

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>Provide ventilation and wear face coverings where 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. ON ARRIVAL, give each learner access to hand gel / alcohol wipe 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.
3. 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.
4. 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.
5. 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.
6. 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.

7. 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.
8. At the end of every theory session, ask learners to sanitise or wash their hands.
9. 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 a 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 than 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. Provide ventilation to stop particles accumulation in the air. 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 for those teaching resuscitation techniques

This statement is for anyone who is teaching CPR/defibrillation among other resuscitation techniques.

1. Purpose

1.1. Resuscitation Council UK has received several enquiries concerning the risks of COVID-19 during cardiopulmonary resuscitation (CPR).

1.2. This supplements guidance available from the Department of Health and Social Care (DHSC) and Public Health England (PHE) (<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>) as well as Public Health Wales (<https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/>), Health Protection Scotland (HPS) (<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>) and Department of Health Northern Ireland (DHNI) (<https://www.health-ni.gov.uk/coronavirus/>), and may change based on increasing experience in the care of patients with COVID-19, as well as the effect of the outbreak on health services. It is therefore important to always check the latest guidance on the DHSC/PHE/PHW/HPS/DHNI websites.

1.3 COVID-19 is thought to spread in a way similar to seasonal influenza; from person-to-person through close contact and droplets. Standard principles of infection control and droplet precautions are the main control strategies and should be followed rigorously. Aerosol transmission can also occur. **Attention to hand hygiene and containment of respiratory secretions produced by coughing and sneezing are the cornerstones of effective infection control.**

2. Guidance for all Training settings

2.1 The main infection risk in a classroom full of learners is contact with other people and/or surfaces rather than the manikin itself. Learners always need to observe a high standard of handwashing, with alcohol gel (or wipes if gel unavailable) provided in addition to handwashing facilities.

2.2 Learners should be reminded to cough/sneeze into a tissue and dispose of this into a bin immediately, washing hands afterwards. Alternatively, coughing/sneezing into the bent elbow if no tissue available.

2.3 Where individuals are exhibiting symptoms typical of flu, a cold or have been in close contact with someone who has the COVID-19 infection then they should exclude themselves from the course. For advice on staying at home visit the Gov.uk stay at home guidance page - <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

3. Actions to take when taking a training session

3.1 If teaching CPR only sessions, (not formal First Aid courses) we would suggest teaching compression only CPR. If COVID-19 is suspected, the rescuer should alert the ambulance service when calling 999.

3.2 If teaching basic CPR in hospital, teach compression only CPR until help and ventilation equipment arrives. If appropriate, training in bag-mask ventilation techniques can take place.

3.3 Wipe the chest, forehead and face of the manikin using disinfectant/alcohol wipes between learners and allow the surface to dry naturally before the next learner takes their turn

4. If teaching formal First Aid courses which require assessment of rescue breaths

4.1 Replace and dispose of manikin lungs and airways after each training session

4.2 Wipe the face of the manikin with 70% alcohol wipes after each learner uses it and allow the surface to dry naturally before the next learner takes their turn

4.3 Students may use individual face shields if they so wish and they should be disposed of safely at the end of the session. The manikin chest, forehead and face can still be wiped to reduce the likelihood of hand to hand contamination.

4.4 Where appropriate, learners can use a pocket mask for ventilation practice which must be fully cleaned or discarded after the session (one - way valves may be removed. If kept in place, it must be discarded at the end of the session). If using pocket masks, these must be for individual use only.

4.5 General infection control measures must be observed, and where appropriate, the learner can be given their own manikin or can practice rescue breaths last in the group. If the course runs over a number of days, it may be possible that once the skill has been assessed as satisfactory, they do not need to demonstrate this during the remainder of the course.

4.6 Clean manikin heads with an appropriate surfactant/disinfectant solution after completion of each training session.

5. Teaching rescue breaths/mouth-to-mouth ventilations

5.1 RCUK 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)"

5.2 Compression only CPR is much better than no CPR

5.3 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 specifically 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.

6. RCUK Course Centres

6.1 We are aware of a number of issues that might impact on our Course Centres. This includes, not exclusively, the impact of COVID-19 on the service provision, faculty having to pull out of the programme either for service or personal health reasons and resuscitation department members having to divert expertise to the clinical area.

6.2 For advice on a specific course, please call the RCUK office and speak to one of the Course Managers. Outside hours, please send your question via the [ticketing system](#), marking the enquiry urgent and putting Courses/COVID-19 into the subject heading. We will be able to talk about course cancellation and the rescheduling of courses on an individual basis.

6.3 We would advise Centres to ask that Candidates who have symptoms of cough, cold and/or temperature prior to the course, or have been in contact with a potentially infected person, to exclude themselves from the course and that the Centre looks favourably on allowing them to transfer their place to a later date.

6.4 If a candidate who has attended a course subsequently finds they have symptoms, they should let the Course Centre know. The Course Centre should alert all other Candidates to the situation and local Trust management.

4 March 2020. Updated August 2021.