

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation for those teaching resuscitation techniques

This statement is for anyone who is teaching CPR/defibrillation among other resuscitation techniques.

1. Purpose

1.1. Resuscitation Council UK has received several enquiries concerning the risks of COVID-19 during cardiopulmonary resuscitation (CPR).

1.2. This supplements guidance available from the Department of Health and Social Care (DHSC) and Public Health England (PHE) (<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>) as well as Public Health Wales (<https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/>), Health Protection Scotland (HPS) (<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>) and Department of Health Northern Ireland (DHNI) (<https://www.health-ni.gov.uk/coronavirus/>), and may change based on increasing experience in the care of patients with COVID-19, as well as the effect of the outbreak on health services. It is therefore important to always check the latest guidance on the DHSC/PHE/PHW/HPS/DHNI websites.

1.3 COVID-19 is thought to spread in a way similar to seasonal influenza; from person-to-person through close contact and droplets. Standard principles of infection control and droplet precautions are the main control strategies and should be followed rigorously. Aerosol transmission can also occur. **Attention to hand hygiene and containment of respiratory secretions produced by coughing and sneezing are the cornerstones of effective infection control.**

2. Guidance for all Training settings

2.1 The main infection risk in a classroom full of learners is contact with other people and/or surfaces rather than the manikin itself. Learners always need to observe a high standard of handwashing, with alcohol gel (or wipes if gel unavailable) provided in addition to handwashing facilities.

2.2 Learners should be reminded to cough/sneeze into a tissue and dispose of this into a bin immediately, washing hands afterwards. Alternatively, coughing/sneezing into the bent elbow if no tissue available.

2.3 Where individuals are exhibiting symptoms typical of flu, a cold or have been in close contact with someone who has the COVID-19 infection then they should exclude themselves from the course. Likewise if an individual has travelled to/from the countries/regions as listed in <https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19->

[specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk](#)
they should act on the advice dependent on whether they were a category 1 or 2 traveller.

3. Actions to take when taking a training session

3.1 If teaching CPR only sessions, (not formal First Aid courses) we would suggest teaching compression only CPR. If COVID-19 is suspected, the rescuer should alert the ambulance service when calling 999.

3.2 If teaching basic CPR in hospital, teach compression only CPR until help and ventilation equipment arrives. If appropriate, training in bag-mask ventilation techniques can take place.

3.3 Wipe the chest, forehead and face of the manikin using disinfectant/alcohol wipes between learners and allow the surface to dry naturally before the next learner takes their turn

4. If teaching formal First Aid courses which require assessment of rescue breaths

4.1 Replace and dispose of manikin lungs and airways after each training session

4.2 Wipe the face of the manikin with 70% alcohol wipes after each learner uses it and allow the surface to dry naturally before the next learner takes their turn

4.3 Students may use individual face shields if they so wish and they should be disposed of safely at the end of the session. The manikin chest, forehead and face can still be wiped to reduce the likelihood of hand to hand contamination.

4.4 Where appropriate, learners can use a pocket mask for ventilation practice which must be fully cleaned or discarded after the session (one - way valves may be removed. If kept in place, it must be discarded at the end of the session). If using pocket masks, these must be for individual use only.

4.5 General infection control measures must be observed, and where appropriate, the learner can be given their own manikin or can practice rescue breaths last in the group. If the course runs over a number of days, it may be possible that once the skill has been assessed as satisfactory, they do not need to demonstrate this during the remainder of the course.

4.6 Clean manikin heads with an appropriate surfactant/disinfectant solution after completion of each training session.

5. Teaching rescue breaths/mouth-to-mouth ventilations

5.1 RCUK guidelines 2015 state - “If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min⁻¹)”

5.2 Compression only CPR is much better than no CPR

5.3 We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However, for those not specifically trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

6. RCUK Course Centres

6.1 We are aware of a number of issues that might impact on our Course Centres. This includes, not exclusively, the impact of COVID-19 on the service provision, faculty having to pull out of the programme either for service or personal health reasons and resuscitation department members having to divert expertise to the clinical area.

6.2 For advice on a specific course, please call the RCUK office and speak to one of the Course Managers. Outside hours, please send your question via the [ticketing system](#), marking the enquiry urgent and putting Courses/COVID-19 into the subject heading. We will be able to talk about course cancellation and the rescheduling of courses on an individual basis.

6.3 We would advise Centres to ask that Candidates who have symptoms of cough, cold and/or temperature prior to the course, or have been in contact with a potentially infected person, to exclude themselves from the course and that the Centre looks favourably on allowing them to transfer their place to a later date.

6.4 If a candidate who has attended a course subsequently finds they have symptoms, they should let the Course Centre know. The Course Centre should alert all other Candidates to the situation and local Trust management.

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