



Medical School Ysgol Feddygaeth



Promoting the Safe Delivery of Clinical-Based Face-to-Face Training and Assessment across Wales during the COVID-19 Pandemic

Guidance for Training/Assessment Organisers Version 2.4

Educational events should now be delivered online whenever possible. There are, however, some training events, courses and that require face-to-face interaction, for example those involving simulation and clinical skills training, that are part of induction or essential adjuncts to workplace-based training.

The following is not an exhaustive list of measures but guidance developed to facilitate safe training and the delivery of face-to-face interactions. It must be considered in the context of the most up-to-date national and local guidance and legislation including Welsh Government guidance regarding local lockdowns which should be followed at all times.

The most up-to-date versions of this and any associated documents must be used.

General Principles

Provision of safe face-to-face training is the responsibility of everyone involved.

All face-to-face training requires taking responsibility for:

- Undertaking risk assessments¹ and ensuring appropriate safety measures are in place. Note that in-situ simulation in the clinical environment warrants particular risk assessment and consideration.²
- Delivering training by means other than face-to-face training, whether in part or fully, where possible. This includes shared online materials, remote observation, video assisted simulation, online webinars, virtual reality platforms etc as alternatives.
- Proceeding with face-to-face training only if local organisers and management (if on NHS site this would be Medical Director or designated deputy, for example Clinical Director or AMD for Medical Education) are agreeable and confident that it is safe to do so and, if on assessment, the benefits outweigh the risks.
- Where possible, conducting face-to-face training away from hospital sites.
- Ensuring all specific activity and behaviour relating to face-to-face training delivery is guided by local risk assessments and policies, where applicable.
- Taking appropriate action before (see Section 1) during (see Section 2) and after (see Section 3) any face-toface training event to ensure safe delivery.

¹ Risk assessment forms specific to COVID should be completed prior to each training session and retained for records. These should be based on local risk assessments, policies and guidance which have, where necessary, incorporated advice from local infection control and health and safety teams and other relevant stakeholders.

² NHS HEE / ASPiH COVID-19: National guidance on the safe delivery of simulation-based education <u>https://www.hee.nhs.uk/sites/default/files/documents/HEE%20TEL%20COVID-</u> <u>19%20National%20Guidance%20on%20the%20safe%20delivery%20of%20SBE%20FINAL%20Sept%202020.pdf</u>

Section 1

Before Face-To-Face Training

Venue

- The number attending any event should be no more than the maximum number of people allowed at the venue/room/area based on 2m social distancing calculations (this includes training areas, seminar rooms, social/break out areas, offices and clinical environments) Note as a result the number attending may need to be reduced.
- Measures to minimise the number of attendees moving past each other at any given time must be considered e.g. stagger starting and leaving times, workshop changeover times, incorporate one-way systems, stagger meal and break times etc.
- There should be access to ample washing facilities and/or alcohol gel.
- Good ventilation should be promoted such as open windows and doors etc.

Risk Assessment of Attendees

- <u>All</u> attendees (trainees, trainers, faculty, observers, industry etc) need to have undertaken an up-to-date COVID-19 risk assessment before attending.³
- Any person who scores 4 or more (high risk and above) should contact the local event organiser prior to the training event so that their individual circumstances can be risk assessed to the training planned and whether they should attend or not. Responsibility for this decision ultimately lies with the local organising lead.
- Local organising leads may wish to be aware of and speak with anyone attending with a lower risk score and if so should ensure this is communicated to those attending.
- Local organising leads should discuss with any person who is clinically vulnerable whether or not they should attend and undertake a risk assessment in such circumstances.

Unwell

- Under no circumstances should anyone (trainee, trainer, actor, lay volunteer, patient etc) attend the training event if –
 - \circ ~ they have COVID symptoms or are unwell in any other way
 - \circ ~ anyone in their household has COVID type symptoms
 - o they should be isolating for other reasons
 - if they have been contacted by 'Test Trace Protect'
 - $\circ \quad \ \ they should be quarantining post-international travel$
- A policy should be in place for what to do in the event of an attendee developing COVID-type symptoms during the training event including sending the attendee home immediately.

Travel, Food and Accommodation

- Training/assessments should occur so that travel for both faculty and trainees is minimised.
- Sharing cars should be avoided unless part of the same household.
- Overnight stays should be avoided, but if required government guidelines should be followed.
- Large group indoor meals should be avoided.
- The provision of refreshments and food should be based on local risk assessments and policies.
- Coffee and lunch breaks should only be incorporated into the training event if refreshment facilities allow for 2m distancing at all times, taking into consideration that face coverings will not be able to be worn while eating and drinking.

Setting Safety Expectations

- Information should be provided to those attending about how to minimise the risk of exposure to coronavirus.
- It should be made clear what the PPE and behavioural expectations will be during the training event. Ideally this information should be provided to all attendees <u>prior</u> to the training event but should be made clear at the start of the training event and reinforced over the duration of the training e.g. through the use of posters.

³ <u>https://gov.wales/sites/default/files/publications/2020-08/covid-19-health-workforce-risk-assessment-tool-2020-08-12.pdf</u>

Section 2

During Face-To-Face Training

Social Distancing

- Maintaining 2m distancing should be a priority at all times including during hands on training, lectures, interactive tutorials and breaks and every reasonable effort should be made to ensure that 2m distance between people can be maintained.
- If 2m distancing cannot be maintained every effort must be made to minimise the risk of exposure to coronavirus.^{4 5}

Face Coverings

- Anyone attending a training event must comply with the face covering requirements on their journey to the session, including passage through public areas, different hospital departments etc.
- A face covering is a legal requirement in any indoor area open to the public across Wales.⁶
- Face covering requirements in health and care settings are complex and based according to whether the individual is a visitor, member of staff, where within the healthcare setting the individual is placed, whether 2m can or cannot be maintained, whether in a non-clinical or clinical area. With this in mind, it is recommended that local guidance is referred to for advice on whether a face covering is needed, under which circumstances and what type of mask. If in any doubt, the safest option will be to use a Type IIR fluid resistant surgical mask at all times while in the health and social care setting.⁷
- Local University guidance must be followed regarding use of face coverings when on University premises
- Where 'close contact training' (i.e. training where 2m distancing cannot be maintained at all times) is being undertaken, a Type IIR fluid resistant surgical face mask and additional PPE is required. Please see Appendix 1 for full details.
- Where 2m distancing can be maintained and there is no other requirement to wear a face covering, each attendee should still feel able and welcome to wear a face covering should they wish.
- Welsh Government advice should be consulted regarding any person exempt from wearing a face covering.⁶
- Please be aware that *any* face coverings other than a Type IIR fluid resistant surgical face mask are considered source control only and not PPE.

Hand Hygiene

- Hand hygiene should be undertaken on arrival and leaving the venue and start and end of any session.
- Regular hand washing and use of alcohol gel should be encouraged throughout the event.
- When using shared equipment e.g. manikin, task trainers, desks, hand hygiene should be performed prior to and on completion of the task.

Cleaning

Expectations

- Training areas should be cleaned regularly with particular attention to the commonly shared touch points such as door handles, chairs, tables, telephones, toilets and sinks.
- The frequency of cleaning should be guided by local risk assessment and policies.

Cleaning and Decontaminating Equipment

- Manikins, part task trainers and any other equipment used should be cleaned and decontaminated as per local SOPs based on manufacturer and local IP&C guidelines. Note this may differ according to whether the training has occurred within a designated learning environment or in-situ within the clinical environment.
- Time should be allowed to allow cleaning and decontamination between sessions.
- Sharing of equipment should be discouraged if it cannot be adequately decontaminated between uses.
- Single use equipment should be advocated where possible e.g. bed sheets, pens.

⁴ <u>https://gov.wales/keep-wales-safe-work</u>

⁵ https://gov.wales/sites/default/files/publications/2020-08/keep-wales-safe-at-work-five-key-steps.pdf

⁶ <u>https://gov.wales/face-coverings-guidance-public</u>

⁷ Goodall, A. Letter: 'COVID-19 Mandatory wearing of face coverings in shops and other indoor public spaces in Wales. Received: NHS Chief Executives, Directors of Social Care. 28th September 2020

Use of Patients, Actors and Lay Volunteers

- Avoid use of patients, actors or lay volunteers if possible; if needed, consider use of volunteer faculty in first instance.
- If patient involvement is necessary, secure permission from the Medical Director or designated deputy, for example Clinical Director or AMD for Medical Education, and ensure local risk assessment and consent processes are followed.
- Patients, actors and lay volunteers should all be screened prior to the start of the training event to whether they have had any symptoms of COVID-19 or contact with COVID-19 in the last 14 days, whether they have recently been contacted by 'Test Trace Protect' or an equivalent service and advised to self-isolate or whether they have recently returned from overseas and should be undertaking post travel quarantine.
- Patients, actors and lay volunteers should all wear a Type IIR fluid resistant surgical face mask for the duration of any face-to-face training event

Close Contact Training

For specific guidance on close contact training (i.e. training where 2m distancing cannot be maintained at all times) such as simulation and clinical skills training and patient-facing activity see Appendix 1.

Training involving Aerosol Generating Procedure(s) (AGP)

For specific guidance on training that involves aerosol generating procedure(s) (AGP) see Appendix 2.

Section 3

After Face-To-Face Training

Data Collection

- A list of <u>all</u> of those in attendance at the training event need to be kept as records. This includes full name, contact telephone number, date and the times the person (arrival and leaving) was in attendance.
- All attendees should be made aware that their details will be forwarded to 'Test Trace Protect' to facilitate the process of contact tracing should circumstances require.

Review

- Measures that are put in place should be regularly reviewed to see if they are effective and safe or whether they need adapting or even removing.
- Obtain and share examples of good practice regarding face-to-face training from other colleagues, groups, departments, hospitals and higher education institutions etc.

Appendix 1

Measures needed for close contact training such as simulation and clinical skills training and patient-facing activity

- Close contact training = training where 2m distance cannot be maintained between *everyone* present at a training event for the *whole* duration of the session
- 2m social distancing should be maintained as priority at all times where possible.
- If not feasible, PPE should be worn as outlined below. This is in order to minimise the risk of COVID transmission, as well as to minimise the risk of those present needing to self-isolate in the event of another participant subsequently testing positive for COVID.
- The following PPE should be used for all training events where 2m distancing cannot be maintained, by everyone present and at all training venues:

Type of Face to Face Training	Examples	PPE required ⁸ Must be worn at all times
Patient facing - Non AGP	Examinations Examination rehearsal	 Type IIR fluid resistant surgical face mask Single use or re-usable eye protection/face visor Apron Gloves Health Board IP&C policy should always be followed
Patient facing - AGP	Joint ENT/anaesthetic airway training cases CPAP	 FFP3 mask Gown Gloves Single use or re-usable face visor Health Board IP&C policy should always be followed
Training with relevance to providing direct clinical care* – Non AGP	Clinical skills: Cannula insertion, Abdominal examination	 Type IIR fluid resistant surgical face mask Single use or re-usable eye protection/face visor Apron Gloves
Training with relevance to providing direct clinical care* - AGP	Clinical skills: Tracheostomy care, dental drilling	 FFP3 mask Gown Gloves Single use or re-usable face visor
All other training	Group training, demonstrations etc where 2m distancing can't be maintained	 Type IIR fluid resistant surgical face mask

AGP = Aerosol generating procedure

for non-patient facing training these recommendations promote and rehearse for good PPE practice in the workplace. Any deviation from this guidance (eg in the use of eye protection or FFP3 masks) requires risk assessment and approval by senior management responsible for the event. A type IIR fluid resistant surgical face mask, gloves and apron must be used as minimum

1.PPE must be worn correctly and for the whole duration of the training session

2.Ensure that protocols are in place for decontaminating and cleaning re-usable PPE 3.Sessional vs. single use PPE:

- Type IIR fluid resistant surgical face masks, FFP3 masks and eye protection/face visor can be used on a sessional basis. In clinical areas, follow IP&C policy of the Health Board / Trust.
- all other PPE (apron, gloves, gowns) should be single use and changed between clinical tasks and patients

PPE to be worn by patients, actors and lay volunteers Type IIR fluid resistant surgical face mask

- Consider the provision of scrubs rather than use of own clothes.
- Ensure the attendees are appropriately trained in safe donning^{9, 10} and doffing^{11, 12} of PPE.
- Ensure adequate supply of appropriate PPE for the duration of the training session.
- Safe donning and doffing areas should be set up.
- Ensure safe means of discarding and disposing the PPE.
- Fluid resistant surgical masks, may be worn throughout a session of training, but will need changing if damaged, contaminated or wet and removed (doffing) correctly before leaving the clinical area/at the end of training session.
- Hand hygiene should be performed prior to and immediately after handling shared equipment.
- Hand hygiene should be performed prior to and immediately after handling PPE.
- Consider grouping attendees in order to minimise mixing.

Please be aware that any attendee at a 'close contact' training event (i.e. training where 2m distance cannot be maintained by everyone present for the whole duration of the training session) where there is a COVID positive person, will be informed by 'Test Trace Protect' to self-isolate if they have worn any face covering *other* than a Type IIR fluid resistant surgical face mask.

Therefore, a Type IIR fluid resistant surgical face masks must be worn as a minimum for all 'close contact' training.

This should be reinforced alongside the fact that the key measures for minimising COVID transmission include social distancing, hand hygiene, not sharing lifts to venues etc and that the use of masks is a further mitigation in situations where social distancing cannot be maintained.

19 Doffing PPE Airborne Precautions gown_version.pdf

^{8.} Dr Eleri Davies for Public Health Wales 2020, personal communication, 21st October.

^{9.&}lt;u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911311/PHE_Putting_on_P</u> PE__Standard_infection_control_procedures.pdf

^{10.} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911333/PHE_COVID-

¹⁹_Donning_Airborne_Precautions_gown_version_003_.pdf 11.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911312/PHE_Taking_off_P PE_standard_infection_control_procedures.pdf

^{12.} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911334/PHE_COVID-

^{13.} https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures

Appendix 2

Measures needed for training that involves aerosol generating procedure(s) (AGP) 8,13

Note - this would include any training with relevance to ventilator use, CPAP machines, drilling, open suctioning, intubation and extubation etc. Please also check local guidance for what is deemed as an AGP in particular to such skills as nasogastric insertion, CPR etc.

- Training regarding AGPs should be undertaken on clean manikins and part task trainers.
- Care should be taken to minimise aerosolising any 'surrounding' any immediate environment e.g. when doing CPAP mask training.
- PPE to be used, as detailed in Appendix 1.

Additional Sources of Information

- 1. NHS Education for Scotland Guidelines for running face-to-face training events June 2020
- 2. HSE Working safely during the coronavirus pandemic a short guide <u>https://www.hse.gov.uk/coronavirus/assets/docs/working-safely-guide.pdf</u>
- NHS COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations <u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885</u> <u>/COVID-</u> <u>19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf?fbclid=IwAR3QQ8bR6cdHsw9XT</u> <u>eKMRbt7tBxgiBqq_2UbY48VOkrsHbK1IH1remBdSXE</u>
- 4. NHS HEE / ASPiH COVID-19 toolkit for safe simulation in health and care <u>https://www.hee.nhs.uk/sites/default/files/documents/COVID-19%20toolkit%20for%20safe%20simulation.pdf</u>
- 5. Welsh Government Operational guidance for schools and settings from the Autumn term https://gov.wales/operational-guidance-schools-and-settings-autumn-term-version-3-html