



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

The Scottish Qualifications Authority has created the following guidance for centres to ensure the safety of all staff and candidates, should they choose to resume classroom training within permitted guidelines.

This guidance will be reviewed and updated to reflect any changes in line with Scottish Government guidance on COVID-19 restrictions. Centres must always adhere to government guidance and 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](#)
- ◆ [Resuscitation Council UK](#)
- ◆ [First Aid Awarding Organisations Forum](#)

The latest advice from HSE and the First Aid Awarding Organisation Forum confirms that 'essential training' is permitted in Scotland under the current COVID-19 restrictions, provided:

- ◆ it is required by the business for compliance purposes
- ◆ any other requirements under the current restrictions are met
- ◆ controls are in place to comply with all Scottish Government regulations, and
- ◆ the training can be delivered in a COVID-19-secure way

Additional information is available regarding training in England, Wales and Northern Ireland. [The full statement can be read here.](#)

Premises which are closed to the public or prohibited from operating normal business can be used as training venues, providing the conditions outlined above are adhered to.

Section 1:risk assessment

In light of the current COVID-19 pandemic, all centres must update their risk assessments in line with the latest [HSE guidance](#). Specifically, centres must assess their venue(s) and delivery methods to mitigate all risks identified. Any adaptations you make should seek to eliminate or minimise those risks as much as possible, and activities or actions which may deliberately or inadvertently increase risk should be avoided.

A statement has been issued by the First Aid Quality Partnership, supported by HSE, on the practical demonstration and assessment of rescue breaths while COVID-19 transmissions remain high:

- ◆ Practical demonstration of rescue breaths by candidates may be omitted from first aid training as a precautionary measure, specifically: where a trainer/candidate is concerned about the removal of a face covering to demonstrate rescue breaths.
- ◆ Candidates may demonstrate chest compression (only CPR) for adult resuscitation without impacting the validity of assessment. This is a temporary recommendation and will be reviewed on a regular basis.
- ◆ Rescue breaths are still required to be taught and assessed on paediatric courses and in lifeguard training due to the benefits of giving rescue breaths outweighing the risk of transmission in certain circumstances.

Our understanding is that this **does not** mean that you **must** stop teaching rescue breaths, but that centres have the option to temporarily do so, based on risk.

Trainers should still demonstrate the technique of rescue breathing through the use of a high-quality instructional video and/or demonstration on a personal manikin where it is safe to do so.

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

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, we do encourage centres to consider the following questions to inform their risk assessments:

Reducing the risk of spreading infection:

- ◆ How can you prevent candidates attending if they are suspected of having COVID-19?
- ◆ How will you manage candidates who become ill during the course?
- ◆ How will you facilitate good hygiene?
- ◆ How will you implement social distancing measures in the training room and around the building?
- ◆ Do you need to limit access to certain areas of the building?
- ◆ Can you reduce the amount of time candidates are together (eg by using blended learning models)?
- ◆ Do you have adequate ventilation around the building area and in the training room?
- ◆ Have you taken account of all the latest guidance and regulations when planning your training delivery?

Meeting social distancing requirements:

- ◆ Does the size of the training room impact on the number of candidates who can safely access training?
- ◆ How will arrival and dismissal of candidates be managed?
- ◆ Have you identified safe entry and exit routes (to and from the building and training room)?
- ◆ How will candidates and staff move safely around the building to access handwashing and toilet facilities?
- ◆ How will you manage congestion and queuing in communal areas such as kitchens and breakout spaces?
- ◆ Can you make use of outdoor areas within permitted guidelines?
- ◆ How will you meet the assessment requirements for practical work while following guidelines?
- ◆ How will you make candidates aware of the requirements for social distancing and exceptions for when close contact is absolutely necessary?

Minimising the risk of infection from training equipment and resources:

- ◆ Do you have sufficient equipment and resources to facilitate individual allocation?
- ◆ How will you limit the sharing of equipment and resources to minimise the risk of transmission?
- ◆ Do you need to remove certain items of equipment to comply with safety guidelines?
- ◆ How will you safely distribute and collect equipment and learning materials, including course paperwork?
- ◆ How will you ensure equipment and resources are not accidentally contaminated by others?
- ◆ How will you clean equipment between uses?
- ◆ How will re-usable resources be effectively washed and/or disinfected?

Ensuring that high standards of hygiene are maintained:

- ◆ How will you ensure candidates 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 candidates and staff?
- ◆ Do you have additional hand sanitising equipment within the training room?
- ◆ Do you have sufficient, appropriate cleaning supplies?
- ◆ How will you limit touching of surfaces around the training room/venue?
- ◆ How will cleaning be managed during and after the course?
- ◆ Do you have robust manikin maintenance routines in place?
- ◆ How will high traffic areas around the building be cleaned?
- ◆ If you provide catering, how can this be facilitated within permitted guidelines?

Use of personal protective equipment (PPE):

- ◆ Have you identified when/where PPE will be needed?
- ◆ Is there a requirement for candidates and trainers to wear masks when seated/distanced?
- ◆ 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 need for PPE to facilitate necessary close-contact activities?

Assessment requirements:

- ◆ How will you ensure assessment criteria are still valid during adapted training?
- ◆ Have you read the latest updates from SQA and FAAOF?
- ◆ Have candidates been taught updated first aid protocols for managing COVID-19?
- ◆ If PPE is unavailable and/or a candidate is unwilling to work in close proximity to another candidate for assessment purposes, do you have an acceptable alternative means of gathering evidence that they have met the assessment criteria?
- ◆ How will feedback and remediation be managed safely?
- ◆ How will summative assessments be administered, collected and marked?

Section 2: pre-course screening

Procedures must be in place for preventing those with possible COVID-19 symptoms from entering the classroom, and for managing instances where people develop symptoms during the training.

- ◆ Candidates must be screened to ensure they have none of the recognised symptoms of COVID-19, including a new and persistent cough, a fever (37.8°C +) and/or loss of or change in taste and/or smell. The [latest advice on COVID-19 symptoms can be found here](#). A system for non-invasive temperature screening is recommended.
- ◆ Candidates should not attend a course if they are required to self-isolate. The most up-to-date guidance on household isolation can be found on [NHS Inform](#).
- ◆ If a person develops COVID-19 symptoms during the course, they should leave the classroom immediately. A quarantine area should be identified for anybody who requires to be collected. It may be advisable for centres to request next of kin information in case of emergency. Any candidate presenting with symptoms of COVID-19, along with all other persons who have been in the same classroom, should be advised to follow NHS advice.
- ◆ Centres must make clear to candidates during induction that they will engage with NHS Test and Protect and may be required to disclose contact information in the best interests of public health. Up-to-date information on [NHS testing and tracing can be found here](#).
- ◆ Candidates should be made aware that assessment of First Aid involves some physical contact (with PPE). If they are unwilling to have physical contact at the present time, they should not attend the course.

Section 3: classroom and learning requirements

The classroom layout must ensure that physical distancing and good hygiene is facilitated and respected by all persons. Examples could include:

- ◆ placing furniture within current physical distancing guidelines as required by Scottish/UK government or other applicable devolved body
- ◆ planning lessons to ensure that staff and candidates always maintain the required physical distance (unless close contact is required as outlined in guidance on practical assessment)
- ◆ limiting the number of candidates on any one course
- ◆ using blended learning models where permitted

Other measures might include ensuring that:

- ◆ candidates and staff can enter and exit the training facility while adhering to appropriate social distancing measures
- ◆ candidates and trainers wear a face covering for the duration of the training, even when seated or distanced
- ◆ handwashing facilities can be easily and safely accessed
- ◆ there is ample supply of alcohol hand sanitiser for use before and after all close-contact activities (in addition to good handwashing with soap and water)
- ◆ there is ample supply of disinfectant wipes to clean hard surfaces and training equipment between uses
- ◆ course paperwork can be completed in a way that maintains safe social distancing and minimises infection risks

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 relevant guidelines.

Examples of good practice might include:

- ◆ Thorough candidate induction to ensure thorough understanding of how COVID-19 is transmitted, including guidance on proper handwashing, not touching any part of the face, good cough/sneeze etiquette and the specific controls in place to maintain physical distancing.
- ◆ Provision of easily-accessed handwashing facilities, alcohol hand sanitiser, disposable gloves, disinfectant wipes, tissues and consumables.
- ◆ Thorough cleaning of the premises between courses to include:
 - all chairs and desks
 - all surfaces touched by any person in the room, including light switches, door handles, etc
 - any resources provided such as pens, clipboards, whiteboard markers, laminated materials
 - any cups, glasses, plates, cutlery
- ◆ Thorough cleaning/washing of all re-usable learning materials and resources. This includes all training equipment and specifically CPR manikins as outlined in detail below.
- ◆ Safe disposal of all single-use resources and consumables by double-bagging and quarantining before putting into normal waste.
- ◆ Trainers/assessors ensuring that good infection control procedures are followed throughout the course, such as handwashing: on arrival and before leaving the course, before and after eating, before and after close contact with another candidate, on re-entering the training room, and after coughing or sneezing.
- ◆ Assigning candidates individual equipment and furniture throughout the course.
- ◆ Taking into account updated guidance from FAQP when risk-assessing CPR training delivery.

PPE

- ◆ During induction, candidates should be taught how to put on and remove PPE safely and correctly.
- ◆ Trainers and candidates should wear a face covering throughout the course when seated/distanced.
- ◆ Where close contact is essential for assessment purposes (less than the distance permitted by current guidelines), PPE must be provided and used (disposable gloves and a new, unused face mask as a minimum).
- ◆ Both the 'first aider' and 'casualty' should wear PPE when carrying out essential close-contact activities.
- ◆ Candidates should not put their face near a casualty even while wearing PPE (for example during Primary Survey).
- ◆ Close contact should NOT take place where both parties are unable to wear face masks.

- ◆ Handwashing before and after close contact is a suitable alternative to wearing gloves **only** if gloves are unavailable.
- ◆ Where a first aider would normally be expected to wear PPE in an emergency situation, PPE must be provided and used, as this would be expected in the workplace.

Equipment and resources

- ◆ Where possible, all training equipment and bandages 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. Equipment should not be shared between different groups.
- ◆ It is recommended that candidates wash/sanitise their hands before and after touching any equipment. The use of new disposable gloves would be an added protection where equipment cannot be easily disinfected (eg fabric).
- ◆ Where centres have risk-assessed the use of choking rescue trainer vests, it is recommended that candidates use them on a manikin or to demonstrate on themselves while talking through a procedure. These must be thoroughly cleaned between uses, especially if shared between candidates. This may include the use of disinfectant wipes and/or spray disinfectant.
- ◆ 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.
- ◆ In accordance with the latest manufacturer advice, the following specific guidance applies to the use of CPR manikins:
 - During the coronavirus pandemic, 'one training session' or 'CPR class' can be defined as an individual candidate/user.
 - For maximum safety, candidates should be provided with their own individual training manikin where a centre has sufficient equipment to facilitate this.
 - Where this is not possible, it is recommended that every candidate is issued with their own individual manikin face (when rescue breathing is required to be demonstrated by the candidate).
 - Where manikins/faces must be shared between candidates, this should be within as small a group as possible, and the manikins/faces must be thoroughly disinfected after every use with anti-surfactant wipes, even when manikin face shields have been used.
 - Manikin face shields or pocket masks can provide an additional barrier when performing rescue breaths, but trainers should remember that they require tuition and can prove difficult for some candidates to use effectively.
 - **Manikin airways are intended for single-use only and cannot be cleaned; the manufacturer has stated that during COVID-19, when rescue breaths are performed, manikin airways/lungs should always be replaced after each individual candidate/user 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.**
 - Manikin faces should be washed at a high temperature at the end of every course, regardless of any other hygiene procedures in place.
 - 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.

Maintaining social distancing

Candidates should:

- ◆ work individually where possible
- ◆ work with the same learning partner throughout the training to minimise transmission, and only where this is absolutely necessary
- ◆ initially, practice procedures on themselves to reduce the need for any close contact
- ◆ be informed of expectations and restrictions on sharing equipment and unnecessary movement around the room and/or building
- ◆ wear a face covering even when seated/distanced

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 suspected of having COVID-19.

- ◆ PPE should be available in the workplace for use in dealing with first aid emergencies. Candidates should familiarise themselves with this during training.
- ◆ First aiders should avoid putting their face close to a casualty when conducting a primary survey.
- ◆ 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.

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

- ◆ Rescuers should not check for signs of life or normal breathing by placing their ear or cheek near to the casualty's mouth. If unable to confirm cardiac arrest, the default position is to begin chest compressions until help arrives.
- ◆ An ambulance should be called, and any suspicion of COVID-19 should be communicated.
- ◆ A cloth or towel should be placed over the casualty's mouth and nose while chest compression and defibrillation are attempted.
- ◆ Use of a defibrillator is still advised as this does not increase any risk of infection.
- ◆ If the rescuer has access to any form of PPE, this should be used.
- ◆ After performing CPR, the rescuer should wash their hands thoroughly and seek advice from NHS Inform.

Guidance on paediatric resuscitation in the community:

- ◆ As paediatric cardiac arrest is more likely to be caused by a respiratory problem, ventilations are crucial to the casualty's chances of survival.
- ◆ Ensuring an ambulance is on the way and taking immediate action is the most important action for lay-rescuers.
- ◆ While it is acknowledged that there is an increased risk of COVID-19 transmission to either party during rescue breathing, it is likely that the child or infant will be known to the rescuer, therefore the risk of death from taking no action outweighs the possible risk of infection.

Further guidance can be found here:

<https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>

<https://www.resus.org.uk/covid-19-resources/covid-19-resources-paediatrics/resuscitation-council-uk-statement-covid-19>

<https://www.resus.org.uk/covid-19-resources/statements-covid-19-hospital-settings/resuscitation-council-uk-statement-covid-1>

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

Section 6: suggested adaptations to Practical Assessment

Primary Survey: *Assessment Criteria HV82 04 and J1SH46 (2.1, 2.2)*

- ◆ This should only be demonstrated on a manikin.
- ◆ Candidates **must not** look, listen, or feel for breath sounds on another candidate, even if both parties are wearing a face mask.

Non-breathing casualty (CPR): *Assessment Criteria Unit HV82 04 and J1SH46 (3.2)*

- ◆ Candidates should be allocated their own manikin and AED trainer for the duration of the course. Where this is not possible, CPR equipment should be allocated to a minimal group size. All previously stated hygiene measures should be followed.
- ◆ Use of manikin clothing is not recommended as it will require washing after every use and creates another route for infection to spread.
- ◆ There is still a requirement to teach and assess rescue breaths for paediatric first aid courses and lifeguard training, but candidate demonstration of rescue breaths for adult resuscitation may be omitted without affecting the validity of assessment. This is a temporary measure while COVID-19 transmission rates are high. Trainers should still teach the correct technique for rescue breathing. All other assessment criteria for CPR still apply.
- ◆ Candidates should also be taught the COVID-19 protocols for CPR as outlined in Section 5. This may now form the basis of the CPR assessment where rescue breaths are not being assessed. Candidates must demonstrate continuous chest compressions on an adult casualty at a rate of 100-120 per minute and a depth of 5-6cm.
- ◆ Candidates should demonstrate solo rescue only.
- ◆ Once CPR and AED use has been assessed satisfactorily, a candidate should not need to demonstrate this skill again.
- ◆ Where rescue breaths are being performed, manikin lungs/airways should be disposed of and replaced after each individual user unless a pocket mask with one-way valve is being used.
- ◆ Manikin faces, chest skins and AED trainers should be wiped with anti-surfactant wipes (such as Trionic or 70% alcohol wipes) between candidates and allowed to dry naturally before next use.
- ◆ Where manikin face shields and/or pocket masks with a one-way valve and filter are being used, tuition and practice will be required.
- ◆ Manikin face shields do not afford the same protection as pocket masks with one-way valves. One-way valves and filters may be replaced, and the pocket mask thoroughly disinfected after individual practice has been completed.

Recovery Position: *Assessment Criteria for Units HV82 04 and J1SH 46 (3.4), Unit J1SH 46 (3.5)*

- ◆ Candidates should first practice the technique on themselves while talking through the procedure.
- ◆ Candidates are required to demonstrate putting a real person into the recovery position at least once during the course (this should be sufficient if competent). However, an assessor

may be able to judge a candidate competent while they demonstrate on themselves and explain each step, provided this shows that their skill and understanding meets the assessment criteria.

- ◆ Gloves and face masks **must** be worn by both the 'first aider' and 'casualty' with handwashing immediately before and after the scenario.
- ◆ Primary Survey **must** be completed on a manikin.
- ◆ Candidates should verbally confirm the use of a blanket or coat to keep the casualty warm.

Secondary Assessment: *Assessment Criteria Unit HV83 04 (1.2)*

- ◆ A head to toe survey can be demonstrated on a full body adult or child manikin, provided the candidate wears disposable gloves, cleans their hands before and after and the manikin is cleaned thoroughly between uses.
- ◆ If a full body manikin is not available, an assessor may be able to judge a candidate competent while they explain each step verbally, provided this shows that their skill and understanding meets the assessment criteria.

Management of Choking: *Assessment Criteria Units HV82 04 and J1SH 46 (4.2)*

- ◆ Candidates should demonstrate the correct procedures and hand-positioning on an adult/child/infant manikin (or Choking Charlie), while explaining each step. This may be sufficient to judge that their skills and understanding meet the assessment criteria.
- ◆ Equipment should be cleaned thoroughly between uses.
- ◆ Hands should be washed before and after touching any equipment.
- ◆ Use of choking rescue trainer vests is only recommended where they can be thoroughly disinfected after every use. Candidates can use these on a manikin or to demonstrate on themselves while talking through the procedure.

Wounds and Bandaging: *Assessment Criteria Units HV82 04 and J1SH 46 (5.2), Unit HV83 04 (2.2), Unit J1SJ 46 (1.3)*

- ◆ Where sufficient PPE is available, candidates can demonstrate applying a bandage or sling to a learning partner. However, they could be assessed demonstrating control of external haemorrhage, management of shock, and application of a sling, to themselves with explanation of each step, provided this demonstrates that their skill and understanding meets the assessment criteria.
- ◆ Both the 'first aider' and 'casualty' should wear disposable gloves and a face mask.
- ◆ Hands should be washed or sanitised immediately before and after each activity.
- ◆ Candidates should be provided with their own bandages and slings. These should not be shared, and fresh ones should be issued for each activity.
- ◆ Where casualty simulation resources (eg fake flesh and blood) are used, they should be self-applied using gloves and disposed of after single-use. Both the 'casualty' and 'first aider' should wear disposable gloves.
- ◆ If re-usable casualty simulation products are used, they must be able to be thoroughly disinfected after each use.
- ◆ Simulations involving more than one casualty and first aider are not recommended at this time.

Spinal Injury: Assessment Criteria Units HV83 04 (3.3) and J1SJ 46 (2.3)

- ◆ Manual In-line Stabilisation (MILS) should be demonstrated on a manikin to avoid candidates placing their face near to another person. Manikins should be thoroughly cleaned after each use.
- ◆ Candidates should initially practice putting themselves into the spinal recovery position while talking through each step.
- ◆ If PPE is available for both persons, candidates may be assessed putting a learning partner into spinal recovery position. However, if PPE is unavailable, candidates may demonstrate this on themselves while explaining each step, provided this shows that their skill and understanding meets the assessment criteria. A full body manikin may also be used.

Anaphylaxis: Assessment Criteria Unit J1SJ 46 (9.3)

- ◆ Candidates should demonstrate application of the Adrenaline Auto-injector on their own thigh and place themselves in the appropriate position for shock, while talking through each step in the procedure.
- ◆ For awards GNOT 46 and GNOV 46, assessment of the theory of management of anaphylaxis is sufficient.

Section 7: blended Learning for First Aid Training

Although we highly recommend that all first aid training be delivered using face-to-face methods, we acknowledge the restrictions and limitations currently in place due to the current COVID-19 outbreak. Reducing contact time within the classroom can help to minimise the risk of trainers, assessors and/or candidates contracting or spreading the virus.

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

- ◆ [Award in Emergency First Aid at Work GNOT 46](#)
- ◆ [Award in First Aid at Work GNOV 46](#)
- ◆ [Award in Emergency Paediatric First Aid GP71 46](#)
- ◆ [Award in Paediatric First Aid GP72 46](#)

The following assessment outcomes for each unit must be taught and assessed face-to-face, in the classroom, using 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
- ◆ 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:

- ◆ <http://www.firstaidqualifications.org.uk/wp-content/uploads/2020/08/2.Blended-Learning-in-First-Aid-Quality-Assurance-Standards.pdf>
- ◆ <https://www.hse.gov.uk/firstaid/first-aid-training.htm>
- ◆ <https://www.hse.gov.uk/pubns/geis3.pdf>

Version number	Summary of changes	Date applied
1.0	Creation of document.	June 2020
2.0	<ul style="list-style-type: none"> • Introduction updated to reflect current advice from HSE on when essential training can take place. • Section 3 and 4 updated to reflect the need for wearing a face covering at all times throughout the training. • Section 1, 4, 5 and 6 updated to reflect changes to the teaching and assessing of rescue breaths during adult resuscitation training. • Section 4 and 6 — updated information on the use of choking rescue trainer vests. • Section 7 updated to include links to FAAOF and HSE guidance on blended learning for regulated first aid. 	February 2021