



COVID-19 (Coronavirus): guidance on face-to-face classroom training for regulated First Aid qualifications

Introduction:

The Scottish Qualifications Authority has created the following guidance for centres to ensure the continued safety of staff and learners during first aid training.

This guidance will be reviewed and updated to reflect any changes in Scottish Government guidance on COVID-19 restrictions. Centres must always adhere to government guidance; restrictions imposed by the Scottish and UK governments (or other devolved administration) overrule any SQA guidance. It is your responsibility to ensure that your centre complies with current regional guidelines.

You can find the latest information from the following sources:

[Scottish Government](#)
[HSE First Aid](#)
[HSE: Coronavirus](#)
[Resuscitation Council UK](#)
[First Aid Awarding Organisation Forum](#)

Following on from the relaxation and removal of most COVID-19 restrictions, the First Aid Quality Partnership has made the following recommendations in relation to training during the ongoing pandemic:

- ◆ Training providers should always comply with general coronavirus guidance based on their geographical location:
 - [Northern Ireland](#)
 - [Scotland](#)
 - [Wales](#)
 - [England](#)
- ◆ Training providers must have a COVID-19 risk assessment in place which is reviewed and updated regularly.
- ◆ Adequate ventilation should be in place in line with HSE guidance.
- ◆ Training should include protocols for PPE and adaptations to CPR if a casualty has a known or suspected COVID-19 infection.
- ◆ Where possible, learners should take a lateral flow test 24 hours before attending a training course.

- ◆ Learners should not attend training if they have COVID-19 related symptoms as described by the relevant department for health.
- ◆ Learners should wear a face covering when attending training venues, particularly when moving around the building or working in close contact with others.

Employers are also encouraged to make use of the HSE GEIS3 document [‘Selecting a first-aid training provider: A guide for employers’](#) when making arrangements for staff first aid training.

[The full FAQP statement can be found here.](#)

Rescue breaths during CPR training:

The [First Aid Quality Partnership statement on rescue breaths](#) has not yet been removed. This **does not** mean that you must stop teaching rescue breaths, but gives trainers the option to temporarily do so, based on risk.

The [‘Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation for those teaching resuscitation techniques’](#) states the following in relation to formal first aid training requiring the assessment of rescue breaths:

- ◆ Manikin lungs and airways must be replaced following training.
- ◆ If possible, learners should always use their own manikin.
- ◆ Manikins should be cleaned with 70% alcohol wipes between learners.
- ◆ Learners may also make use of face shields and pocket masks during training (this is an additional failsafe and doesn’t mean they should share manikins).
- ◆ Infection control measures must be in place.
- ◆ Learners may not need to keep demonstrating these skills once assessed as competent.

The situation around COVID-19 has significantly improved since the start of the pandemic, with a welcome reduction in severe illness, hospitalisation, and deaths. No evidence has linked COVID-19 transmission with the use of a CPR training manikin, where adequate hygiene procedures are in place, and clinical research supports the view that full CPR (chest compressions combined with rescue breaths) is associated with higher survival rates from ‘out of hospital cardiac arrest’ than chest-compression-only CPR. In order that learners can implement these skills in a real situation where appropriate, SQA recommends that practice and assessment of rescue breaths during first aid training is resumed, where this can be managed safely.

‘Safe management’ includes adequate hygiene maintenance and where it can be facilitated, individual allocation of manikins and/or manikin faces. A disposable manikin face shield or pocket mask provides an additional barrier. Learners who do not wish to remove their face mask can also leave this on while performing rescue breaths — disposable 3-ply face masks should be made available.

Where guidelines and/or risk assessments indicate that it is **not** appropriate for learners to demonstrate rescue breathing, trainers **must** still teach the technique through use of a high-quality instructional video and/or demonstration on a manikin.

Section 1: Risk assessment

In light of the ongoing pandemic, centres must regularly review and update their risk assessments in line with the latest [HSE guidance](#). Specifically, centres must assess their venue(s) and delivery methods to mitigate all identified risks. Any adaptations you make should seek to eliminate or minimise those risks as much as possible.

Risk assessments must be specific to the needs of an individual centre. It is not the role of SQA to determine the contents of these risk assessments. However, centres should consider the following questions to inform their risk assessments:

Reducing the risk of spreading infection:

- ◆ How can you reduce the risk of learners attending with COVID-19 symptoms?
- ◆ How will you manage learners who become ill during training?
- ◆ How will you facilitate physical distancing where needed?
- ◆ How will you manage and promote good hygiene?
- ◆ How will you minimise the risk of COVID-19 transmission when learners are moving around the building?
- ◆ How will common touch points be cleaned?
- ◆ Do you have adequate ventilation around the building and in the training room?
- ◆ Have you taken account of all the latest guidance and regulations when planning your training delivery?

Minimising the risk of infection from training equipment and resources:

- ◆ How will you manage the sharing of equipment and resources?
- ◆ Do you have sufficient equipment and resources to facilitate individual allocation?
- ◆ Do you have enhanced protection in place to prevent cross-contamination when learners are performing rescue breaths? (See section 4).
- ◆ Do you need to restrict the use of certain equipment (for example choking vests) because of cleaning requirements?
- ◆ How will you clean equipment between uses?
- ◆ How will re-usable resources be effectively washed and/or disinfected following the course?
- ◆ Do trainers have PPE for carrying out manikin cleaning and maintenance?
- ◆ Have you assessed the risk of trainers suffering burns when sanitising manikin parts?

Ensuring that high standards of hygiene are maintained:

- ◆ How will you ensure learners have a clear understanding of the need for regular handwashing and good cough/sneeze etiquette (and that they engage with this)?
- ◆ How will handwashing facilities be accessed safely by learners and staff?
- ◆ Do you have hand sanitiser within the training room?
- ◆ Do you have adequate and sufficient cleaning supplies?
- ◆ How will cleaning be managed during and after the course?
- ◆ Do you have robust manikin maintenance procedures in place?
- ◆ How will high traffic areas around the building be cleaned?
- ◆ If you provide catering, how can this be safely managed?

Use of personal protective equipment (PPE):

- ◆ Have you identified when/where PPE may be needed?
- ◆ Do you know what specific PPE is required (gloves, masks, etc)?
- ◆ Do you have sufficient supplies of PPE for the duration of the training?
- ◆ Do candidates and staff know how to use the PPE correctly?
- ◆ Is everyone aware of the recommendation to wear PPE during close-contact activities?
- ◆ Is sufficient PPE available for carrying out manikin cleaning and maintenance?

Assessment requirements:

- ◆ Are you aware of all the latest guidance from SQA and FAQP?
- ◆ Have learners also been taught COVID-19 first aid protocols?

Section 2: Pre-course screening

Procedures must be in place for minimising the risk of those with possible COVID-19 symptoms attending training, and for managing instances where learners develop symptoms during the training.

- ◆ Learners should not attend a course if they have COVID-related symptoms or are self-isolating according to government advice. Centres should communicate this clearly in pre-course information to learners and may wish to continue with pre-course screening. The latest advice on COVID-19 symptoms can be found on the [NHS](#) and [NHS Inform](#) websites.
- ◆ The First Aid Quality Partnership strongly recommends that learners complete lateral flow test before attending, if this is available.
- ◆ If a learner becomes unwell with COVID symptoms during the course, they should leave immediately and follow all relevant government advice.
- ◆ Learners should be made aware that teaching and assessment of regulated first aid will involve some close contact with other learners (with PPE). If they are anxious about this, they should consider rescheduling their course.

Section 3: Classroom and learning requirements

Adequate ventilation, good hygiene measures and carefully considered classroom layout are key to minimising the risk of COVID-19 transmission.

Recommended additional safety measures include:

- ◆ opening doors and windows to increase ventilation
- ◆ making use of a carbon dioxide monitor to identify inadequate ventilation
- ◆ arranging furniture to maximise use of space and distance between learners
(Note: all venues must meet the minimum standards outlined in the [‘Delivery Standards for Regulated First Aid Qualifications’](#) and venues must be assessed in advance to ensure they meet this standard)
- ◆ encouraging all staff and learners to be respectful of personal space and avoid unnecessary close contact
- ◆ learners and trainers wearing a face covering when in close contact
- ◆ sensible adaptations to training to minimise unnecessary close contact
- ◆ procedures for safely managing the sharing of equipment when this is unavoidable
- ◆ use of disinfectant wipes for cleaning hard surfaces and equipment throughout the course
- ◆ robust equipment maintenance and cleaning protocols
- ◆ instruction on good hygiene, PPE and safe use of equipment during course induction
- ◆ ensuring handwashing facilities can be easily and safely accessed
- ◆ ample supply of alcohol hand sanitiser within the training room and around the building

Section 4: Training delivery — minimising infection risks

Centres must minimise risks presented by assessment during delivery of the training and, specifically, must ensure they have adequate resources to run the course safely, following all applicable guidelines.

Examples of good practice might include:

- ◆ learner induction to include expectations on proper handwashing, good respiratory hygiene and any other specific controls in place to minimise contact
- ◆ provision of easily accessed handwashing facilities, alcohol hand sanitiser, disposable gloves, disinfectant wipes, tissues and consumables
- ◆ washing/sanitising hands before and after touching equipment or when entering/re-entering the room
- ◆ trainers/assessors modelling and managing good infection control procedures throughout the course

- ◆ thorough cleaning of the premises between courses:
 - chairs and desks
 - all touch points
 - resources such as pens, clipboards, whiteboard markers, laminated materials
 - cups, glasses, plates, cutlery
- ◆ thorough cleaning of all re-usable learning materials and resources. This includes all training equipment and specifically CPR manikins (as outlined in detail below)
- ◆ allocating individual equipment and furniture throughout the course wherever possible
- ◆ each learner making use of a manikin wherever possible rather than putting their face near a live ‘casualty’ (for example for Primary Survey)
- ◆ safe disposal of all single-use training aids and consumables
- ◆ following awarding body guidance when risk-assessing CPR training delivery

PPE:

- ◆ Where PPE is deemed necessary, candidates should be taught how to put on and remove PPE safely and correctly.
- ◆ Where close contact is required for training or assessment purposes, PPE must be provided. It is recommended that learners wear a disposable face mask when in close contact with one other.
- ◆ Where a first aider would normally be expected to wear PPE in an emergency situation, PPE should be provided and used, as this would be expected in the workplace.

Equipment and resources:

- ◆ Where possible, all training equipment and learning resources should be provided for individual use. If this is not possible, equipment should be distributed to the smallest group size possible with adequate disinfection, cleaning and/or replacement of consumable parts between uses.
- ◆ It is recommended that learners wash/sanitise their hands before and after touching any equipment. The use of disposable gloves would be an added protection where equipment cannot be easily disinfected (for example fabric).
- ◆ Updated guidance on the demonstration and assessment of rescue breaths during CPR training should be taken into account when planning the delivery of CPR training (see page 2).
- ◆ The following specific guidance applies to the use of CPR manikins for both adult and paediatric courses:
 - For maximum safety, learners should be provided with their own individual training manikin where a centre has sufficient equipment to facilitate this – adult and paediatric courses.
 - Where this is not possible, each learner should be issued with their own individual manikin face to reduce the risk from aerosols collecting inside the mouthpiece.
 - Where infant manikins are being used for demonstration of rescue breaths (eg on a paediatric course), if they cannot be allocated 1 to 1, the

airway/lungs must be replaced after every learner (due to not having a non-return valve) and learners should use their own manikin face.

- Manikins **and** faces must be thoroughly disinfected **after every use** with anti-surfactant wipes. This is regardless of whether manikin face shields or disposable masks have been used.
- Manikin faces should be washed in the dishwasher at a high temperature (or sterilised) at the end of every course, regardless of any other hygiene procedures in place.
- Disposable masks, manikin face shields and pocket masks can provide an additional barrier when performing rescue breaths, but trainers should remember that these require tuition and can prove difficult for some learners to use effectively.
- Manikin airways are intended for single-use only and cannot be cleaned; the manufacturer states that during COVID-19, when rescue breaths are performed, manikin airways/lungs should always be replaced after each CPR session (which they further define as one learner), unless a CPR pocket mask with one-way valve and filter has also been used. This advice is regardless of any valves within the airway itself, or the use of manikin face shields.
- Where centres cannot allocate individual training manikins, they must be able to evidence, through their risk assessment, how they will mitigate any risk of COVID-19 transmission from touching and/or sharing CPR equipment.
- Manikin face shields **do not** provide the same level of protection as pocket masks with one-way valves; this should be taken into account when risk-assessing training delivery.

Managing practical scenarios:

Learners should:

- ◆ work with the same learning partner or group to reduce contact and minimise any risk of course-wide transmission
- ◆ wear a face covering when working in close contact with another learner
- ◆ consider initially practising procedures on themselves or a manikin to reduce contact time
- ◆ be informed of expectations and restrictions on sharing equipment and unnecessary movement around the room and/or building

Section 5: Teaching of COVID-19 first aid protocols

In addition to 'regular' first aid protocols, COVID-19 protocols should also be taught. This explains how candidates should respond in a real emergency, should they have to deal with a casualty who is perceived to have COVID-19.

- ◆ PPE should be available in the workplace for use in dealing with first aid emergencies. Learners should be given the opportunity to familiarise themselves with this during training.

- ◆ The first aider should avoid putting their face close to a casualty when conducting a Primary Survey and instead should check for signs of life at arms-length.
- ◆ 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.
- ◆ Rescue breaths are still advised in the case of a paediatric resuscitation event.

Current advice from Resuscitation Council UK for ‘Out of Hospital Cardiac Arrest’ in adults in community settings, is as follows:

- ◆ Resuscitation Council UK Guidelines 2021 state ‘If you are unable or unwilling to provide ventilations, give continuous chest compressions.’
- ◆ Rescuers should 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.
- ◆ Make sure an ambulance is on its way. If COVID-19 is suspected, tell them when you call 999.
- ◆ A cloth or towel should be placed over the casualty’s mouth and nose and chest-compression only CPR attempted until the ambulance arrives. (Put hands together in the middle of the chest and push hard and fast.)
- ◆ Use of a defibrillator is still advised as this does not increase any risk of infection and significantly increases the person’s chances of survival.
- ◆ If the rescuer has access to any form of personal protective equipment (PPE) this is recommended.
- ◆ After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water or alcohol-based hand gel. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Guidance on paediatric resuscitation:

Paediatric cardiac arrest is more likely to be caused by a respiratory problem, therefore ventilations are crucial to the casualty’s chances of survival. For those not trained in paediatric resuscitation, the most important action is ensuring an ambulance is on the way and acting immediately.

The following statement applies:

‘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 guidance can be found here:

[RCUK statement on COVID-19 in relation to CPR in community settings](#)

[RCUK statement on Paediatric CPR](#)

[RCUK Statement on COVID-19 in relation to CPR for those teaching resuscitation techniques](#)

The latest statement from the First Aid Quality Partnership on the teaching and assessment of rescue breaths should also be taken into account (see page 2).

Section 6: Adaptations to practical assessment

Primary survey:

Assessment criteria for units HV82 04 and J1SH 46 (2.1, 2.2).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ This should be demonstrated on a manikin.
- ◆ It is **not** recommended that learners look, listen, or feel for breath sounds on another learner (unless already a close contact), even with a face mask.

Non-breathing casualty (CPR):

Assessment criteria for units HV82 04 and J1SH 46 (3.2).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ Learners should be allocated their own manikin and AED trainer for the duration of the course wherever possible. If this cannot be facilitated, CPR equipment must be allocated to the smallest group possible with each learner being provided with their own manikin face. (Some training on how to attach the face will be required).
- ◆ All previously stated hygiene control measures **must** be followed, and cleaning routines should be recorded.
- ◆ Manikin faces, chest skins and AED trainers should be cleaned with anti-surfactant wipes (such as Trionic or 70% alcohol wipes) between uses and allowed to dry naturally before next use.
- ◆ Learners may use face shields and/or wear face masks as an additional safeguard — tuition and practice will be required in these techniques.
- ◆ Manikin face shields do not afford the same protection as pocket masks with one-way valves. Where pocket masks are being used — the one-way valves and filters should be replaced, and the pocket mask thoroughly disinfected after individual practice has been completed.
- ◆ Where rescue breaths are being performed, manikin lungs/airways should be disposed of and replaced after each individual learner unless a pocket mask with one-way valve is being used.
- ◆ Rescue breathing must still be demonstrated by learners on paediatric courses. Currently this can still be omitted on adult courses where trainers and/or learners are concerned about risk, but trainers **must** still demonstrate the correct

technique. All other assessment criteria for CPR still apply. The FAQP are reviewing this regularly.

- ◆ Learners should also be taught COVID-19 first aid protocols for resuscitation as outlined in section 5. The RCUK guidelines 2021 state — ‘If you are unable or unwilling to provide ventilations, give continuous chest compressions.’ ‘Compression only CPR is better than no CPR.’

Recovery position:

Assessment criteria for units HV82 04, J1SH 46 (3.4) and J1SH 46 (3.5).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ Learners may wish to practise the technique on themselves first before pairing up with another learner for assessment.
- ◆ It is recommended that both the ‘casualty’ and ‘first aider’ wear a face mask.
- ◆ The Primary Survey **should** be completed on a manikin rather than another learner.
- ◆ Where it would be difficult to clean blankets and coats, learners can verbally confirm that they are keeping the casualty warm.

Secondary survey:

Assessment criteria for unit HV83 04 (1.2).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ A head-to-toe survey can be demonstrated on a full body adult or child manikin rather than another learner.
- ◆ Manikins and other equipment (for example props) should be disinfected between uses.
- ◆ Where learners demonstrate on each other, it is recommended that both the ‘casualty’ and ‘first aider’ wear a face mask.
- ◆ To reduce close contact, a manikin can be used for the ‘head and face check’ part of this assessment.
- ◆ Trainers can make full use of video and pictures to support the initial teaching of this procedure and reduce contact time.
- ◆ Learners may only need to demonstrate this technique once to show they meet the required standard.

Management of choking:

Assessment criteria for units HV82 04 and J1SH 46 (4.2).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ Where manikins and/or trainer vests are being shared, all equipment must be disinfected between uses.
- ◆ Learners may wish to use a choking vest on a manikin rather than another learner.
- ◆ It is recommended that both the ‘casualty’ and ‘first aider’ wear a face mask when in close contact.

- ◆ To reduce close contact time learners can practise techniques such as hand-positioning on themselves or a manikin first.

Wounds and bandaging:

Assessment criteria for units HV82 04, J1SH 46 (5.2), HV83 04 (2.2) and J1SJ 46 (1.3).

- ◆ Hands should be washed/sanitised before and after each practical activity.
- ◆ PPE should be incorporated into the scenario as it would normally be used in a real situation.
- ◆ It is recommended that both the ‘casualty’ and ‘first aider’ wear a face mask when in close contact.
- ◆ Learners should be provided with their own bandages and slings which are disposed of or washed after use.
- ◆ Where casualty simulation resources (for example fake flesh and blood) are used, these should be disposed of after single use.
- ◆ Where re-usable casualty simulation products are used, they must be able to be thoroughly disinfected after each use.

Spinal injury:

Assessment criteria for units HV83 04 (3.3) and J1SJ 46 (2.3).

- ◆ Hands should be washed/sanitised before and after any practical scenarios.
- ◆ Manual In-line Stabilisation (MILS) can be demonstrated on a manikin to avoid the learner placing their face close to another person. Manikins should be disinfected between uses.
- ◆ Where learners are demonstrating the spinal recovery position on each other, they should wash/sanitise their hands before and after and consider wearing disposable gloves.
- ◆ It is recommended that both the ‘casualty’ and ‘first aider’ wear a face mask when in close contact.

Section 7: Blended learning for first aid training

Although we highly recommend that all first aid training be delivered using face-to-face methods, blended learning is permitted for some elements of some qualifications.

Where centres wish to make use of blended learning models, they must follow the guidance contained in the assessment strategies for the relevant awards. The most recent versions of these documents can be found here:

[Award in Emergency First Aid at Work GN0T 46](#)

[Award in First Aid at Work GN0V 46](#)

[Award in Emergency Paediatric First Aid GP71 46](#)

[Award in Paediatric First Aid GP72 46](#)

Note: These documents are currently under review and this guidance will be updated accordingly.

The following assessment outcomes for each unit **must** be taught and assessed face-to-face, in the classroom, using proper first aid training equipment:

- ◆ HV82 04: 2.1, 2.2, 3.2, 3.4, 4.2 and 5.2
- ◆ HV83 04: 1.2, 2.3, 3.3, 9.3 (recent unit change)
- ◆ JISH 46: 2.1, 2.2, 3.2, 3.4, 3.5, 4.2 and 5.2
- ◆ J1SJ 46: 1.3, 2.3, 9.3

Additional guidance on blended learning for regulated first aid qualifications can be found at:

[First Aid Awarding Organisation Forum: Blended Learning](#)
[HSE First Aid Training](#)
[HSE GEIS3 Document: Section 24 Blended Learning](#)

Version number	Description of change	Date
3.0	<p>Whole document reviewed and updated to reflect easing of local and national restrictions and latest regulatory guidance.</p> <p>External links updated throughout.</p> <p>Introduction: FAQP guidance updated.</p> <p>Section ‘Rescue breaths during CPR training’ — statement on rescue breaths updated.</p> <p>Section 1: Some risk assessment questions removed where they no longer apply in relation to current guidance.</p> <p>Sections 2-4: Updated to reflect removal of COVID restrictions.</p> <p>Section 5: Updated to reflect latest RCUK advice on CPR in community settings.</p> <p>Section 6: Removal of adapted assessment methods where no longer applicable, recommendation for learners to wear face masks when in close contact.</p>	June 2022
2.0	<p>Introduction updated to reflect current advice from HSE on when essential training can take place.</p> <p>Section 3 and 4 updated to reflect the need for wearing a face covering at all times throughout the training.</p> <p>Section 1, 4, 5 and 6 updated to reflect changes to the teaching and assessing of rescue breaths during adult resuscitation training.</p> <p>Section 4 and 6 updated information on the use of choking rescue trainer vest.</p> <p>Section 7 updated to include links to FAAOF and HSE guidance on blended learning for regulated first aid.</p>	February 2021
1.0	Creation of document.	June 2020