

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. Restrictions imposed by the Scottish and UK governments (or other devolved administration) overrule any SQA guidance. It is your responsibility to ensure your centre complies with current regional guidelines.

You can find updated guidance from the following sources:

- ◆ [Scottish Government](#)
- ◆ [HSE](#)
- ◆ [Resuscitation Council UK](#)
- ◆ [First Aid Awarding Organisations Forum](#)

The latest statement from the First Aid Awarding Organisation Forum:

'Training must only take place where this is permissible, in accordance with the UK Government and devolved administrations, or regional restrictions.'

Section 1: Risk assessment

In light of the current coronavirus pandemic, all centres must update their risk assessments in line with [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.

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 utilising blended learning)?

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 whilst 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:

- ◆ How will you limit the sharing of equipment and resources to minimise cross-contamination?
- ◆ Do you have sufficient equipment and resources to facilitate smaller group sizes?
- ◆ 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 shared with others?
- ◆ How will you clean equipment between uses?
- ◆ How will reusable 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?
- ◆ 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:

- ◆ Have you identified whether and when PPE will 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 need for PPE to facilitate necessary close-contact activities?

Assessment requirements:

- ◆ How will you ensure assessment criteria are met whilst maintaining safe social distancing and good hygiene?
- ◆ If PPE is unavailable and/or a candidate is unwilling to work in close proximity to another candidate for assessments, 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?
- ◆ Have candidates been taught updated protocols for managing COVID-19?

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 new and persistent cough, fever (37.8°C +) and/or loss of or change in taste and/or smell. The latest advice on coronavirus 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 the [NHS guidance for possible Coronavirus infection](#).
- ◆ 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 contact 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).

Other measures might include ensuring that:

- ◆ candidates and staff can enter and exit the training facility whilst adhering to appropriate social distancing measures
- ◆ 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 (supplementary 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 could include:

- ◆ Thorough candidate induction must ensure they understand how COVID-19 is transmitted, including guidance on proper handwashing, good cough/sneeze etiquette and the specific controls in place to maintain physical distancing. Candidates should also be reminded not to touch their face, nose, mouth or eyes.
- ◆ 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

- ◆ All non-disposable plastic resources should be thoroughly cleaned with disinfectant. This includes manikins, manikin faces, AED trainers, training auto-injectors, trainer inhalers and casualty simulation equipment. (Manikin faces can be washed in the dishwasher).
- ◆ Washing training bandages in the washing machine or disposing of them use by each candidate.
- ◆ Trainers/assessors should ensure that 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 and after coughing or sneezing.
- ◆ Each candidate should be assigned and should use individual equipment and furniture throughout the course.

PPE

- ◆ During induction candidates should be taught how to put on and remove PPE safely and correctly.
- ◆ Where close contact is essential for assessment purposes (less than distance permitted by current guidelines), PPE must be provided and used (disposable gloves and 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 to a casualty even whilst 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 of 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, training equipment should be provided for individual use (eg one manikin, AED trainer, and AAI trainer per candidate, with ample bandages for each individual candidate per activity). If this is not possible, equipment should be designated to the smallest group possible, provided adequate cleaning can be facilitated between uses, and the equipment is not shared outside the group.
- ◆ Use of Choking Rescue Trainer Vests are not recommended at this time due to the nature of their material, which makes it difficult for them to be adequately cleaned between uses.
- ◆ Additional safety measures should apply to use of CPR equipment:
 - use of face shields
 - candidates should practice solo rescue only
 - use of disinfectant wipes on all manikins and AED trainers with sufficient drying time after each use
 - replacement of lungs, airways and valves after every session

Maintaining social distancing

Candidates should:

- ◆ be allocated one learning partner for the duration of the course to minimise possible contamination
- ◆ initially practice procedures on themselves to reduce the need for close contact
- ◆ be informed of expectations and restrictions on sharing of 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 suspected of having COVID-19.

- ◆ Personal protection equipment (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 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 whilst 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.
- ◆ Whilst 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.

Full guidance can be read here:

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-19-resources-community/>

Section 6: Suggested adaptations to Practical Assessment

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

- ◆ This should only be demonstrated on a manikin.
- ◆ Candidates **must not** look, listen, 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 & J1SH46 (3.2)

- ◆ Candidates should be allocated their own manikin and AED trainer for the duration of the course. Where this is not possible, equipment should be allocated to a small group (ideally 2 candidates) with no sharing outside the group.
- ◆ 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, but to ensure confidence, candidates should also be formatively assessed on COVID-19 protocols for CPR in the community (see Section 5).
- ◆ Candidates should demonstrate solo rescue only to maintain appropriate social distancing.
- ◆ Once CPR and AED use has been assessed satisfactorily, a candidate should not need to demonstrate this skill again.
- ◆ Manikin lungs and airways should be disposed of and replaced after each training session.
- ◆ Manikin faces, chest skins and AED trainers should be wiped with Trionic or 70% alcohol wipes between candidates and allowed to dry naturally before next use.
- ◆ Candidates may use face shields or pocket masks, although effective use of these will need to be taught. These are for individual use only. Face shields should be disposed of immediately after use. If using pocket masks, one-way valves should be replaced, and they should be thoroughly cleaned or disposed of after each session.
- ◆ All other assessment criteria for CPR still apply.

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

- ◆ Candidates should first practice the technique on themselves whilst 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 whilst 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 whilst 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 & J1SH 46 (4.2)

- ◆ Candidates should demonstrate the correct procedures and hand-positioning on an adult/child/infant manikin (or Choking Charlie), whilst 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 not recommended at this time.

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

- ◆ Where sufficient PPE is available, candidates should 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) & 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 spinal recovery position whilst 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 whilst explaining each step, provided this shows that their skill and understanding meets the assessment criteria.

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, whilst 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 a face-to-face approach, we acknowledge the restrictions and limitations currently in place due to the current COVID-19 outbreak. Reducing the contact time within a 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 should 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**](#)