



Guidance on classroom training for regulated First Aid qualifications

We have issued this guidance for centres to ensure the continued safety of staff and learners during first aid training.

Training providers should always comply with public health guidance based on their geographical location:

[Scotland](#)

[England](#)

[Wales](#)

[Northern Ireland](#)

Further information can also be found via the following sources:

[NHS](#)

[NHS Scotland](#)

[Resuscitation Council UK](#)

[First Aid Awarding Organisation Forum](#)

[HSE First Aid](#)

We continue to recommend the following best practice:

- ◆ You should have a training risk assessment in place which is reviewed and updated regularly.
- ◆ You should try to minimise (as much as is practically possible) the risk of unwell people attending training.
- ◆ Training venues should have adequate ventilation.
- ◆ PPE and hand sanitiser should be available during training.
- ◆ Learners should be encouraged to wear a disposable face mask when in close contact.
- ◆ Learners and staff should be respectful of physical space when moving around the training room / venue.

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.

Rescue breaths during CPR training

The First Aid Quality Partnership has now removed the moratorium on rescue breathing during CPR training. This means that all first aid courses **must** now include teaching and assessment of rescue breaths.

Learners who are not willing to demonstrate rescue breaths on a manikin will not be able to gain a regulated first aid qualification.

The following hygiene protocols are recommended to make CPR training as safe as possible:

- ◆ Manikin lungs and airways should be replaced after every course.
- ◆ Learners should be given their own manikin – where this is not possible, they should be given their own manikin face.
- ◆ Manikins should be cleaned with 70% alcohol wipes between learners.
- ◆ As an additional failsafe, learners may make use of face shields and pocket masks.
- ◆ Manikin faces should be cleaned in a dishwasher at 70° OR sterilised after use.
- ◆ Manikins should be disinfected following use with a suitable antibacterial surface cleaner, such as Clinell.

Training should include protocols for additional PPE use and adaptations to adult CPR in a real emergency. This is in addition to normal CPR protocols.

Training risk assessments

Centres should regularly review and update their training risk assessments in line with the latest [HSE guidance](#) to mitigate any identified risks. This includes assessment of venues and delivery methods to mitigate any identified risks.

Control measures must be specific to the needs of individual centres. However, we recommend that centres consider the following questions to inform risk assessments:

- ◆ Have you taken account of current guidance and regulations on training delivery?
- ◆ Learners should not attend training if they are at risk of spreading infection. How can you reduce the risk of learners attending who may be unwell?
- ◆ Does the training venue have adequate ventilation?
- ◆ How will you manage and promote good hygiene during training?
- ◆ Do you have appropriate PPE available during training?
- ◆ Do you have sufficient equipment and resources to facilitate individual allocation?
- ◆ How will you manage the sharing of equipment and resources?
- ◆ How will you clean equipment between/after use?
- ◆ Do you have robust manikin maintenance and cleaning procedures in place?

Learners should be made aware that assessment of regulated first aid qualifications will involve some close contact with other learners (with PPE if required).

Classroom set-up

Adequate ventilation and good hygiene measures are key to reducing spread of infection.

Recommended safety measures include:

- ◆ Opening doors and windows to increase ventilation.
- ◆ Making use of a carbon dioxide monitors.
- ◆ Arranging the training room to support the [Distance Awareness Scheme](#).
- ◆ Encouraging staff and learners to be respectful of personal space and to avoid unnecessary close contact.
- ◆ Providing PPE and adequate hand cleaning facilities.
- ◆ Maintaining maximum equipment ratios.

Training delivery

You must try to minimise any risk of cross-infection during delivery of first aid training, and should ensure you have adequate resources to run the course safely.

Examples of good hygiene practice might include:

- ◆ Informing learners and staff of continued expectations around handwashing, good respiratory hygiene and avoiding unnecessary close contact.
- ◆ Providing accessible handwashing facilities, alcohol hand sanitiser, disposable gloves, masks, tissues and alcohol wipes.
- ◆ Staff modelling and managing good infection control procedures throughout the course.
- ◆ Allocating training equipment to individuals wherever possible (see additional guidance on CPR manikins below).
- ◆ Use of 70% alcohol wipes to clean equipment after use.
- ◆ Learners and trainers sanitising hands before and after using equipment or being in close contact.
- ◆ Encouraging learners to wear disposable masks when in close contact (as in real first aid situation).
- ◆ Learners working with the same partner/group to minimise risk of course-wide transmission.
- ◆ Robust equipment maintenance and post-course cleaning regimes.

The following guidance applies specifically to the use of CPR manikins for both adult and paediatric courses:

- ◆ Learners should be provided with their own individual training manikin where a centre has sufficient equipment to facilitate this.
- ◆ 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.
- ◆ Infant manikin airways must be replaced after each learner — these do not have a non-return valve.
- ◆ Where you cannot allocate individual training manikins, you must be able to evidence, through risk assessment, how you will mitigate any risk of cross-infection from touching and/or sharing CPR equipment.
- ◆ Manikin faces should be washed in the dishwasher at a high temperature (or sterilised) at the end of every course, whatever the other hygiene procedures that are 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.

Blended learning in regulated 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 these qualifications. Blended learning includes online live training delivery and remote online self-study.

Where centres wish to make use of blended learning models, they must adhere to delivery standards for regulated first aid qualifications as outlined in the latest Assessment Strategy and Guidance documents for each award:

[Award in Emergency First Aid at Work: GT7W 46](#)

[Award in First Aid at Work: GT7X 46](#)

[Award in Emergency Paediatric First Aid: GT7V 46](#)

[Award in Paediatric First Aid: GT7Y 46](#)

The **maximum** online delivery times for blended learning are:

Qualification title	Unit(s)	Online learning time
Emergency First Aid at Work	J6N0 46	2 hours
Emergency Paediatric First Aid	J6N2 46	2 hours
First Aid at Work	J6N0 46 and J6N1 46	6 hours
First Aid at Work Revalidation	J6N0 46 and J6N1 46	6 hours
Paediatric First Aid	J6N2 46 and J6N3 46	6 hours

These assessment outcomes **must** be taught and assessed face-to-face, in the classroom, using proper first aid training equipment:

- ◆ J6N0 46: 2.1, 2.2, 3.2, 3.4, 4.2 and 5.2
- ◆ J6N1 46: 1.2, 2.3, 3.3, 9.3
- ◆ J6N2 46: 2.1, 2.2, 3.2, 3.4, 3.5, 4.2 and 5.2
- ◆ J6N3 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 GEIS3 Document: Section 24 Blended Learning](#)

Record of changes to this guidance

Version number	Description of change	Date
4.0	<ul style="list-style-type: none"> ◆ Document reviewed and updated to reflect removal of COVID-19 regulations. ◆ External links updated throughout. ◆ Sections on Pre-course screening and adaptations to assessment removed. ◆ Blended learning section updated with links to new first aid awards. 	November 2023
3.0	<ul style="list-style-type: none"> ◆ Document reviewed and updated to reflect easing of local and national restrictions and latest regulatory guidance. ◆ External links updated throughout. ◆ Introduction: FAQP guidance updated. ◆ Section 'Rescue breaths during CPR training' — statement on rescue breaths updated. ◆ Section 1: Some risk assessment questions removed where they no longer apply in relation to current guidance. ◆ Sections 2-4: Updated to reflect removal of COVID restrictions. ◆ Section 5: Updated to reflect latest RCUK advice on CPR in community settings. ◆ Section 6: Removal of adapted assessment methods where no longer applicable, recommendation for learners to wear face masks when in close contact. 	June 2022
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