

MEDI AID (UK) LTD

Training Room Rules

	<p>Do not attend/enter if you should be self-isolating or displaying any COVID19 symptoms.</p> <p>High temperature, continuous cough, loss or change to your sense of smell or taste.</p>
	<p>Where possible 2 metre social distancing or 1m+ with additional protection such as use of face coverings.</p>
	<p>Wash hands or use hand gel regularly particularly before and after practical sessions and after visiting communal areas.</p>
	<p>Wear face coverings where 2m social distancing cannot be maintained.</p>
	<p>Ensure delegates adequately clean manikin before and after use.</p> <p>Issue each delegate a manikin face shield.</p>
	<p>Feeling ill, inform the trainer. Follow the isolation rules. Inform your organisation</p>

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Coronavirus (COVID-19) – Instructions for trainers

How to make first aid training “safer than going into the office”

Class induction process:

1. On arrival check all learners and exclude anyone exhibiting respiratory virus symptoms (cough, cold, flu). Check to ensure no one should be self-isolating. Discuss with your centre how to manage learners who are turned away or self-exclude from training due to illness.
2. Check that no learner has returned from or been in close contact with a person who has returned from a category 1 location. If someone has been in contact with someone who has returned from a category 2 location who is showing symptoms of fever they should also self-exclude. See this government info for more details:

<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>

3. ON ARRIVAL, give each learner an alcohol wipe/gel and ask them to thoroughly sanitise 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 hands or uses a tissue, they should use alcohol wipes/sanitizer immediately. Use peer pressure to ensure that everyone adheres to this throughout the course.
4. Remind delegates about the importance of hand hygiene (how to wash hands etc.) & on how Covid-19 spreads, if delegates are less than 2m apart they are to wear face coverings.
5. Explain clearly that no one should touch their mouth, nose, or eyes unless they have just washed their hands or sanitised. Explain what you have available for sanitising hands (e.g. sanitising gel or alcohol wipes) and where they can wash their hands.
6. Prior to CPR practise, explain to learners that the bigger risk by far is passing germs from hands because there are lots of protections in place to prevent infection during CPR practise. Give learners information on measures taken which are:
 - a. Frequently replaced lungs / airways / valves
 - b. One-way valves to stop air coming back out of the manikin mouth
 - c. Alcohol/sanitising wipes between learners (should be used with an emphasis on scrubbing)

These steps alone are sufficient to prevent infection and that is all that is normally use on most first aid courses. Explain that the Health and Safety Executive and Consultant Microbiologists at NHS England have approved these measures as being sufficient, however, in the current climate, you are also issuing each learner with a personal CPR face shield to provide a double failsafe to existing protective measures.

- f. Learners must use the face-shield facing the same way up each time. Check for the writing being the correct way up for example.
- g. With a filter face shield, gently tucking the filter part of the shield into the manikin's mouth helps keep it in place. Nip the nose as usual through the face shield.
7. Between learners, use alcohol/sanitising wipes on the manikin face and wipe the forehead and chest where hands were placed (to prevent hand to surface/surface to hand contamination). More than one wipe may be required. Allow the sanitiser/alcohol to dry naturally before the next person uses the manikin.
8. Where possible 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. At the end of every theory session, ask learners to sanitise or wash their hands.
10. Before and after each practical session, ask learners to sanitise or wash their hands

As we are getting busier with courses, we are finding that we are being asked the same questions by customers. The main area that is causing concern is around the use of dummies for the CPR and resuscitation. With COVID still high on everyone's mind the delegates are needing lots of reassurance that they are safe. We thought now would be a good time to remind everyone of the practices our customers are expecting.

- 1) All delegates & trainer must wear a face covering when less than 2m apart.
- 2) If delegates on course are attending alongside family members or work colleagues, then when doing the practical work, they should work in that bubble.
- 3) All delegates should be given a face shield to use for the duration of the course for doing the resuscitation on the dummies.
- 4) Sanitising wipes must be available so that the dummies can be cleaned in between delegates doing any practical work on them.
- 5) Trainer must take spare PPE (face masks & Gloves) alcohol gel sanitizer.

We are telling customers to bring their own gloves and masks along to the courses, but trainers should also have a supply to hand should anyone forget to bring their own.

Any trainers that are having difficulty obtaining equipment, please feel free to contact us in the office and we will try to source stuff for you. The best email to use to contact us is admin@mediaid.co.uk

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Pandemic Advice

This is meant as a guide to achieving appropriate social distancing and safety measures during the pandemic, please use this in conjunction with current Government, HSE and Public Health England advice. We still need to teach the full course including full CPR as the certificate will hopefully last after the current pandemic advice has relaxed so delegates need to be fully trained, with an update on currently advised practice.

Social distancing (including the trainer) you should aim to separate people keeping them 2 meters apart where possible, if not possible then follow the guidelines to protect people, e.g. **Face Covering**. Organise people so they are sitting side by side and not face to face. The employer should provide their employee with appropriate PPE for the duration of the course. We appreciate that it may be difficult during training to avoid some contact such as putting people in to the recovery position, for this try to keep the same people together using face masks and avoid contact with others, hand washing or alcohol gel (at least 70% alcohol) should be used after contact.

Whilst we would normally advocate a good level of practice for the practical elements, main items detailed below, we appreciate a pragmatic approach to this should be taken, based upon the teaching environment and the group.

CPR – if you have sufficient manikins please use one manikin per delegate, or if you have sufficient faces these can be used 1 per candidate for the duration of the course alternatively please issue a face shield per candidate for use for the duration of the course, hand washing or alcohol gel (at least 70% alcohol) should be used after contact. ***For assessment purposes if you have seen a successful demonstration of CPR during practice this is sufficient and does not need to be repeated.***

Recovery position – we appreciate in order to demonstrate effective knowledge of the recovery position this may involve contact, try to keep the same people together using face masks and avoid contact with others, hand washing or alcohol gel (at least 70% alcohol) should be used after contact. **Face Covering required.**

Bandaging – Delegates to practice and demonstrate an effective use of bandaging. When delegates are participating in the practical sessions try to keep the same people together using face masks, gloves, and avoid contact with others, hand washing or alcohol gel (at least 70% alcohol) should be used after contact. **Face Covering required.**

Manikins and equipment should be regularly cleaned as appropriate with a deep clean, lung change etc. after each course.

Good hand hygiene should be practiced, particularly when delegates use communal areas and before and after practical sessions.

Any questions please contact the office VIA EMAIL TO ADMIN@MEDIAD.CO.UK

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is beset against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

- First responders should consult the latest advice on the NHS website - <https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>
- Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice
- This guidance may change based on increasing experience in the care of patients with COVID-19.
- Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.

Resuscitation Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min⁻¹)"

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

1. Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
2. Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
3. If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.

4. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
5. If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
6. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out of hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, the guidance in the **Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings** should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Further reading:

- Public Health Wales statement on Novel Coronavirus (COVID-19) outbreak: <https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/>
- Coronavirus (Covid-19) updates for Northern Ireland: <https://www.health-ni.gov.uk/coronavirus/>
- COVID-19: guidance for health professionals [Public Health England]: <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>
- Coronavirus (Covid-19) [Health Protection Scotland]: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

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