

New In-Person Training Guidelines

TEACH COVID SAFE

As state, county and municipal governments continue to gradually re-open and ease restrictions, classroom training and certification is likely to also gradually increase. As hands-on skill practice and evaluation are required for certification, everyone's primary concern must be for the health and safety of students and instructors. To that end, we must not undermine the progress that has been made in stemming the spread of coronavirus. We have an obligation to TEACH COVID SAFE.

Teach smaller classes. Do not exceed local, state, and federal guidelines for group gathering sizes.

Every student and instructor should have their own manikin and AED trainer.

Avoid non-essential travel. Use interactive videoconferencing technology to teach and remotely verify skill competence when possible.

Communicate the steps you are taking to slow the spread of infection, protect students and help ensure a safe and healthy learning environment.

Hand Hygiene. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.

Clean and disinfect surfaces and equipment frequently and thoroughly. Follow manufacturer and CDC guidelines.

Online blended learning. Use blended learning or Remote Skills Verification (RSV) to reduce classroom contact time.

Visually inspect students for signs of illness, which could include flushed cheeks or fatigue. Confirm student is not experiencing coughing or shortness of breath.

Increase physical space. Maintain social distancing; minimum of 6 feet between instructors and students. No physical contact between instructors and students.

Develop and distribute flexible rescheduling policies so students can stay home when they are sick.

Supplies. Have proper supplies in class including hand sanitizer, tissues, trash baskets, and cleaning supplies in sufficient quantity.

All instructors and students should wear a cloth face covering. Avoid touching the eyes, nose, and mouth.

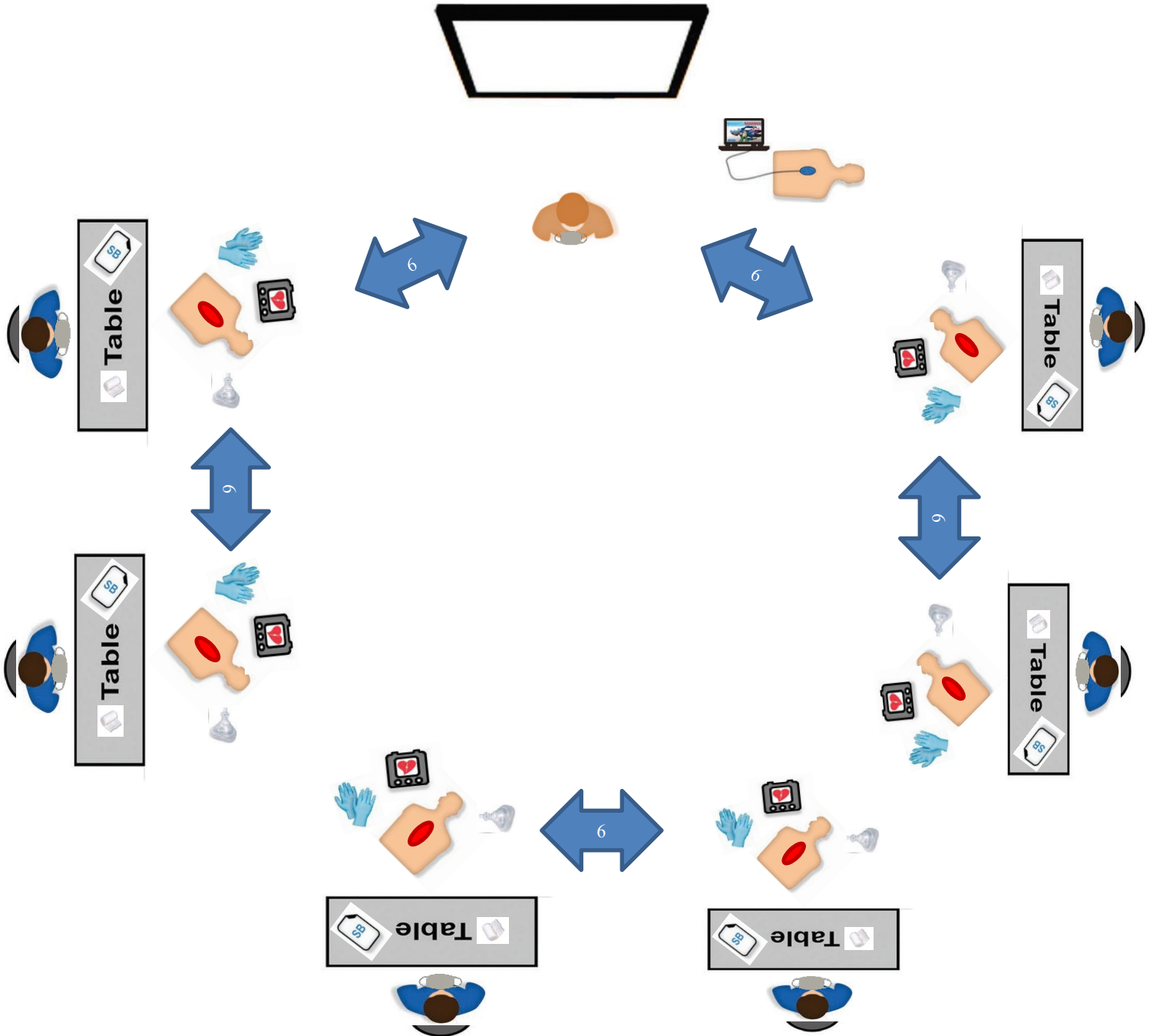
Facts. Help stop the spread of rumors. Share information only from trusted sources.

Encourage the daily practice of everyday infectious disease prevention actions.


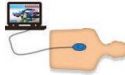












Modified COVID-19 Classroom Layout for All

ASHI, MEDIC First Aid and EMS Safety CPR, AED, and First Aid Training Classes

Always follow state and local guidelines for group gatherings. Ensure your training space can accommodate a social distance of at least 6 feet between students and between students and the Instructor. We recommend a ratio of 1:1 student to equipment (manikins and AED trainers). If you cannot maintain proper social distancing or a 1:1 student to equipment ratio, consider using another method of training such as RSV as an alternative to traditional classroom training.



See legend on page 3

	Chair		Loop Learning System (optional)*
	Student Book, Skill Guide, or Performance Evaluation		CPR Feedback Device* (Strongly Recommended)
	AED Training Device*		Manikin*
	Student		Instructor
	Face Covering		Computer/ Monitor
	Six Ft. Minimum Separation		Disposable Gloves
	Clean Dressings and Bandages		CPR Mask with One-Way Valve

More Best Practices for Safe Classroom Training

- If a scheduled instructor or student has symptoms (fever, cough, shortness of breath), he or she should not attend class.
- The room should be well lit and well ventilated.
- Instructors and students should wear gloves during all skill practices. Use plastic gloves or simulate gloves if non-latex exam gloves are unavailable.
- Do not neglect to implement the 1:1 student-to-manikin ratio and a 1:1 student-to-AED training device ratio.
- Do not break students into small groups.
- Rescue breaths may be simulated. Students must correctly demonstrate how to place a CPR mask on the manikin, open the airway with a head-tilt, chin-lift, and then verbalize that they would give two breaths, one-second each, and watch for visible chest rise.
- If students must practice breaths, face shields are not recommended. Students should have their own CPR mask and one-way valve for use during the class.
- Primary Assessment (Responsive and Unresponsive) may be practiced on a manikin or simulated patient.
- Control of Bleeding should be practiced on the student's own arm or leg to eliminate contact between students.
- Choking practice should be conducted in the following manner:
 - Students should verbalize assessment and correct body placement.
 - Students should correctly demonstrate hand placement and abdominal thrusts on themselves.

NOTE: This guidance is current as of May 19, 2020. It may be retracted, extended or updated by HSI as conditions warrant.