Educational events should now be delivered online whenever possible, given the current national requirements resulting from the pandemic.

There are, however, some courses 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 guidelines were developed to facilitate the delivery of face-to-face interventions. In the event of a further lockdown conditions or a relaxation of national pandemic conditions, this policy may of course be superseded.

# General guidelines for those participating in face to face training

Both the safety of staff and their preparedness to deliver a safe and effective health service to patients, are our concerns.

Participants and faculty who are shielding or self-isolating will be exempt from attending training as per best evidence and national government guidelines.

# Prior to training facilitators/organisers should

* Consider hybrid or blended models. Pre-course online materials will help to minimise essential face-to-face time. Consider the number of participants attending each day and whether smaller numbers can be accommodated each day and use MS teams for observation. If running a national course, consider regional attendance. Other creative solutions should be considered.
* Location of the training event should be organised so that travel for both faculty and trainees is minimised. Sharing car transport during a lockdown is currently not advised.
* Prior to the event, trainees should be provided with a link to the latest Scottish Government COVID-19 advice.
* Provide prior advice re facilities available to participants, including safe toilets, parking, physical distancing, availability of refreshments.
* Where this is not possible and multi-day events are necessary, faculty and trainees should travel daily from home if possible. Later start and earlier finish times may be necessary. If overnight accommodation is required the Scottish Government guidelines must be followed (eg avoiding sharing rooms, including bathrooms, unless they usually cohabit).
* Risk assessment forms specific to COVID-19 (see Appendix 1) should be completed prior to each training session and retained for your records.
* Venues will require lists of participants prior to the event, for signing in at reception to support contact tracing if required (provide link to Scottish Trace and Protect)

**On the Day:**

* Hand sanitising facilities will be available on entrance and exit to each of the rooms and will be used at the start and end of each session, including any breaks.
* Make sure refreshments are bagged /sealed into individual packs and physical distancing /segregation/flow is adhered to in order to remain Covid-19 compliant and minimise interaction.
* Physical distancing measures will be observed at all times with seats spaced at 2m, including at lunch and breaks. In some courses, faculty and trainees have usually gathered for an evening meal; this should be avoided.
* Masks (Fluid Resistant Surgical Mask-FRSM) should always be worn.
* Maximum numbers of trainees and faculty within each room must be decided upon based on the size of the room and the requirement for continuous physical distancing. In some cases, overall numbers will need to be reduced.
* Each venue should develop a one way system where possible to minimise unnecessary contact.
* The use of lay volunteer patients and actors should be avoided where possible. Where essential to the learning, they will ideally be replaced by volunteer faculty, preserving 2m physical distancing if possible.
* If a simulation requires close interaction between individuals (eg operating and assisting during a surgical simulation or examining a volunteer “patient”) then the same precautions should be taken as in the clinical workplace. Usually this will mean PPE (personal protective equipment) for droplet protection, i.e. fluid-resistant surgical mask, apron and gloves, ensuring proper training in donning and doffing according to Health Protection Scotland guidance. However, this PPE should be used sessionally without replacing between simulated patients, to minimise consumption of PPE supplies.
* If simulating an AGP (aerosol generating procedure) such as tracheal intubation, where the model is not itself aerosol-generating, it is best practice to include donning and doffing of full aerosol-protection PPE including FFP3 mask or equivalent, but it is acceptable for the trainee or faculty member to use their allocated mask sessionally for multiple simulations in order to minimise consumption of supplies, and for that mask to be a dummy mask using non FFP3 material. Such training, like all gathered events, should be confined to those for whom it is essential.
* AGPs such as nasogastric tube insertion should be simulated using part-task trainers and not volunteer subjects.
* Simulation equipment, including manikins and part-task trainers should be appropriately cleaned after use with 70% alcohol and left to air dry.
* The use of animal parts is acceptable as usual, as long as they can be safely supplied, handled and disposed of.
* The question of resuming simulation-based training in cadaver labs has not yet been resolved and we await the issue of guidance from HM Inspector of Anatomy. Until such time, cadaver-based simulations should not go ahead.

# After the Event

Where unforeseen difficulties arise with these guidelines, course organisers should please inform [csmen@nes.scot.nhs.uk](mailto:csmen@nes.scot.nhs.uk?subject=RE:%20Face%20to%20Face%20Guidlines%20Query).

CSMEN & NES Medical Simulation Collaborative May 2021.

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| This has been developed for those courses that require face-to-face interaction, for example those involving simulation and clinical skills training, or that are part of induction or essential adjuncts to workplace-based training. Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name of Assessor:** |  | | | | **Post Held:** |  | | | | **Department & Organisation:** |  | | | | **Date:** | | Subjects of Assessment | | | | | | | | | | Hazard | | Task | Equipment | Location | | | People | Other | | Hazards **(Describe the harmful agent(s) and the adverse consequences they could cause)** | | | | | | | | | | **Agent: COVID-19**  2019-nCoV infection is classified as an airborne [high consequence infectious disease](https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid) (HCID) in the UK.  Characterisation of COVID-19 is ongoing. Initial information shared by China and WHO indicates that [2019-nCoV is a beta-coronavirus](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) that is genetically similar to SARS-like coronaviruses obtained from bats in Asia. Both SARS-CoV and MERS-CoV are ACDP Hazard Group 3 Pathogens; as such this virus COVID-19 should be treated as hazard group 3.  *Ref:* <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features> | | | | | | | | | | **Description of Risk** Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant. | | | | | | | | | | **Risk description:** | | | **Impact of risk:** | | | | **Action Plan:** | |   **Existing Precautions**   |  |  |  | | --- | --- | --- | | **Summarise current controls in place** | | **Tick** | | Candidates have been asked 5 questions related to if they have or any family member or close contact has any COVID – 19 symptoms – They MUST NOT attend the training  Strict physical distancing will be adhered to at all times  Rooms will be well ventilated  Restricted movement between sessions will be advocated  Face masks (FRSM) will be mandatory  Single use of training equipment will be adhered to  Strict hygiene of training equipment will be adhered to  Frequent hand hygiene with soap and water or alcohol-based hand sanitizer will be adhered to  Candidates will provide their own lunch and refreshments | |  | | **Describe how they might fail to prevent adverse outcomes** | * A candidate arrives showing COVID – 19 symptoms * Social distancing is not adhered to * Hygiene is not adhered to | |   **Level of Risk -** Is the control of this risk adequate? GREEN  Give more than one risk level if the assessment covers a range of circumstances. You can use the ‘matrix’ to show how ‘likelihood’ and ‘consequences’ combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.  **Risk Matrix**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Likelihood |  | Impact/Consequences | | |  | |  | **Negligible** | **Minor** | **Moderate** | **Major** | **Extreme** | | **Almost Certain** | **Medium** | **High** | **High** | **V High** | **V High** | | **Likely** | **Medium** | **Medium** | **High** | **High** | **V High** | | **Possible** | **Low** | **Medium** | **Medium** | **High** | **High** | | **Unlikely** | **Low** | **Medium** | **Medium** | **Medium** | **High** | | **Rare** | **Low** | **Low** | **Low** | **Medium** | **Medium** |   **Very High**  **High** **Medium** **Low**  **Current risk level**  Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.  **High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.**  **Action Plan** (if risk level is **High (Orange) or Very High (Red)**  Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.  Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.   |  |  |  |  | | --- | --- | --- | --- | | **Proposed actions to control the problem**  List the actions required. If action by others is required, you must send them a copy | **By Whom** | **Start date** | **Action due date** | | Candidates will be questioned on arrival re symptoms and asked not to enter if symptomatic  Candidates and facilitators will be observed by organiser at all times to ensure social distancing adhered to  Candidates and facilitators will be observed by organiser at all times to ensure hygiene adhered to |  |  |  |  Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)  |  |  | | --- | --- | | **Report up management chain for action** |  | | **Report to Estates for action** |  | | **Contact advisers/specialists** |  | | **Alert your staff to problem, new working practice, interim solutions, etc** |  |  ReplyIf you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register. *If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.*  **Assessment completed (date):**  **Review date:** |  |