European Resuscitation Council

Pathway to resuming ERC courses after the peak level of the COVID-19 pandemic

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Following the COVID-19 outbreak in Europe most national governments restricted movement of citizens in public and they closed business and teaching institutions. The healthcare systems adopted an emergency mode to treat patients infected with COVID-19, which resulted in a decreased activity for all the different European Resuscitation Council (ERC) courses.

After the first wave of this pandemic, depending on the state of the COVID-19 infection rate, countries have started to reopen businesses and schools gradually and to resume social life, but often under restrictions, with physical distancing and the wearing of masks. Readiness to restart ERC courses will therefore vary according to the region, local healthcare orders, incidence of COVID-19 infection and the availability of Personal Protective Equipment (PPE).

The following principles and considerations are general guides for national resuscitation councils (NRCs) and course organizers when they resume ERC courses.

▬▬ Timing of restarting ERC courses

Principle: A sustained reduction in new COVID-19 infection in the given area is mandatory before (re)starting ERC courses. Safety of all personnel involved in courses is the primary concern, and restarting courses has to be in accordance with local legislation and healthcare directives.

Considerations for course organisers:

- Has the governmental lock-down order been revoked, allowing people to travel to a course centre (with proper infection precautions)?

- Are there enough asymptomatic administrative and teaching personnel available?

- Is it feasible to maintain and to ensure hygienic precautions (surgical masks, physical distancing, sufficient hand wash facilities and disinfection) at the course site?

- Is there a plan on how to manage participants with symptoms of COVID-19 during the course?

- Does the course centre have enough equipment to prevent transmission of COVID-19 between the personnel and the participants: e.g. surgical masks, gloves, large rooms to maintain physical distancing, appropriate cleaning material for the manikins and equipment?

- Is it possible for the course centre to guarantee the ERC course standards despite the necessary adaptations of the program? Changes to modules, breaks, and group sizes due to physical distancing rules need to be planned by the course centres.

▬▬ Keeping the course COVID-19 free

Principle: Course centres need to avoid the presence of staff, instructors or participants with symptoms of COVID-19.

Considerations:

- Before a course starts and throughout the course, all participating faculty and candidates, need to inform the Course Director if they experience any COVID-19 symptoms and/or if they were exposed recently to a COVID-19 patient. In such case they should not be allowed to attend or to complete the course.

- Any individual who becomes sick and COVID-19 positive within two weeks following the course shall inform the course centre so that appropriate measures can be taken to inform the other participants and instructors. At any time all detailed personal information will remain confidential as required by the General Data Protection Regulations.

- Course organisers may request a written statement that people are without symptoms and/or were exposed recently. They may measure the body temperature of those present.

- On-site testing for COVID-19 is currently not feasible (time taken to receive results, reliability of testing, etc...). If reliable tests for the immunization status become available in the future, implementing on-site testing may be considered.

━━━ Infection control and Personal Protective Equipment (PPE)

Principle: Course centres should not resume courses if they cannot provide sufficient PPE, e.g. surgical masks, gloves, gowns (for teaching and cleaning purposes), hand wash/disinfection and material for cleaning/disinfection.

Considerations: Provision of the above-mentioned materials is mandatory and needs to be provided by course centres.

- Course centres need to stock sufficient protective materials for the duration of the course.

- Each course centre needs to have a plan to teach staff and instructors on how to use PPE during the courses.

- Course centres should refer and apply the ERC guidance on PPE *(https://www.erc.edu/covid)* and the national COVID-19 safety guidelines on the use of PPE. A demonstration on the use of PPE may form part of the course.

- The course centre may develop a policy for recycling PPE (decontamination) in order to reuse them for teaching purposes.

- In case PPE is used for teaching purposes – expired materials shall be used preferentially to save non-expired materials for clinical use.

- Course organizers must designate a person responsible for the application of the COVID-19 transmission prevention measures throughout the whole course (Safety Officer).

- If a case of COVID-19 is suspected or detected during a course – besides no further teaching, it is the responsibility of the course organizer to ensure that appropriate cleaning procedures are implemented in order to avoid further COVID-19 transmission.

- Course centres need to have a plan to address changes in COVID-19 pandemic recommendations in their area and to ensure that the measures they take are appropriate. It is their responsibility to check if changes or restrictions due to local regulations have impact on the ERC course organisation, and if so reconsider the need to interrupt the organisation of ERC courses.

▬ Prioritization of courses and participants

Principle: Course centres in collaboration with national resuscitation councils are responsible to implement a strategy allowing prioritization for people in need of urgent training and/or recertification.

Considerations:

- Professional healthcare providers with a duty to respond immediately to a cardiac arrest might have higher priority (e.g. Advanced Life Support (ALS) teams, Medical Emergency Teams, Emergency Medical Services (EMS) personnel, emergency department personnel, etc.).

- Healthcare providers and people with a duty to respond (e.g. first responders, police, firefighters, professional first aiders, rescue personnel, etc.) can follow on from the initial training.

- As the majority of cardiac arrests occur at home or in private environments, education of interested laypersons should not be stopped, as these lay rescuers are often the first who can provide lifesaving measures. Teaching needs to include the ERC COVID-19 guidelines *(https://www.erc.edu/covid)*.

- Special education for EMS dispatchers on how to provide telephone CPR in presumed of confirmed COVID-19 infected patients should be developed.

▬ Course content and post COVID-19 pandemic issues

Principle: Precautions against transmission of COVID-19 is the highest priority beside high-quality ERC course delivery. All general principles of ERC courses stated in the course rules as well as the course manuals remain valid. The ERC Development Committee on Education (DC Edu) will adapt the current course rules to enable ERC courses to continue under the local health care authority's safety regulations.

The ERC will develop self-directed and distance learning modules for the different course formats. CoSy© will be the virtual learning environment (VLE).

The appropriate use of PPE including donning (putting on PPE) and doffing (taking off and disposing) should be included in all ERC CPR courses.

Teaching should focus specifically on the human factors to improve risk awareness and to ensure effective communication between staff members, especially whilst wearing PPE since this hinders verbal and non-verbal communication.

Teaching should include the ERC COVID-19 guidelines *(https://www.erc.edu/covid)*.

Considerations: for face-to-face teaching

- Basic Life Support for lay rescuers and healthcare professionals

    - Self-learning stations are intended to teach and test BLS competences without supervision. Strict cleaning and disinfection procedures will reduce the risk of transmitting infection, but even then practising mouth-to-mouth and mouth-to-mask in self-learning stations should be avoided during the COVID-19 pandemic. Practising chest compressions and bag-mask ventilations in a self-learning station, with proper disinfection procedures, are likely to be safe during the COVID-19 pandemic.

    - The duration of basic life support courses might be reduced to a minimum of 1-hour onsite teaching. If possible, courses may be delivered remotely through a virtual learning environment.

    - Course centres should guarantee that the learning goals are still met. If that cannot be guaranteed they should postpone the course.

    - The knowledge content may be replaced by webinars or by other interactive e-learning options (via CoSy).

    - CPR procedures should be practiced with a focus on the specific considerations using PPE.

    - In patients with possible COVID-19 mouth-to-mouth ventilation is not recommended; therefore, no teaching of mouth-to-mouth ventilation is recommended during the COVID-19 pandemic. Because the risk of infection by any form of mouth-to-mouth ventilation or mouth-to-mask ventilation, only bag-mask ventilation is suggested during teaching on manikins.

    - As ventilation is an integral part of BLS, bag-mask ventilation should be demonstrated. Opportunities to practice bag-mask ventilation should be offered. A short period of BLS teaching is insufficient for an individual to become competent in ventilating a patient with a bag-mask but they should be able to acquire knowledge about the importance of ventilation during cardiac arrest.

- Immediate Life Support / Advanced Life Support

    - The face-to-face time in advanced life support courses might be limited to a minimum of 1-day onsite teaching. ILS courses might have a half-day on-site teaching.

    - The reduced face-to-face time (plenary sessions, mentoring, workshops) can be replaced with webinars or other interactive e-learning options to deliver the same learning content as in a standard course.

    - The candidate/instructor ratio in advanced courses might be modified to a maximum of 6:1 (instead of 3:1).

- CPR procedures should be practiced with a focus on the specific conditions of using PPE

    - Donning (putting on PPE), doffing (taking off PPE)

    - Communication

    - Use of specific equipment

- Special circumstances should include the pandemic and the management of in-hospital cardiac arrest patients in the prone position.

- Faculty meetings during advanced courses might be minimised keeping sufficient physical distance to minimise the potential transmission of COVID-19. Before and after courses, virtual faculty meetings are encouraged.

- Paediatric Life Support

    - Couse organisers might consider limiting the duration of onsite paediatric life support courses and have part of it as online learning (via CoSy). They should however guarantee that learning goals are still met. If that cannot be guaranteed they should postpone the course.

    - Proper attention should be given to the provision of life support while using PPE.

- Neonatal Life Support

    - There is no change to the core syllabus.

    - PPE is part of COVID-19 situations as an additional component.

    - Course centres must consider reducing the number of candidates and physical distancing during plenary and hands-on sessions.

    - Course centres should consider providing part of the course content online where possible.

- Instructor courses

    - The ERC suggests not to organise Basic and Generic Instructor Courses (BIC and GIC) during the lock-down period of the pandemic. Depending on the evolution of the COVID-19 pandemic and national revoking strategies potentially allowing events of more than 20 persons, Basic and Generic Instructor courses might be restarted taking into account hygienic and safety measures as already mentioned.

    - When starting instructor courses no changes to the current program are needed.

Safety and risk with a second COVID-19 wave

Principle: National resuscitation councils, in collaboration with the course centres, should implement a plan of action in case a second COVID-19 wave hits their local area. This includes assuring that physical distancing policy for staff and participants is respected; maintaining restricted areas in course facilities; course discontinuation if required, and applying rules for face-to-face courses.

Consideration:

- Staff and participant's health are more important than any course completion or certification.

- Plans for reimbursement of costs in case of course cancellation need to be prepared and communicated to participants and instructors when they register.

- National resuscitation councils and course centres shall prepare a communication strategy to their stakeholders and customers about the procedures during a second wave.

- Discontinue face-to-face courses when:

    - National or local authorities forbid courses.

    - National or local authorities issue restrictions for the gathering of people.

    - Official cease of school, university, or other education.

    - Not enough PPE or disinfection materials are available.

    - The facility does not allow proper physical distancing.

    - The ERC interrupts its courses.

Collection of data

Principle: National resuscitation councils in collaboration with the course centres should adapt and reassess their policies and procedures to ensure that measures are sufficient to avoid potential COVID-19 transmission maximally whilst assuring the successful delivery of qualitative CPR education.

Consideration: Via the post-course assessment forms the ERC will organise the collection of data about the COVID-19 safety measures course centres have taken and the success of the amended approaches to education.