



**First Aid**  
Reference  
Centre

# COVID-19

## GUIDE FOR RESUMING FIRST AID TRAINING



**Global First Aid Reference Centre**

Recommendations and advice COVID-19

2021

## Guide for the attention of first aid programmers and first aid trainers for Red Cross and Red Crescent National Societies

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General recommendations for resuming first aid training during  
the health crisis caused by the « covid-19 » outbreak.

## CONTENTS

|   |           |
|---|-----------|
| <b>Introduction</b>   | <b>3</b>  |
| Definition and fields of expertise  | 3         |
| Preliminary recommendations for people and their health   | 4         |
| Respecting protection measures and physical distancing rules  | 5         |
| The necessary technical and pedagogical changes to first aid training   | 5         |
| Pedagogical recommendations on the organisation of teaching   | 5         |
| <b>Enforce protection measures and physical distancing rules during in-person training</b>  | <b>6</b>  |
| Preparing to resume training courses  | 6         |
| Be ready to receive   | 7         |
| Accompanying learners during training   | 7         |
| <b>Increase training participants' protection if the teaching activity does not respect physical distancing</b>                   | <b>8</b>  |
| <b>Promote or implement distance learning when possible</b>   | <b>9</b>  |
| Advice on using technology and communication for first aid  | 9         |
| <b>Appendix 1. Transitional technical and pedagogical recommendations concerning basic first aid training during the epidemic</b> | <b>11</b> |
| Technical recommendations   | 11        |
| Calling for help  | 11        |
| Alerting the public   | 11        |
| Individual and collective protection  | 12        |
| Cardiac arrest  | 12        |
| Dizziness, illness  | 13        |
| Loss of consciousness   | 14        |
| Wounds, burns, injuries, bleeding   | 14        |
| Teaching recommendations  | 15        |
| Protection  | 15        |
| Assessing the casualty  | 15        |
| Call for help   | 15        |
| Foreign body airway obstruction (choking)   | 15        |
| Severe bleeding   | 16        |
| Loss of consciousness   | 16        |
| Cardiac arrest  | 16        |
| Dizziness, illness  | 16        |
| Wounds, burns, bleeding and injuries  | 16        |
| <b>Appendix 2. Transitional technical and pedagogical recommendations concerning advanced first aid training</b>                  | <b>17</b> |
| Technical recommendations   | 17        |
| Assessing the casualty  | 17        |
| Protection and safety   | 19        |
| The casualty is in cardiac arrest   | 19        |
| The casualty has lost consciousness, but is breathing normally  | 20        |
| The casualty shows signs of illness   | 20        |
| Specific rules for oxygen delivery by inhalation  | 21        |
| Teaching recommendations  | 22        |
| <b>Resources for adapting your training courses</b>   | <b>23</b> |

# INTRODUCTION

This guide aims to provide National Societies (NS) of the Red Cross and Red Crescent, and regional departments and offices of the International Federation of the Red Cross and Red Crescent National Societies (IFRC) participating in first aid training, with **advice and recommendations** to prepare for resuming training, after an interruption in many countries due to the « covid-19 » pandemic.

This has been produced taking into account the different contexts and specificities of countries as far as possible, and in no way does it replace the official rules in force in each country. Training managers and designers are free to adapt it as required. It will not always be feasible or necessary to implement all aspects.

This document follows the 'frequently asked questions' paper sent by the Global First Aid Reference Centre of the IFRC (GFARC) to the Red Cross and Red Crescent first aid network on 24 March 2020, prescribing the general measures necessary to deal with the « covid-19 » epidemic as part of our first aid policies. The GFARC has continued to follow the activities of NS at a distance and it seems that currently, the resumption of training is underway on several continents.

This resumption of training activities by the NS is on condition that health protection measures are implemented for those involved in training (learners, trainers) and that teaching is adapted in order to best prepare first aiders or first responders whilst at the same time protecting them from the virus.

As the recommendations presented in this document could evolve to take into account new advice implemented at a national or international level, updates may be suggested at a later date. Each NS must check the current guidelines applicable to their area of first aid, across relevant ministries such as Labour, Health and Education...

**Training managers and designers are invited to contact the GFARC with any questions ([first.aid@ifrc.org](mailto:first.aid@ifrc.org)).**

## Definition and fields of expertise

**Protection measures:** The guide refers to simple daily rules to protect yourself and others:

- Wash your hands frequently with water and soap or use hand sanitiser
- Cough and sneeze into the inside of your elbow
- Use single use tissues
- Do not shake hands or hug
- Stay at home if you're sick

**Physical distancing:** at least 1.5 metres between each person.

**Personal protection:** use equipment to protect yourself from sharing the virus, such as a mask, gloves, apron... This depends on the first aid action taking place.

We detail three main types of training here, but this grouping isn't exhaustive:

- **Basic first aid training:** designed for the general public, this type of training aims to teach people how to react when faced with an emergency situation, without them having prior knowledge of first aid. Courses are generally quite short and aim to teach procedures for responding to unforeseen events (accident, illness...) that could put someone's life in danger. Courses may or may not result in some form of certification or diploma and there are certain professions for which this training is compulsory.
- **Advanced first aid training:** this training covers several types of content and modules depending on the context and needs of each NS, but aims to train the general public, volunteers and staff who have prior knowledge of first aid (the level is defined by each NS). First aiders trained to this level are generally capable of carrying out a more detailed assessment of the casualty, and providing advanced-care using first aid equipment. At the end of the training, participants receive a certificate (official or otherwise).
- **Training of trainers (in first aid):** any type of training aimed at using tools, good practice and teaching methods as a first aid trainer. A large part concentrates on the process of learning and sharing knowledge as well as on the techniques which must also be mastered. In some NS, it isn't necessary to complete the basic first aid training to access such programmes. It can lead to a regulated official diploma, or to a Red Cross/Red Crescent certification.

**NOTE:** for these training courses, this guide and its two appendixes should be read.

In this guide, we try to make the distinction between « **recommended techniques** » which refer to clinical and scientific first aid, and « **teaching recommendations** » which aim to give advice on teaching methods and the procedures to put in place in the covid-19 pandemic period. The two can sometimes merge and it's important that trainers read these sections carefully.

## Preliminary recommendations for people and their health

SARS-Cov\_2, the virus responsible for Covid-19, is transmitted from person to person through close contact and through air-borne droplets. It is possible that a person could catch the virus by touching a surface or object on which the virus is found, and then touching the mouth, nose or possibly eyes.

During the post-lockdown phase, it is imperative to break the virus transmission chain. For this reason, any participant attending training who shows signs of covid-19 or who is in contact with anyone infected must not attend training at this time. The resumption of training must be done safely for all parties involved in training: trainers, learners etc.

Last but not least, National Societies should reinforce the message to learners that lifesaving actions are critical. This guide intends to help you to help learners to understand how they act safely, but it is important that in doing so their confidence and willingness to help is not reduced. In particular, learners should understand that commencing Cardiopulmonary Resuscitation on someone in their household has very low likelihood of virus transmission over and above the existing risk from co-habitation (see CPR section).

## Respecting protection measures and physical distancing rules

Respecting protection measures and physical distancing rules must remain the norm in all circumstances. Viral transmission mainly occurs by people who are sick, but sometimes asymptomatic people can also spread the virus.

Our advice in this guide centres around five general principles:

- Maintaining physical distance;
- Adhering to protection measures;
- Limiting the mixing of learners;
- The cleaning of premises and equipment;
- Communication, information and training.



## The necessary technical and pedagogical changes to first aid training

Taking into account the risk of contracting or spreading the virus, both when taking care of a casualty and when conducting first aid training, it is necessary to:

- remember the hygiene principals that need to be observed when dealing with casualties who have a contagious infectious disease such as Covid-19;
- adapt certain procedures to be followed due to the circulation of the virus in the population and concerning the management of a casualty who shows symptoms of Covid-19 ;
- adapt teaching methods and techniques to ensure training is carried out in the best way possible in regard to its effectiveness, and the protection of the training participants.

## Pedagogical recommendations on the organisation of teaching

In addition to improvements and measures to make individual and collective protection possible, a reorganisation of teaching is necessary. The resumption of activity should be gradual and based on three main principles:

1. **Enforce protection measures and physical distancing rules** during in-person training.
2. **Increase the protection of training participants** if the educational activity does not respect physical distancing.
3. **Promote** or implement **distance learning** when possible.

## ENFORCE PROTECTION MEASURES AND PHYSICAL DISTANCING RULES DURING IN-PERSON TRAINING

The resumption of in-person training must be done in compliance with health measures and the rules of physical distancing imposed locally.

To this end, we advise each NS to put in place the following recommendations.

### Preparing to resume training courses

- Provide your teaching teams with preliminary information (information e-mail, video conference, etc.). This information sharing makes it possible to present the health measures in force and the adaptations necessary for the resumption of teaching to all trainers;
- organise training in premises where physical distancing measures can be followed. If all or part of the training is organised outdoors, physical distancing measures must still be respected. It's necessary to adapt the number of trainers and assistants who supervise;
- make every effort to ensure that all essential rules and instructions can be respected before the training begins;
- avoid any damage to protective equipment required for training. The trainers, possibly with the help of a specifically designated person, will ensure the protection measures and physical distancing measures are respected and will contribute to the essential cleaning and disinfection procedures;
- inform learners **before** the start of training :
  - of measures that they will have to respect during the training (reminding and demonstrating the time needed for hand washing, the rules for using masks) ;
  - the materials that will be made available to them or what they will need to bring ;
  - that they may not attend training if they show even minimal signs of infection (cold, cough, fever, loss of taste and smell, etc.) or if they must follow isolation measures according to in-country requirements
- provide a water point during training, equipped with soap and single-use hand towel dispenser, as well as making hand sanitiser available and close to the training participants;
- ensure posters showing protection measures<sup>1</sup> are visibly displayed at different places around the training site;
- ensure protective masks are available (general public and possibly surgical standard) for training participants. Wearing these protective masks must be mandatory for all training participants when physical distancing of 1.5m is not possible. The Red Cross/Red Crescent may rule that masks must be worn permanently throughout the duration of the training depending on the local rules ;
- ensure cleaning and disinfection products for surfaces and objects are available (sprays, wipes, disinfectants, etc.) and put a procedure in place for their use. This equipment must be available for:

1. The IFRC have made several posters and communication tools available, which can be adapted and are in several languages [here](#).

- cleaning of premises and disinfection of surfaces before and after each day of training ;
- regular disinfection of contact points (door handles, electrical switches, etc.) during training ;
- cleaning and disinfection of shared materials (teaching or other) before training and after each use.

The involvement of teaching teams in developing and understanding this guidance is essential for the successful resumption of training. Supervision by individuals who understand the guidance plays a key role in respecting the protection measures and rules of physical distancing.

## Be ready to receive

Prepare an equipped space for each participant, to allow them to learn and practice while maintaining the necessary physical distance.

Each learner may be equipped with individual equipment (dressings, tourniquets, single-use gloves, mannequin, etc.) which may not be shared between participants.

## Accompanying learners during training

Learners in training must be committed to and responsible for their own safety and that of others. This is a key principle that we must teach. For this purpose:

- Set aside time, at the beginning of training for each group of learners, to explain general and specific health instructions as well as a reminder of each individual's responsibility in the fight against the spread of the virus (highlight the available materials, appropriate use of the premises and, where appropriate, training equipment and vehicles). The instructions must also cover the organisation of break times. This could increase the training's running time, so organise yourself appropriately and make this known.
- If the rules at the beginning of and during the training are not followed by any individual, the local NS branch who provides the training may need to **remove** the learner from participating or continuing the training

Trainers and assistant trainers must be present alongside learners not only to facilitate the training, but also to:

- support them by reminding them if necessary of the rules and measures to be followed;
- ensure the permanent and adequate supply of necessary materials to observe these rules (masks, soap and water point, hand sanitiser, disinfection products, etc.);
- provide regular breaks (at least every 2 hours), staggered with other groups of learners on-site to limit gatherings of people and allow everyone to adhere to personal hygiene rules (hand washing or rubbing) or collective rules (washing of contact surfaces);
- ventilate the training room during breaks or at least 15 minutes every three hours;
- clean and disinfect shared equipment after each use or after each group of learners leave;
- ensure each learner uses their individual training equipment when supplied and do not exchange equipment or other items (post-it, pen, photo, etc.);
- ensure each learner uses their personal protective equipment (general public or surgical mask), as soon as the physical distancing rule cannot be respected (simulation exercise, teamwork);
- replenish and repackage training equipment (using cleaning procedures approved by the NS);
- advise each learner to apply the essential hygiene rules like taking a shower and changing clothes at the end of the day of training.





## **INCREASE TRAINING PARTICIPANTS' PROTECTION IF THE TEACHING ACTIVITY DOES NOT RESPECT PHYSICAL DISTANCING**

Trainers have many training techniques at their disposition. Some of them expose the training participants more, because they do not allow the rules of physical distancing to be respected. However, technical learning remains necessary and simulation and team work exercises cannot be removed. There are many ways to adapt these techniques so that training remains just as effective and contact time between participants is limited. In order to be able to continue using these techniques, which will be specified elsewhere for each training (see Appendix 1 and 2), it is recommended to:

- limit the use of teaching techniques that require close physical proximity or exchange of materials;
- prioritise the use of manikins<sup>2</sup>, dolls to simulate the casualty ;
- prioritise forming sub-working groups always composed of the same learners for the duration of the course in order to limit the mixing of learners ;
- protect learners through the mandatory wearing of masks whenever physical distancing rules cannot be respected ;
- clean the shared teaching tools after each usage or each training ;
- wear gloves if common teaching aids cannot be cleaned between each use or rub hands with hand sanitiser before and after the segment ;
- ask each participant to wash their hands with soap or rub their hands with hand sanitiser before and after each teaching segment.

2. Ideas for creating « home made » manikins are available on this site : <https://nhcps.com/how-to-make-your-own-diy-cpr-manikin-at-home/>



## PROMOTE OR IMPLEMENT DISTANCE LEARNING WHEN POSSIBLE

The use of distance training alternating with in-person training only when necessary reduces the risk of those involved in training being infected. In addition, it makes it easier to ensure that health protection measures and physical distancing rules can be applied. It is recommended to inform yourself about the current situation in your country and consider how learners are able to be assessed.

Distance training can be particularly effective for learning theoretical knowledge. However, without high-spec technical equipment, training limited to distance learning cannot be considered sufficient for obtaining a diploma because first aid training requires the practical application of actions and procedures that can only be carried out in person. This is why we recommend that distance learning, if used, must be linked to an in-person training. The implementation of distance learning must also take into account the likelihood of everyone having access to the necessary technologies.

The GFARC<sup>3</sup> can advise NS on this, regarding the training aims, its requirements (learning procedures), the skills to be acquired and the requirements defined by a local certification. Similarly, **a set of resources** have been selected and are available at the end of this guide to help the NS put this type of programme in place.

All of these recommendations will be consolidated by the updated **international first aid, resuscitation and education recommendations**, currently being written, and which should be ready by the end of 2020. In order to complete this document, NS are invited to share their good practice and any challenges they face with the following address: [first.aid@ifrc.org](mailto:first.aid@ifrc.org).

### Advice on using technology and communication for first aid

We're aware that there are disparities between National Societies, and also between local branches of the same country relating to internet access, use of new technologies, the software available and the sharing of knowledge on this subject. First aid training can be affected, particularly at the moment, and first aid trainers or managers can be faced with the new challenge of digital inclusion to share their knowledge. Some solutions suggested by GFARC and its partners are presented at the end of the guide:

- We encourage the use of varied methods for dynamic and effective training, centered on the learner and their needs: diversify your techniques as much as possible whilst respecting distancing, with the help of games, quizzes, questions/responses, visual aids...
- If you don't have a sufficient internet connection and/or a projector for your videos, plan to send them in advance or afterwards to your learners via WhatsApp, a YouTube channel or any other application used in your region. This will help increase your participants' ability to remember. The videos suggested by GFARC are downloadable in a [VLC folder](#) and can be watched without internet.
- Lots of mobile applications can have « offline » content : consider using this functionality to include them in your training (see the [Global Disaster Preparedness Center's first aid application](#))

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3. Several guides have been published for online learning, with applications, they are available on [this page](#) (in English)

- To prioritise interaction whilst respecting the protection measures, free versions of online software are available on computer and mobile like [Kahoot!](#), [Klaxoon](#), [Pool everywhere](#)... They all provide interactive content to be created without needing to touch !
- Be inventive concerning the use of objects to prioritise individual practice: dolls, water bottles, tissues...
- If you lack time to expand on the new contents, be aware that most of the first aid modules are available online on the [e-learning](#) platform of the IFRC (however, that doesn't replace an entire training)
- Make the most of this time to strengthen first aid communication and messages on the radio, in the press, on social media... We have more need than ever for trained and knowledgeable people.
- Finally, during any potential distributions of masks, protective equipment or community awareness materials, consider having a poster or leaflet with you describing safe behavior and first aid actions.



## **APPENDIX 1**

### **TRANSITIONAL TECHNICAL AND PEDAGOGICAL RECOMMENDATIONS CONCERNING BASIC FIRST AID TRAINING DURING THE EPIDEMIC**

In an infectious or epidemic context (such as Covid-19) it is necessary to take protective measures and to adapt the management of casualties likely to be affected by the disease. The purpose of these adaptations is to limit proximity to the casualty and reduce the risk of contamination.

The elements presented below are intended to adapt to the « Covid-19 » pandemic situation, they complement or modify the various modules usually taught during basic first aid training (inexhaustive list, to be adapted according to the each NS' training rules).



## **TECHNICAL RECOMMENDATIONS**

### **Calling for help**

**Who to alert when faced with a casualty presenting symptoms that could suggest an infectious respiratory disease like « covid-19 »:**

- If the person has symptoms such as a cough and fever or any other flu-like symptoms, ask the casualty or those around them to call or consult a medical professional, a medical voluntary organization or a community worker. These professionals could possibly provide help at a distance. If that isn't possible, advise the person to go home and rest.
- If the person has a cough and fever, and has difficulty breathing at rest or exertion, or shows signs of a life threatening emergency, call the emergency services immediately.

### **Alerting the public**

The risk of infection, during an outbreak or pandemic, is a specific danger, in the same way that there are chemical or radioactive dangers. The population is alerted via the media or local social networks. Specific instructions, such as containment, protection or distancing measures, are issued by the local health authorities. The public must respect these instructions.

## Individual and collective protection

**When faced with a person presenting symptoms that could suggest an infectious disease like «Covid-19 ».** The first aiders must take measures to protect themselves and those close by:

- as far as possible, keeping their distance from sick people, don't touch them especially if the casualty isn't wearing a mask;
- if they must approach the person, protect themselves as much as possible with a mask;
- ask the casualty to isolate themselves if possible in a separate room, and to wear a surgical mask if possible. If the latter affects the casualty's ventilation it must be removed;
- ask the sick person's friends/family and contacts to respect the protection and distancing measures;
- do not touch their eyes, nose, mouth or face;
- at the end of the intervention, wash your hands with water and soap and dry them with a towel or tissue, alternatively use hand sanitiser or ash, and ask the sick person to do the same.

After having been in contact with a person who has or is suspected of having an infectious disease (Covid-19), if possible, contact the health authorities put in place by your government to learn the procedure to carry out for yourself (screening, containment measures). Follow their advice.

## Cardiac arrest

When a cardiac arrest occurs in infectious or epidemic context (Covid-19) protective measures must be taken for the first aider and changes must be made to the management of casualties.

This adaptation is linked to the undertaking of:

- acts of examination that require close proximity with the casualty's airway and expose the casualty to the risk of contamination;
- First aid resuscitation actions which cause an aerosolisation of the virus.

The aim of these changes is to reduce the risk of exposure to the virus. The changes are as follows:

Reinforce the principle: **«ALERT, CPR, DEFIBRILLATE».**

**When faced with a casualty who doesn't respond or react:**

- if possible protect yourself with a mask ;
- after having laid the casualty on their back ; don't proceed to tilt back the casualty's head to open their airways. Don't attempt to open their mouth ;
- don't lean over the casualty's face ; don't put your ear or cheek to the mouth or nose of the casualty;
- verify the casualty's breathing by checking if their stomach and chest lift. A cardiac arrest can be recognised by the limited or absence of response, and of normal breathing, without approaching the mouth of the casualty ;
- in the absence of normal breathing, or if unsure, alert the emergency services and ask for an automatic external defibrillator (AED), if this is available in your region and if legislation allows it to be used by the general public;
- start chest compressions immediately ;
- if available, use an AED as soon as possible (stand at the casualty's feet when administering the shock) and follow the instructions given by the emergency services contacted ;

- if possible, place a tissue, a towel or a mask over the mouth and nose of the casualty before proceeding with chest compressions and defibrillation. This reduces the risk of the virus being spread in the air (aerosolisation) during the chest compressions ;
- don't do mouth to mouth resuscitation. That being said, in two scenarios this is left to the judgement of the first aider :
  - the first aider lives in the same household as the casualty (already shares risk of contamination or risk is limited within the family);
  - The casualty is a child or an infant (as cardiac arrests in children are generally due to respiratory problems, practicing artificial ventilation increases the chance of children surviving).
- continue the resuscitation undertaken until being relieved by the emergency services.

NB : Outside of the context of the Covid-19 pandemic, but also in children and infants artificial ventilation is essential and must be demonstrated by the trainer (even if it is not possible to put it into practice in training, this can be presented with the help of a video or poster).

## Dizziness, illness

Certain symptoms may occur in victims who have a contagious infectious disease such as « Covid-19 ». A contagious infectious disease such as «Covid-19 » can be diagnosed when dealing with a patient who has one or more of the following signs:

- a cough;
- difficulty breathing;
- fever or feeling of fever (chills, hot and cold);
- headaches, aches, sweats and intense fatigue;
- diarrhoea;
- loss of smell (without nasal obstruction), total loss of taste

**When faced with a patient who has symptoms of an infectious disease which is airborne or spread by contact like «Covid-19 »:** as soon as they are aware of it, the assigned first aider must put in place measures of protection and of distancing to limit the spread of the disease.

These high-risk conditions must be communicated when the emergency services are alerted: The sick person is

- over 60 years of age;
- has heart or lung disease, diabetes or immunodeficiency;
- has obesity;
- is undergoing treatment for arterial hypertension, cancer or an immunodeficient disease (chronic disease, AIDS), or is on dialysis for kidney failure ;
- is pregnant.

Request a medical opinion:

- If the casualty has a cough, a feeling of fever, chills and no signs of severity, contact a medical assistant or medical support organisation;

Call the emergency services if available or take the person to hospital:

- If the victim has shortness of breath while resting or exerting, breathing difficulties or any other sign suggesting a life threatening emergency.



## Loss of consciousness

During the «Covid-19 » outbreak period, when dealing with a casualty who does not respond:

- lie the casualty on their back ;
- do not tilt the casualty's head backwards to clear the airway;
- do not attempt to open their mouth;
- do not lean over the casualty's face, do not put your ear and cheek over the casualty's mouth and nose;
- Verify the casualty's breathing by checking if their stomach and chest are lifting without approaching their mouth.

If the victim does not respond and is breathing normally:

- alert emergency services, follow their instructions
- put the casualty on their side (Recovery Position) depending on the advice given by the emergency services; if the emergency services can come quickly, they might tell you to leave the casualty lying on their back<sup>4</sup> in order to avoid any close contact.
- Continuously monitor the casualty's breathing by watching their stomach and chest lift.

## Wounds, burns, injuries, bleeding

Remind learners that Covid-19 is not transmitted by skin or blood. Apply general protective measures when faced with a casualty who has a contagious infectious disease (see the paragraph above on protection), while monitoring the casualty during the wait for relief or medical advice.

- As soon as they become aware of it, the rescuer should apply general protection and distancing measures to limit the transmission of the disease;
- seek the casualty's cooperation and encourage them to perform first aid actions on themselves. If they can't, the first aider should carry out first aid while trying to protect themselves with gloves or by slipping their hands into plastic bags;
- monitor the victim at a distance while waiting for relief or medical advice;



4. During the Covid-19 epidemic period the first aider should be able to check the casualty's breathing easily by watching their stomach and chest if the casualty is lying on their back.



## TEACHING RECOMMENDATIONS

These specific teaching recommendations are intended to propose solutions for each training module and to enable NS and their trainers to comply with the general recommendations necessary for the resumption of basic first aid training.

The rules governing such training are unchanged. However, ideally the number of learners or the number of working groups will be limited in order to respect the rules of physical distancing and prevent the groups from intersecting. From a practical point of view, it's useful to have an assistant available for the training, not necessarily a trainer, who will be in charge of the logistics and making sure that protection measures are respected. Finally, concerning the length of the training and evaluation, it's bound to be necessary to increase this to make sure protection measures can be respected, whilst continuing the transmission of knowledge. The list below isn't exhaustive, and relates to the general first aid modules.

### Protection

It is strongly recommended to take advantage of first aid training to add a specific module<sup>5</sup> on wearing protection and reducing the transmission of contagious infectious diseases (hygiene rules, usage of basic Personal Protective Equipment (PPE) like masks...).

### Assessing the casualty

The assessment of the casualty must be carried out on a manikin or a doll.

### Call for help

Specific to each context, this part of the course must be personalised by the NS, the idea being to be realistic and note that the emergency services are in great demand (hence the importance of teaching lifesaving first aid procedures). The trainer must be careful to distinguish the indications for calling the emergency services, doctors, community health workers or charities, particularly in case of symptoms suggesting an infectious disease like Covid-19. The context in which learners will operate should be taken into account

### Foreign body airway obstruction (choking)

Techniques for clearing the airway cannot be shown or performed on a person.

If an airway obstruction training manikins are available, the trainer can demonstrate these actions on those and then ask the learners to practice each in turn. During this training, the distancing rules will be respected and the manikins cleaned between each use. In the absence of a manikin, the trainer will be able to explain and detail the action, they would benefit from a visual aid ([video](#)) if possible.

Since back blow techniques cannot be practiced, learners will be limited to verbal explanations of how to respond. Finally, for chest compressions, learners can show the correct hand position on themselves.

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5. The contents of these guides are offered in several languages by the IFRC [here](#). Similarly, trainings on this subject are available for free on the e-learning platform : <https://ifrc.csod.com/client/ifrc/default.aspx>

## Severe bleeding

It is recommended that each participant be provided with an individual exercise package. This package should contain the equipment necessary to apply a compression dressing and/or an improvised tourniquet according to the current curriculum.

Each participant will then be able to:

- practice performing manual compressions and applying a compression dressing on themselves;
- show how to make a tourniquet on their own thigh or leg without tightening it.

Manikins or dummies can also be used to practice the actions needed to prevent bleeding. In this case, the distancing rules must be followed and the dummy cleaned between each use.

## Loss of consciousness

Two procedures will have to be presented, with the recovery position in the non-epidemic period and without the recovery position or only when advised to by emergency services in the Covid-19 epidemic period.

The recovery position can be presented using a visual teaching aid ([video](#), slideshow, posters).

The position can be practiced on a whole-body manikin. However, not all the models currently available allow this technique to be carried out easily. The trainer will ask learners to explain and justify this technique while keeping in mind that only the purpose of the action matters. «At the end of the maneuver, the casualty must be on their side, head back and mouth facing towards the floor ».

## Cardiac arrest

If each participant and trainer are equipped with a clean and disinfected cardiopulmonary resuscitation training manikin, the learning is unchanged. The trainer will ensure that each learner uses the manikin assigned to them.

If a CPR training manikin is available for 2 or 3 learners, it's not possible to practice **artificial ventilation**. The trainer must explain the technique, use a visual aid (poster, slide or [video](#)) or possibly show it on their own manikin. Only chest compressions and defibrillation can be performed on the manikin. In all cases, the manikin will be cleaned between each learner's use.

Two procedures must be presented, the normal procedure for when there isn't an epidemic and with restrictions that relate to clearing the airways, checking the casualty is breathing and the absence of artificial ventilation during the epidemic period.

With respect to artificial ventilation, especially if it is not practiced, the trainer will remind students of its importance outside the situation of the Covid-19 and with children.

## Dizziness, illness

In addition to the usual elements of the module, learners will need to receive information about the Covid-19 disease. The optimal positions while waiting for emergency services (chest or thorax injury etc.) will be explained with the help of visual aids or demonstrated on a manikin.

## Wounds, burns, bleeding and injuries

Regarding practical actions, ask the learners to practise on themselves.

## **APPENDIX 2**

### **TRANSITIONAL TECHNICAL AND PEDAGOGICAL RECOMMENDATIONS CONCERNING ADVANCED FIRST AID TRAINING**

In an infectious or epidemic context (Covid-19) it is necessary to take protective measures and to adapt the management of people likely to be affected by the disease. The purpose of this adaptation is to limit proximity to the person and reduce the risk of contamination.

Certain NS' advanced first aid training has already been able to design procedures for dealing with a person who presents a highly contagious infectious disease and the measures of protection, safety, hygiene and disinfection that the first aider must employ. The covid-19 epidemic shows the importance of this part of the training<sup>6</sup>. These procedures will be supplemented by the following recommendations.

**When dealing with a casualty showing symptoms of a contagious infectious disease transmitted via respiratory droplets or by contact like Covid-19, the first aider or first aid team should apply the following specific procedures.**



## **TECHNICAL RECOMMENDATIONS**

### **Assessing the casualty**

#### **Assessing the situation**

During an initial assessment, the first aid team must be careful, especially during an epidemic, to check for signs of a contagious infectious disease, particularly one transmitted via respiratory droplets or contact like Covid-19.

Signs of a contagious infectious disease like Covid-19 should lead the team to:

- equip themselves with appropriate personal protective equipment (PPE) ;
- air the room in which they find the casualty ;
- follow the principal of minimal engagement of personnel ;
- implement physical distancing rules for those surrounding the casualty ;
- ask the casualty to put a mask on or put one on them.

6. As a reminder, see the available online courses on this subject : <https://ifrc.csod.com/client/ifrc/default.aspx>

## **Vital signs assessment**

A first aider must protect themselves immediately with a surgical mask, a pair of gloves and if possible protective glasses to do the assessment of vital signs. The other team members must keep more than 2 metres distance from the head of the casualty, equipping themselves with appropriate PPE then relieving the initial first aider so they in turn can get equipped ;

If the casualty has lost consciousness, after having laid them on their back;

- tilt their head back and lift the casualty's chin to clear their airway, don't try to open their mouth ;
- check the casualty's breathing by seeing if their chest and upper abdomen are lifting. Don't lean over the casualty's face; don't put your ear and cheek over the mouth and nose of the casualty to check for breathing.

In the epidemic context, it may be worth checking all casualties for signs of a fever. The infrared forehead thermometer is the best way to detect an elevated temperature without having contact with the casualty; alternatively an aural thermometer can be used. When transmitting the assessment, the temperature of the casualty must be shared as well as the method used and the place from which the measurement was taken. The value indicated is approximate, allowing the presence of a fever, and its intensity to be identified.

## **Follow-up assessment**

Look for and investigate signs that suggest a highly contagious infectious disease like Covid-19. The most common symptoms are :

- cough ;
- difficulty breathing ;
- muscular ache, chest pain, sore throat, headache ;
- extreme fatigue ;
- feeling feverish, fever, shaking, stiffness, sweats ;
- runny nose ;
- diarrhoea ;
- loss of taste and smell ;
- loss of balance or unexplained falls, particularly for elderly people ;
- the presence of other people with the same symptoms or who have tested positive and are undergoing treatment and are isolating in the vicinity at the same time.

Look for the high risk factors and prior history to be transmitted during the alert:

- age 60+ ;
- have heart or lung disease, diabetes or immunodeficiency ;
- are obese ;
- undergoing treatment for arterial hypertension, cancer, an immunodeficient disease (chronic disease, AIDs) ; are on dialysis for kidney failure ;
- being pregnant.

## **Transmitting the assessment**

In the epidemic period specific advice concerning the transmission of assessment may be decided by the medical authorities or emergency services, according to the NS' current situation and context. The first aid team member will follow this advice. An assessment should be urgently shared if the casualty shows signs of life threatening distress.



## Protection and safety

The surgical masks and the FFP2 masks are part of the PPE for protecting yourself from a highly contagious infectious disease transmitted by respiratory droplets like Covid-19. Glasses, apron, protective suit, hair net or cap avoid germs being deposited on the first responder's clothing and must be used when dealing with a casualty who shows signs of a highly contagious infectious disease transmitted by respiratory droplets or contact like Covid-19.

## The casualty is in cardiac arrest

For the first responder as well as the casualty, the first responder who carries out the vital signs assessment is equipped with a surgical mask, a pair of gloves and protective glasses. They should :

- If defibrillation is available within the NS, carry out defibrillation as a priority. Position yourself at the feet of the casualty before delivering the shock to keep a distance of at least 1 metre from the casualty's face when delivering the shock. The defibrillation shocks must be transmitted rapidly to restart circulation and avoid the need for respiratory assistance. Defibrillation is an action without risk of aerosilisation ;
- put a surgical mask on the casualty's face to limit the spread of particles or droplets during the chest compressions ;
- start chest compressions ;
- artificial ventilation via mouth to mouth is banned, because this exposes the first aider to the risk of contamination.



During this time, the other first responders keep at least 2 metres distance from the casualty's head and equip themselves with appropriate PPE. The need to protect themselves slows the CPR for several first responders, but the safety of personnel is priority. No ventilation by ventilator can be carried out until the first responders are protected. Once the first responders are protected:

- A first responder relieves the one who started the chest compressions to allow them in turn to equip themselves.
- The second places him/herself at the head of the casualty and clears the airway.
- The first responder placed at the head of the casualty takes the single use manual ventilator equipped with an **anti-viral protection filter** if possible, placed between the mask and the gas separator valve (T shaped piece).
- They place the mask on the casualty's face and **hold it with two hands**. The antiviral filter and the mask being held in two hands limits the risk of aerosolisation and the risk of spreading the virus during insufflation.
- The first responder who carries out the chest compressions must, whilst maintaining his/her position and after 30 compressions, carries out 2 insufflations by squeezing the bag.

Depending on the materials available (oxygen, high concentration mask, antiviral filter, etc.):

- Connect the manual ventilator to the incoming oxygen supply (15 l/min) as soon as possible.
- Follow the resuscitation according to the usual procedure.
- For adults, in the absence of an antiviral filter, insufflation should not be done to avoid any droplets being spread. Put a high concentration mask on the casualty's face and cover this with a surgical mask then administer oxygen at a rate of 15 l/min. This mask aims to limit the spread of droplets whilst providing oxygen during the chest compressions.

If the first responder is alone, follow the procedure recommended for a first aider who has completed the basic first aid training.

### **The casualty has lost consciousness, but is breathing normally**

- Administer oxygen as necessary following the rules for oxygen administration in a casualty who shows symptoms of a highly contagious infectious disease transmitted by respiratory droplets like Covid-19 ;
- Continuously monitor the casualty's breathing by watching their chest and upper abdomen;

### **The casualty shows signs of illness**

Follow the general protection measures for dealing with a casualty showing signs of a highly contagious infectious disease. One single first responder equipped with PPE stays by the casualty whilst the other team members equip themselves with the appropriate PPE and then takeover.

- provide and ask the casualty to wear a surgical mask ;
- Ask the casualty to rub their hands with hand sanitiser ;
- Ask friends and family to respect the protection measures and physical distancing measures ;
- Air the room in which the casualty was found, if possible ;
- administer oxygen if necessary respecting the rules for administering oxygen to a casualty who shows symptoms of a highly contagious infectious disease transmitted by respiratory droplets like Covid-19 ;
- ask for a medical opinion, specifying that a highly contagious infectious disease is suspected. Follow the emergency service's advice.



## Specific rules for oxygen delivery by inhalation

In a casualty who shows signs of a highly contagious infectious disease (during an epidemic) like Covid-19, in order to fight against respiratory distress whilst giving particular attention to the risk of droplets and particles, the following rules for administering oxygen will be applied<sup>7</sup> :

- Systematically administer oxygen if  $SpO_2 < 92\%$  in ambient air ;
- Start by administering oxygen with the help of O2 glasses with an initial rate of 1 L/min ;
- Place a surgical mask on the casualty, over the glasses ;
- Increase the rate by increments of 1 L/min to reach a  $SpO_2 \geq 92\%$ . Don't exceed a O2 rate of 6 L/min with glasses.

If the goal of  $SpO_2 \geq 92\%$  can't be reached after 10 min :

- replace the O2 glasses with a basic mask or high concentration mask;
- place a surgical mask over the oxygen mask to limit the spreading of respiratory droplets;
- start at the minimum rate of O2 and progressively increase every 2 to 3 mins until reaching a  $SpO_2 \geq 92\%$  without exceeding the upper limit of 96%.

In those with chronic respiratory insufficiency in respiratory distress with Covid-19:

- Follow the normal rules for administering O2.
- Place a surgical mask on the casualty over the oxygen delivery device.

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7. This specific recommendation for the COVID 19 disease aims to decrease the risk of the aerosolisation of the virus during oxygen administration.



## TEACHING RECOMMENDATIONS

These specific teaching recommendations aim to offer solutions to allow NS to continue advanced first aid training, whilst following the general recommendations detailed above.

The rules governing such training may remain the same. However, it is desirable to limit the number of learners or the number of working groups in order to respect the rules of physical distancing and prevent the groups from intersecting. From a practical point of view, it is useful to have an assistant for the training, not necessarily a trainer, who will take care of the logistical aspects and the respect of the protection measures. Finally, concerning the length of the training and evaluation, it's bound to be necessary to increase this to make sure protection measures can be respected, whilst continuing the transmission of knowledge.

Trainers have many training techniques at their disposition to organise advanced first aid training. Some of them expose the training participants more, because they do not allow the rules of physical distancing to be respected, particularly when carrying out first aid procedures which require more than 1 first responder or during team simulation exercises. However, these types of learning remain necessary and the teaching techniques used, despite being adapted to respect physical distancing as much as possible, cannot be removed.

During learning and practical phases, when the teaching techniques do not allow physical distancing, the wearing of the mask is **mandatory**. If the exchange of technical or teaching materials takes place between participants during the training, the trainer must ensure that each of them are wearing **gloves**. These gloves will be removed after the exercise and the materials will be cleaned and disinfected.



## RESOURCES FOR ADAPTING YOUR TRAINING COURSES

- GFARC video of First Aid program, available in 8 languages
- GFARC Youtube channel
- GFARC online training guides (in English)
- Health Help Desk (subject guides in several languages for RC/RC members)
- Online first aid training and other corona virus training (several languages) : sign up for free <https://ifrc.csod.com/client/ifrc/default.aspx>
- Community based health and first aid (eCBHFA) site in several languages: <http://ifrc-ecbhfa.org/>
- How to create a homemade dummy (in English) : <https://nhcps.com/how-to-make-your-own-diy-cpr-manikin-at-home/>
- ILCOR Recommendations
- ERC Recommendations
- Cebap - Facts-Check



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## **GLOBAL FIRST AID REFERENCE CENTRE**

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