



 Helsedirektoratet



sammen
redder vi liv

Saving lives together

National first aid strategy

FOREWORD

In its letter of allocation for 2017, the Ministry of Health and Care Services gave the Directorate of Health the following assignment:

The Directorate of Health shall first and foremost, in accordance with the recommendations in the Norwegian Official Report - NOU 2015:17, develop a national first aid strategy for lifelong training.

On 21 February 2017, a consensus meeting was held at Utstein Monastery in Stavanger, where Minister of Health and Care Services, Bent Høie, invited leading representatives from several public, nonprofit and volunteer organisations, as well as patient and service user organisations, to cooperate on strategies aimed at increasing the survival rate of patients with cardiac arrests and other acute medical conditions occurring outside Norwegian hospitals. Experiences from the consensus meeting have been summarised in a separate report. This summary, together with NOU 2015:17, forms the basis for the national first aid strategy, *Saving lives together*.

This document describes the primary content of *Saving lives together*. The strategy contains a number of measures that individually and collectively will contribute toward increasing the survival rate after sudden and life-threatening illness or injury occurring outside the hospital. Above all, this strategy involves mobilising the public as an emergency medical resource. The goal is to have a competent and prepared public, that is qualified and secure enough to step in and provide first aid for people with life-threatening illnesses or injuries. We will accomplish this through a broad-based national project, with resources and initiatives from several important social actors. The Directorate of Health will lead and coordinate this collaboration, which is unique in both a national and international context. Volunteers as well as both public and private actors will participate, with enthusiasm and community spirit.

Bjørn Guldvog
Director General of Health

COLLABORATING ORGANISATIONS AND RESOURCE PERSONS

The following organisations and resource persons will collaborate on the design and implementation of the national first aid strategy, *Saving lives together*.

| | | |
|--|--|---|
| Norwegian Red Cross | Norwegian National Association for Heart and Lung Diseases | Gjensidige Foundation |
| Norwegian National Advisory Unit on Trauma | Norwegian First Aid Council | Norwegian Resuscitation Council |
| Norwegian People's Aid | National Centre for Emergency Primary Health Care | Norwegian Women's Public Health Association |
| Norwegian Air Ambulance Foundation | Norwegian National Advisory Unit on Prehospital Emergency Medicine (NAKOS) | Norwegian Directorate for Civil Protection |
| Lærdal Foundation | Norwegian Society for Sea Rescue | Stavanger University Hospital/RAKOS |
| Norwegian Life Saving Society | Norwegian Guide and Scout Association | |
| | | |
| Petter Andreas Steen, Professor Emeritus, University of Oslo | Emil Kristoffer Iversen, Senior physician, Oslo and Akershus AMK (Emergency Medical Alarm Centre) | Mads Gilbert, Professor and Senior Physician, Clinic of Emergency Medicine, University Hospital of North Norway |
| Aage Karlsen, former Head of Education, Norwegian Air Ambulance Foundation | | Håkon Kvale Bakke, physician and researcher, University Hospital of North Norway |
| |  sammen redder vi liv | |

1 CONTENTS

| | |
|--|-----------|
| FOREWORD | 2 |
| COLLABORATING ORGANISATIONS AND RESOURCE PERSONS..... | 3 |
| 2 INTRODUCTION | 6 |
| 2.1 Why must there be a greater focus on first aid? | 6 |
| 3 GOALS AND PRIMARY FOCUS AREAS OF THE NATIONAL PROJECT | 7 |
| 3.1 Goals | 7 |
| 3.2 Focus areas of the national project | 8 |
| 3.3 Shared outcome goals | 9 |
| 3.4 Target areas | 10 |
| 3.4.1 Develop a knowledge base..... | 10 |
| 3.4.2 Widespread involvement..... | 10 |
| 3.4.3 Make knowledge available..... | 11 |
| 3.4.4 Develop and apply technology | 12 |
| 3.4.5 Accommodate regulations | 13 |
| 4 ORGANISATION AND FINANCING..... | 14 |
| 4.1 Organisation | 14 |
| 4.2 Directorate of Health - role and responsibilities | 15 |
| 4.3 Collaborating organisations – roles and responsibilities | 15 |
| 4.4 Professional council – mandate and composition | 15 |
| 4.5 Coordinating committee – mandate and composition | 16 |
| 4.6 Sub-project owner responsibilities | 16 |

| | |
|--|-----------|
| 4.7 Other measures | 17 |
| 5 FINANCING..... | 18 |
| 6 IMPLEMENTATION | 19 |
| 6.1 Focus area "A competent and prepared public" | 20 |
| 6.2 Focus area "Effective instructions and assistance from 113" | 20 |
| 6.2.1 Subproject 113..... | 21 |
| 6.2.2 Development of technological aids | 21 |
| 6.3 Focus area "Network of emergency helpers" | 22 |
| 6.4 Other | 22 |
| 7 IDENTIFIED ACTIVITIES | 23 |
| 8 MILESTONES | 24 |

2 INTRODUCTION

2.1 Why must there be a greater focus on first aid?

Norway has one of the world's best emergency medical services outside the hospital. Yet each year, a significant number of people die as a result of sudden illness or injury. Many of those who survive will suffer severe and permanent functional impairment.

We know that the consequences of many of these acute medical conditions are largely dependent on a combination of early first aid measures and early diagnostics and treatment by healthcare services. The recommendations by the Emergency Medicine Committee (Akuttutvalget) in NOU 2015:17, "First and Foremost", it is noted that healthcare services alone do not have the resources and opportunities to solve these problems.

"When a patient's survival is determined by a matter of minutes, it is not possible to determine the magnitude of the emergency response in order to reach the patient in time."

Our assessment is that the potential for increasing the survival rate after cardiac arrest and other time-critical emergency medical conditions lies in the bystanders who are present, as well as other resources, such as emergency helpers, early identification of life-threatening conditions, 113 notifications, and implementation of lifesaving first aid measures before an ambulance or doctor arrives.

Based on this acknowledgement, the primary goal for the national first aid project, *Saving lives together*, would be to mobilise the public as an emergency medical resource.

This type of mobilisation would be possible with the use of a model for lifelong first aid training that begins in preschool, is continued throughout compulsory school, into the labour force, and last, but not least, after retirement.

Training should primarily be aimed at enabling the public to recognise and handle the most time-critical emergency medical conditions:

- Cardiac arrest
- Heart attack
- Stroke
- Acute injuries

Facts about cardiac arrest

Sudden cardiac arrest affects approx. 3000 people in Norway each year.

2 of 3 cardiac arrests are witnessed, meaning that someone has observed the patient collapse, and can intervene.

When a cardiac arrest occurs outside the hospital, it takes an average of approx. 9 minutes from the time a bystander alerts healthcare services until the first healthcare resource arrives at the scene.

The chance of surviving a cardiac arrest triples or quadruples when a bystander calls 113 and gives the patient high quality CPR with guidance of healthcare personnel at 113.

The chances are even greater if the bystander also uses an available defibrillator (AED) before the ambulance arrives.

3 GOALS AND PRIMARY FOCUS AREAS OF THE PROJECT

3.1 Goals

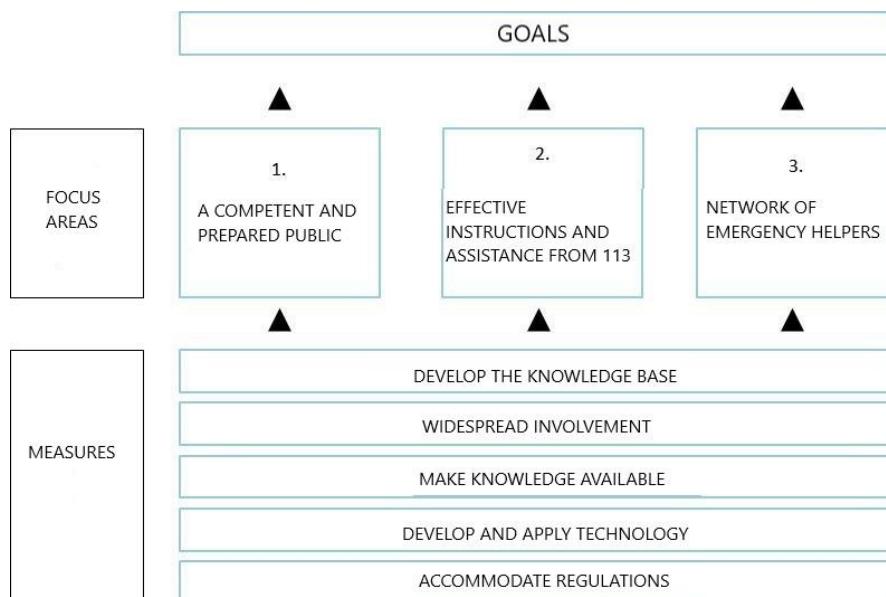
The main goal for the national first aid strategy, *Saving lives together*, is to:

Increase the survival rate and reduce permanent disabilities due to cardiac arrest and other time-critical emergency medical conditions occurring outside the hospital.

Both the Emergency Medicine Committee's recommendations (NOU 2015:17) and international literature have indicated three primary focus areas for first aid measures prior to the arrival at the scene of healthcare resources.

- The knowledge, ability and willingness of the public to provide lifesaving first aid
- Effective, qualified and customised medical emergency services
- Emergency helpers with extensive first aid competency

The national first aid strategy is built around these three primary focus areas. To strengthen the efforts and give them content and direction, five cross-cutting areas for national efforts have been established.



3.2 Focus areas for the national project

| | |
|--|--|
| A COMPETENT AND PREPARED PUBLIC | <p>OUTCOME GOALS</p> <p>Through lifelong training in lifesaving first aid, the public shall be capable of the following:</p> <ul style="list-style-type: none">• Recognise possible signs of time-critical illness and injuries• Understand the importance of immediate contact with the medical emergency number 113 in calling for help and instructions• Perform lifesaving first aid measures until qualified healthcare personnel can take over• Prioritise one's own safety and that of others who are present |
|--|--|

Lifelong first aid training will primarily be aimed at:

- Preschool children
- School-age children
- Ordinary driver education
- Recreational and sports organisations
- Individuals in the labour force
- Older/Senior citizens
- Healthcare personnel
- Other groups with special needs

| | |
|---|---|
| EFFECTIVE INSTRUCTIONS AND ASSISTANCE FROM 113 | <p>OUTCOME GOALS</p> <p>When contacted by the public on the medical emergency number 113, emergency dispatchers must be able to:</p> <ul style="list-style-type: none">• Quickly identify the site of the incidence• Quickly identify time-critical emergency medical conditions• Provide the caller with instructions on lifesaving first aid measures• Ensure the dispatch of necessary medical resources |
|---|---|

Efforts in this focus area will primarily be aimed at medical personnel that take calls from the medical emergency number 113, and also at facilitating technological solutions to support their work.

NETWORK OF EMERGENCY HELPERS

OUTCOME GOALS

Healthcare services shall be able to utilise a network of emergency helpers, as needed. This requires the development and clarification of:

- Formalised roles, responsibilities and structural organisation of emergency helper
- Establishment of systems for training, notification and communication

Efforts so far have identified the following target groups for emergency helper functions:

- Volunteer organisations
- Municipal fire department staff
- Law enforcement officers
- Company industrial safety officers
- Municipal home care services
- Security services
- Health and safety services/fire protection services for businesses

3.3 Shared outcome goals

| GOALS FOR SOCIETY | GOALS FOR THE PUBLIC | GOALS FOR INDIVIDUAL CITIZENS |
|---|---|--|
| A higher number of people survive acute illness and injury A higher number of people survive acute illness and injury without serious and permanent functional impairment Strengthened national health preparedness for handling emergency medical conditions outside the hospital Reduced costs associated with treatment | The public has greater confidence that they will receive necessary first aid in the event of emergency medical conditions outside the hospital The public will receive qualified healthcare assistance more quickly for time-critical illness and injuries | Each individual citizen will recognise and know when to contact 113 Each individual citizen will be qualified and secure enough to intervene and provide first aid for acute illness or injury outside the hospital |

3.4 Target areas

3.4.1 Develop a knowledge base

We know that time-critical emergency medical conditions characterised by an absence of early implementation of first aid measures cannot be fully compensated by advanced treatment measures later on. We also know that large sections of the public feel uncertain about how to react and what to do in such situations.

The Emergency Medical Committee (NOU 2015:17) has emphasised the need to develop knowledge-based guidelines for first aid, and that updated guidelines should be made available to the general public.

Developing relatively simple guidelines for handling emergency medical conditions outside the hospital is challenging, and demands various types of expertise. This would be an important task for all those participating in the national project.

DEVELOP A KNOWLEDGE BASE

Desired outcome:

- Knowledge of lifesaving first aid must be available and easily accessible for all members of the public.
- Provide a good decision-making base for the development of training measures aimed at the public.
- Provide health authorities and others with the knowledge of the structure and development of emergency medical services outside the hospital.

3.4.2 Widespread involvement

International literature has shown that mobilising the public as a resource is one of the most important measures for increasing the survival rate of patients with acute illness or injuries outside the hospital. To ensure that all members of the public have knowledge of first aid, it is necessary to develop a structure for “lifelong training”, where the public receives information and knowledge throughout their lives, so that they are sufficiently competent to act in such situations.

Healthcare services do not have the resources or opportunities to manage this alone. The national project must therefore be structured to ensure that social actors, businesses, authorities, organisations and associations are all engaged in these efforts to reach all members of the public.

WIDESPREAD INVOLVEMENT

Desired outcome:

- All training activities should have learning goals that are professionally justified based on the project's goal of increased survival rate and reduced functional impairments.
- First aid should be an integral part of all formalised dissemination of knowledge in preschools, primary schools, and both lower and upper secondary schools.

- Occupational educational programmes for service industries should include first aid as one of its learning goals.
- All businesses that provide public services and industry should have systems and structures in place for the communication of such knowledge to its employees.
- All businesses encompassed by regulations of the Working Environment Act regarding satisfactory working environments shall have customised plans and competency for providing first aid to the employees of the organisation.
- Organisations and associations that are aimed at persons outside the labour force must have available methods and tools to communicate knowledge of lifesaving first aid.

3.4.3 Make knowledge available

Members of the public and dispatchers with emergency services both have a determining role in the quick administration of life saving first aid measures. However, we know that awareness of the emergency number varies among members of the public, and that the public has itself stated that they lack sufficient knowledge of first aid.

Simple, reliable, up-to-date, free of cost knowledge of life saving first aid measures is currently not widely accessible to the public, school system, businesses and other relevant users and communicators of knowledge. There is also little coordination of the content, form and scope of the communication in the field of first aid.

National campaigns such as the Directorate of Health's "Stroke campaign" have documented that a simple and clear message through numerous channels can help to save lives.

Communication is a determining factor in this national project - as an independent measure and as support for the subprojects. When there are many actors involved, it is essential to identify shared rules, principles, goals and messages.

Communication must:

- Support other project activities
- Strengthen community spirit and project involvement
- Provide access to important arenas
- Reach target groups outside the core arenas
- Ensure the dissemination of knowledge with consistent messages through the proper channels
- Balance the need for updated and quality assured information with the goal of increasing a sense of security among members of the public

Each subproject is responsible for communication in its own area of responsibility. Each subproject is also responsible for ensuring that it becomes an integral part of the major context and that the messages are in accordance with the overarching idea.

The Directorate of Health coordinates the efforts and provides professional support for communication as needed, and must be notified prior to contact with the media or more extensive

communication efforts. The Directorate of Health develops and implements shared overarching communication measures. All participants have a shared responsibility for promoting the core messages - such as they have been formulated and presented at helsenorge.no/113.no through designated channels and relevant contexts.

MAKE KNOWLEDGE AVAILABLE

Desired outcome:

Up-to-date knowledge of first aid is available and easily accessible to the public

The public shall encounter a unified and recognisable message about lifesaving first aid:

- from all actors in the national project
- through all public information channels

3.4.4 Develop and apply technology

Medical emergency services are telephone-based, without opportunities for SMS/images/video. This limits the caller's opportunity to describe the situation and the 113-dispatcher's opportunity to assess the need for help and providing the caller with the necessary instructions and guidance.

Today's telephone systems for automatic location positioning of the caller to the medical emergency number 113 are seriously deficient.

We know that misunderstandings can easily occur, and that valuable time is then lost. This has consequences for the outcome of emergency medical conditions outside the hospital.

Connecting the patient to a defibrillator prior to ambulance arrival increases the chance of survival for cardiac arrest patients. Major differences have been found among the share of patients who have been connected to a defibrillator prior to ambulance arrival. The active use of the Norwegian AED Registry would potentially reduce national differences and increase the number of patients who are connected to defibrillators.

DEVELOP AND APPLY TECHNOLOGY

Desired outcome:

- The public must have access to good technical solutions that ensure communication and position solutions when contacting the medical emergency number 113.
- The medical emergency number 113 supports the use of modern communication and location positioning technology, and uses this actively when handling medical emergency calls.
- More than 20 percent of all cardiac arrest patients outside the hospital should be connected to defibrillators prior to ambulance arrival.

3.4.5 Accommodate regulations

Norway has carried out several first aid campaigns and projects aimed at various public groups, with a limited long-term effect. NOU 2015:17 and several other studies show major variations in the approach and extent of such campaigns, e.g. in the schools. One contributing reason for this is the lack of standardisation.

In other areas, such as the active use of available modern technology, we have noted that current regulations may prevent or restrict the introduction of new solutions.

In some areas, there is also a need to clarify and specify applicable regulations.

ADJUST REGULATIONS

Desired outcome:

Regulations that support lifelong first aid training and a permanent effect of the project efforts, such as:

- Curricula in primary and secondary schools, and in teaching educations contain specific learning and competency goals for lifesaving first aid
- Relevant regulations are adjusted so that Emergency medical alarm centres (AMK) can utilise modern, up-to-date technology.
- Formalised arrangements for emergency helpers.

4 ORGANISATION AND FINANCING

4.1 Organisation

The strategy involves numerous social actors, authorities, healthcare services and other public actors, volunteer organisations, interest groups, foundations, businesses and others.

The work will be organised as “national project”, where the Directorate of Health has the overarching strategic responsibility for determining the strategy and its professional content. Implementation of the strategy will be organised as a collaboration between the organisations that commit to contributing to the implementation of specific projects that fulfil the strategy’s goals and professional framework. In this work, the Directorate will obtain professional advice and evaluations through a separate Professional council consisting of representatives of interest groups, relevant professional environments and experts. The Directorate of Health will also establish a “Coordinating committee” to support the need for the cooperation and coordination of measures. The Directorate of Health will regularly report on progress and results to the Ministry of Health and Care Services.



This national project should reach all members of the public, and we believe that this will require concentrated efforts over time in order to achieve the necessary structural and attitude changes required, and to ensure that these changes become permanently embedded in established structures. The plan is therefore to continue this national project for a minimum of 5 years.

The Directorate of Health will take the initiative to an annual review and evaluation of achieved results, as well as an evaluation of this strategy document.

4.2 Directorate of Health – role and responsibilities

The Directorate of Health is responsible for the following:

- The Directorate of Health has an overarching strategic responsibility for determining the strategy and its professional content in cooperation with organisations and professional environments.
- Organise the national project, initiate subprojects and follow these up to ensure that the outcome goals are achieved.
- Ensure the necessary coordination of subprojects, contribute to transfer of experience and obtain documentation of progress, status and achieved results.
- Assist in subprojects in the efforts to ensure necessary data collection and facilitate relevant research environments in conducting research on the effect of the project.
- Ensure dialogue and cooperation with healthcare services and other public authorities.
- Initiate measures and processes for regulatory changes and adjustments.
- Appoint representatives to the professional council and head the council.
- Coordinate communication and information efforts for the project and establish suitable communication channels and platforms.
- Contact points and reporting responsibility to the Ministry of Health and Care Services.

4.3 Collaborating organisations – roles and responsibilities

Organisations and businesses that participate in project are responsible for the following:

- Together with the Directorate of Health and other collaborating partners, contribute to the development of the professional basis for the national strategy, including advice for public and healthcare services.
- Identify and describe measures and activities that can help to ensure that the strategy achieves its overarching goals.
- Cooperate with the Directorate of Health and other organisations on implementing the strategy.
- Contribute with information on own results, experiences, observed effect and knowledge to the Directorate of Health, “Professional Council”, “Coordinating Committee”, and other contributors, to ensure that mutual coordination, documentation and continuous development of the strategy is achieved.
- Ensure that the message to the public about first aid is formulated in accordance with the project’s communication strategy and message platform.
- Help to spread core messages on own platform and through own measures.

4.4 Professional Council - mandate and composition

The Professional Council shall function as a council for the Directorate of Health and cooperating organisations in matters of professional character. The Professional Council shall be appointed by the Directorate of Health, which will also lead the council and ensure secretariat functions. The Professional Council can be expanded and supplemented as needed.

The Professional Council's role:

- Participate in the work by identifying, describing, proposing and prioritising measures and activities in such a way that the strategy achieves its overarching goals.
- Provide advice for the Directorate of Health and other contributors regarding methodology, professional content, direction and implementation of the strategy and activities as part of the strategy.
- Provide advice in individual cases and professional issues that are presented to the Council by the Directorate of Health, contributors, or the council's own members.
- Provide advice regarding measurements and evaluations, validation processes, indicators, documentation and measures that can be used for systematic improvement and development of the strategy.
- Provide advice on how results, experiences, observed effects and knowledge about and from measures as part of the strategy should be understood, and also how this can be used toward continuous development of the strategy.
- Presented advice and ideas should have a solid professional basis and practice, and reflect the organisation's policy in the area.

4.5 Coordinating Committee - mandate and composition

The Coordinating Committee shall consist of representatives from the subprojects. To ensure that these organisations become properly embedded, they should be represented by a "project owner" and a "project leader" in the Coordinating Committee.

The Committee shall contribute to the following:

- Ensure dialogue and sharing of information between the contributing organisations and authorities regarding ongoing activities and achieved results.
- Discuss the direction, opportunities and contributions to an effective implementation of the strategy.
- Contribute to the establishment of shared projects in areas where this is appropriate and expedient.
- Ensure coordination and transfer of knowledge and experiences between the individual projects that are part of the strategy.
- Contribute toward the distribution of resources between the individual projects wherever this is rational and professionally indicated.
- The Committee can establish cooperative structures at a project level to ensure implementation and follow-up.

4.6 Subproject owner responsibilities

Collaborating organisations that accept ownership of a subproject will commit to the following:

- Project planning, implementation and financing
- Actively contribute toward the development and application of the national knowledge base that is developed in the focus area.
- Document and evaluate all achieved results of the subprojects and make these available, so that they can be used by other subprojects, authorities or researchers for research and development.

- Devise a plan to carry out communication measures that support and facilitate the achievement of project goals.

4.7 Other measures

In addition to the subprojects that are a formal part of the national project, other measures will be implemented during the project period, that will contribute toward developing the knowledge of first aid among the public. Through its financial support to volunteer organisations, the Gjensidige Foundation will also help to include other types of organisations in the work of the national project. The national project shall underpin such initiatives, and work actively to ensure that these initiatives communicate a unified first aid message to the public.

Fact box Heart attack

Sudden heart attacks affect 10,000 to 15,000 people in Norway annually.

Effective treatment of heart attacks requires early diagnosis and treatment.

Untreated or delayed treatment of

Fact box Stroke

Stroke affects approx. 11,000 people in Norway each year.

Stroke is the third most frequent cause of death and the most frequent cause of severe functional impairment and long-

5 FINANCING

The structure of a first aid strategy as a national project requires the various organisations to cover their own expenses. Organisations that are responsible for subprojects must secure the necessary financing for their own projects.

The Directorate of Health shall work actively to establish cooperation with organisations, foundations and trusts for contributions in financing subprojects that are part of the national project.

Funds that are allocated to collaborating organisations from foundations or trusts shall be utilised only by the subprojects. The Directorate of Health shall have no role in distributing such funds, nor shall it receive external funds.

Fact box Acute injuries

Approximately 300,000 injuries are treated at Norwegian hospitals each year.

Serious injuries are one of the biggest single causes of death in people under the age of 35.

Most fatalities from injuries occur before the victim reaches the hospital.

More effective lifesaving first aid combined with optimised treatment of injuries would likely reduce mortality rate from injuries by 20-25%.

6 IMPLEMENTATION

The national project is composed of several subprojects associated with the three primary focus areas:

- A competent and prepared public,
- Effective help, instructions and guidance for bystanders from 113
- A network of emergency helpers.

All subprojects of the national project are planned and established in cooperation with the Directorate of health.

Cooperation and collaboration between these subprojects is ensured through ongoing dialogue between the Directorate of Health and other cooperating organisations, as well as through meetings in the Professional Council and Coordinating Committee.

The recommendation is for the subprojects to be comprised of 3 stages: Concept/pre-project, Piloting, National launch.

The project description should contain documentation such as:

- Goals and mandate for the subproject
- Benefits and assessment of effect
- Roles and responsibilities
- Milestone plan / pilot plan and “national launch”
- Budget and financial plan for each stage
- Risk matrix
- Plan for cooperation and collaboration between subprojects
- Plan for management of the focus area of the subproject
- Plan for embedding the subproject into permanent structures

Governing documents, project plans, etc. must be made available on a shared information platform.

The pilot stage shall contain an evaluation for possible adjustments to the plan and its implementation prior to the national launch.

6.1 Focus area “A competent and prepared public”

| | |
|--|--|
| A COMPETENT AND PREPARED PUBLIC | <p>OUTCOME GOALS</p> <p>Through lifelong training in lifesaving first aid, the public shall be capable of the following:</p> <ul style="list-style-type: none">• Recognise possible signs of time-critical illness and injuries• Understand the importance of immediate contact with the medical emergency number 113 in calling for help and instructions• Perform lifesaving first aid measures until qualified healthcare personnel can take over• Ensure the safety of oneself and others who are present in serious incidents |
|--|--|

The primary focus area is composed of several subprojects to collectively ensure that the public learns lifesaving first aid across different stages of life.

Sub-projects that are included in this focus area shall:

- Identify a specific group of the public for project aims
- Construct a training programme on the project's knowledge base and learning goals

Sub-projects should also:

- Develop a knowledge base and specific learning goals for members of the public for which the subproject is intended
- Facilitate research and dissemination of knowledge
- Develop and implement the project's information strategy
- Plan and implement information measures for one's own subproject
- Develop learning tools and other aids for use in the collective effort project

6.2 Focus area “Effective instructions and assistance from 113”

| | |
|---|---|
| EFFECTIVE INSTRUCTIONS AND ASSISTANCE FROM 113 | <p>OUTCOME GOALS</p> <p>When contacted by the public on the medical emergency number 113, emergency dispatchers must be able to:</p> <ul style="list-style-type: none">• Quickly identify the site of the incidence• Quickly identify time-critical emergency medical conditions• Provide the caller with instructions on lifesaving first aid measures• Ensure the dispatch of necessary medical resources |
|---|---|

The primary focus area is composed of two subprojects:

- Subproject 113
- Development of technological aids

6.2.1 Subproject 113

The subproject is headed by Stavanger University Hospital Trust/RAKOS, and shall:

- Identify measures for quick identification of time-critical emergency medical conditions
- Identify measures for effective guidance and assistance to the public
- Propose improved work processes for the Emergency Medical Alarm Centres (AMK)
- Analyse the effects of new and amended work processes
- Assess the effects of technological aids
- Test methods for training and maintenance training

Based on this knowledge, the project shall:

- Propose ways in which amended work processes and technology can be introduced to the 113 centres
- Propose functional and technical requirements for technological aids
- Propose methods and indicators for measuring effects and impacts of the changes

The results from the project will be incorporated into the national information strategy.

Furthermore, information material will be developed for:

- National Emergency Medical Alarm Centres and Casualty clinics/Emergency wards
- Emergency communication centres for the police and fire protection services

When the project identifies a need to introduce standardised requirements or amendments to applicable regulations, specific proposals for amendments will be developed.

6.2.2 Development of technological aids

National and international knowledge indicates that the active use of technology will provide more effective help in critical situations, and increase the precision of this assistance. Specific aspects of these focus areas have been identified. These are technological solutions that:

- Ensure quicker and more precise location positioning of 113 callers so that healthcare personnel can more rapidly identify serious incidents.
- Simplify guidance and instructions for public bystanders in emergency situations,
- Offer the public quicker and simpler access to first aid equipment (e.g. defibrillators)
- Improve access for 113 for special user groups (e.g. blind and deaf users)

The national project will facilitate proposals for subprojects that can develop and test out technological solutions in these areas. Subprojects that will become part of the national project must fulfil the following requirements:

- Propose how functional requirements and user requirements can be solved technologically
- Document solutions through piloting and user involvement
- Propose a model for national use and operations, on a short-term and long-term basis
- Contribute with information and training

6.3 Focus area “Network of emergency helpers”

| | |
|---|--|
| NETWORK OF EMERGENCY HELPERS | <p>OUTCOME GOALS</p> <p>Healthcare services shall be able to utilise a network of emergency helpers, until healthcare personnel arrive. This requires:</p> <ul style="list-style-type: none">• Defined personnel groups that function as emergency helpers• Defined function of emergency helpers and criteria for summoning them Principles for organisation and notification are established• Description of requirements for training and follow-up of emergency helpers |
|---|--|

The primary focus area is divided into three subareas:

- Organisation and use of emergency helpers from volunteer organisations
- Organisation and use of emergency helpers from professional actors and community functions
- Professional requirements for the organisation and use of emergency helpers in healthcare services

Subprojects shall contribute by the following:

- Develop a knowledge base related to the organisation and use of emergency helpers, and the effect of this base
- Identify groups from the community that can function as “emergency helpers”
- Propose methods for training, use and follow-up of the schemes
- Develop and implement the project’s information strategy
- Plan and implement information measures for one’s own subproject
- Develop learning tools and other aids for use in the national project

6.4 Other

In addition to this strategy document, annexes will be prepared to underpin the strategic efforts listed in this document. Currently, there are defined needs for the following annexes:

Annex 1: Professional basis for first aid efforts

Annex 2: Comments regarding documentation and evaluation of the effects of subprojects

7 IDENTIFIED ACTIVITIES

The following subprojects or activities are identified, but vary in status.

| A competent and prepared public | Effective instructions and assistance from 113 | Network of emergency helpers |
|---|---|--|
| First aid in preschools | Subproject 113 | Subproject emergency helpers - volunteer actors |
| First aid in compulsory schools | Subprojects technology and communication | Subproject emergency helpers - professional actors |
| First aid and the elderly | Subproject for effective location positioning for 113 | Subprojects emergency helpers - regulation changes |
| First aid in driver education | Subproject for communication for groups with special needs | |
| First aid in sports | Subproject for quicker identification of time-critical incidents | |
| First aid in the labour force | Subproject for better instructions and guidance to emergency dispatchers and the public | |
| First aid for immigrants | Subproject to make defibrillators (AEDs) accessible to the public | |
| First aid for healthcare personnel | | |
| Subproject for making updated knowledge available to the public | | |
| Subproject to ensure follow-up of first aid helpers | | |

 Identified and implemented activity/subproject

 Identified, but not implemented activity/subproject

8 MILESTONES

| | | |
|----|--|-------------------|
| 1 | Start-up/consensus meeting Utstein monastery | 21 February 2017 |
| 2 | Start-up Professional council | 03 April 2017 |
| 3 | Opening of the Norwegian AED registry | 03 April 2017 |
| 4 | Allocation of NOK 21.7 million for the "Saving Lives Together" national project from Gjensidige Foundation | 12 May 2017 |
| 5 | Start-up subproject 113, by Stavanger University Hospital/RAKOS | 31 May 2017 |
| 6 | 6-month report to the Minister of Health and Care Services | 21 August 2017 |
| 7 | Start-up subproject First Aid in the Schools, by the Norwegian National Association for Heart and Lung Diseases | 01 September 2017 |
| 8 | Henry - First aid help for preschool children, by the Norwegian Red Cross, received NOK 2.4 million from Gjensidige Foundation for national use. | 26 October 2017 |
| 9 | Subproject Volunteer emergency helpers, by Norwegian People's Aid, received NOK 1.1 million from Gjensidige Foundation | 26 October 2017 |
| 10 | Subproject First Aid and the Elderly, by the Norwegian Women's Public Health Association received NOK 3 million from Gjensidige Foundation | 26 October 2017 |
| 11 | Planned completion of subproject 113. | 31 December 2017 |
| 12 | Planned start-up of subproject Regulations for Emergency Helpers, by the Directorate of Health | December 2017 |
| 13 | Planned start-up of subproject First Aid and the Elderly, by the Norwegian Women's Public Health Association | 01 January 2018 |
| 14 | Confirmed and approved Strategy document | 01 January 2018 |
| 15 | Planned start-up of subproject Professional Emergency Helpers | January 2018 |
| 16 | Planned start-up of subproject Better Localisation of Callers, by the Norwegian Air Ambulance Foundation | January 2018 |
| 17 | One-year report to the Minister of Health and Care Services | 21 February 2018 |