

Top Tips for running Resuscitation Council UK courses

We are aware that Course Centres are thinking about returning to business as usual. In the first instance, we know this will pose challenges for Centres; balancing the need for training, certification for staff and the need to observe the government guidelines for safety and social distancing.

It is imperative that Course Centres follow local organisational guidelines for infection control and social distancing. We recommend you discuss your plans with local risk experts, infection control and all interested parties.

In developing this 'Top Tips' document, we are aware that Courses Centres will vary with regard to physical environment and access to faculty. However, we have pooled the thoughts from our community of practice and Subject Matter Experts in order to offer some suggestions and best practices to help you deliver this vital training.

Planning a course:

- Minimising face-to-face contact: consider running the e-ALS and Recertification course formats that allow Candidates to prepare for the course by reading the manual and accessing high quality e-learning materials before submitting their completed pre-course MCQ. They then attend the face-to-face element of the course over a day.
- Some courses also have shortened formats such as EPALS Recertification and e-ILS. Further information about the course formats is available here: <https://www.resus.org.uk/information-on-courses/>.
- NLS and PILS courses are one day courses and will currently remain in the same format.

Faculty and Candidates:

RCUK is aware of the challenges facing Course Centres and has published adapted regulations for this period to assist with delivering courses.

- Smaller Candidate numbers could be considered with minimum group numbers of 4 (3 for ILS and PILS).
- Course Centres should consider publishing ground rules for the course that encourage good practice in infection control, social distancing and expectations (e.g. Candidates and faculty should not attend the course if experiencing any flu-like or COVID-19 symptoms).
- Candidates and faculty should notify the Centre at the earliest possible opportunity should they be unable to attend.
- The adapted regulations also recognise that faculty may be difficult to recruit and therefore one full Instructor may facilitate every group. Instructor Candidates (IC) must be supported by a full Instructor at all times.
- If the Medical Director is not present, consider when communications will occur and how (e.g. Teams, Zoom meetings, telephone conferencing etc).
- It is important to ensure that faculty see all the Candidates. However, we recommend that during a course the Instructors should rotate through the groups and Candidates remain in one area (i.e. their allocated simulation room).

- We suggest that where possible the introduction lectures (and where applicable, ALS cardiac arrest demonstration video) could be delivered by faculty in Candidate groups or by video (e.g. Teams, Zoom).

Other considerations to include:

- Staggering registration times for Candidates.
- Personal Protective Equipment.
- Ease of access to hand hygiene facilities and waste disposal of PPE.
- Cleaning methods for manikins and equipment.

Breaks, catering and mentor meetings:

- Allow additional time to queue for food in canteens and socially distant seating arrangements for food and drink consumption.
- Alternative arrangements for lunch, where provided, could include a packed lunch option.
- Where possible, breaks and mentor meetings should occur in Candidate groups in their rooms.

Programme:

- The standard programmes must be used.
- The primary emphasis for our courses is the current guidelines for the management of cardiac arrest/ transition of babies at birth (non COVID-19) and should be conducted as such.
- For ALS/EPALS consider utilising the COVID-19 simulations by replacing one of the CASTeach scenarios in 4-5/ paediatric illness scenarios. These scenarios allow for discussion and practice of donning and doffing PPE as well as non-technical skills such as communication and safe transfer planning.

Simulations:

- Consider the team positions prior to the simulation and set ground rules (e.g. once confirmation of cardiac arrest has been demonstrated and the team called, the team leader should position themselves away from the team).
 - Facilitator and team leader should distance themselves from the bed space.
 - Adult and paediatric: The airway should be secured quickly and then ventilations may be presumed.
 - Adult and paediatric: Defibrillators should be placed a suitable distance from patient and team.
 - NLS: Instructor(s) should distance themselves from the resuscitator.

Assessment:

- The assessments must have one full Instructor, an additional Instructor/IC (ALS and EPALS should have an additional helper). The number of testing stations will depend on availability of faculty and rooms.
- Once the Candidate has completed the assessment and MCQ, consideration could be given to sending the Candidate home and providing results via email or call/text later in the evening or the following day.