

CORONAVIRUS (COVID-19)

Providing Safe, Socially Distanced First Aid Training Version 3 – 3rd June 2020

This is a live document and will be updated whenever new evidence or guidance comes to light in this fast moving situation.

Classroom set up

- 1 Learners must be seated 2 metres apart. This is highly likely to determine the maximum class size, so the venue must be assessed and the maximum class size ascertained prior to organising the course.

Class induction process

- 2 On arrival, screen all Learners and exclude anyone exhibiting [COVID-19 symptoms](#) which are a new continuous cough and/or a temperature $>37.8^{\circ}\text{C}$ and/or a loss of taste/smell. If you have the ability to check temperatures safely and non-invasively, do so.
- 3 Check that no Learner is in a situation where they should be self-isolating (e.g. a family member has had symptoms or the Learner should be shielding as they are in an at risk group). Exclude from the course as necessary.
- 4 ON ARRIVAL, ask all Learners to thoroughly sanitise their hands. Instruct them that if they need to cough/ sneeze this should be done into a tissue that is disposed of immediately. Failing that they should cough into a bent elbow (better than a bare hand) and NEVER cough/sneeze without covering their mouth/nose. If someone coughs on their hand or uses a tissue they should use alcohol sanitizer immediately.

Supervise closely to ensure that everyone adheres to this throughout the course.

- 5 Show Learners the videos below on how COVID-19 spreads and how to wash your hands:
 - a. <https://youtu.be/1APwq1df6Mw>
 - b. <https://www.youtube.com/watch?v=aGJNspLRdrc>
- 6 Explain clearly that no one should touch their mouth, nose or eyes unless they have just washed their hands or sanitised.
- 7 You must provide sufficient alcohol hand sanitiser in the classroom for Learners throughout the entire course. Explain what facilities are available for hand washing.

During the course

- 8 Use as many manikins as possible to minimise sharing and keep one manikin to the same small group of Learners all the way through the course to prevent the possibility of course-wide infection spread.
- 9 Prior to CPR practise, explain to Learners the protection that is in place to prevent infection during CPR practise. **A detailed guide on manikin hygiene can be found [here](#).**
- 10 **At the end of every theory session, ask Learners to sanitise or wash their hands.**
- 11 **Before and after each practical session, ask Learners to sanitise or wash their hands.**
- 12 The Centre must ensure that 2 meters of physical distancing is maintained between all Learners and between Learners and Trainers unless relevant **close contact** (less than 2m distance) is absolutely necessary for teaching or assessment purposes.

Personal Protective Equipment (PPE)

- 13 The latest [joint statement](#) from FAQP and FAAOF now discusses use of Personal Protective Equipment (PPE) in the classroom. This updated guidance aligns with the expectation that first aiders in the workplace will be provided with, and be expected to wear appropriate PPE for emergency first aid incidents.
- 14 **Face masks** – Learners should be trained in the correct use of 3-ply civilian face masks and BOTH people must wear them during any close contact <2m during practise/assessment. If civilian 3-ply masks become unavailable due to supply chain demands, you must adjust assessments to maintain 2 meters physical distancing as detailed below.
- 15 **Gloves** – We are aware that gloves are very difficult to source at the present time and we are conscious that it is not appropriate to deplete stocks that are required for healthcare settings. Therefore an acceptable alternative is to sanitise hands immediately before and after any close contact practise/assessment. The Learner should verbalise that they would wear protective gloves for the procedure before commencing.

Assessment adjustments to allow for physical distancing:

1 CPR

Physical distancing must be maintained during CPR practise so the Learner should act as a solo rescuer. You must carefully follow the manikin hygiene procedures detailed [in this document](#).

The skill of providing rescue breaths must still be included in CPR training and assessment, however [adaptations to protocols](#) that ensure the safe performance of first aid during the current COVID-19 outbreak should also be taught.

2 Unconscious Casualty

- a. To minimise close contact, Learners must be assessed performing the primary survey part of the assessment on a manikin – Learners **MUST NOT** place their ear close to another Learner’s mouth, even when both parties are wearing a face mask.
- b. To minimise repeated close contact, during initial practise, Learners should practise placing *themselves* into the recovery position.
- c. For the recovery position assessment, the Learner must place another Learner into the recovery position. BOTH Learners must wear 3-ply civilian face masks during the procedure.
- d. GLOVES – Whilst the supply chain of gloves remains affected, it is acceptable for Learners to sanitise hands immediately before and after the procedure. The Learner should verbalise that they would “wear protective gloves” before commencing.
- e. FACE MASKS – civilian face masks are currently available. If they become unavailable the assessment can take place with the following adjustment: The Learner should verbalise how they would place a casualty into the recovery position and demonstrate this by placing themselves into that position. A professional discussion can follow to ensure the trainer is confident that the Learner’s knowledge and skills meet the assessment requirements.

3 Choking Casualty

Learners should sanitise hands before and after demonstration. The Learner should demonstrate back blows and the correct hand positioning for abdominal thrusts on a manikin. Wipe down any shared equipment between Learners. A professional discussion can follow to ensure the trainer is confident that the Learner’s knowledge and skills meet the assessment requirements. We recommend against the shared wearing of choking vests.

4 Wounds and Bleeding

The usual Quallsafe Awards assessment for wounds and bleeding can take place if PPE requirements (as discussed above) are adhered to. The Learner should sanitise hands before and after touching any shared equipment and new bandages should be provided for each Learner.

If face masks become unavailable the following adaptations can be implemented:

- The Learner can demonstrate applying a bandage to themselves – on a leg wound if necessary, followed by placing themselves in the appropriate position to treat shock. Alternatively, a head wound on a manikin can be simulated. A professional discussion can follow to ensure the trainer is confident that the Learner’s knowledge and skills meet the assessment requirements.

5 Slings

The usual Quallsafe Awards assessment for fractures can take place if PPE requirements (as discussed above) are adhered to. Clean slings should be provided for each Learner. If face masks become unavailable the following adaptations can be implemented:

- The Learner can demonstrate how their own arm would sit into a support and elevated sling by placing the triangular bandage on their own arm. In replacement of tying the sling behind their neck, it is acceptable for them to hold the ends of the sling tight so they can show where the sling would sit and state 'I would tie it in this position'.

6 C-Spine / MILS

- a. To minimise close contact, Learners must practise and be assessed performing Manual In-Line Stabilisation (MILS) on a **CPR manikin**. Learners must avoid placing their head in close proximity to another Learner, even when both parties are wearing a face mask.
- b. To minimise repeated close contact, during initial practise, Learners should practise placing *themselves* into the spinal recovery position.
- c. For the spinal recovery position assessment, the Learner must place another Learner into the spinal recovery position. BOTH Learners must wear 3-ply civilian face masks during the procedure.
- d. **GLOVES** – Whilst the supply chain of gloves remains affected, it is acceptable for Learners to sanitise hands immediately before and after the procedure. The Learner should verbalise that they would “wear protective gloves” before commencing.
- e. **FACE MASKS** – civilian face masks are currently available. If they become unavailable due to supply chain issues, the assessment can take place with the following adjustment: The Learner should verbalise how they would place a casualty into the spinal recovery position and demonstrate this by placing themselves into that position. A professional discussion can follow to ensure the trainer is confident that the Learner’s knowledge and skills meet the assessment requirements.

7 Secondary Survey

The secondary survey must be performed on a ‘conscious casualty’. The casualty and the ‘first aider’ can maintain 2m physical distancing and the first aider should perform the head to toe assessment verbally, speaking with the casualty to ascertain if there are any identifiable injuries. [This video](#) from the Quallsafe Conference discusses how a secondary survey can be demonstrated on a conscious casualty. During the COVID-19 outbreak, it is acceptable for the casualty to feel their own head/neck for bumps/tenderness/injury, enabling the survey to remain contact free and physically distanced. If Learners do approach each other within 2m, PPE requirements as discussed above must be observed.

8 Management of Anaphylaxis (where applicable)

The Learner can demonstrate how to administer a ‘trainer’ Adrenaline Auto Injector (AAI) on their own thigh before placing themselves into the correct casualty positioning for anaphylactic shock. A professional discussion can follow to ensure the trainer is confident that the Learner’s knowledge and skills meet the assessment requirements. The Learner should sanitise hands before and after touching any shared equipment. Use alcohol/sanitising wipes on the trainer AAI between learners.