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Letter to the Editor

Saving lives and minds – The neglected part of first aid

First aid

First aid is the only medical treatment that the entire population is expected and trained to provide. Cardiopulmonary resuscitation (CPR) can increase survival from OHCA two- to three-fold,^{1,2} and is an essential link in the Chain of survival.³ The importance of bystander actions (early recognition, call for help and CPR) have been highlighted.⁴ First aid has long been regarded as a technical skill, but there is increasing evidence highlighting its emotional dimension.⁵

Impact of being a first aid provider

Being a first aid provider (FAP) implies emotional and social challenges, like concern of incorrect CPR, a feeling of guilt or shame, uncertainty of patient outcome, nightmares, etc.⁶ Symptoms of post-traumatic stress disorder are common.⁷ Therefore we founded a national system for FAP follow-up in Norway in 2020.

First aid provider follow-up

Information about the FAP follow-up is sent by text messages from emergency medical communication centres and leaflets by prehospital emergency personnel. A national 5-digit telephone number (02415) has been introduced.

90 minutes and two employees are allocated for each follow-up. After ensuring confidentiality the first part of follow-up is to allow the FAP to talk uninterruptedly about his or her experience. We then listen carefully and make notes for later comments.

In the second part, we reflect upon the experience, using our own experience as emergency medical services (EMS) personnel. The following principles are essential, samples are provided in [Table 1](#):

- **Acknowledgement:** Some FAPs need acknowledgement by health care workers for the first aid provided.

- **Correct misunderstandings:** Sometimes FAPs misunderstand what happened or what was done, and can be relieved by explanations why this was correct.
- **Normalization:** FAPs need confirmation that their reactions are normal.
- **Answer questions:** FAPs often have medical questions, most of them are easy to answer for EMS personnel.
- **Reduce guilt/shame:** FAPs often take a much greater responsibility than they actually have, and feel guilt for a bad outcome.
- **FAPs are not patients:** We do not regard FAPs as patients, hence we make no medical records or prescribe medications.
- **Coping strategies:** Many FAPs need advice on coping strategies.

By September 2023, approximately 380 FAPs have attended follow-up. The majority of FAPs have experienced OHCA, the remainder serious injuries or suicide attempts.

The future

Our experience with FAP follow-up have convinced us that FAPs are a neglected group. Listening to their stories make us wonder why follow-up has not been in place long ago. However, now is a good time to start, we need to take FAPs seriously and make a system for FAP follow-up. More research is needed to quantify the impact of follow-up. Preliminary findings indicate a reduction in post-traumatic stress symptoms after six months.⁸ Guidelines for FAP follow-up need to be developed. But this should not delay system development, we now have the choice to make FAP follow-up the next link in the chain of survival.

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Table 1 – Different FAP statements and suggestions for follow-up.

FAP statement	Suggestion for follow-up
He had a terrible gaze, but I provided chest compressions and mouth-to-mouth ventilations. It was terrible.	We can understand that this was a terrible experience. Please tell me what was most terrible about the situation. OHCA often cause intense sensory impressions. Despite these terrible impressions you still managed to do the only correct thing, which is impressive. Providing CPR increases chances of survival three-fold.
The paramedics did not deliver a shock, so they didn't try hard enough to save him.	Shock from a defibrillator is only useful in shockable cardiac arrest. But only one of four have a shockable rhythm, for the remainder advanced CPR is the only sensible treatment.
The other bystanders were deeply moved after the incident, but I didn't experience any strong emotions.	People have different reactions to a serious incident. Having few strong emotions is also normal. Being inactive, the other bystanders had greater opportunity to react emotionally.
Would he survive if the ambulance had arrived earlier?	You had recent training in CPR, and the fire brigade arrived early with a defibrillator. There are few tasks the paramedics could provide that would affect survival significantly.
I was the only one present, and then I failed.	You called the EMS immediately and you provided chest compressions, this is according to current guidelines, and you could not have done any other tasks in this situation.
After the incident I feel weird and feel sick. Should I consult a physician?	These reactions are normal. They will normally diminish over time. You should not worry if these symptoms persist for only a few weeks.
I find it difficult to eat after my husband died.	Tell me why you think you find it difficult to eat. Some find it easier to eat when they are together with someone. Perhaps you could have one meal each day together with your daughter?

Declaration of competing interest

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