses for trainers for FA
- Close cooperation with SAM.I. and involvement in first aid activities

Main direction:

- Rapid Response Team under the regulation of UCPM
- social activities
- education activities

### Courses in First Aid – future plans

In 2019, ASSR received a licence for First Aid Courses from Ministry of Health for national market (driving licence), courses 8+ hours

We intend to continue with FA- courses and adjust the character of the course to every single client

We aim to provide first aid experience courses:

- to simulate a real situation
- to use an external environment
- to use a masking
- to use an educated role player

**Our current goals are:**

- 1) To build the Education, training, and simulation centre of Samaritan Slovakia
- 2) To provide:
  - courses in first aid
  - courses for caregivers
  - rescuers in mass accident environment
  - emergency medicine in CBRN conditions

For further information, please see:

<http://www.as-sr.sk/>

**LSA – First Aid for Children / First Aid as entry point for volunteering**



Looking to other European countries experience in activities about the First Aid topic, LSA want to focus on development of First Aid for children. LSA first steps was to gather the

Samaritan Association of Latvia (LSA) have almost 300 volunteers that, so far, mostly work in activities with seniors in LSA Social Care centres and with people with disabilities. Volunteers usually have no specific knowledge in first aid, medicine, or some similar field. It should be noted that, in Latvia, volunteering is a new thing – volunteering is quite a new experience in last decade and there are not a lot of people who are motivated enough to do something for free. Volunteering in First Aid in Latvia previously is not common practice (volunteering mostly in social environment). There is not enough information about volunteering possibilities and not enough offers and options for volunteering. In Latvia First aid topic is regulated by State Emergency Medical Service and there are strict and inelastic regulations.



information about interests and needs of schools in Latvia about First Aid for children (age 7 - 10) and found out that teachers and also kids would be very interested in such topic. In cooperation with LSA First Aid trainers' handbooks for kids about First Aid was created (in 2017). This material can be used as a useful tool in classes and further trainings.



Non-governmental organizations nowadays in Latvia trying to find the new ways how to reach, find and attract potential volunteers. According to the First Aid topic LSA started

to look for volunteers in high schools of Medicine – spreading out the information about volunteering and opportunities for Medical students and involving them into creation of the Program creation for the First Aid for children.

Children learn through play. It is important to teach the basics of the first aid. But at the same time, it is important to give them examples and practical tasks so children can develop and improve their first aid skills that will be useful throughout life.



Kids like to share their stories and experience from what they have witnessed. That can be used as tool to break down the situation and talk it through step by step – what could have been done to prevent that accident? What the first aider did? Was it right? What could have been done better? What was right thing to do? What else needed to be done?

Children enjoy practical tasks. This is a powerful tool to give not only knowledge but also skills. The more they try to apply for example compressing dressing, the more they develop these skills, it is more likely they will feel confident and help someone who is in need. Depending on the age of children changes the practical tasks. The younger they are the easier are the tasks they get. In pre-school it is important to teach that they need to look for adult (parents, teacher etc.) and how to call for help. In high school it is possible to teach basic life support and let them try CPR by themselves. Repeating and adding new knowledge step by step year from year improves first aid performance through life.



Small workshops like these can be as an entry point for volunteers. They can take part in developing program – advise/change topics (depending on children age, season, what they are more interested in), they can choose time that is available for them to provide workshop. It is possible to choose with how old children they want to work with. How many hours how many topics the can/want to go through. This kind of freedom gives volunteers will and motivation to take part in this kind of activity. They can fully express themselves, in return receiving



positive feedback and amazing emotions.

During the creation the program LSA train volunteers in First Aid and creation of the system of teaching and regular visits to schools. The process to gain the number of volunteers in First Aid is still ongoing.

During the FACET project, LSA gained a lot of valuable experience, the ability to attract and train 15 new volunteers from Medical Schools and create a team that can go to schools and work with children. Although there is currently a break in school visits due to Covid-19 restrictions, the LSA hopes to restart full activities in the spring of 2021.

For more information, please see:

<http://www.samariesi.lv/>

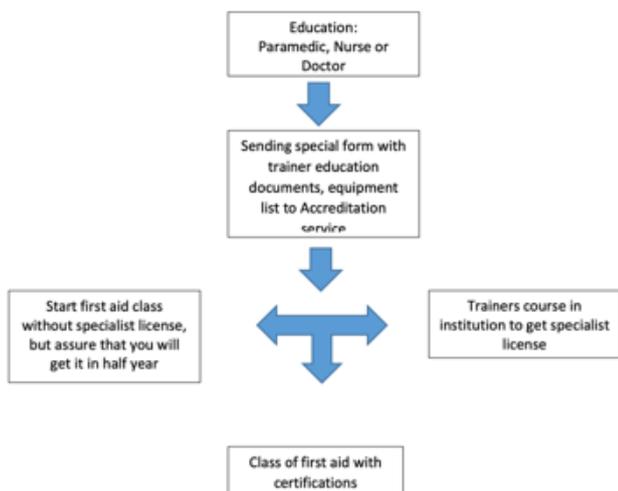
**LSB – Recent entry into the first aid training system and establishment as educational provider**

**Training system**

The Lithuanian first aid training system is improving – which is especially appreciated by emergency services, as they more often find that first aid has been rendered as they arrive on a scene. People are increasingly getting trained and are acting more confidently than they used to. Still, paramedics see continuing challenges and gaps.

**Formal requirements for first aid education in Lithuania**

First aid training system



According to Lithuanian law, the requirements to become first aid instructor are relatively simple.

A first aid trainer must have one of the following educational backgrounds:

1. Paramedic professional degree;
2. Nurse with 3+ education;

3. Bio-science specialist with 4+ years university degree;

4. Doctor/resident doctor (all types, therapist, EM or etc.)

History of LSB

LSB tried to get their first aid license 15 years ago, but by Lithuanian law, they were not able to do it, because LSB didn't have their own property. After 10 years the law changed and now LSB has its license, with LSB's facilities considered appropriate, with enough space for two first aid courses in parallel.

Challenges in the beginning included getting an experienced trainer to be able to apply for the accreditation. Also, the aging equipment had to be renewed, which was achieved with the support from ASB (new mannequins and AED trainers).

5. Or must have a professional degree before 1995.

**First step**, a person with the right education must have finished compulsory training in a subordinate institution of the Lithuanian government. The first time, a person has to attend 18 hours of course which is valid for 5 years. Refreshers are also 18 hour courses.

Trainers who finished the courses aren't completely prepared to be first aid trainer, as they only receive theoretical information on teaching. This does not put them on the same level as an experienced instructor with routine use of the right materials etc.

Yet, a trainer is allowed to start working in this capacity right after the courses.



**Second step**, after the courses you are officially allowed to conduct first aid courses by yourself as part of the work of any company, hospital etc. that is approved by government license. To get an organization's license, they must apply, and supply proof of the trainer's education or affirm that the trainers will participate in the prescribed education. An organisation's license application is usually issued within 30 days.

The system and program are improving, but still serious gaps of participants educated in first aid within the system remain.

### First Aid Training at LSB



### Public promotion and contracts

Lithuania has a very clear law on who must have a first aid certificate. According to this list we initiated cooperation with driving, beauty, home-care schools. Today, we have around 7-8 schools in cooperation. Today, LSB has achieved a reputation for the quality of its courses and flexibility. LSB trainers can come to schools, or offices and make training there.

We made first aid flash mobs in public, which was a great way to make people aware of LSB and first aid courses.

LSB is partnering with many youth events, like the orthographic car race in Kaunas. One task in the event was to come into our class and correctly do CPR. We have a cooperation contract with local radio station MANO FM and local newspaper KAUNO DIENA. They publish our first aid course programs in broadcast and print.

We are also directly advertising our first aid courses to companies. They are taking it up

In our experience, the quality of courses relies on:

1. Trainers EM experience.
2. Personality;
3. Communicability;
4. Creativity;

When a trainer meets all these criteria he should:

- Have in-depth knowledge of the local MH law system and shared programs for listeners;
- Know other countries' training program topics and be able to adapt them to the local program;
- Know how to use first aid equipment (dummies, AED trainers etc.), NEVER SOLELY RELY ON A SLIDE SHOW.
- To be interest in the newest developments, teaching methods etc. for first aid;

as a team-building activity on top of the learning experience as such.

### Who can be the first aid trainer in LSB?

LSB does not apply many rules on top of the legal requirements to become a trainer. We are always looking for active and interested people. All volunteers can become first aider as helper in the regular classes. Existing

LSB trainers informally introduce them to teaching and let them participate in teaching in practice. It helps many volunteers to gain more experience and confidence.

For more information, please see:

<https://www.lietuvossamarieciai.lt>

### White Cross – First Responders in South Tyrol

South Tyrol is the northernmost province of Italy, bordering Austria and nestled in the mountainous Alpine belt. The landscape is characterised by high mountains and a multitude of small valleys. There are only a few towns with a high population density. The rest of the inhabitants are spread over many small villages and valleys. Consequently, emergency medical care is a

The White Cross is a non-profit organisation based in South Tyrol, but also offers services in the field of health and social care outside the province. This is made possible by various agreements with the Autonomous Province of Bolzano or with the local medical services and other partner organisations.

The association is structurally divided into three districts and is made up of 33 sections. This means that we offer services all over the country. In our work, we can rely on a strong team of volunteers, social and civil service workers, full-time staff and volunteers.

Up to the present day, the White Cross has constantly developed. Especially in recent years, it has grown qualitatively. The association now has almost 135,000 supporting members, over 3,600 volunteers, 434 employees and more than 800 members of the youth groups.

great challenge. Fortunately, thanks to many voluntary associations and organisations, there is a dense network of fire brigades, mountain rescue services, ground-based rescue resources and rescue helicopters that can be alerted in an emergency via the 112 emergency call centre. However, the statutory deadlines for assistance cannot be met everywhere. This is a major handicap, especially in time-critical situations such as heart attacks, strokes, resuscitation, severe bleeding, or severe trauma, and can lead to irreversible damage.

In 2009, a pilot project was launched to strengthen emergency care in remote areas. A central condition was that the location had to be at least 20 minutes away from the nearest rescue base and that the readiness had to be covered 24 hours a day, all year round. The aim was to ensure emergency care for a patient until the arrival of the regular rescue service. This included patient assessment, reporting the situation to the state emergency call centre, carrying out immediate life-saving measures using an Automated External Defibrillator (AED) and instructing the incoming rescue vehicles. In



cooperation with the volunteer fire brigades and the emergency call centre, the first first responder groups were trained and put into service in the 3 communities of Steinegg, Tall, and St. Felix.

Since 2011, the first responders have been an integral part of the White Cross and fully integrated into the South Tyrolean rescue chain. In the meantime, new groups join every year, and to date there are already 15 groups actively in service. The very good cooperation between the fire brigade, the emergency call centre, and the White Cross, both organisationally and professionally, deserves special mention. The colourful composition of the groups is also interesting. Besides already active helpers from the fire brigade or the White Cross, more and more citizens are interested in donating their time for the common good. Through standardised training, they learn all the important measures to be able to help properly in emergencies.

The First Responder project impressively shows how synergies can be used through active citizen participation and the support of existing aid organisations, thus sustainably improving important basics of emergency care.



## Lessons learned from the international exchange

The participating organisations learned and benefited from the exchange of best practices on multiple levels. In an informal survey at the last best practice exchange workshop, participants reported that they 1) learned new things/methods/approaches in the field of first aid; 2) saw opportunities to use and adopt some of these new points in their work at their own organisation; and 3) benefited from the exchange personally.

### “New to me – Professional level / First Aid-related”

The project partners mentioned their interest in learning about the different frameworks for first aid with and without volunteers in the different participating countries and how the different organisations work within these standards and beyond their requirements. That some countries even allow volunteers to render rescue services as part of ambulance crews found special interest, as did creative first responder ideas creative first responder ideas engage with the general populace to improve response in emergencies. The adaptations of the coursework to different target groups was also mentioned multiple times.

### “Something I or my organisation can use / transfer”

All partners easily identified best practices that they considered valuable for their own organisation’s work. What found particular attention were the multiple best practices that focused on approaching school-age children. There is consensus about the high value of teaching first aid early on within the group and the variations and implementations of this theme that were

shown in the project inspired the other organisations active in this area or intending to become active in this area for their own work. First aid as a low-threshold entry point into volunteering and civic engagement within an NGO was also taken up favourably as potentially expandable/transferrable among the consortium organisations.

In addition, showcased methods for organising training (e.g. cascade training) and teaching materials were also seen as a valuable source for transferring knowledge and improving the education offerings at home.

### “Most interesting to me personally”

Participants enjoyed the professional and personal exchange with their colleagues from different countries. In sessions and informally between, there was a lively exchange about details about the different first aid education systems, but also about the different stages in NGO development and volunteer NGO’s roles in fostering civic commitment.

Of course the exchange on a personal and cultural level was also mentioned multiple times, and was considered by participants to be an inspiration for them and their work. The perspective for ongoing exchange even after the project concludes was also named as a personal benefit that participants look forward to.

Or, as one of the work groups put it:



The project First Aid, Civic Engagement, Training was co-funded by the European Union's Erasmus+ program.

For more information, please see the project website at:

<http://facet.samaritan-international.eu/>

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