Final report

First aid in Switzerland

Widespread willingness to help, limited ability to act.

A joint study by Helsana and the Swiss Red Cross, carried out by gfs.bern in March 2026.

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Project team

Lukas Golder: Co-Director

Martina Mousson: Senior Project Manager

Adriana Pepe: Project Manager

Corina Schena: Project Manager

Alessandro Pagani: Data scientist

Ina Gutjahr: Data science intern

Roland Rey: Project Assistant/Administration

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1 Introduction

1.1 Background

First aid is a key element of social responsibility and one that contributes greatly to a sense of security in everyday life. In light of their shared vision of promoting health and quality of life among the population of Switzerland, HELSANA and the SWISS RED CROSS (SRC) are committed to boosting first aid.

Against this backdrop, a study was conducted in 2020 in collaboration with the research institute Sotomo. This provided initial insights into the level of knowledge of the Swiss population in the field of first aid. This first survey on the first aid situation in Switzerland revealed the following:

The public is generally very willing to help in emergencies. However, this willingness is only partially accompanied by sufficient ability to act. In particular, there was often a lack of specific knowledge and the confidence to respond appropriately in critical situations.

The previous study thus revealed a fundamental area of conflict – there is a clear gap between the desire to help and the ability to actually provide effective help. This was reflected in both the limited knowledge about key first aid measures and widespread uncertainty about how to act in specific situations.

Since then, the framework conditions have evolved. Examples include the growing availability of digital sources of information, the increasingly widespread use of smartphones, and the associated development of specific emergency apps. At the same time, this raises a question: to what extent, if any, have these developments influenced the relationship between knowledge, subjective confidence and actual behaviour since the first survey?

Against this backdrop, this study was conducted as a follow-up to the previous survey on first aid in Switzerland. The aim is to provide a nuanced picture of the current situation among the population and to investigate key aspects such as experience with emergencies, assessments of respondents' own abilities, and behaviour in specific situations. The study also takes recent developments into account, for example in connection with specific emergency scenarios and the impact of digital tools. This includes a stronger focus on clearly defined emergencies such as cardiac arrest, strokes, allergic reactions and mental health crises. At the same time, digital tools are becoming increasingly important – emergency apps, first responder call systems and tools for locating defibrillators (AEDs) in emergencies, for instance.

For the current survey, around 2000 PEOPLE aged 18 to 74 across Switzerland were surveyed in MARCH 2026. The results are representative of residents between the ages of 18 and 74 who are linguistically integrated, and provide a sound assessment of the current state of first aid in Switzerland.

HELSANA is a strategic partner of the SWISS RED CROSS (SRC). As the national office of the Red Cross in Switzerland, the SRC brings together the Red Cross cantonal associations and four rescue organisations under one umbrella. The rescue organisations include the Swiss Samaritans and the Swiss Military Medical Association, which focus on first aid training and first aid operations at events. They also include the Swiss Lifesaving Society (SLRG), which is committed to the prevention of drowning accidents and which teaches correct behaviour in the event of an emergency in the water.

The fourth organisation is REDOG, which trains rescue dogs to search for missing and buried people.

1.2 What does the study measure – and what does it exclude?

The results address three different levels: knowledge, self-confidence and indicated behaviour in hypothetical situations. These levels should be considered separately from an analytical standpoint.

- KNOWLEDGE refers to respondents' reported familiarity with certain content or can classify it correctly.
- SELF-CONFIDENCE refers to a subjective assessment of the confidence individuals have to take the correct action in an emergency.
- BEHAVIOUR is based on information about hypothetical situations (e.g. "What would you do?") and does not reflect observed actions.

Therefore, the study does not measure actual ability to act in an emergency, but rather the perceived ability and willingness to take action.

In particular, it is important to note the following:

- Self-confidence is not the same as actual confidence in taking action.
- Self-assessment of hypothetical behaviour may differ from actual behaviour in stressful situations.
- The study does not include direct observation or assessment of behaviour in emergencies.

As such, the results provide a well-founded assessment of the level of knowledge, subjective confidence and intended behaviour around emergencies, but not actual behaviour.

2 Understanding and experience of emergencies

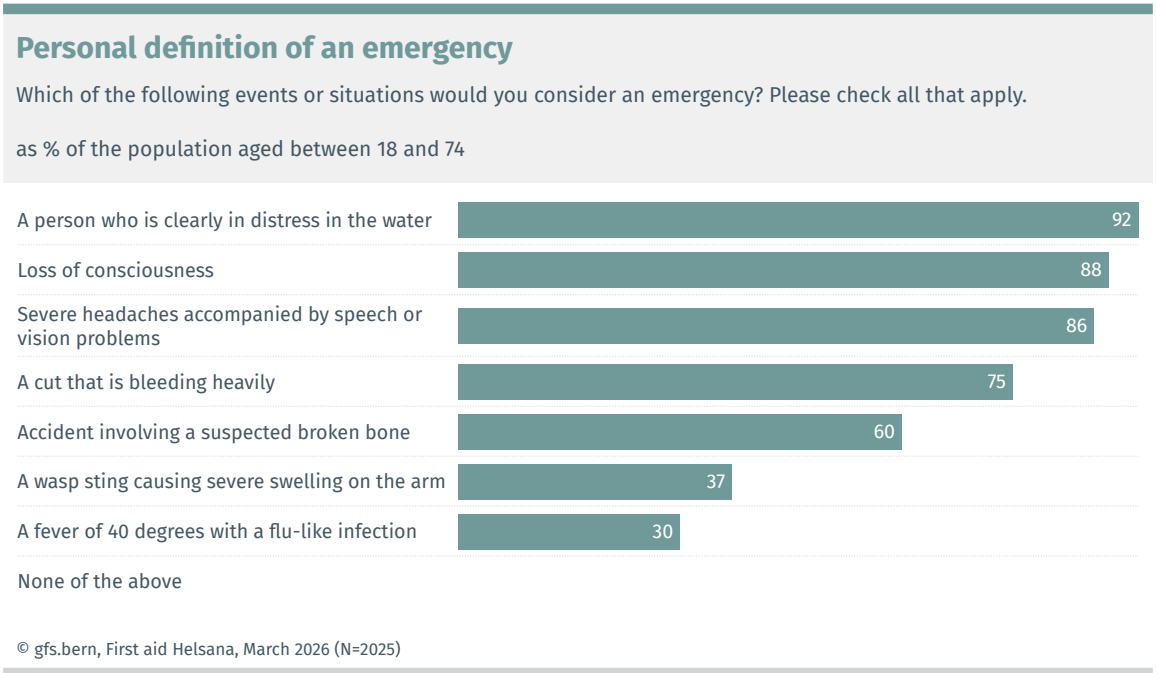
2.1 Definition of an emergency

The understanding of emergencies among Swiss people between the ages of 18 and 74 is dominated by clearly recognisable, potentially life-threatening situations. There is particular clarity around acute danger situations. For example, a large majority consider a person who is clearly in distress in the water (92%), loss of consciousness (88%) and severe headaches accompanied by impaired speech or vision (86%) as emergencies. Common to these situations is a high degree of urgency and a clear need for action.

A clear majority (75%) also classify injuries with heavy bleeding as emergencies. On the other hand, less clearly life-threatening but potentially serious situations are regarded as less severe. For 60% of respondents, an accident involving a suspected broken bone represents an emergency.

Assessments were more conservative in situations that were more dependent on individual evaluation. A wasp sting causing severe swelling on the arm is considered an emergency by 37% of respondents, and a high fever with a flu-like infection by 30%.

Graphic 1



The more externally recognisable the emergency (e.g. heavy bleeding) and the more clear-cut the required response, the more likely it is to be classified as an emergency. At the same time, situations that are less clearly critical or more context-dependent are less frequently classified as emergencies. This pattern forms an important basis for a deeper understanding of perceived confidence in taking action, especially where assessment and decision-making are less obvious.

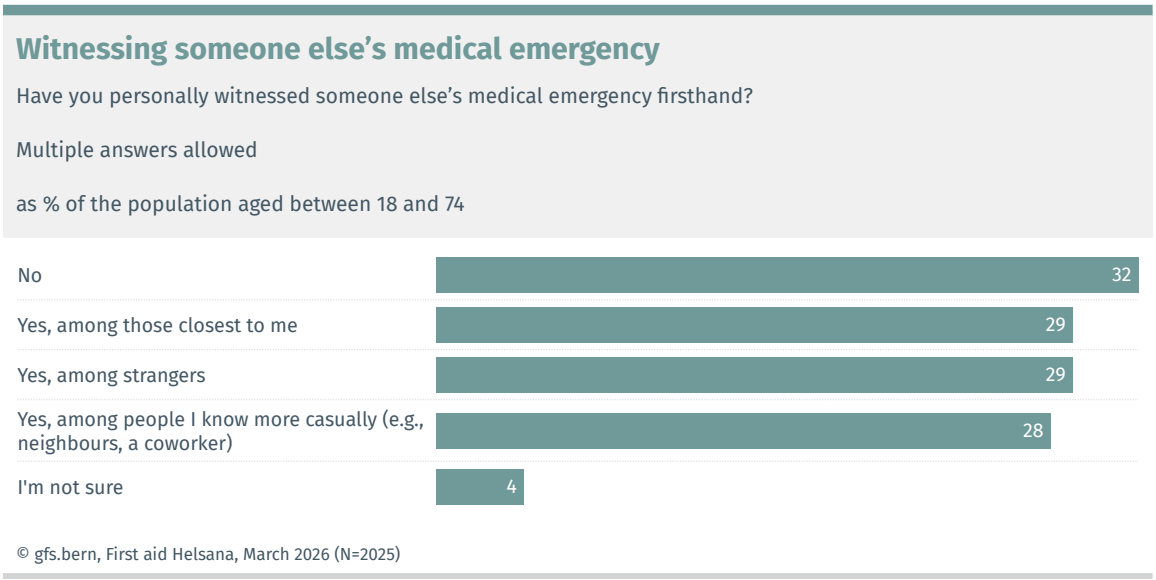
2.2 Emergencies

A large portion of the population has already experienced a medical emergency in their own environment. Around two thirds say they have witnessed such a situation first hand, whether in their immediate personal environment, in a wider social circle, or among strangers.

People aged 40 and over are more likely to have witnessed emergencies involving those closest to them, while people under 40 are more likely to have witnessed emergencies involving strangers.

So for many people, emergencies are a real-life experience rather than just an abstract scenario.

Graphic 2



Medical emergencies were most often witnessed in private contexts. Respondents most often witnessed emergencies at home, with the next most common settings being public spaces and work.

Situations in traffic or during leisure activities were less common, but still relevant. This shows that emergencies occur in numerous different areas, but predominantly in the respondents' immediate environment.

There are notable differences based on age and gender: women were more likely to witness emergencies at home (48% vs 40%), men in traffic (27% vs 17%) or during sporting activities (15% vs 8%). As we get older, emergencies shift more into the home (54% among respondents 65 to 74), while younger people are more likely to witness emergencies in public spaces or educational settings.

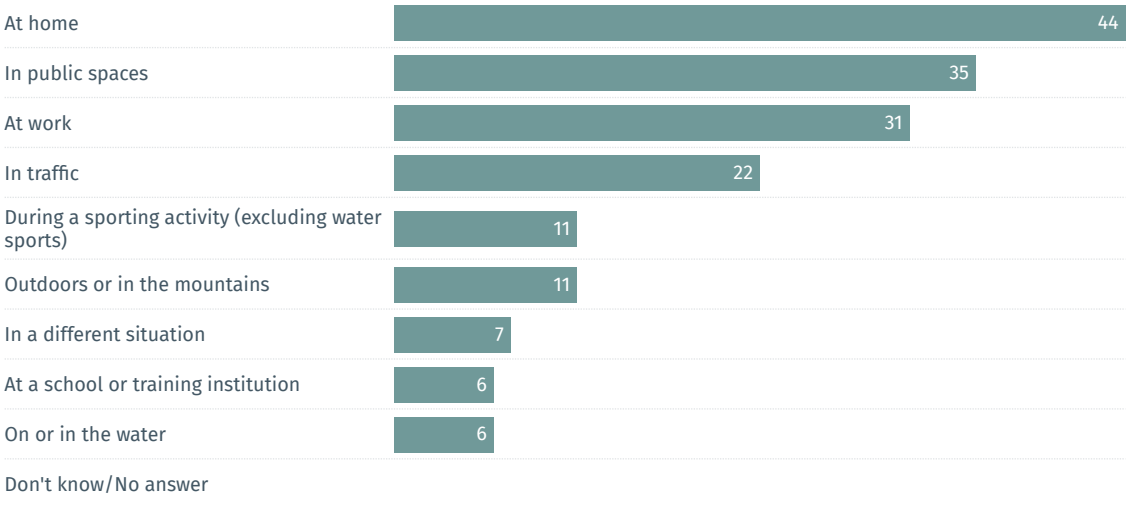
Graphic 3

Situation of the emergency

In what situation did this medical emergency occur?

Multiple answers allowed

as % of the population aged between 18 and 74 who have already witnessed someone else's emergency



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Respondents reported providing a wide range of assistance in dealing with such situations. The most common forms of assistance were calling the emergency services, initiating first aid measures and involving others.

Other types of assistance included offering comfort and securing the accident scene.

Only a small minority stated that they did not provide any form of assistance when they witnessed an emergency.

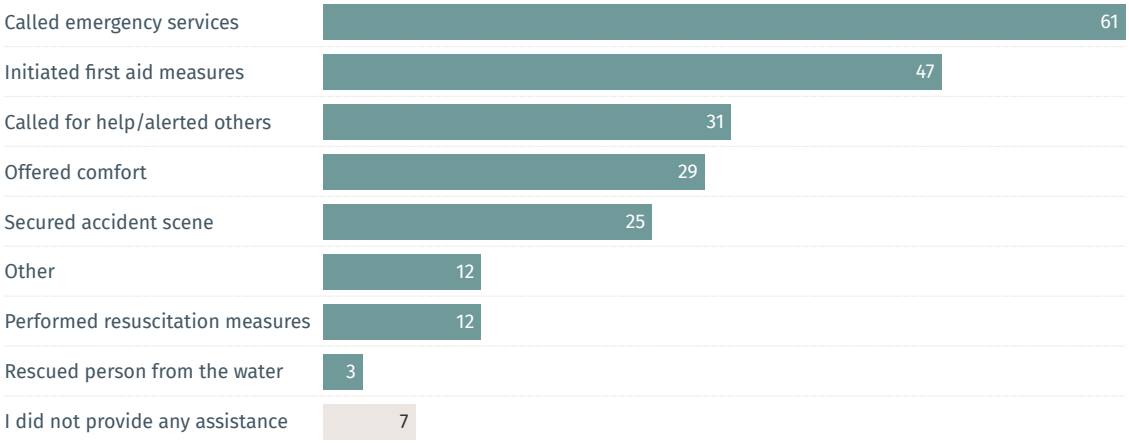
Graphic 4

Type of assistance in an emergency

What kind of support did you provide?

Multiple answers allowed

as % of the population aged between 18 and 74 who have already witnessed someone else's emergency



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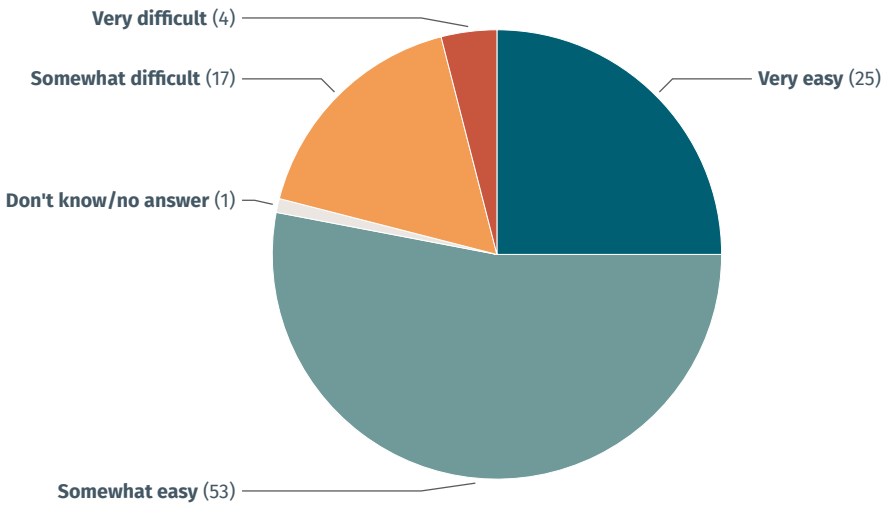
People's assessment of their own decision-making ability is largely positive. The majority of those who provided assistance found it somewhat easy or very easy to decide what to do in the specific situation. At the same time, a significant percentage of respondents reported difficulties, indicating the complexity of such situations and the need to act quickly in the face of uncertainty.

Graphic 5

Difficulty in making decisions in an emergency

In that situation, how easy or difficult was it for you to decide exactly what to do?

as % of the population aged between 18 and 74 who have already witnessed someone else's emergency and provided assistance



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Self-reported decision-making confidence is strongly related to knowledge, experience and self-confidence. Individuals with a high level of knowledge about general first aid measures were much more likely to perceive the situation as easy to handle, while there is a clear link between low levels of knowledge and higher levels of uncertainty. With self-confidence the correlation is particularly pronounced. Respondents who felt confident in dealing with emergencies were much less likely to have difficulties making decisions, while those who were uncertain had an above-average tendency to report difficult situations.

Overall, demographic differences are moderate, but there tends to be more uncertainty among younger people and those with lower levels of education. Differences by income or language region, on the other hand, remain relatively small, with no clear patterns.

Where assistance was not provided, the cause was more likely to be situational factors than a lack of willingness. In many reported cases, other people were already helping or professional help was on the way. Uncertainties about exactly what to do or a feeling of being emotionally overwhelmed are mentioned much less frequently, but they do play a role.

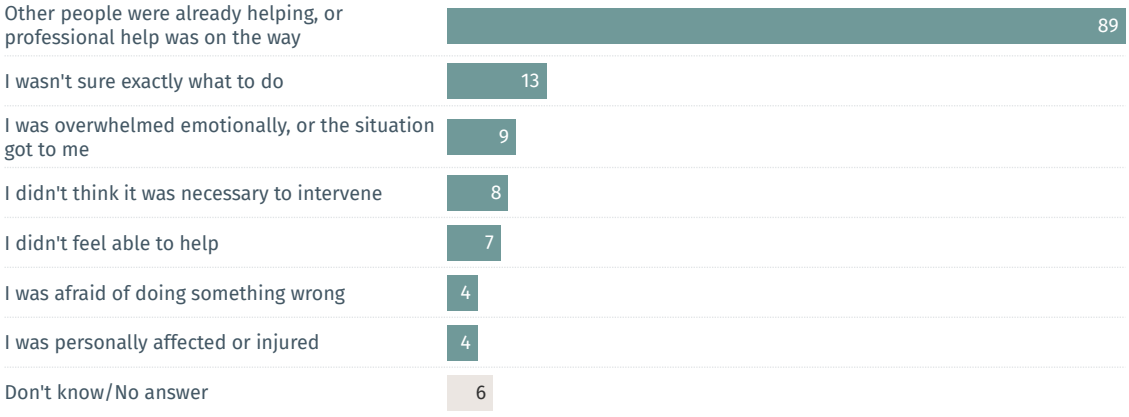
Graphic 6

Reason for not providing assistance in an emergency

Why didn't you provide assistance?

Multiple answers allowed

as % of the population aged between 18 and 74 who have already witnessed an emergency involving another person and failed to provide assistance



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Finally, a look at hypothetical situations shows that people are fundamentally willing to take action. The vast majority would call the emergency services or otherwise arrange help, while many would also provide active assistance. At the same time, uncertainties persist, particularly with regard to respondents' own assessment of the situation or the fear of doing something wrong.

The trend analysis shows that the general willingness to take action is still high, but has fallen noticeably in many areas. The proportion of people who would call the emergency services or actively arrange help is declining, as is the willingness to secure the accident site or to assist others with first aid measures. Overall, this indicates a slight decrease in confidence in taking action while there remains a fundamentally strong willingness to help.

Socio-demographic differences are less pronounced overall. Younger people tend to be somewhat more uncertain, while their (hypothetical) willingness to take action increases with growing experience and confidence. People with a high level of knowledge and a high level of self-confidence are much more likely to say they would be proactive and take action. Conversely, uncertainty is above-average among people with little knowledge, low self-confidence or a poor level of information.

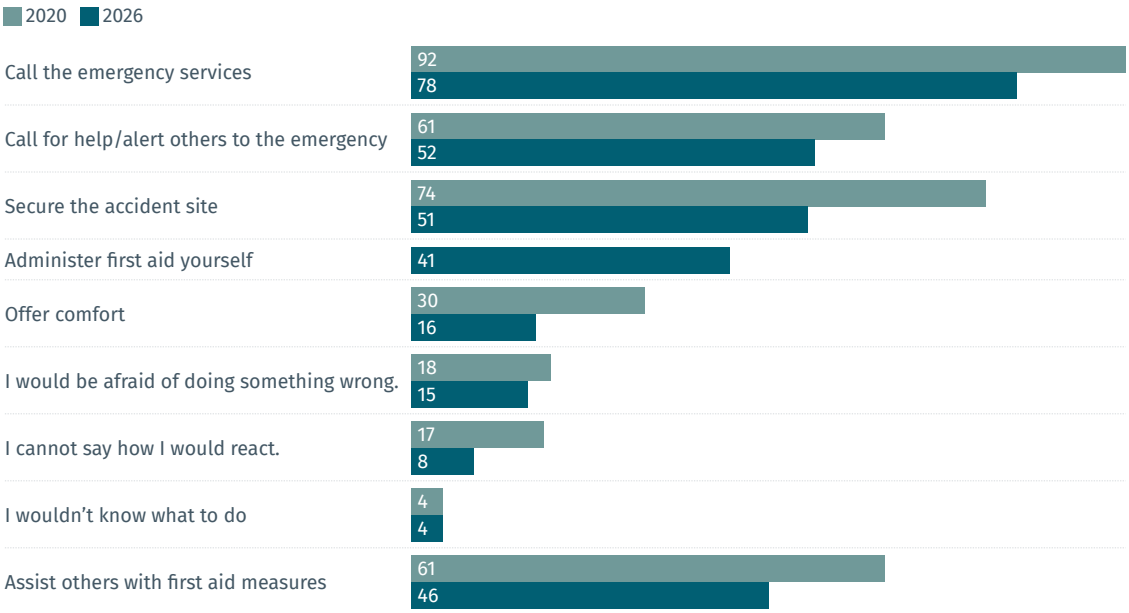
Graphic 7

Trend: response to medical emergency

Imagine you happen to come across someone who is having a medical emergency. How do you think you would react?

Multiple answers allowed

as % of the population aged 18 and over who have not yet witnessed an emergency involving others



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So emergencies are a real experience for many people, and the willingness to help is pronounced. At the same time, it is clear that confidence in taking action is not the same in all situations and becomes more relevant in less clear-cut or more emotionally overwhelming situations.

2.3 First responders

The majority of the population is familiar with the term "first responder", albeit to varying degrees. Around half of respondents say they know what it means. Other sections of the population have heard of the term, but are not exactly sure what it means. A smaller group does not know the term.

Younger people are somewhat more familiar with the term than older people, while the proportion of those who are unfamiliar with the term increases with age (18–39: 61%, 40–64: 46%, 65–74: 38% yes, I know what it is). People with a higher level of education are also more likely to be familiar with the term and able to contextualise it, while it is less well known among people with a lower level of education (high: 55%, medium: 50%, low: 31% Yes, I know what it is). Similar differences were observed across income levels. Awareness also varies between the language regions, which may indicate differences in how strongly the topic is established or communicated (German-speaking Switzerland: 56%, French-speaking Switzerland: 37%, Italian-speaking Switzerland: 42% Yes, I know what it is).

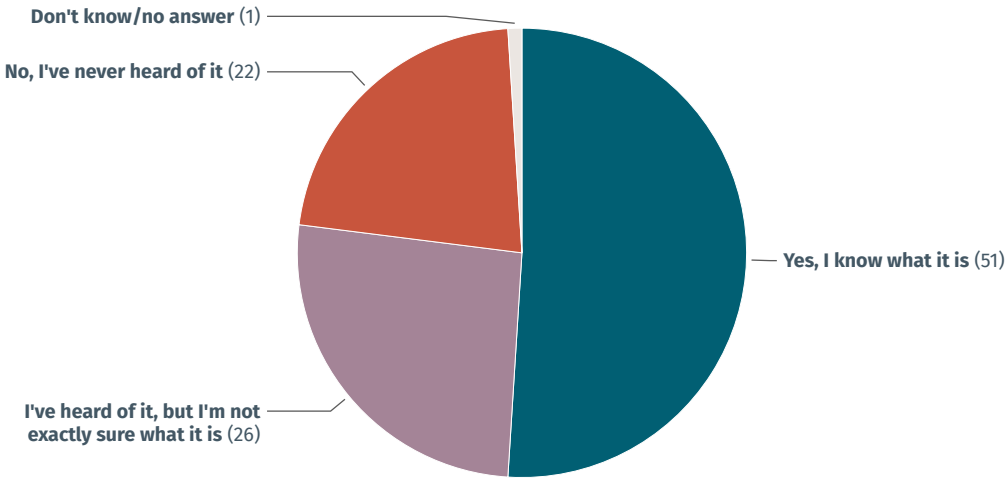
First responders are fundamentally embedded in public awareness, but the specific meaning and contextualisation are not universally established.

Graphic 8

Knowledge of the term "first responder"

Have you heard of the term "first responder"?

as % of the population aged between 18 and 74



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Among those familiar with the term, there was a mixed picture regarding how well the term is structurally embedded. A majority – 60% – know that there is a corresponding network in their canton. At the same time, a significant percentage remains uncertain as to whether such a network exists. However, hardly anyone explicitly assumes that

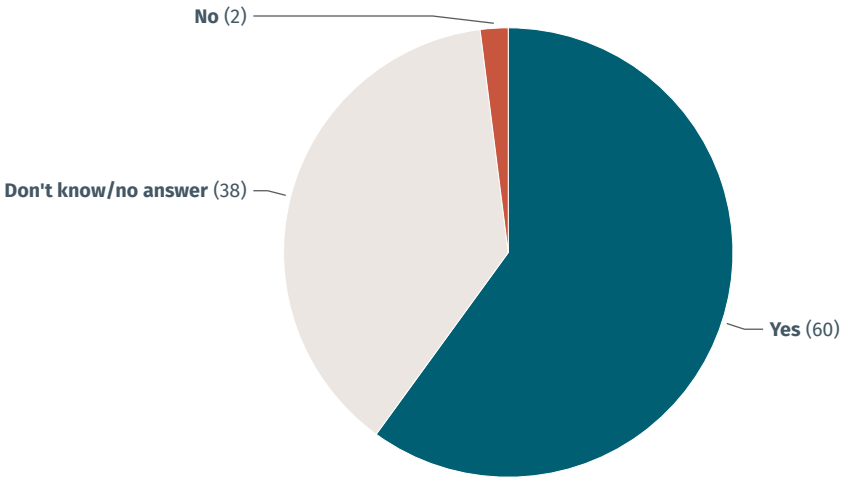
no such network exists. Italian-speaking respondents who are familiar with the term are most likely to be aware of their cantonal first responder network (German-speaking Switzerland: 58%, French-speaking Switzerland: 65%, Italian-speaking Switzerland: 85%).

Graphic 9

First responder network in the canton

Is there a first responder network in your canton?

as % of the population aged between 18 and 74 who know what a first responder is



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Overall, this suggests a gap between basic awareness and specific knowledge about existing structures. While the term is well established, there is still a need for guidance, especially when it comes to contextualisation at the regional level.

3 Emergencies in the water

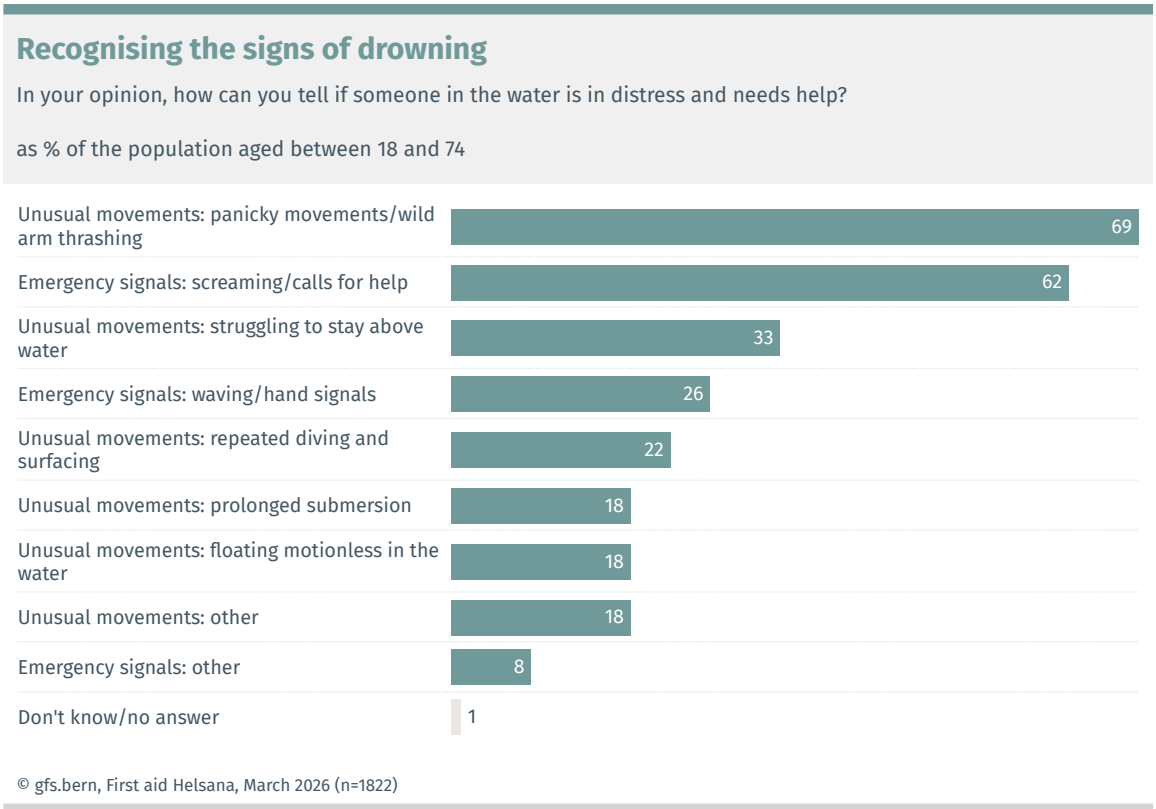
Emergencies in the water form a specific sub-area of first aid with pronounced seasonal relevance. Overall, knowledge about emergencies in and around the water is strongly focused on clearly identifiable emergencies. But in reality, many people drown quietly and without attracting much attention.

In an open-ended question, respondents were asked to identify signs of drowning. Their open-ended responses were systematically evaluated using a coding system.

When asked spontaneously and without prompting, most residents associate a person is in distress in the water with conspicuous, loud signs. More than 60% of respondents mentioned panicky movements or wild thrashing as well as screaming and calling for help.

They were much less likely to mention less obvious or more subtle signs, such as floating motionless in the water, lack of response or prolonged submersion.

Graphic 10



This pattern is also confirmed when it comes to prompted, specific identification of signs of drowning.

Respondents readily identified obvious and dynamic situations, but there was much less awareness for less dramatic yet equally critical conditions.

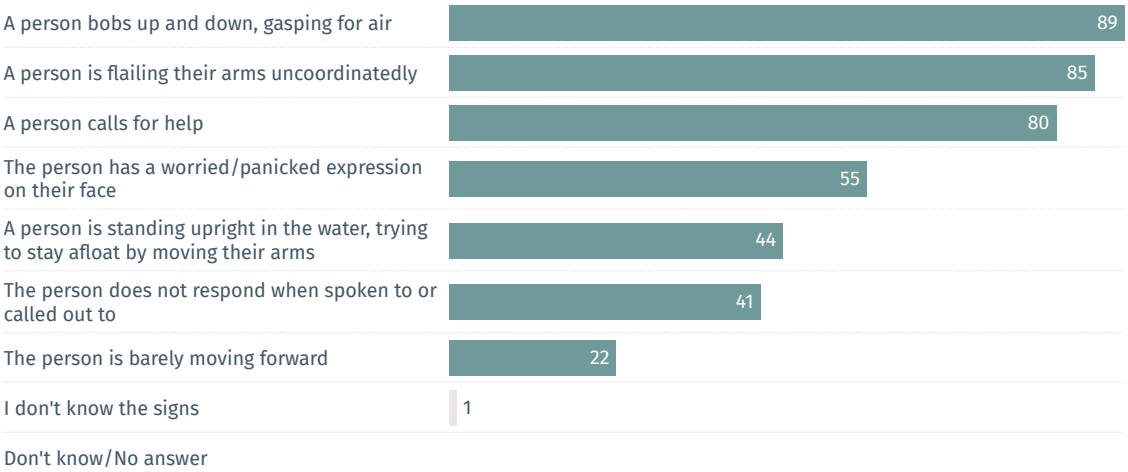
Graphic 11

Signs of drowning

Which of the following signs indicate that a person in the water is drowning?

Multiple answers are possible

as % of the population aged between 18 and 74



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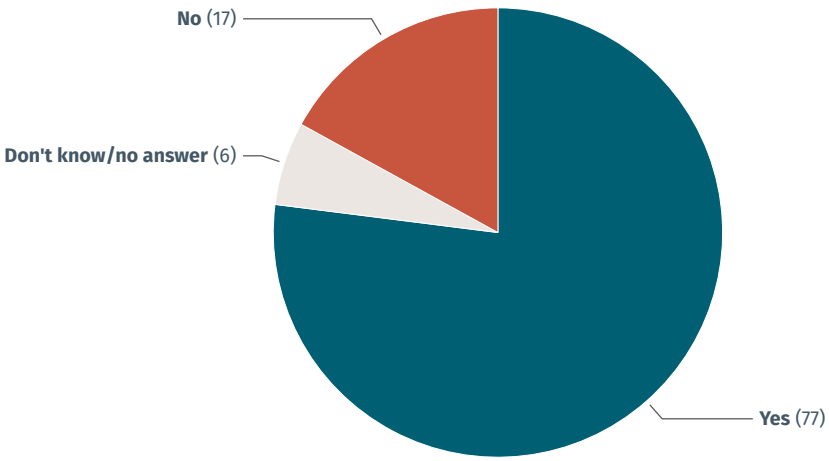
A large majority – 77% – are aware in theory of the principle of first choosing the solution that poses the least risk to themselves in water rescues.

Graphic 12

Knowledge of the principle of least risk

Are you familiar with the principle that, when performing a water rescue, you should first choose the option that poses the least risk to yourself?

as % of the population aged between 18 and 74



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However, the specific intended behaviour in a hypothetical emergency in the water shows that this knowledge is not consistently put into practice in all cases. Priority is given to calling the emergency services, with 36% stating this would be their first action. Indirect safety-oriented actions also play an important role. Respondents stated that they would ask others for help (19%) or try to throw an object such as a buoy or lifebelt to the person in distress (18%). Another 10% would call out for help. These approaches are essentially based on the principle of providing help without putting yourself in unnecessary danger.

At the same time, 10% of the population would intervene directly by swimming out to the person themselves. Swimming out to the person in distress carries an increased personal risk and conflicts with the principle that, in water rescues, it is important to choose the least risky option first.

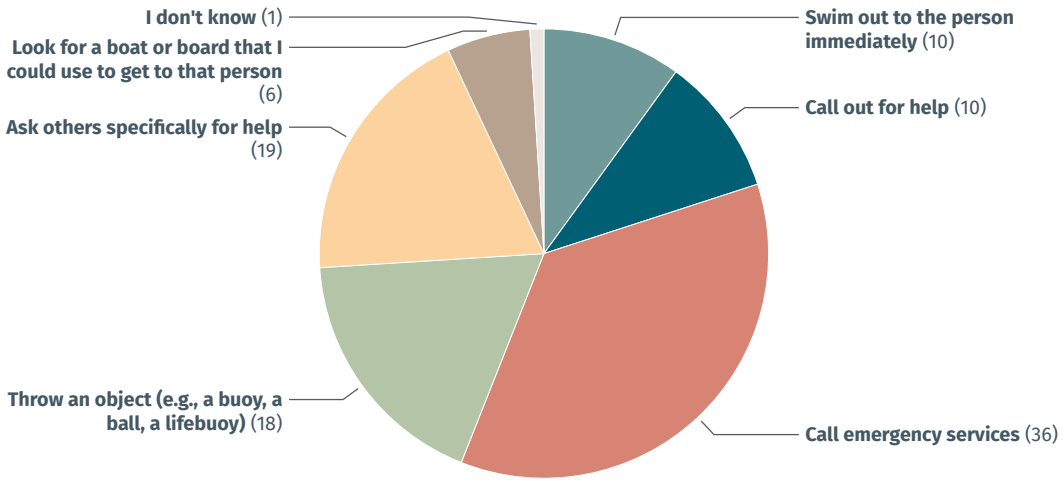
It is also noteworthy that a small proportion of respondents (6%) would assess the situation contextually and first look for suitable aids, such as a boat, or other objects like buoys or lifebelts (18%).

Graphic 13

Practical skill in a water emergency

Imagine this: you're at an unsupervised lake. About 30 metres from the shore, you spot someone who appears to be in distress. What do you imagine you would do first?

as % of the population aged between 18 and 74



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The public recognises key danger signs in the water and demonstrates a fundamentally strong willingness to take action. At the same time, there are gaps when it comes to awareness of less obvious signs and the implementation of safe strategies, especially with regard to personal safety.

4 Knowledge, recognition and skills

There is more to first aid than just factual knowledge. It is not just whether people know what to do that counts, but whether they are able to apply this knowledge when it matters. Emergencies are typically marked by time pressure, uncertainty and emotional stress – factors that place high demands on an individual's decision-making ability and confidence in taking action. Given these facts, the idea of first aid as a practical skill becomes more important. The aim is not only to give people information, but to empower them to remain capable of acting in an emergency and to take the right steps.

4.1 State of knowledge about emergencies in general

The public's self-assessment paints a solid picture of their knowledge about first aid in general, but this level of knowledge is not consistently well established. A majority – 62% – feel well informed or very well informed. However, a significant minority of 37% consider themselves to be somewhat uninformed or very poorly informed.

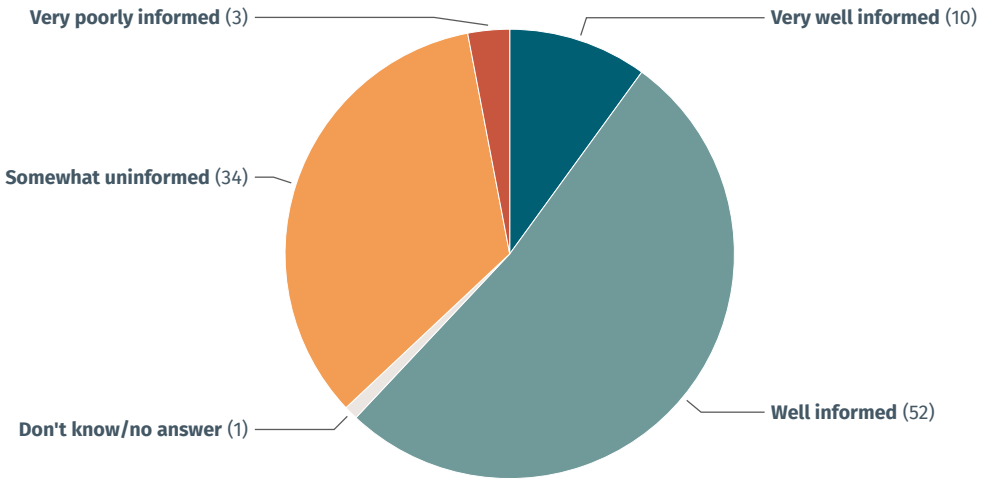
Younger people are somewhat more likely to consider themselves well informed than older people (18–39: 66%, 40–64: 60%, 65–74: 57% well informed/very well informed). In addition, the percentage of people who rate themselves as well informed or very well informed grows with increasing education (low: 48%, medium: 63%, high: 62% well informed/very well informed). Similar differences can be observed across income levels. The level of information in French-speaking Switzerland is also rated worse than in the other language regions (German-speaking Switzerland: 65%, French-speaking Switzerland: 51%, Italian-speaking Switzerland: 67% well informed/very well informed).

Graphic 14

First aid knowledge

How well-informed do you feel about first aid?

as % of the population aged between 18 and 74



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In the event of a medical emergency, most people would alert the emergency services the traditional way. The vast majority would enter the emergency number directly.

By contrast, alternative ways to call for help, such as using emergency numbers saved on smartphones, apps or asking other people for help, play a much smaller role.

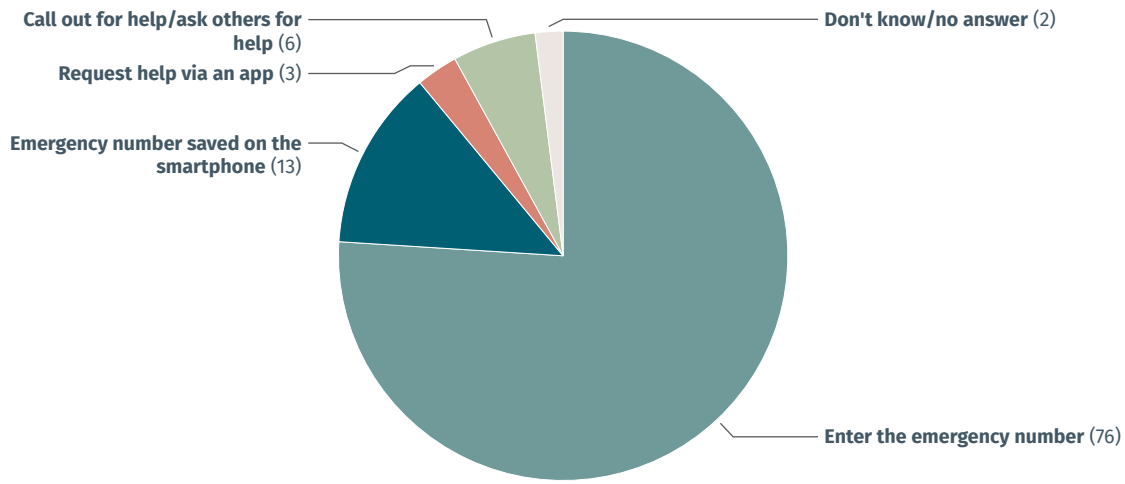
This indicates that, at least in theory, there is an established behavioural routine in the initial response.

Graphic 15

Best way to call for help

In a medical emergency, how would you most likely call for help?

as % of the population aged between 18 and 74



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The correct emergency number is also widely established: 79% cite 144 as the correct emergency number for a medical emergency. This is around 6 percentage points more than in 2020.

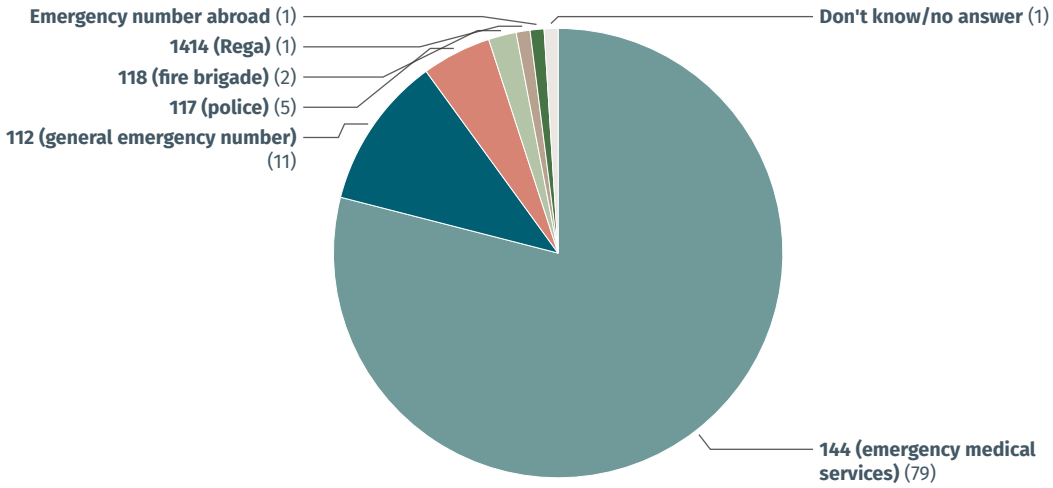
At the same time, the figures show that a significant percentage of people resort to other emergency numbers or remain uncertain.

Graphic 16

Correct emergency number

Which emergency number should you call in the event of a medical emergency?

as % of the population aged between 18 and 74 with detailed answers



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Levels of knowledge are much more heterogeneous when it comes to specific first aid protocols. While segments of the population are familiar with some concepts or have already used them, overall adoption remains limited.

The best known is the GABI protocol (which roughly translates as: response, breathing, bleeding, pulse) – 41% of the population are familiar with this protocol or have already used it, but at the same time a substantial proportion of respondents remain unaware of it.

Meanwhile, 27% of people under the age of 40 say they are familiar with the GABI protocol or have already used it. For older people (40–64 and 65–74), the figure is significantly higher, at 54% and 43% respectively. One possible explanation is that GABI has not been taught (as a subject) since the early 2000s. In addition, GABI is much better known in German-speaking Switzerland (German-speaking Switzerland: 57%, French-speaking Switzerland: 2%, Italian-speaking Switzerland: 5% used/familiar). Since it is a German acronym, this is hardly surprising.

There is much less familiarity with the other protocols. CABD (ABC) and the traffic light protocol are known to a certain degree, but they clearly lag behind GABI. Only around one in five respondents said they were aware of these protocols or had used them. In both cases, the majority of people are unfamiliar with the protocol or have only heard of it without being able to contextualise it.

Most respondents under 40 years of age know the ABC protocol, unlike older respondent groups (18–39: 45%, 40–64: 55%, 65–74: 61% not familiar). Here, too, the language region plays a role, albeit to a lesser extent (German-speaking Switzerland: 47%, French-speaking Switzerland: 65%, Italian-speaking Switzerland: 63% not familiar).

RICE and XABC are even less well-established. Only a small portion of the population is familiar with these protocols, which may be partly due to their specific field of application. While the RICE protocol is primarily used for sports and everyday injuries, XABC is an extended emergency protocol that is more commonly used in specialised contexts. Both are correspondingly less well-established in the first aid knowledge of the general population.

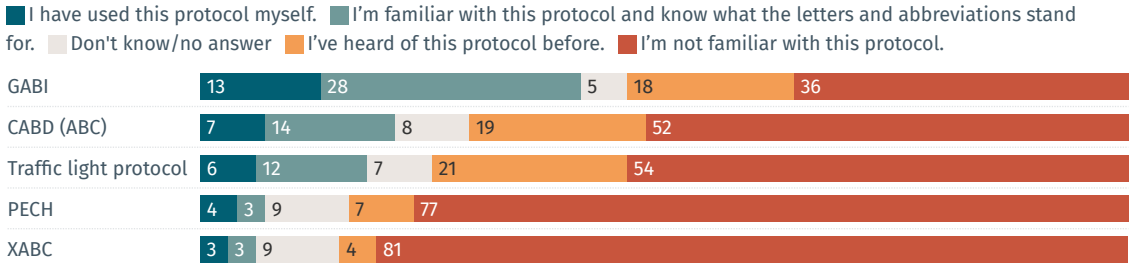
There is also a consistent pattern across all protocols. The percentage of people who have actually used a protocol remains significantly smaller than the percentage who are only familiar with it or have heard of it. This indicates that existing knowledge is only translated into a specific perceived ability to act to a limited extent.

Graphic 17

Knowledge of the protocols for emergency aid

There are various protocols for providing immediate assistance in medical emergencies. How familiar are you with the following protocols?

as % of the population aged between 18 and 74



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Overall, this underlines the fact that although standardised protocols do exist, they are not well-established in the everyday knowledge of the public, especially when compared to basic procedures such as calling the emergency services.

This reveals a gap between the initial response capability and a greater perceived confidence in taking action, which is central to the further boosting of first aid among the population.

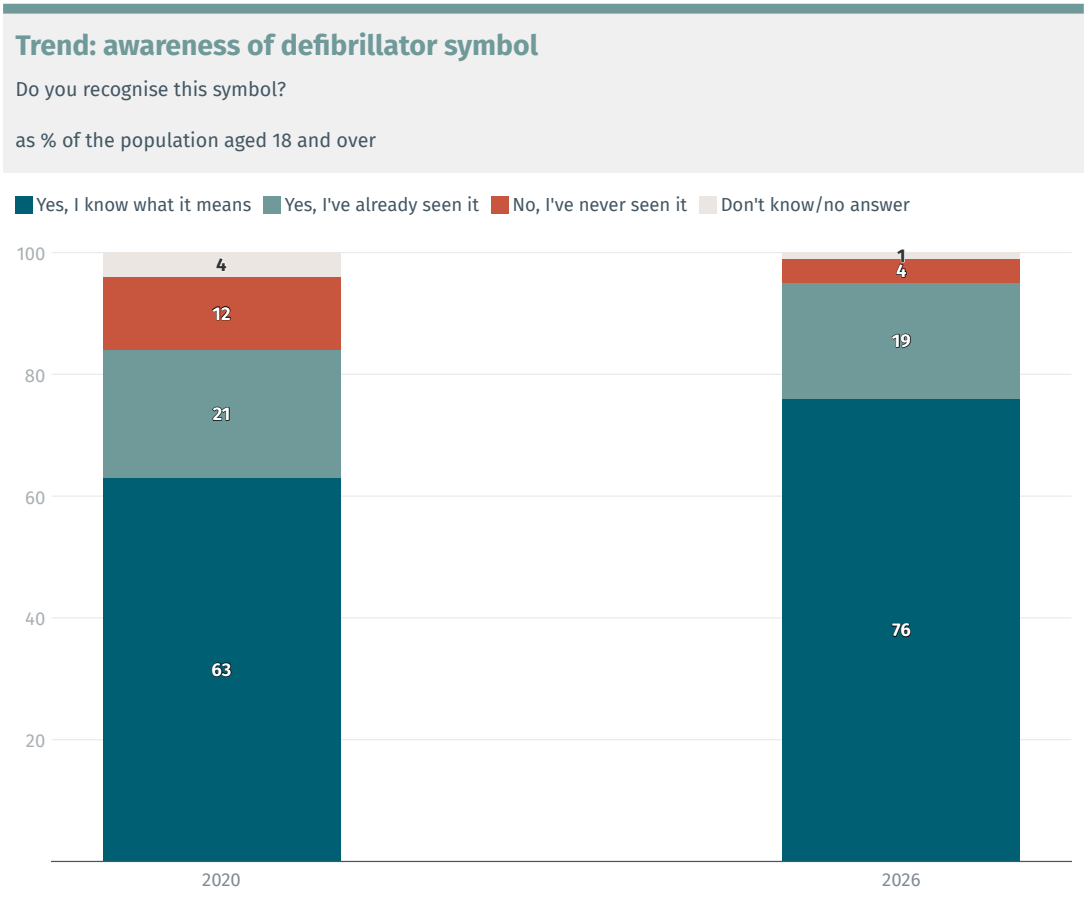
4.2 Cardiovascular emergencies

In the field of cardiovascular emergencies, the population demonstrates a high level of basic knowledge overall, sometimes combined with limited confidence in taking action. The vast majority are familiar with the international symbol for a defibrillator and most understand what it means.

Awareness and understanding of the defibrillator symbol has increased significantly since 2020. The percentage of people who know what the symbol means has increased noticeably, while at the same time the percentage who have never seen it has fallen sharply. Overall, this indicates improved awareness and a stronger knowledge base in the area of cardiovascular emergencies among the population.

Men state that they know what the symbol means slightly more frequently than women (men: 79%, women 73%). On average, younger people are more likely to be familiar with the symbol, while this knowledge decreases with age (18–39: 86%, 40–64: 72%, 65–74: 60% yes, I know what it means). Knowledge also varies across levels of education and income. As levels of education and income increase, so too the proportion of people who can correctly identify the meaning of the symbol. There are also differences between the language regions, with knowledge being somewhat more widespread in German- and Italian-speaking Switzerland than in French-speaking Switzerland (German-speaking Switzerland: 78%, French-speaking Switzerland: 69%, Italian-speaking Switzerland: 81% yes, I know what it means).

Graphic 18



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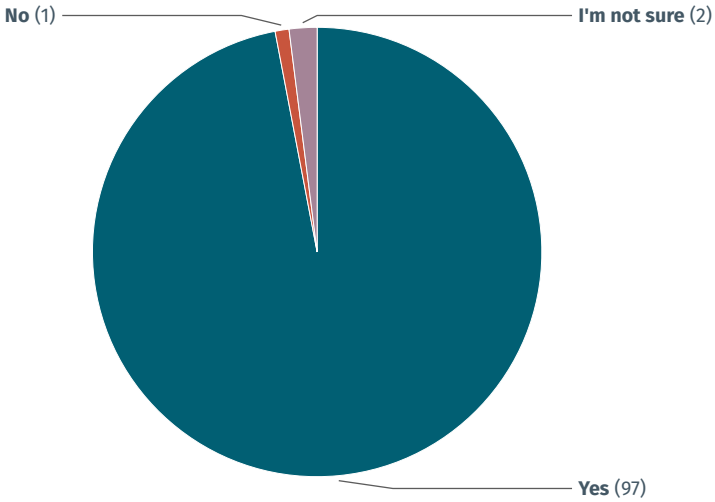
The function of a defibrillator is also broadly understood. Almost all respondents know what such a device is used for. This means that the central principles for recognising a cardiovascular emergency are widely established.

Graphic 19

Knowledge of defibrillators

This is the international symbol for a defibrillator. Do you know what a defibrillator is used for?

as % of the population aged between 18 and 74



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A more nuanced picture emerges, however, when it comes to actually using a defibrillator. Although around half of the population would feel confident using a defibrillator, one in five respondents would be more likely to seek help. A smaller group states that they would not be confident using one.

There is only moderate improvement in the trend analysis in terms of usage. The proportion of people who say they know exactly what to do has risen slightly, while the proportion of people who think they could use one has stabilised at a high level. At the same time, the percentage of people who are not confident using one has fallen slightly. Overall, however, a significant proportion of the population remains cautious and would be more inclined to seek help. While this means a slight improvement in perceived confidence in taking action, it remains significantly below the high level of recognition of the symbol.

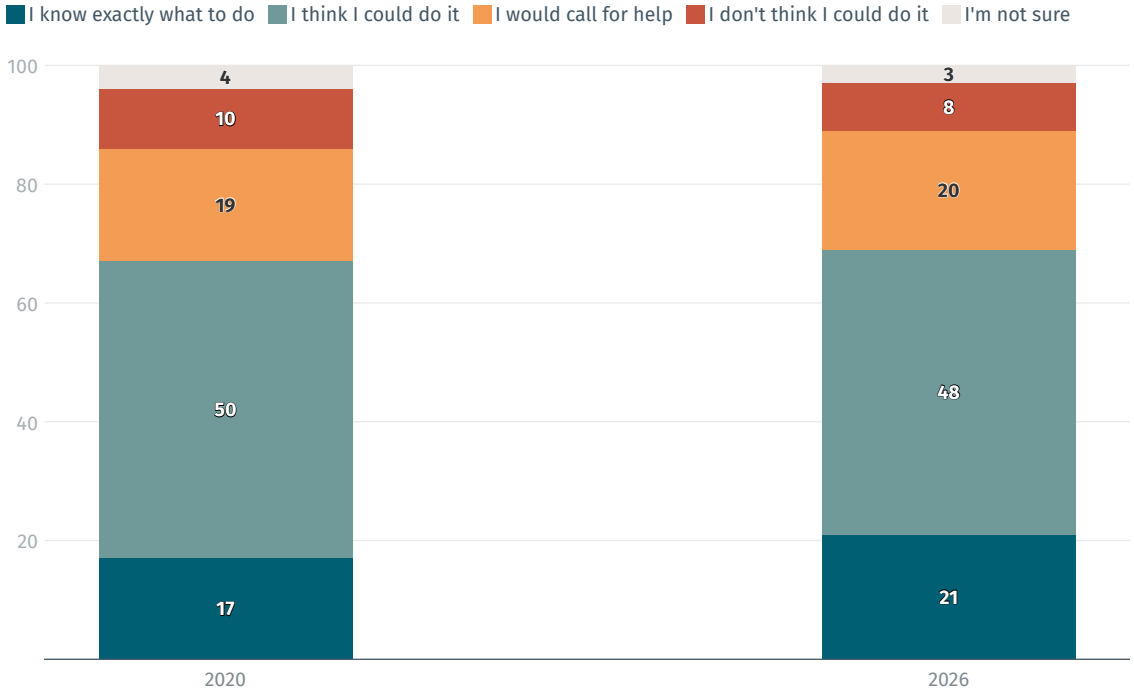
On average, younger respondents are more likely to say they know exactly what to do, while older people are more likely to say they think they could do it, or would call for help. In terms of gender, men are slightly more likely to say they know exactly what to do, while women are more likely to say they would call for help. More highly educated people and people with higher incomes also demonstrate greater confidence in taking action. In the language regions, Italian-speaking Switzerland stands out; here, the proportion of people who don't think they could use a defibrillator is much higher.

Graphic 20

Trend: use of a defibrillator

A defibrillator is a medical device that can be used to resuscitate someone who has suffered a sudden cardiac arrest. If you were to find yourself in a situation where someone near you suffered a cardiac arrest, would you feel confident using a defibrillator?

as % of the population aged 18 and over



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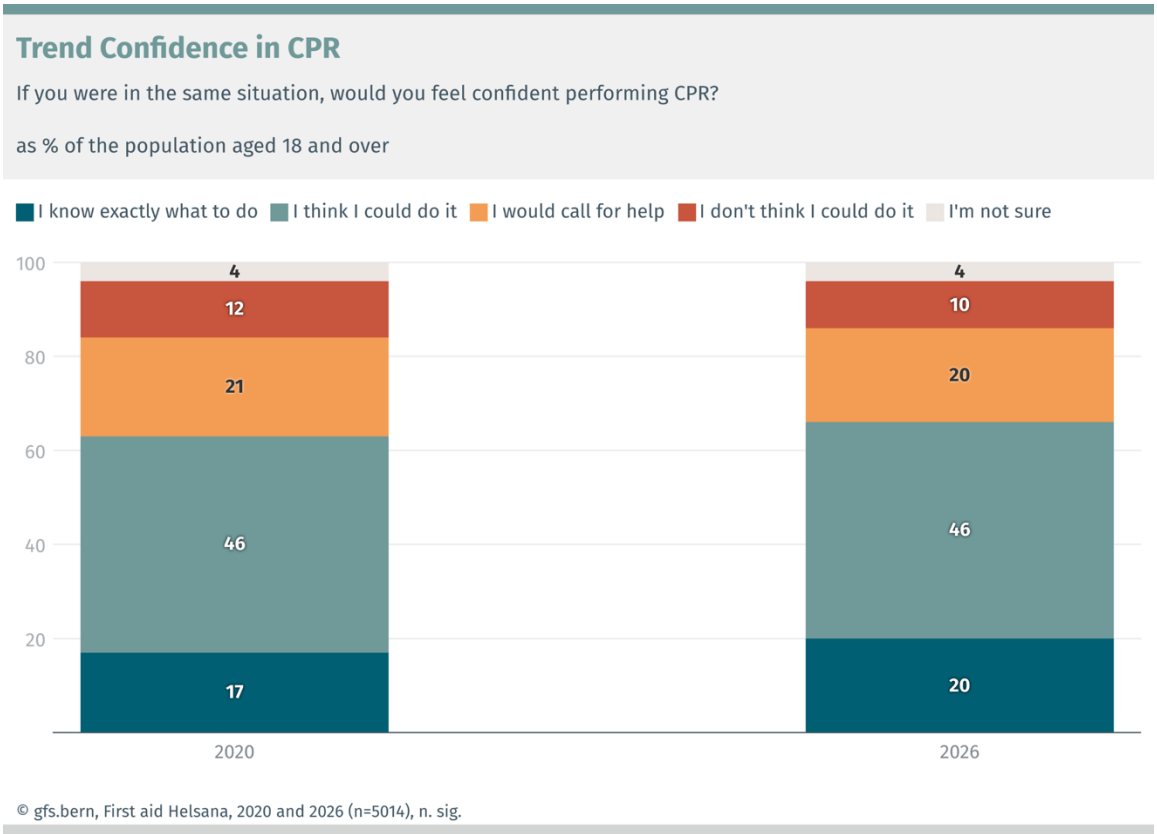
A similar pattern emerges when it comes to CPR. There is a general willingness to perform CPR, but 30% of the population do not feel confident or are reluctant to do it themselves. The proportions are similar to those regarding defibrillator use.

The trend analysis shows a slight improvement in self-reported confidence in taking action when it comes to CPR. The proportion of people who say they know exactly what to do has increased, while overall uncertainty has decreased slightly.

Graphic 21



Estimates of the survival rate following a cardiac arrest outside a hospital vary widely overall. According to the Swiss Rescue Association (IVR), the actual survival rate in Switzerland is 12.3%.

Many respondents assume a medium to high chance of survival, which indicates a clear overestimation. Half of the respondents estimate the chance of survival to be 50% or higher.

Only 12% correctly estimate the chance of survival to be 11–20%.

At 43.4%, the average estimate of the chance of survival is therefore significantly higher than the reality.

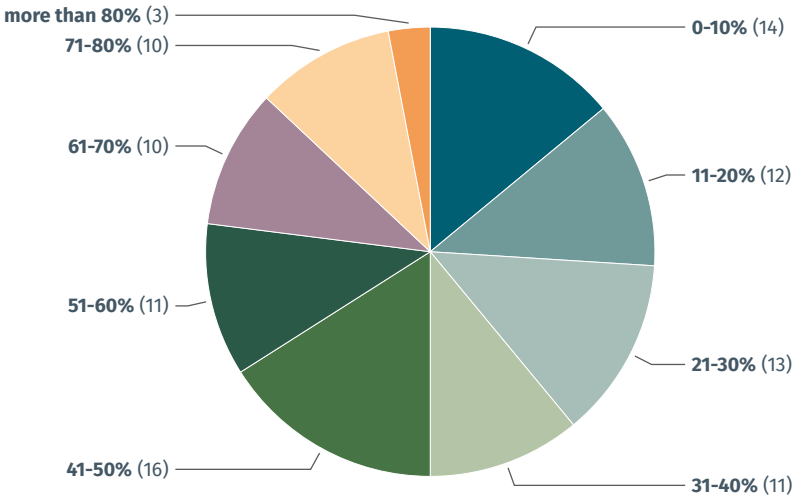
Graphic 22

Estimated survival rate for cardiac arrest

Cardiac arrest is one of the most common emergencies in Switzerland (affecting approximately 8,000 people each year). What do you estimate the survival rate to be in Switzerland following a cardiac arrest outside of a hospital?

Mean: 43.4%

as % of the population aged between 18 and 74



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The majority of people believe that the survival rate following a cardiac arrest outside a hospital in Switzerland is average or above average compared to neighbouring countries. The proportion of those who expect a below-average survival rate is 10%. According to the IVR's SWISSRECA annual report, the chance of survival in Switzerland is slightly higher than in most European countries.

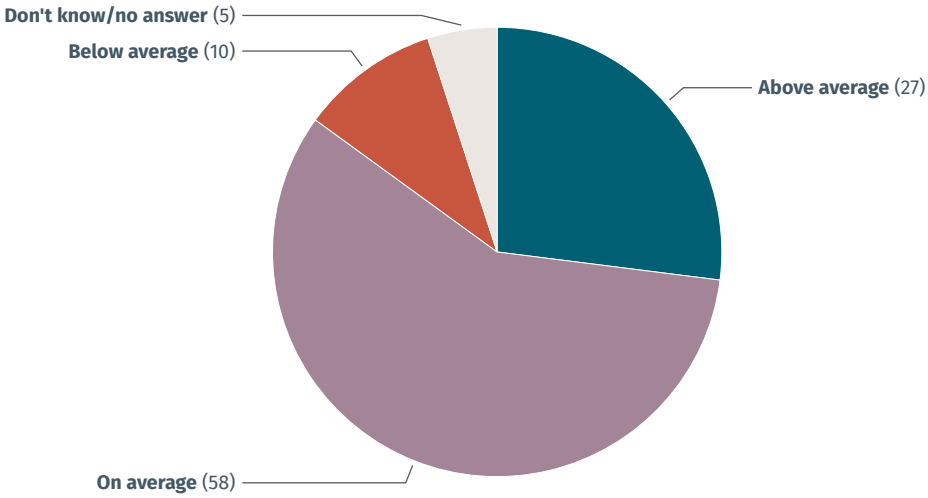
Men and younger people are more likely to estimate the chance of survival as above average, while older respondents tend to be more cautious. There is also a clear correlation when it comes to witnessing emergencies: people who have had their own experience tend to make more nuanced and in some cases more critical estimates.

Graphic 23

Estimated survival rate for cardiac arrest compared with neighbouring countries

What do you think the survival rate is for out-of-hospital cardiac arrest in Switzerland compared to neighbouring countries?

as % of the population aged between 18 and 74



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Basic knowledge of key elements such as the defibrillator is high. At the same time, there is a gap between knowledge and practical implementation, especially when it comes to respondents' confidence in taking action in an emergency. In addition, there are widespread misconceptions regarding assessment of the chances of success, which may be relevant when it comes to expectations and decision-making behaviour in an emergency.

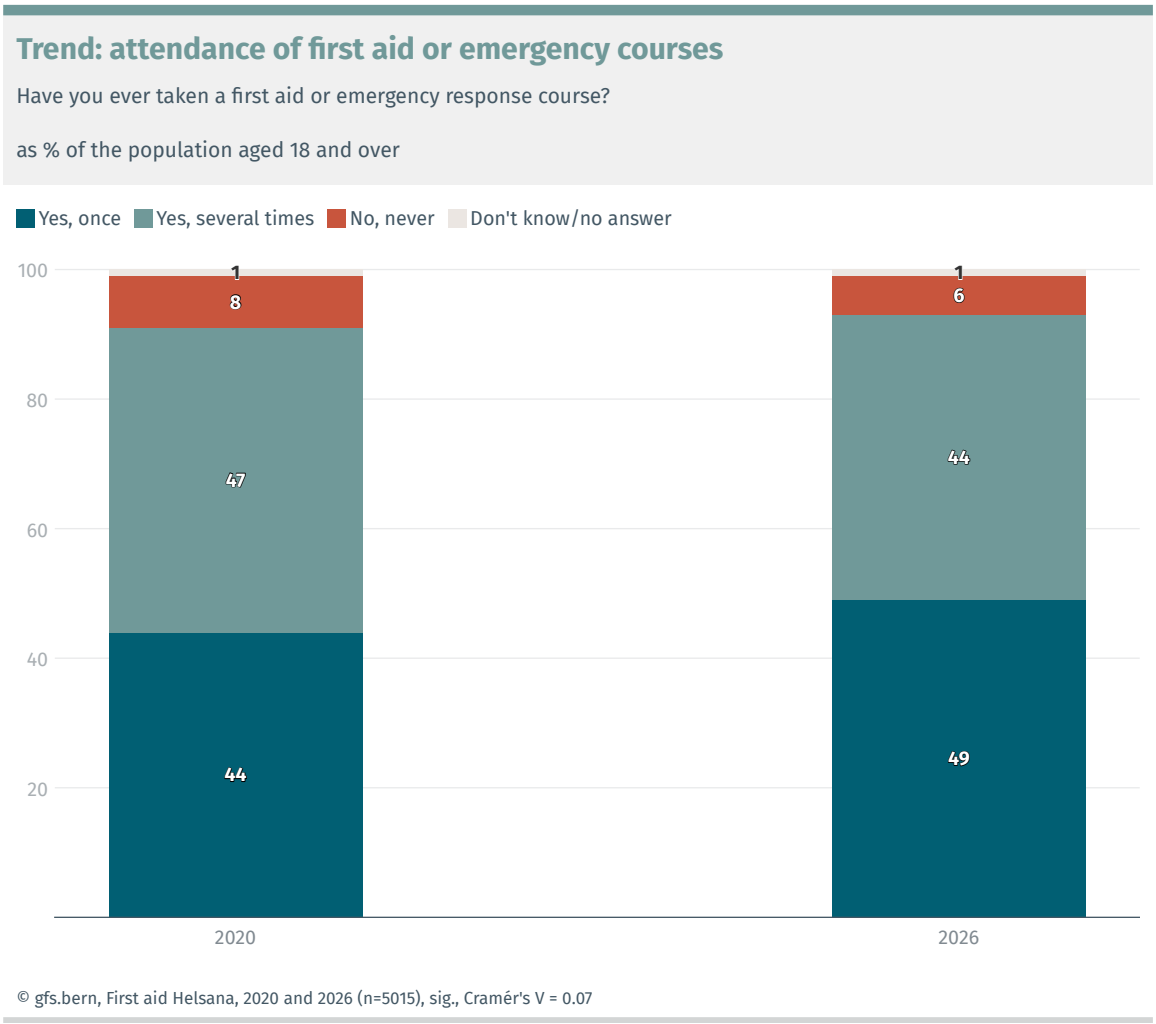
4.3 Overview of first aid courses

Participation in first aid or emergency response courses is widespread among the population: 49% have attended such a course at least once, and a further 44% have attended multiple times. Only a small percentage say they have never taken a course. This means that first aid courses are generally broadly established.

The trend analysis reveals steady to slightly positive development in participation in first aid courses. The proportion of people who have attended a course at least once increased slightly, while the proportion of those without any course experience continued to decline.

However, the picture shifts slightly among participants: more people say they have attended a course once, while the proportion of people who have attended multiple courses is decreasing slightly. Overall, participation rates remain high, with a slight trend towards broader but less frequent participation.

Graphic 24



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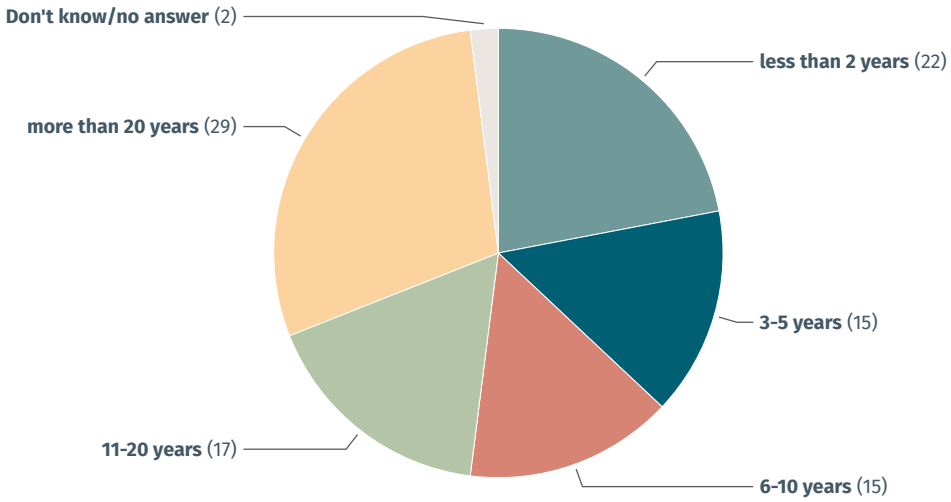
At the same time, the figures show that these experiences often date back quite some time. A significant proportion of course participants attended their last course many years ago, in some cases more than a decade ago. Current or regular refresher courses are less common. Existing knowledge is rarely updated systematically.

Graphic 25

Time of course attendance

How long has it been since you last took a first aid or emergency response course? If you don't remember the exact date, please feel free to give an approximate estimate.

as % of the population aged between 18 and 74 who have attended a first aid course



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When it comes to the specific topic of drowning incidents, relevant training is much less widespread. Around three quarters of the population have never attended a course covering how to respond in the event of a drowning incident. Only a comparatively small percentage (22%) have had training for this at least once.

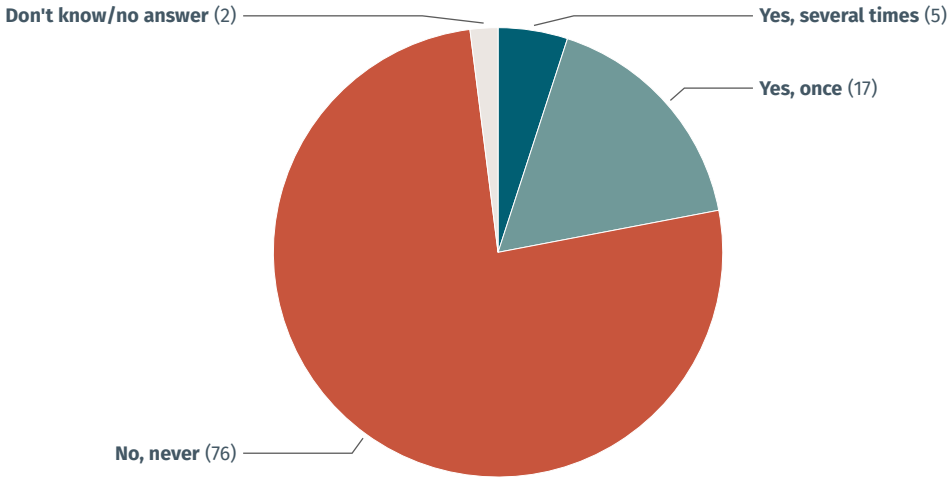
This suggests that knowledge about emergencies in the water is not developed as systematically among the population and depends more heavily on individual experience or isolated training courses.

Graphic 26

Attendance of drowning incident response courses

Have you ever taken a course that covered how to respond to drowning incidents?

as % of the population aged between 18 and 74



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The reasons for attending a course are strongly influenced by external requirements. Respondents most frequently attended courses in connection with a driver's licence exam. Education and career requirements also play a role.

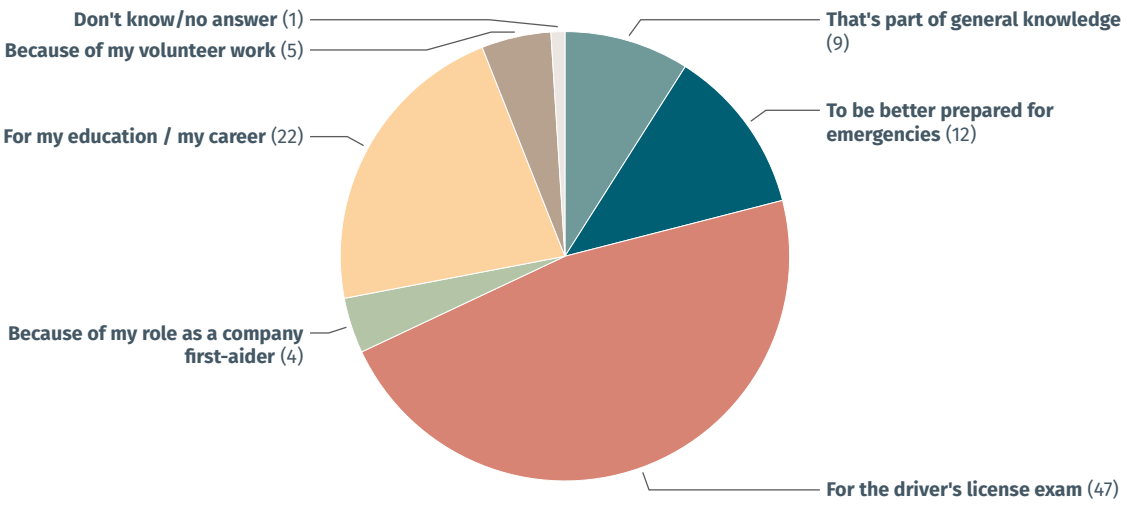
While there are personal motivations, such as the need to be better prepared for emergencies, these are less relevant.

Graphic 27

Reasons for attending the course

What was your main reason for taking the first aid or emergency response course?

as % of the population aged between 18 and 74 who have attended a first aid course



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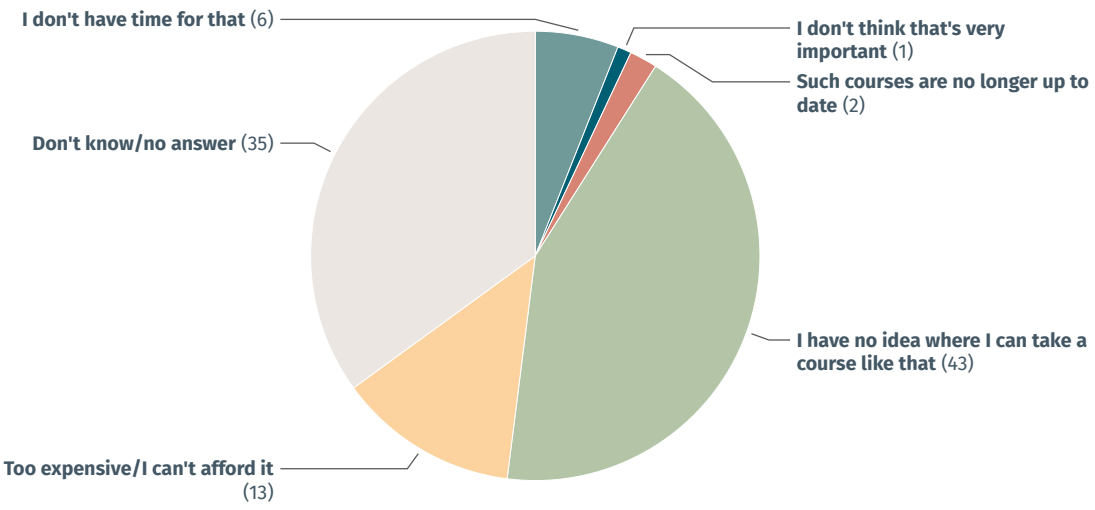
For people who have not yet attended a course, the main issues are a lack of information and structural barriers. Many do not know where to find such courses or cite cost and time aspects as barriers. On the other hand, very few respondents believe the courses are unimportant.

Graphic 28

Reasons against attending the course

Why haven't you ever taken a first aid or emergency response course?

as % of the population aged between 18 and 74who have not yet attended a first-aid course



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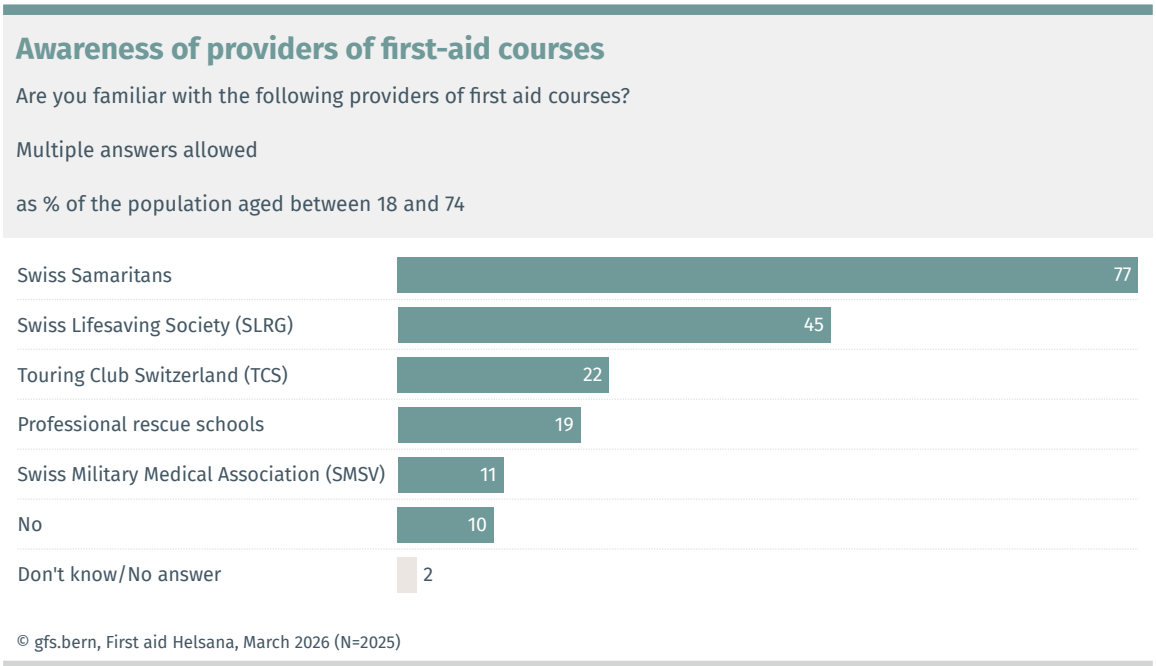
This shows that first aid courses are well established and reach a large portion of the population. At the same time, there are gaps in currency of knowledge is, in specific topics and in the accessibility of courses. These factors are crucial when it comes to securing and systematically expanding the capacity to act in the long term.

Awareness of providers of first aid courses varies among the population. Some organisations are clearly established, while others are much less present.

The best known is the Swiss Samaritans, which is cited by a large majority as a provider of first aid courses. Second, by a considerable margin, is the Swiss Lifesaving Society (SLRG), while other providers such as the Touring Club Switzerland and professional rescue schools are known as course providers to just a small portion of the population.

Graphic 29



The same applies when it comes to associating organisations with first aid. Established and widely visible institutions such as the Swiss Air Ambulance (Rega), the Swiss Samaritans and the SLRG are particularly closely associated with first aid. Most respondents also associate hospitals and the Swiss Red Cross with first aid. The perception is therefore strongly concentrated on a few, well-established players.

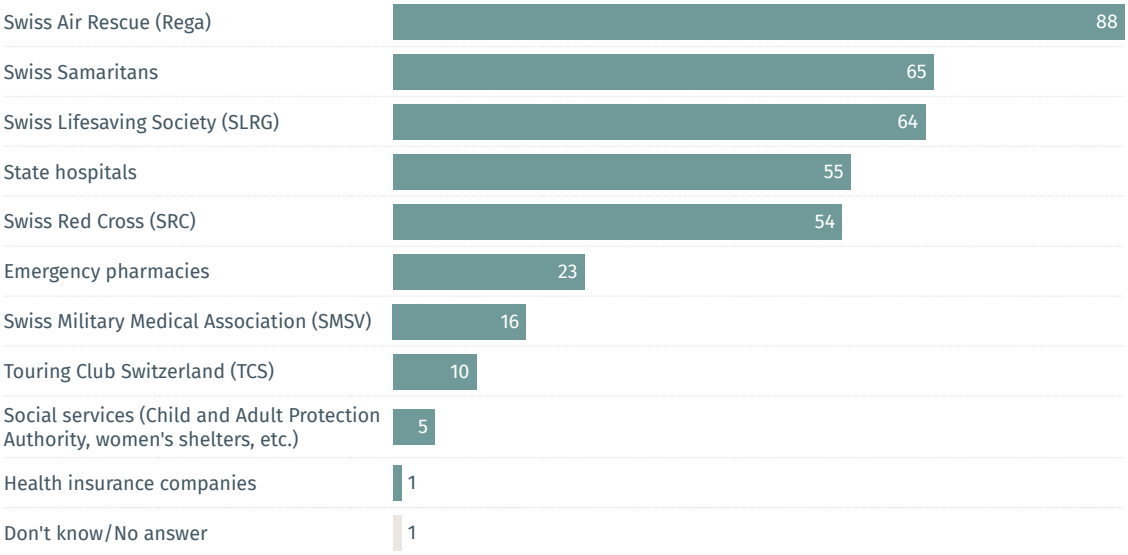
Graphic 30

Organisations related to first aid

Which of the following organizations do you most associate with first aid?

Multiple answers allowed

as % of the population aged between 18 and 74



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5 Self-assessment in emergencies

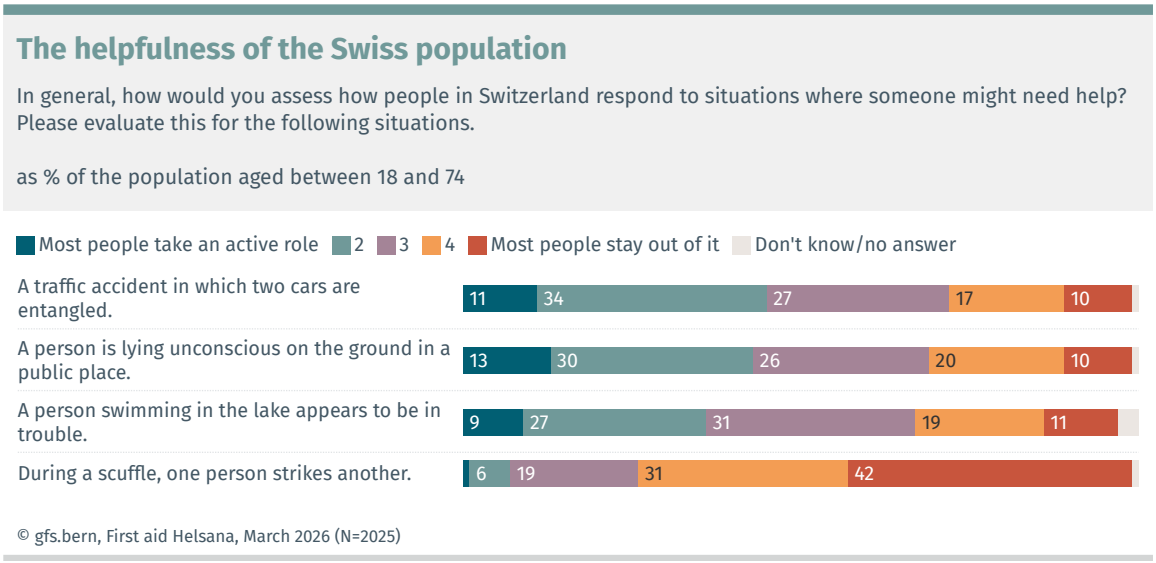
5.1 Willingness to help

Evaluation of the public's willingness to help shows that it depends heavily on the specific situation. In clear medical emergencies – such as a person who is unconscious or a traffic accident – the Swiss population is generally regarded as willing to help. At the same time, a significant proportion of respondents expect intervention to be more hesitant or dependent on the situation.

People are viewed as being more cautious in situations that are less clearly structured or potentially riskier. When it comes to emergencies in the water, the population's willingness to help is perceived as less clear-cut and generally more cautious.

This expected reluctance is particularly evident in conflict situations, such as physical fights, where most respondents assume that people will tend to keep their distance.

Graphic 31



In comparison, respondents rate themselves as significantly more willing to help. In most of the situations surveyed, a clear majority state that they would actively intervene, especially in the event of a medical emergency such as an unconscious person or a traffic accident. Even in the case of a person in trouble in the water, there is a self-reported willingness to help, although less pronounced. In conflict situations, however, respondents remain reluctant.

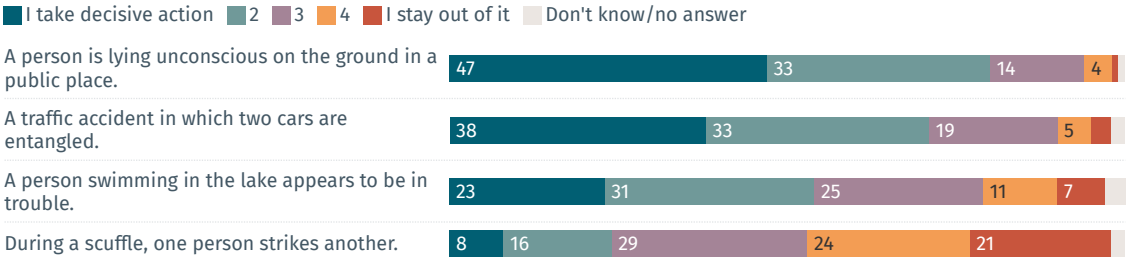
This pattern suggests a discrepancy between respondents' perception of the general public and their self-assessment. While people tend to judge the behaviour of others as being more nuanced and sometimes more reserved, many see themselves as willing to take action.

Graphic 32

One's own willingness to help

You have now assessed the behaviour of the Swiss population as a whole. How do you think you yourself would handle the situations described above?

as % of the population aged between 18 and 74



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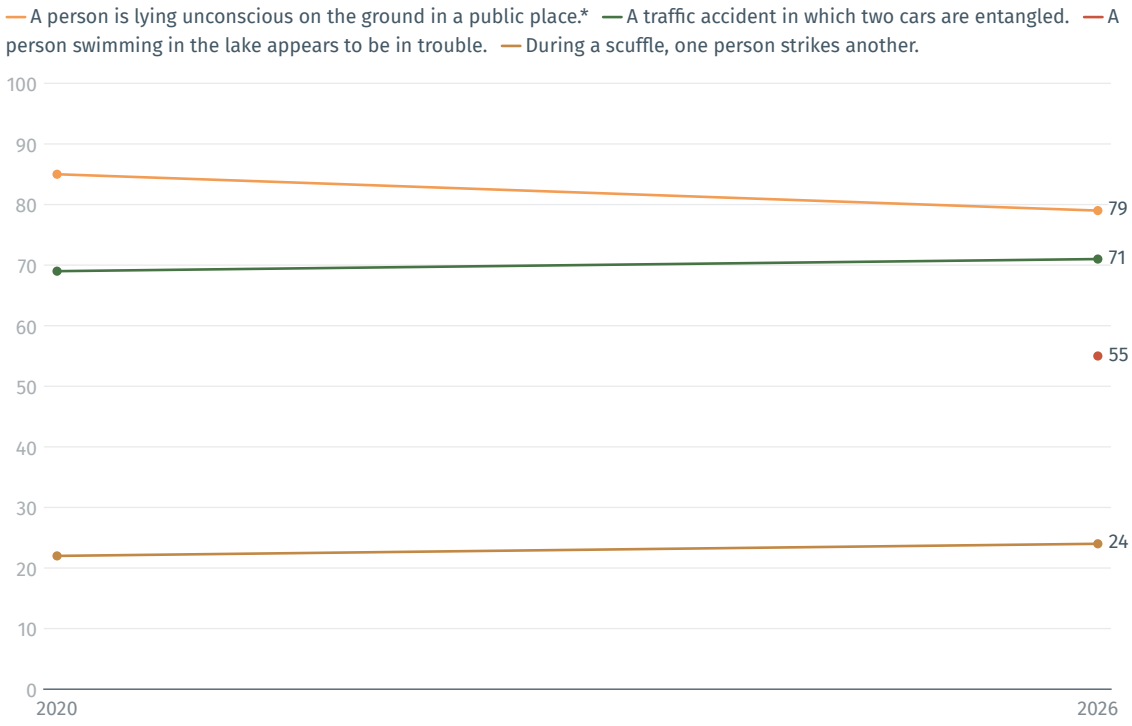
In the trend analysis, the self-reported willingness to help an unconscious person declines slightly. At the same time, the willingness to intervene in other situations remains stable or even increases slightly.

Graphic 33

Trend: one's own willingness to help

You have now assessed the behavior of the Swiss population as a whole. How do you think you yourself would handle the situations described above?

as % of the population aged 18 and over, Percentage of values 1 'I take decisive action' and 2



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As before, the reasons for keeping a distance in the event of an accident stem less from a lack of willingness than from uncertainties and situational barriers. Lack of experience (38%) and the fear of doing something wrong (32%) are cited most often. Fear of putting oneself at risk (21%) or not being physically capable of helping (19%) are also relevant.

The trend analysis shows a decrease in reasons such as the assumption that others are more competent or sufficient help is already available. An aversion to being a "rubber-neck" is also mentioned less frequently. However, such declines are likely to be due, at least in part, to the new response options available in 2026.

The fear of doing something wrong remains stable at a high level, while aspects such as fear of putting oneself at risk are gaining in importance. Reasons such as the respondent being emotionally overwhelmed (11%), fear of the sight of blood (6%) and fear of legal trouble (6%) are cited less frequently. A lack of interest ("it's none of my business") is practically irrelevant at a constant 2%.

Overall, the picture is shifting slightly away from social justifications towards personal uncertainties and perceived personal limits.

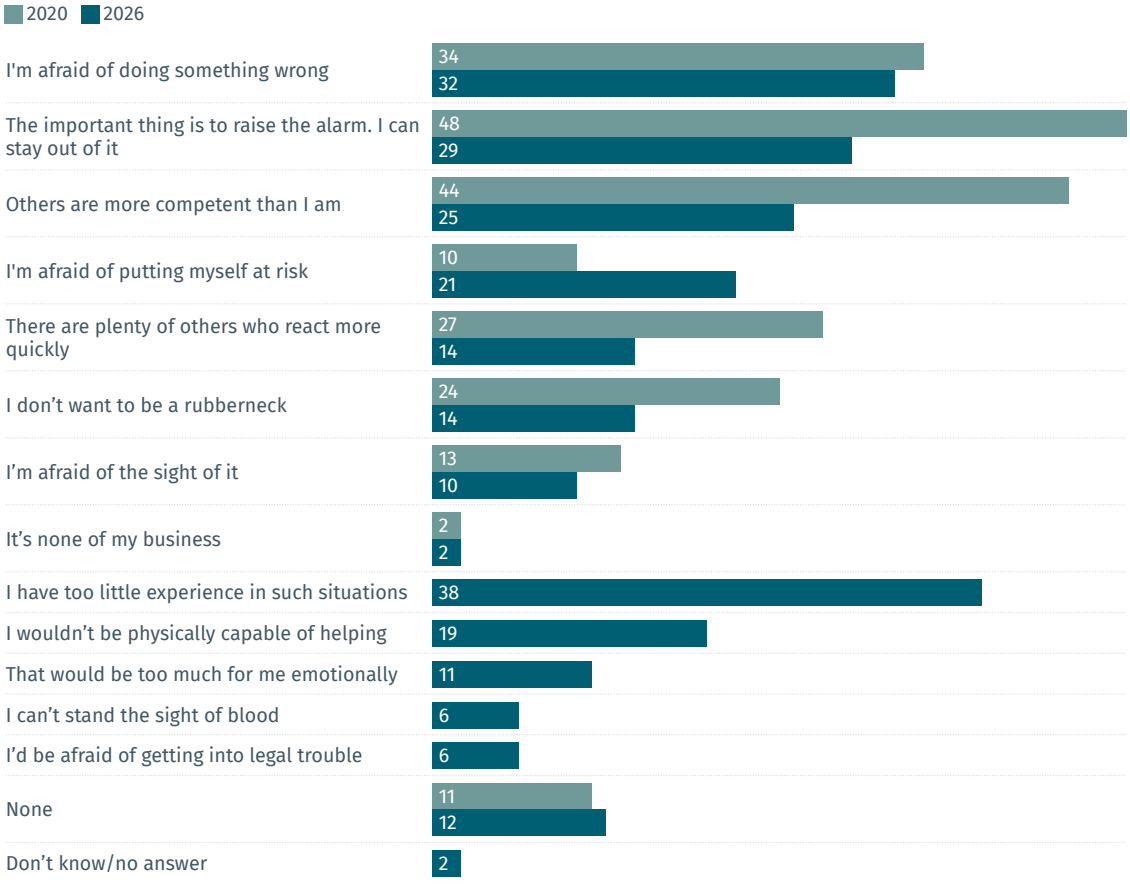
Graphic 34

Trend: reasons for staying out of the way in the event of an accident

What reasons might lead you to stay out of it when you witness the traffic accident described above?

Multiple answers allowed

as % of the population aged 18 and over



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This means there is a fundamental willingness to help, but it is countered by uncertainty, lack of experience and situational assessments. These factors are crucial in determining whether willingness to help in an emergency translates into actual action.

5.2 Self-confidence in an emergency

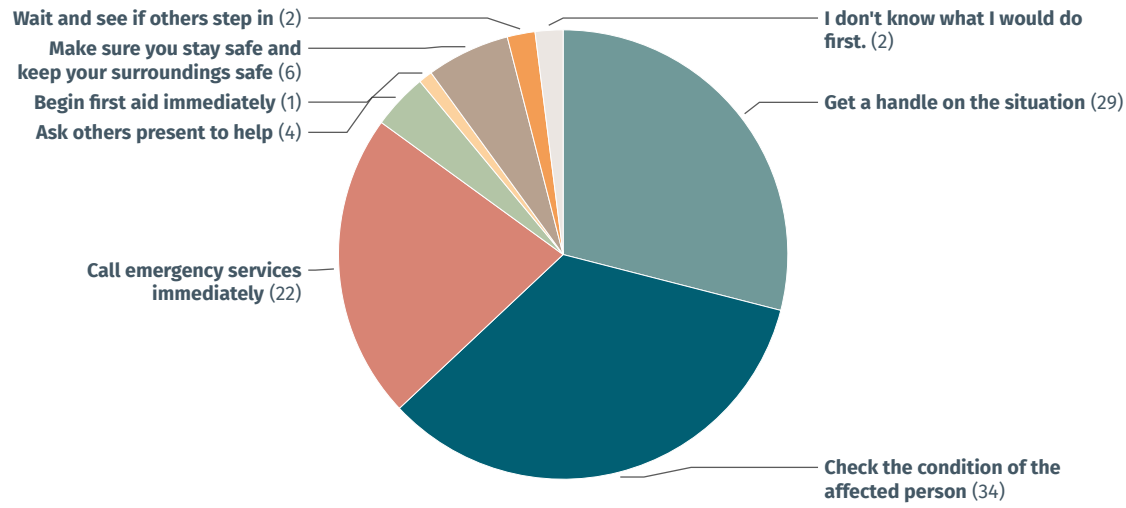
When predicting initial responses in a hypothetical emergency, a large portion of the population focuses on basic, sensible steps. They frequently mentioned checking the condition of the affected person (34%) and getting an overview the situation (29%). Calling the emergency services is also a crucial first step for many (22%). On the other hand, fewer mentioned active first aid measures unprompted as the first action.

Graphic 35

First response in an emergency

Imagine the following situation: a person suddenly collapses in a public place and is unresponsive. What would you do first? Please select the answer that best describes your first action.

as % of the population aged between 18 and 74



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In the general self-assessment, around half of the population feels somewhat to very confident in dealing with emergencies, while 44% said they feel not very confident or not at all confident. The trend analysis shows there has been a slight shift towards greater confidence. The proportion of people who feel somewhat confident is increasing, while the proportion of those who feel not at all confident is falling significantly.

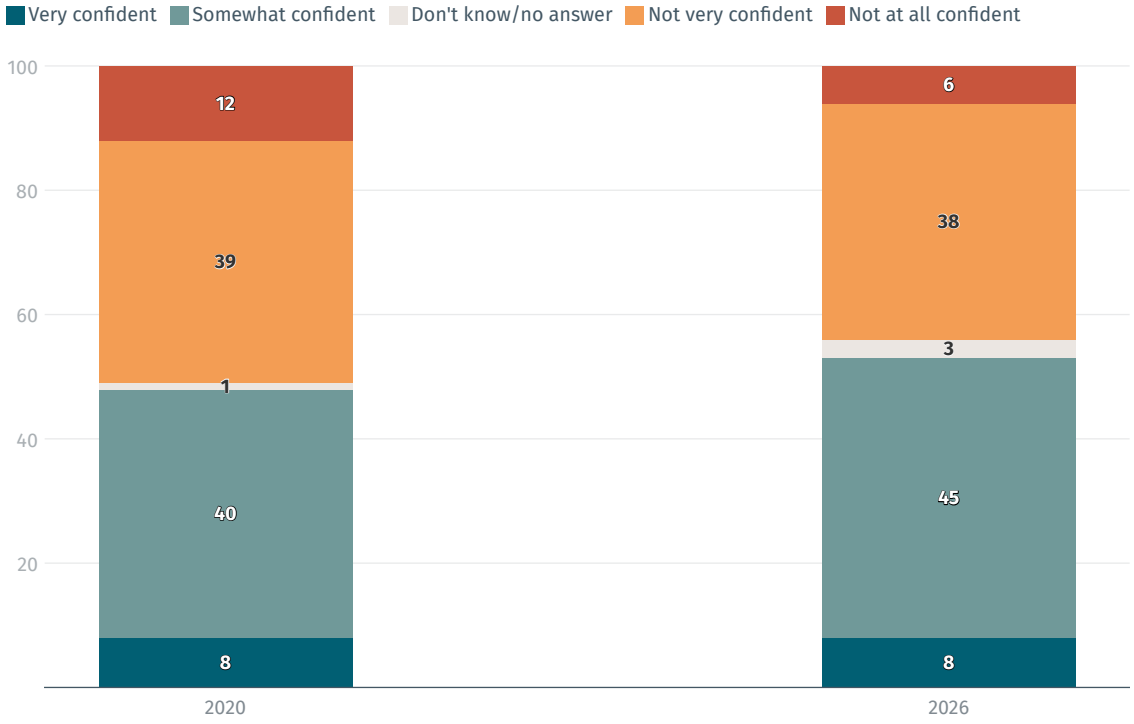
People over the age of 65 tend to feel somewhat less confident in dealing with emergencies than people under the age of 65 (18–39: 55%, 40–64: 54%, 65–74: 48%). In addition, as the level of education rises, the perceived confidence in taking action increases slightly (low level of education: 44%, medium level of education: 54%, high level of education: 55%).

Graphic 36

Trend: confidence in first aid

Imagine you happen to come across someone who needs immediate medical assistance: how confident do you feel about your ability to help them in that moment?

as % of the population aged 18 and over



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A look at specific emergencies reveals significant differences in confidence in taking action. In comparatively clear-cut and more common situations, such as cuts or fever, the majority feels confident. However, this confidence decreases with increasing complexity or potential threat to life. Uncertainty is particularly pronounced in situations such as a loss of consciousness and the onset of severe neurological symptoms.

The lowest perceived confidence in taking action is seen when it comes to a person who is clearly in distress in the water, where uncertainty clearly predominates. This underlines the unique demands of such situations, particularly with regard to risk assessment and personal safety.

In the specific emergencies, the figures show clear differences in the perceived confidence in taking action. In certain situations – such as a wasp sting, a high fever or headaches accompanied by severe speech or vision problems – women tend to feel more confident than men. Men, on the other hand, tend to rate their confidence in taking action more highly where a person is clearly in distress in the water.

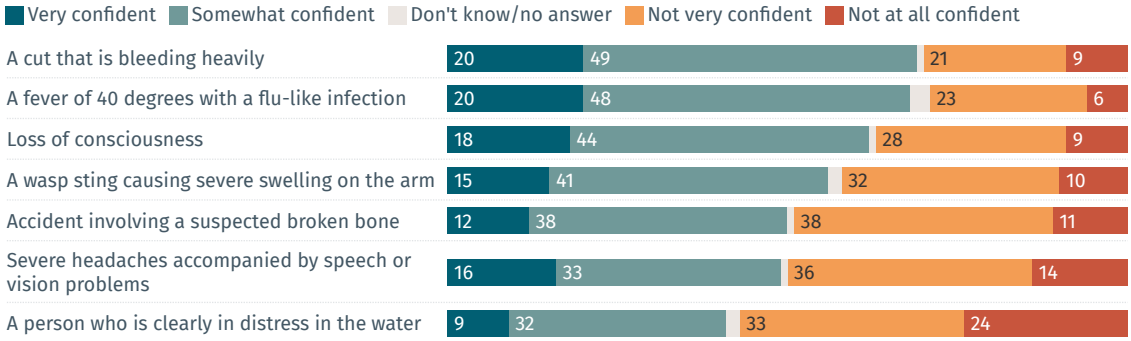
Differences are also apparent across different age groups. Younger people tend to feel more confident in the event of a loss of consciousness, while as age increases so too does the perceived confidence in taking action in situations such as high fever or a cut that is bleeding heavily.

Graphic 37

Confidence in taking action in emergency situations

How confident do you feel about administering first aid yourself in the following situations?

as % of the population aged between 18 and 74



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Respondents who say they are unsure whether they would know how to respond properly in a medical emergency often express a desire for clear instructions or guidance from others. Additional education and the refreshing of knowledge also play a central role. Information campaigns and supporting tools such as apps are also perceived as helpful, while a lack of interest is barely a factor.

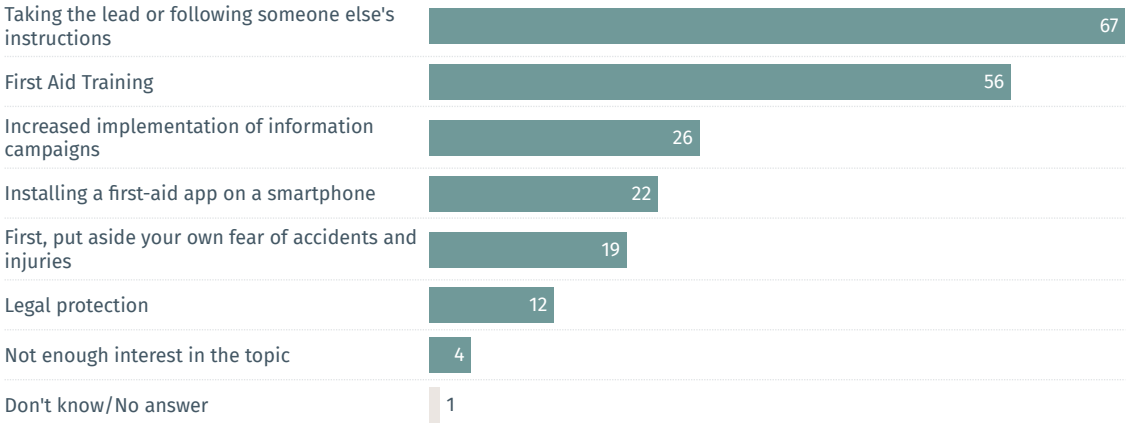
Graphic 38

Measures to boost confidence in first aid

You mentioned that you're unsure whether you would know how to respond properly in a medical emergency. What do you think would help you feel better prepared?

Multiple answers allowed

as % of the population aged between 18 and 74 who are unsure how to react properly in an emergency



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Many people know the fundamental steps, and there is a certain amount of basic confidence. At the same time, there are significant uncertainties, especially in more complex or risky situations. Confidence in taking action is thus less a question of knowledge alone, but instead depends heavily on practice, guidance and support in the situation at hand.

6 Knowledge index

An accumulative index was created to assess the state of knowledge about key first aid measures. Different dimensions of knowledge were combined and weighted according to their relevance. Answers in the category "don't know/no answer" were treated as missing values.

Particularly fundamental skills – specifically the confident use of a defibrillator and the performance of chest compressions – were weighted with two points each. Other aspects of knowledge, including knowledge of key emergency response protocols such as ABC or RICE, recognising and understanding the defibrillator and awareness of the term "first responder", were weighted with one point each.

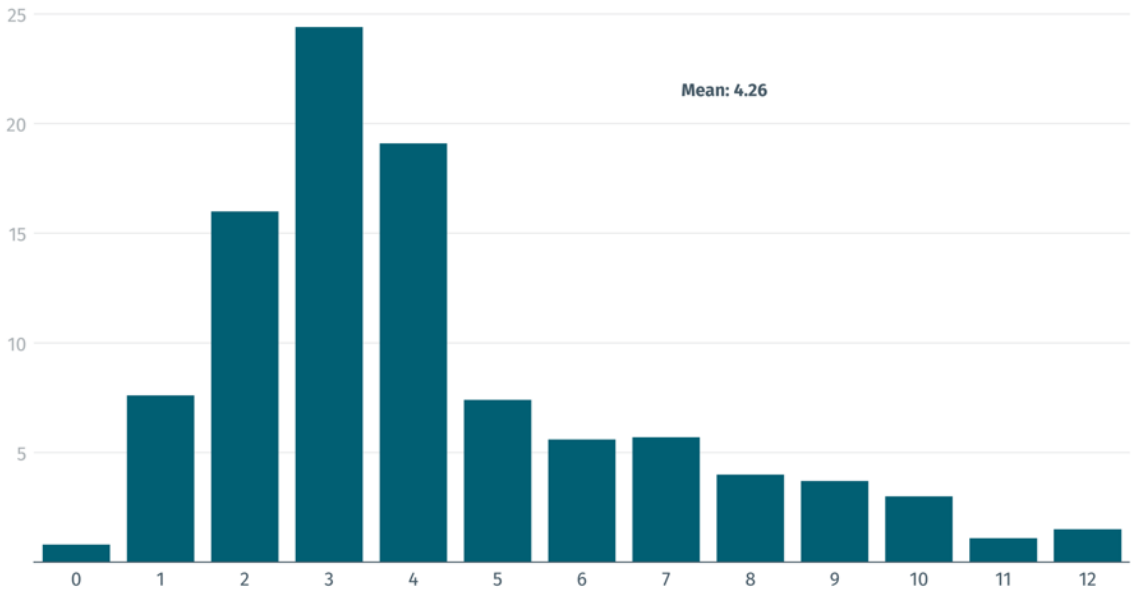
Missing information in individual components was assigned a value of 0 points in the calculation. The overall index is derived from the sum of all sub-aspects and can include values from 0 to 12 points. Higher values indicate a higher level of knowledge in the field of first aid.

The distribution of the knowledge index on first aid measures shows that a large proportion of the population ranks in the lower to middle range of first aid knowledge. The focus is clearly in the area of 2 to 4 points, with a mean of 4.26.

Graphic 39

Distribution of the Knowledge Index

The Knowledge Index comprises knowledge of the function and use of a defibrillator, as well as the ability to recognise the defibrillator symbol; knowledge of how to perform chest compressions; knowledge and understanding of various emergency response protocols; and knowledge of first responders.



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Higher index values are rare, suggesting that in-depth knowledge of first aid measures is less widespread among the population.

Higher index scores for knowledge are found among people with a higher level of education (low: 3.7, medium: 4.2, high: 4.5) and higher income, as well as generally among younger respondents (18–39: 4.7, 40–64: 4.2, 65–74: 3.2) and men (men: 4.4, women: 4.2). The biggest differences are by language region, with higher levels of knowledge in German-speaking Switzerland (German-speaking Switzerland: 4.6, French-speaking Switzerland: 3.4, Italian-speaking Switzerland: 3.8).

Overall, a picture emerges of a medium level of knowledge with a clear concentration in the lower to middle range and a limited prevalence of very high levels of knowledge.

7 Social and personal environment

7.1 Personal environment in an emergency

The assessment of the respondent's own environment in an emergency shows a high level of trust overall in the availability of support in their immediate vicinity. A clear majority of respondents believe that someone in their own household or neighbourhood could quickly intervene and call the emergency services (74%).

The responsiveness of the professional emergency services is also generally assessed positively. Around one third of respondents believe that they will arrive on the scene quickly enough to provide assistance. The estimated arrival time is predominantly less than 15 minutes (72%).

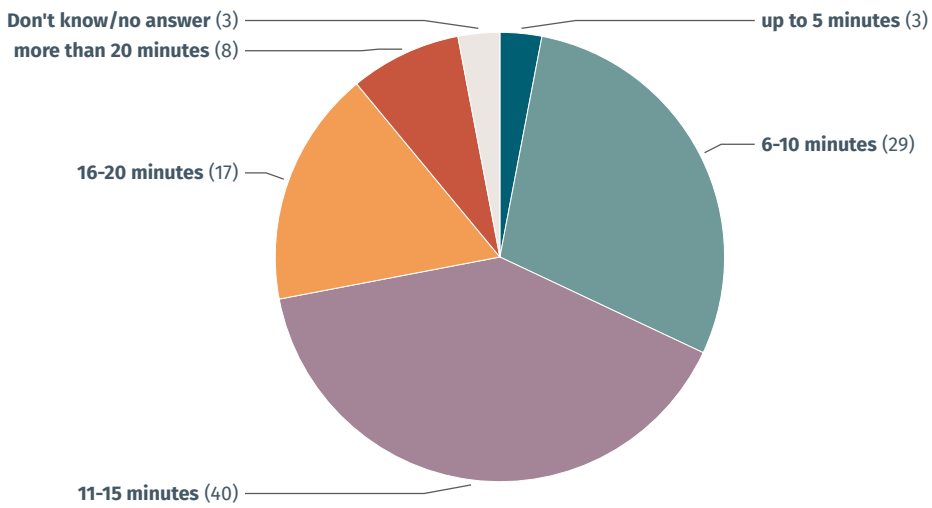
This means that the answers given by the respondents accord closely with reality. According to the SWISSRECA Report 2024, in 83% of emergencies, emergency services arrive at the scene within 15 minutes of receiving an emergency call, and in 52% of emergencies within 10 minutes.

Graphic 40

Estimated average duration of emergency services

How long do you estimate it takes on average for emergency services to arrive on the scene in Switzerland after an emergency call is made?

as % of the population aged between 18 and 74



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Yet while respondents generally have a positive assessment of perceived confidence that those in their personal environment will take action, this has declined noticeably over the last six years.

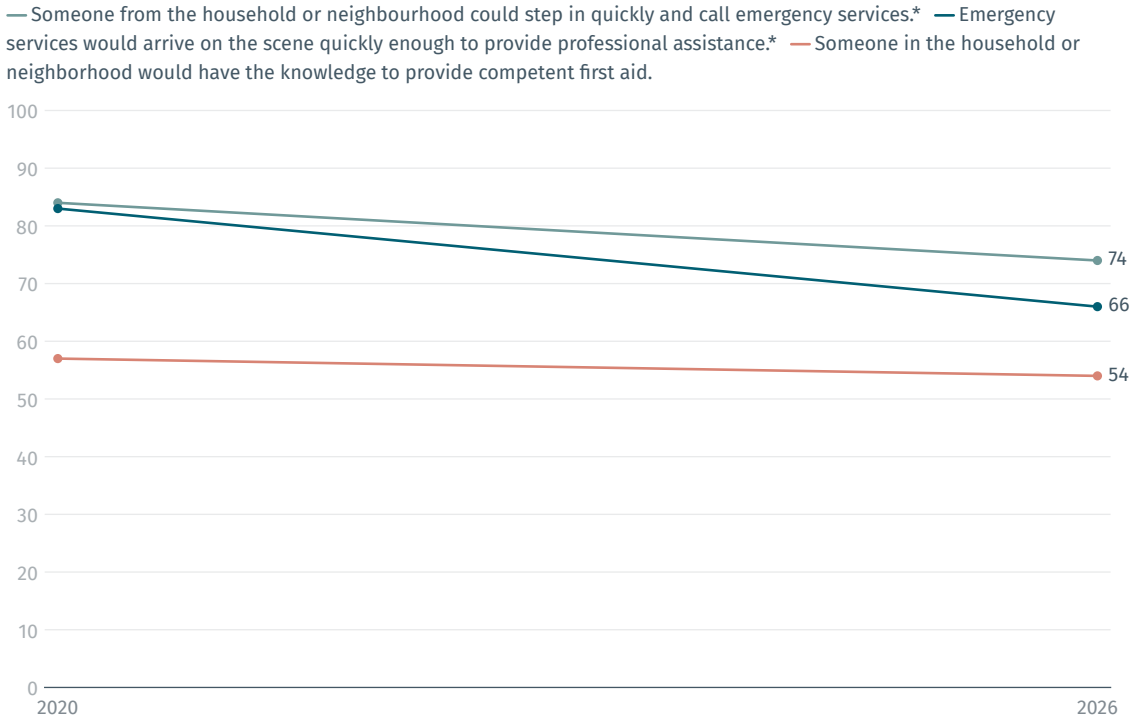
People are more cautious when it comes to specific first aid skills in their own environment; 54% of respondents assume that someone in their household or neighbourhood would have the knowledge to provide competent first aid. At the same time, a substantial proportion (around 40%) said they would not.

Graphic 41

Trend: dealing with medical emergencies at home

Imagine you were experiencing a sudden medical emergency at home (e.g., cardiac arrest). How would you handle the situation?

as % of the population aged 18 and over, Percentage of 'somewhat/yes'



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This results in a nuanced picture: the majority of people feel confident that help would be available and the emergency services would be called, while respondents' practical, perceived confidence in those in their personal environment taking action is less clear.

7.2 Digitalisation

Responses to questions regarding the role of digital tools in the context of first aid generally show that the level of use is still low, yet there is potential for growth.

Knowledge of the Red Cross's dedicated first aid app is not widespread among the population. A large majority has never heard of the app, while only a very small percentage have actually installed it, or are familiar with it without having used it.

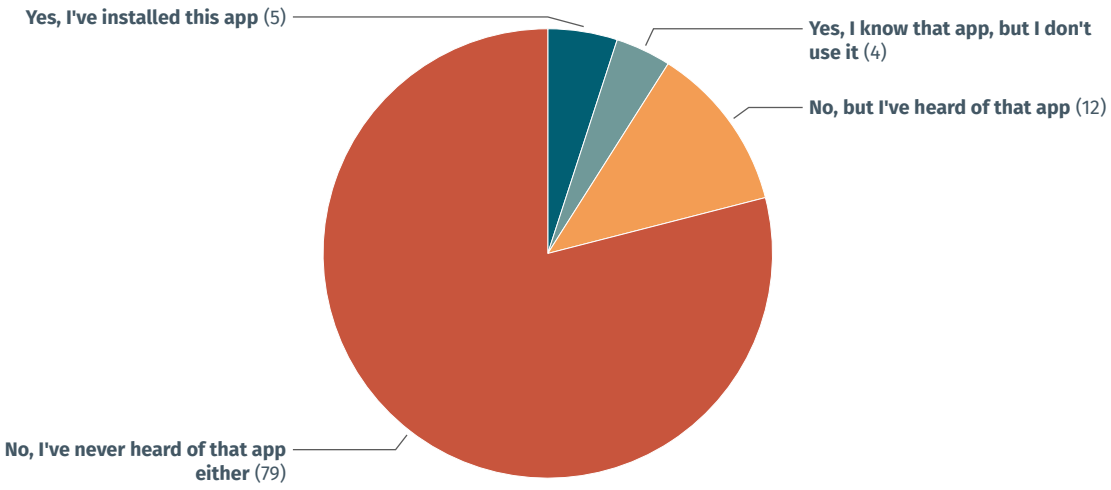
Awareness and usage are higher among younger people (18–39: 10%, 40–64: 8%, 65–74: 6% yes, I know/I've installed that app). In addition, the app is less likely to be known at all in German- and French-speaking Switzerland than in Italian-speaking Switzerland (German-speaking Switzerland: 79%, French-speaking Switzerland: 82%, Italian-speaking Switzerland: 67% no, I've never heard of that app).

Graphic 42

Familiarity with the Red Cross "First Aid" app

Have you heard of the Red Cross "First Aid" app?

as % of the population aged between 18 and 74



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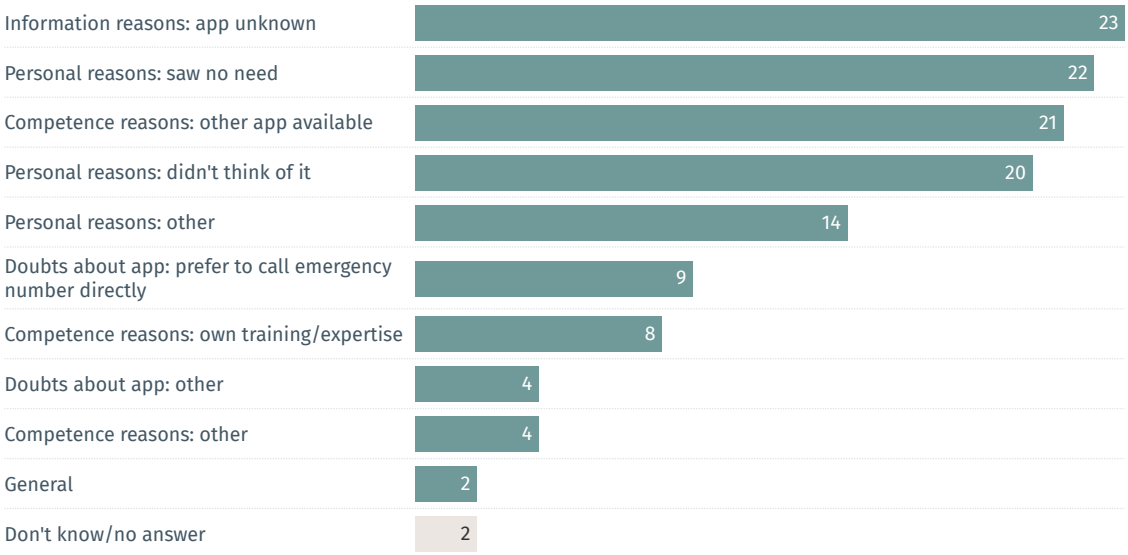
The reasons given for not installing the app are varied, but the main ones are lack of awareness (23%), a perceived lack of need (22%), existing alternatives (21%) or respondents simply not thinking of it (20%). Other personal reasons include structural aspects such as the lack of a smartphone, while elsewhere there is a general willingness to use it, as shown in the statement: "Good question – I forgot, but I'll install it right after the survey." In contrast, fundamental doubts about digital solutions or a lack of trust are less relevant.

Graphic 43

Reasons for not installing

Why haven't you downloaded the Red Cross First Aid app on your smartphone?

as % of the population aged between 18 and 74 who have already heard of the app but haven't installed it



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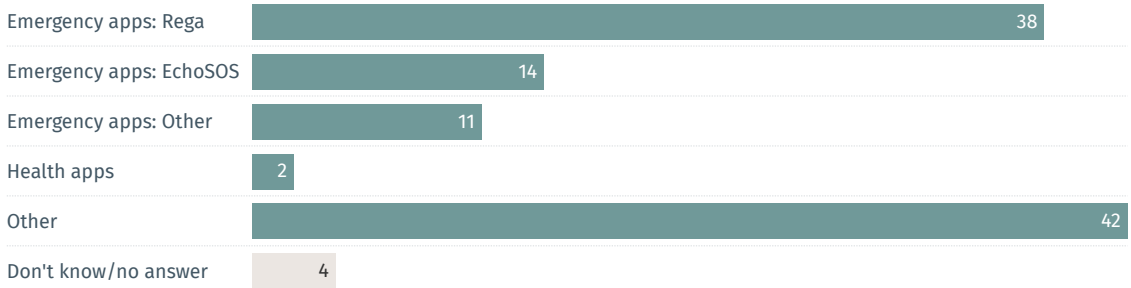
A similar picture emerges when it comes to naming other apps unprompted. A portion of the population is familiar with some established apps, particularly for making emergency calls. The collective category "Other" generally covers instances where no specific app is named, or non-specific emergency services. Overall, however, the establishment of specific first aid apps remains limited and inconsistent.

Graphic 44

Knowledge of other first aid apps

What other first aid apps do you know of? Please list them in keywords, preferably separated by commas

as % of the population aged between 18 and 74



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The assessment of the impact of smartphones on how emergencies are handled is mixed.

Among the surveyed population, there are certainly critical assessments of the impact of digitalisation on how emergencies are handled. Around three quarters of respondents share the opinion that, because emergency services can be alerted quickly, people tend to neglect their first aid skills. In addition, more than two thirds of respondents subjectively perceive a tendency for people to use their smartphone in an emergency rather than intervene directly themselves. Compared with the last survey, the proportion of critical voices has fallen slightly (-5 ppt and -6 ppt respectively).

Nevertheless, a substantial proportion of residents surveyed rate digitalisation as a positive tool for dealing with emergencies. For example, a majority agrees that, thanks to mobile internet, people have more information at their fingertips, allowing them to respond more quickly and appropriately. The picture is similar when it comes to apps, too: around half of the residents surveyed see them as providing assistance in emergencies.

There is disagreement among the population as to whether the widespread use of smartphones is leading to a general change in everyday behaviour, as the ability to call the emergency services more quickly could be associated with people becoming less careful.

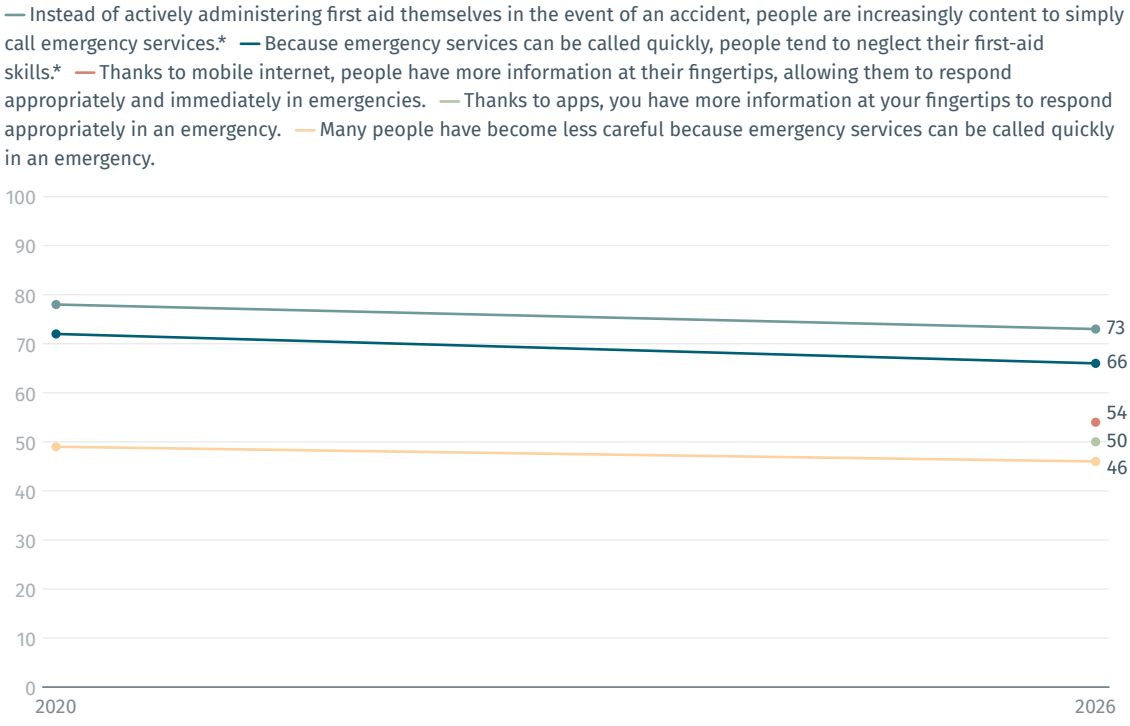
Respondents view digital tools as helpful, but they are not yet broadly established in terms of actual behaviour and use. Digitalisation therefore offers clear potential for boosting confidence in taking action – a potential that has only been partially exploited so far.

Graphic 45

Trend: impact of smartphones on handling of emergencies

In your opinion, how has the widespread use of smartphones affected the handling of medical emergencies in Switzerland? Please evaluate the following statements:

as % of the population aged 18 and over, Percentage of 'somewhat/yes'



© gfs.bern, First aid Helsana, 2020 and 2026 | * = significant (n = approx. in each case 1870)

8 Need for action in emergency training

8.1 Importance of national first aid information campaigns

The public clearly recognises the importance of national first aid information campaigns: 85% of residents surveyed consider such campaigns to be expedient. National information campaigns are therefore seen as an appropriate tool to help the population deal with emergencies.

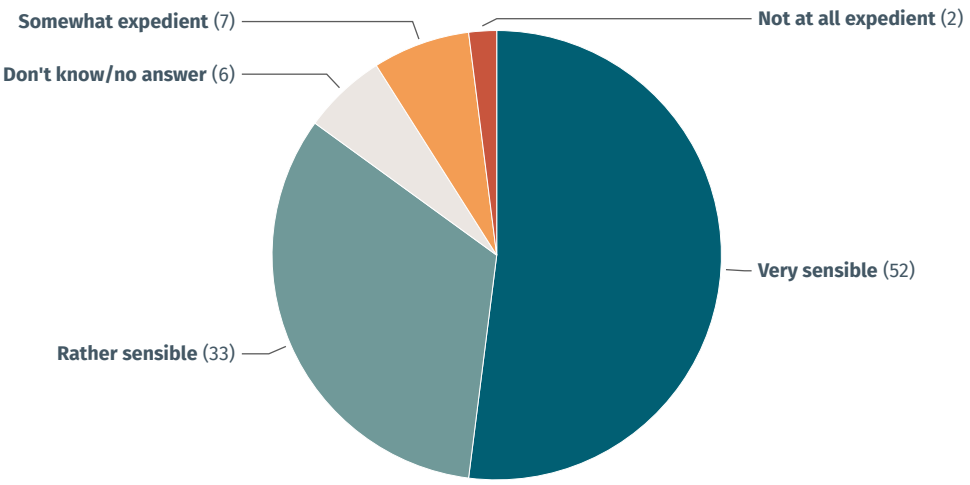
Women, older people and respondents with a higher level of education and higher incomes are more likely than average to rate such campaigns as very expedient, while approval is somewhat lower in French-speaking Switzerland.

Graphic 46

The importance of national first aid information campaigns

How effective do you think national first aid awareness campaigns are?

as % of the population aged between 18 and 74



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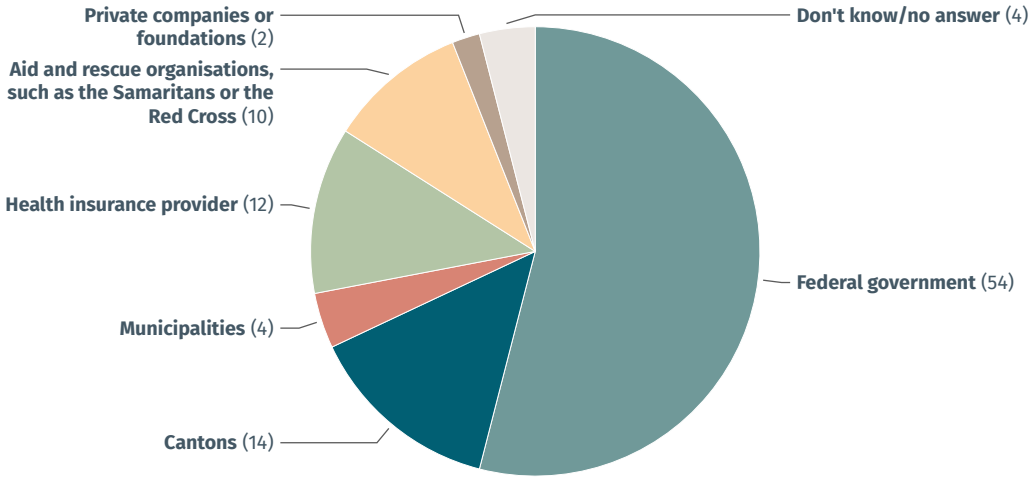
In terms of funding, the picture is clear: most respondents believe that the main responsibility lies with the federal government. This is followed by some distance by other public actors such as cantons (14%) and municipalities (4%), as well as institutions such as health insurance providers (12%) and aid and rescue organisations (10%). Private companies and foundations play a minor role, according to the population.

Graphic 47

Funding for national first aid information campaigns

In your opinion, who should primarily fund national first-aid awareness campaigns?

as % of the population aged between 18 and 74 who consider information campaigns to be somewhat/very expedient



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8.2 Room for improvement and suggestions

The assessment of first aid training reveals several areas with room for improvement. The focus is on refreshing existing knowledge (67%) and addressing life-saving measures such as resuscitation and the use of defibrillators (64%). The ability to reliably recognise when a situation is an emergency and specific, easy-to-follow, step-by-step instructions in an emergency are also mentioned frequently (53% each). A third of respondents also see potential for improvement with regard to personal safety and risk assessment for first responders.

There is also a need for improvement in specific areas, such as water emergencies (49%) and in dealing with emotionally overwhelming situations (34%). Although respondents mentioned digital support services such as apps and online tools, they are less prominent (25%) than traditional training content.

There is clearly considerable potential for improvement. This extends across multiple levels of first aid training and is reflected in basic skills as well as specific subject areas and applications.

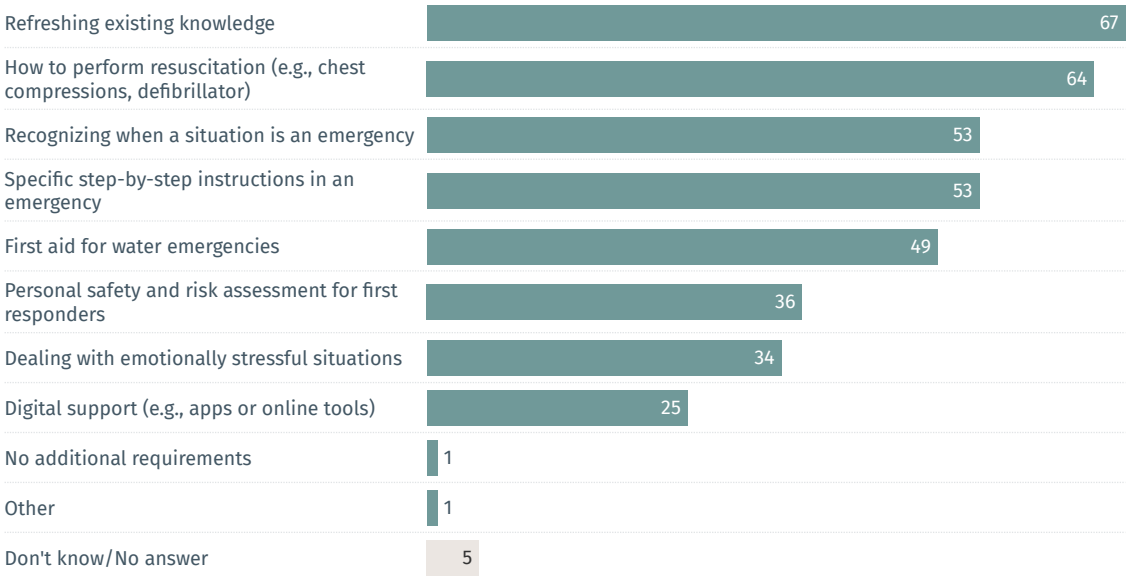
Graphic 48

Room for improvement: first aid

Where do you see room for improvement in first aid training or support materials?

Multiple answers allowed

as % of the population aged between 18 and 74



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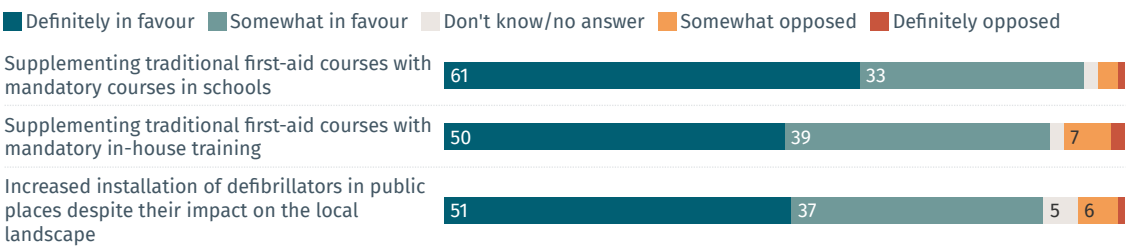
Overall, there is strong support for various specific suggestions for improvement. In particular, supplementing traditional first aid courses with mandatory courses in schools (94%) and the workplace (89%) meets with broad support. A clear majority are in favour of installing more defibrillators in public places, even if this could lead to conflicting goals in some areas, for instance in terms of aesthetics (88%).

Graphic 49

Suggestions for improvement: first aid

To improve first aid in Switzerland, new proposals and legislative initiatives are regularly put forward. Which of the following proposals would you support?

as % of the population aged between 18 and 74



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Most estimates of the ideal age to start first aid training focus on the 10-to-15 age group. The average age is around 12. On the other hand, age groups under 10 and over 15 are much less likely to be considered the ideal age.

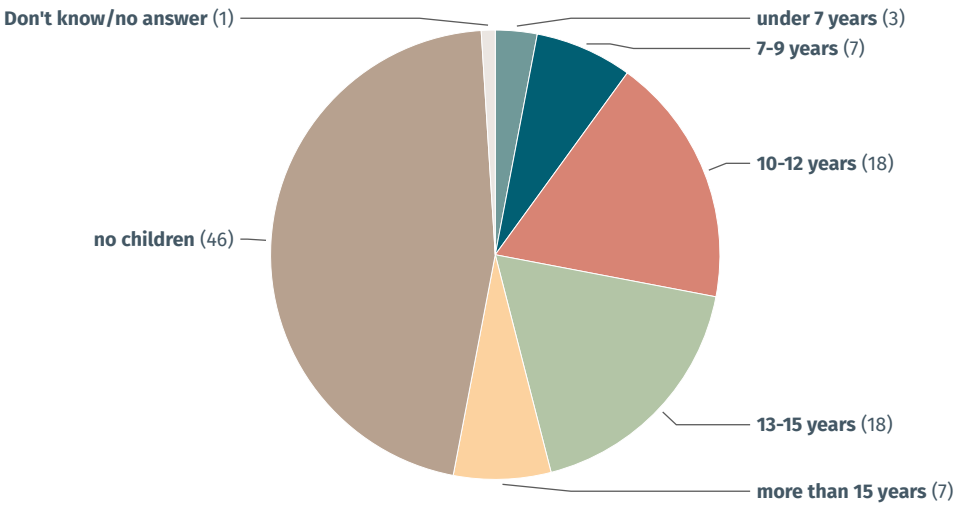
Graphic 50

Ideal age for first aid training

If you have children of your own, what do you think is the ideal age to teach them first aid for the first time?

Mean: 11.9 years

as % of the population aged between 18 and 74 who are somewhat/definitely in favour of traditional first aid courses being supplemented by compulsory courses at school



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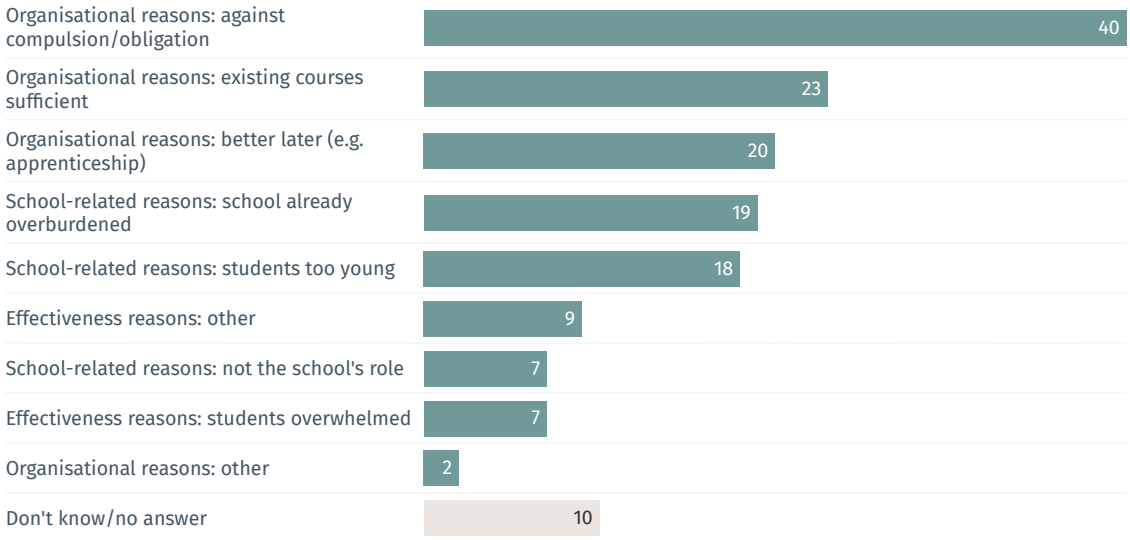
Respondents who reject compulsory first aid courses in schools primarily cite organisational reasons. The compulsory nature of such courses is most often viewed critically (40%). Respondents also note that existing courses are sufficient (23%) or that a later starting point – for example in the context of apprenticeships or careers – is more appropriate (20%). School-related reasons such as the perception that school students are already overburdened (19%) or too young (18%) are also mentioned.

Graphic 51

Reasons against compulsory courses in schools

Why are you opposed to mandatory first-aid courses in schools as a supplement to traditional courses? Please list the main reasons.

as % of the population aged between 18 and 74 who are somewhat/definitely against traditional first aid courses being supplemented by compulsory courses at school



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A similar pattern emerges among respondents who reject compulsory courses in the workplace. Here, too, the rejection of mandatory requirements predominates (37%), while voluntary participation is seen as preferable (23%).

Other reasons relate to responsibility. For example, the view that first aid training is not primarily the role of companies (18%) and cost aspects in the broadest sense such as loss of work/productivity and excess course costs are addressed here.

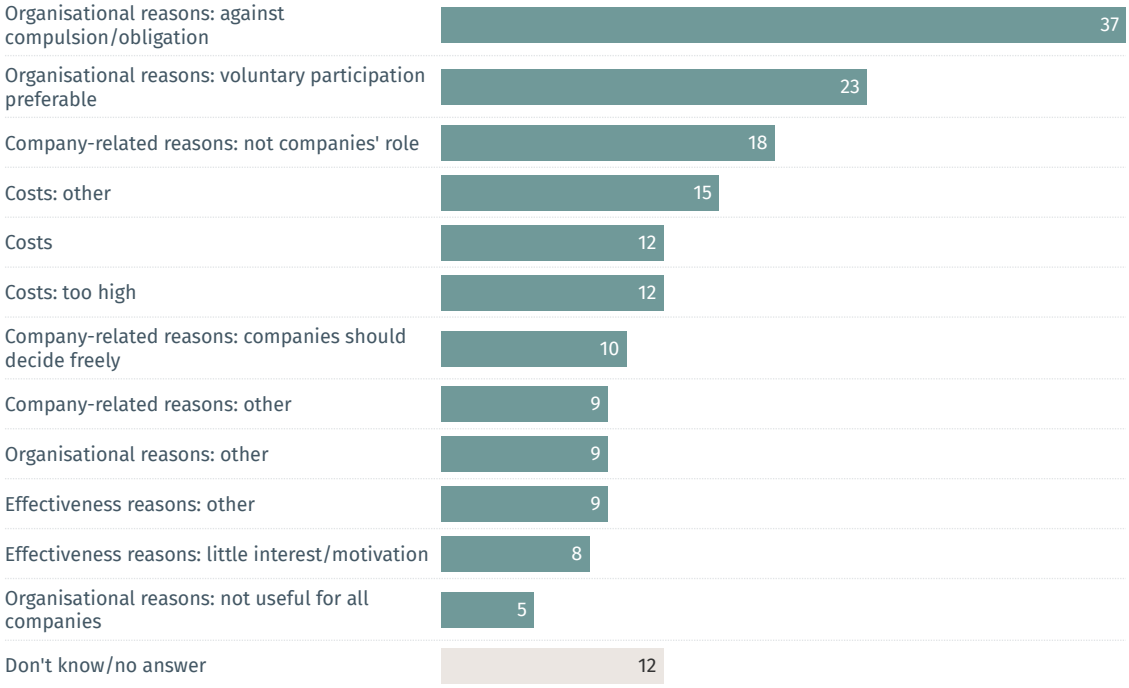
Some respondents point out that such measures would not be equally useful for all companies or might attract insufficient interest.

Graphic 52

Reasons against compulsory courses in the workplace

Why are you opposed to mandatory first-aid training in the workplace as a supplement to traditional courses? Please list the main reasons.

as % of the population aged between 18 and 74 who are somewhat/definitely against traditional first aid courses being supplemented by compulsory courses in the workplace



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9 Summary

Clear Emergency scenarios, narrow Definitions

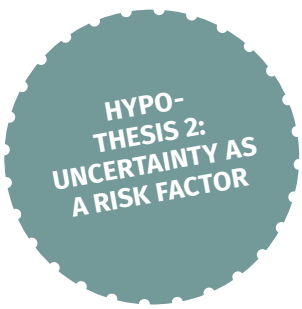
The population states that it is able to reliably identify clearly life-threatening situations as emergencies. However, they are more cautious about classifying less obviously critical situations as emergencies. This suggests that respondents' understanding of emergencies is more oriented towards clear, obvious dangers, while situation-specific or less clear-cut scenarios are more often underestimated. It is precisely in these grey areas, however, that we find a greater need with regard to assessing the situation and confidence in taking action. This overall impression is strongly confirmed when it comes to emergencies on or in the water.

Emergencies in the water are a prime example of the typical challenges around first aid: uncertainty in assessing the situation, a high degree of emotional stress and conflicting goals regarding personal safety. The population primarily recognises obvious, dramatic emergencies in the water, while real drowning often occurs quietly and inconspicuously. Misconceptions about drowning can lead to critical situations being identified too late or the urgency being underestimated. A key task, therefore, is to correct people's perceptions and teach them the subtle warning signs.

High Level of experience and Willingness to help, but limited Confidence in taking action in an Emergency

Emergencies are real experiences for a large part of the population, and the general willingness to help remains strong. At the same time, the trend analysis shows there has been a slight decrease in the willingness to take action, as well as ongoing uncertainty regarding how to act in specific situations. Compared to 2020, however, self-confidence in emergencies appears to have increased slightly.

This development highlights a central area of tension: experience and willingness alone do not automatically lead to confident action. Instead, uncertainty and fear, as well as a lack of routine or a feeling of being overwhelmed by the situation, remain major obstacles to providing first aid. At the same time, aid is often arranged rather than provided directly.



Uncertainty leads to delayed intervention, more passive behaviour and less effectiveness. First aid skills act as a protective factor, while uncertainty and lack of confidence in taking action increase the risk of delayed or failed intervention.

Broad Basic knowledge, but Gaps in application-oriented Confidence in taking action

Key elements of first aid, such as calling the emergency services or the basic recognition of emergencies, are broadly established. Knowledge of specific topics – such as cardiovascular emergencies – has also improved to some extent.

At the same time, practical, perceived and self-reported confidence in taking action continues to lag behind. Knowledge of specific protocols is fragmented, and even if respondents are familiar with certain measures, they are often uncertain about how to apply them. The results clearly show that while knowledge exists, there is limited scope for translating it into confidence that guides action.

HYPOTHESIS 3: CLOSE THE GAP BETWEEN KNOWLEDGE AND ACTION

The central deficit lies not in access to knowledge, but in applying this knowledge under real-life conditions. Emergency training should therefore be consistently geared towards confidence in taking action and application skills. Effective skills training should place greater emphasis on practising decision-making situations, automating procedures and reducing uncertainty in the event of an emergency.

Unequal distribution of Self-confidence and specific Skills gaps

Perceived confidence in dealing with emergencies has improved slightly and remains heterogeneous overall. A substantial portion of the population continues to feel uncertain, especially in more complex or risky situations, such as a loss of consciousness or emergencies in the water.

There are also systematic differences across socio-demographic characteristics: younger people, those with higher levels of education and those with higher incomes tend to feel more confident. At the same time, there are specific skills gaps – such as recognising subtle signs of emergencies or risk-aware action – that arise independently of the general self-assessment.

HYPOTHESIS 4: KNOWLEDGE DOES NOT REACH EVERYONE EQUALLY

First aid campaigns and training do not have the same impact on all population groups. Without targeted differentiation, there is a risk that existing inequalities will be exacerbated. There is a need for target group-specific, easily accessible formats and diverse access channels (digital and analogue).

HYPOTHESIS 5: INTUITIVE ACTION AS A RISK

People often act uncertainly and intuitively in and around water, and may also take risks. There is a general understanding of personal safety, but this does not necessarily guide behaviour. Focusing on practising clear rules of behaviour rather than teaching theoretical knowledge would be helpful in disrupting this dynamic.

Reliable Environment and Trust in Emergency services

The immediate social environment is generally perceived as helpful. A majority of people assume that help can be arranged and that the emergency services can be alerted. Yet compared to 2020, respondents were more critical about perceived confidence in those in their personal environment taking action.

In parallel, an ambivalent picture of digitalisation emerges: while digital information and apps are perceived as potentially helpful, their use remains low. Meanwhile, there is a predominant belief that the availability of digital tools could cause people to neglect their own knowledge or to be more passive. However, the data does not allow us to conclude whether digitalisation actually changes behaviour. Yet it does reveal widespread expectations and fears that can influence action.

HYPOTHESIS 6: OUTSOURCING OF RESPONSIBILITY

Responsibility for first aid is often outsourced – to other people, systems or technologies. Effective interventions must therefore specifically boost personal responsibility, emphasise the role of the individual in the initial decision-making process, and design digital solutions in such a way that they lead to action rather than replace it.

Clear Expectations for structural Boosting of First Aid Skills

The population believes there is a clear need to improve first aid training. The focus is on refreshing existing knowledge, boosting life-saving skills and providing specific, easy-to-implement instructions.

Support for structural measures is correspondingly high: mandatory courses in schools and the workplace and the expansion of infrastructure such as defibrillators meet with broad approval. At the same time, starting training at an early age is considered a good idea.

This clearly demonstrates that boosting people's ability to act is seen as a task for society as a whole, which requires both institutional support and ease of access. The population strongly supports measures such as first aid lessons in schools, courses in the workplace and the availability of defibrillators. This suggests that first aid is not only seen as a private skill, but as a common task for society as a whole. Above all, the focus is on boosting confidence in taking action so that people can act faster and more confidently in an emergency

HYPOTHESIS 7: CONTINUITY

First aid courses are common, but the knowledge acquired is rarely updated. Effectiveness is more likely to be achieved through regular, easily accessible repetition than through one-off training. Without regular use or refresher training, first aid knowledge quickly loses its practical relevance.

10 Methodological details

10.1 2026 survey

This first aid study is based on a representative survey carried out on behalf of Helsana and the Swiss Red Cross.

The data was collected via gfs.bern's in-house online panel, "Polittrends". The survey was conducted between 10 and 19 March 2026. A total of 2025 people took part in the study, 1421 from German-speaking Switzerland, 480 from French-speaking Switzerland and 124 from Italian-speaking Switzerland. Data was weighted to correct for structural biases in the sample. Key socio-demographic characteristics such as age, gender, language, settlement type and education were taken into account. The results are therefore representative of the resident population of Switzerland between the ages of 18 and 74.

The margin of error is ±2.2 percentage points with a sample proportion of 50% and a statistical certainty of 95%. The table below summarises the key methodological parameters of the survey.

Table 1: Methodological details

Customer	Helsana
Survey population	Swiss residents aged 18 to 74
Data collection	Online: in-house online panel "Polittrends"
Survey period	10 to 19 March 2026
Sample size	Total respondents in Switzerland N = 2025 n German-speaking Switzerland = 1421, n French-speaking Switzerland = 480, n Italian-speaking Switzerland = 124
Margin of error	±2.2% at 50/50 and 95% probability

10.2 Differences compared to the 2020 survey

The methodology has been refined in several respects since the survey in 2020. Whereas the previous study by Sotomo was based on multiple panels, the data is now collected entirely via the gfs.bern panel. In addition, the sample size was reduced from 3000 to 2000 residents, while still designed in a way that allowed for reliable conclusions about the entire population and the language regions.

Another change concerns age limits: while the 2020 report included persons up to the age of 75, the current survey has an upper limit of 74.

10.3 Trend study

To contextualise the results over time, the data set from the previous survey was systematically processed and compared with the results from the published report. Trends were only analysed where there was sufficient methodological comparability. Trends are therefore only shown for results where measurement concepts and question-and-answer phrasing are consistent across the two surveys. Where there were changes in operationalisation between the surveys or where there is no longer any direct factual correspondence, no comparison was made. Changes between the surveys were tested for statistical significance using a chi-squared test and reported accordingly.

There are also differences in the survey population. While the current survey covers the resident population aged 18 to 74, the 2020 study also included people over 75 (n = 239 out of a total of 3000 respondents, unweighted). As the key figures in the report were consistent, there was no subsequent adjustment of the age structure, specifically the exclusion of those over the age of 75. Finally, comparability is also limited with regard to the weighting methods used. As the exact weighting system of the 2020 survey could not be fully replicated, corresponding comparative values should be interpreted with caution. However, with further surveys and consistent methodology, there is scope for further improvement in the validity of time series analysis in the future. This should be taken into account when interpreting the trend analyses.

There are also limitations at the level of socio-demographic analysis. Differing categorisations in the two surveys rendered full harmonisation impossible and no comparisons were made in these dimensions.

11 Annex

11.1 The gfs.bern team

LUKAS GOLDER

Co-Director and Chair of the Board of Directors gfs.bern, political and media scientist, MAS FH in Communication Management, NDS HF Chief Digital Officer, lecturer at Lucerne University of Applied Sciences and Arts and KPM Centre for Public Management at the University of Bern

✉ lukas.golder@gfsbern.ch

Specialist areas: integrated communication and campaign analysis, image and reputation analysis, media analysis/media impact analysis, youth research and social change, referendums, elections, modernisation of the state, health policy reforms

Publications in anthologies, in specialist magazines, in the daily press and on the internet

MARTINA MOUSSON

Project Manager, political scientist

✉ martina.mousson@gfsbern.ch

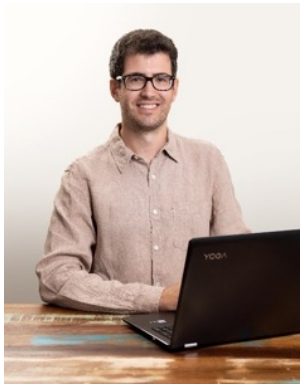
Specialist areas:
analysis of political topics and issues, national referendums and elections (SRG trend, VOX analysis, election barometer), image and reputation analysis, integrated communication analysis, media content analysis, qualitative methods, social issues (youth research, education, racism, families, middle class)

ADRIANA PEPE

Project Manager, political scientist

✉ adriana.pepe@gfsbern.ch

Specialist areas:
society, issue monitoring, direct democracy, referendums, energy policy, youth



ALESSANDRO PAGANI

Data Scientist

✉ alessandro.pagani@gfsbern.ch

Specialist areas:
elections, referendums,
data analysis, programming, visualisation,
research, quantitative and qualitative methods

INA GUTJAHR

Data science intern

✉ ina.gutjahr@gfsbern.ch

Specialist areas:
data analysis, programming, visualisation,
research, quantitative and qualitative methods

ROLAND REY

Project Assistant/Administration

✉roland.rey@gfsbern.ch

Specialist areas:
desktop publishing, visualisation,
project administration, presentation administration

gfs.bern ag
Effingerstrasse
14 CH – 3011 Bern
+41 31 311 08 06
info@gfsbern.ch
www.gfsbern.ch