

COVID 19 Policy

For Clients

Cube Group Services
Version 1.0
January 2021



CUBE Group Services aims to be an equal, inclusive and diverse organisation. This document will be provided in alternative formats to meet specific needs were reasonably practicable.

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Document Control

Title	Connor Judson
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Amendment Table

Approved by	Date	Version Number	Section and Paragraphs	Description of change

Introduction

Safety is a top priority at CUBE and therefore it is important as we continue to deliver training through these challenging times, we maintain a high level of health and safety, adhering to government guidelines and ensuring increased protection when in the rare cases the guidelines cannot be adhered to when delivering first aid.

To help give you the confidence that precautions are in place to ensure training is safe, this policy highlights the three main areas in which adaptations have been made.

- Pre-Course
- During Course
- Post Course

Pre-Course

Prior to the commencement of the course, it is the responsibility of the tutor to ensure there is relevant Personal Protective Equipment (PPE) for themselves and students on the course. The layout of the classroom will meet the social distancing guidelines. They will also be responsible for setting up the sanitising station before the course commences. This station is to be used to check the students prior to entering the room and also for students and tutor to use throughout the course.

This station should include the following:

- Sanitising gel (alcohol gel with viricidal property's)
- IIR Surgical Masks
- A selection of Nitrile gloves (Small, Medium and Large)
- Disposable Aprons
- Clinical waste bin

All students must be temperature checked prior to their arrival into the classroom, this should be recorded on the register. They should also sanitise their hands and take 1 IIR mask, a pair or appropriately sized gloves and a disposable apron.

Students should also not attend the course if they have any of the following:

- COVID-19 symptoms
 - o Persistent Cough
 - o High Temperature
 - o Loss of Taste or Smell
- Have been contacted by track and trace and therefore required to isolate
- Have a positive PCR or Lateral Flow test
- Been in the company of someone with a positive PCR or lateral flow test (less than 2 meters for greater than 15 minutes)



During Course

During the course it is important that we adhere to government guidelines and where possible we should:

- Maintain a 2 meter distance between each other
- Wear a face covering when inside
- Keep the room well ventilated as much as possible

Discuss with the students if they feel comfortable with the provisions that are in place and if they have any concerns.

Given the nature of the training we are facilitating and the possibility of a first aid incident occurring, we need to enhance the level of protection given to the students. This is to make sure that they have the confidence to deliver first aid in a pandemic and to allow for the best contact learning as possible.

To enable this to happen we are following the Public Health England Guidelines which are as follows:

- Level 1 PPE
 - o IIR Surgical mask
- Level 2 PPE
 - o IIR Surgical mask, Disposable apron and 1 pair of Nitrile (a second pair can be used to ease safe undressing – this will be highlighted further into the document)
- Level 3 PPE
 - o FFP3 Surgical Mask, Surgical Gown, 2 pairs of nitrile gloves, visor/eye protection.



Instructors and students are required to use level 2 PPE when delivering first aid or when the 2 meters, greater than 15-minute rule is broken.





Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1

Perform hand hygiene before putting on PPE.



2

Put on apron and tie at waist.



3

Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4

With both hands, mould the metal strap over the bridge of your nose.



5

Don eye protection if required.



6

Put on gloves.



*For the PPE guide for AGPS please see:
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control





Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPS)*

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the doffing guide to PPE for AGPs see:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control



Lesson plans will be adapted to ensure that all training scenarios where contact is made, is grouped together. All PPE is required to go into clinical waste which will be disposed appropriately with the contracted company.

Post Course

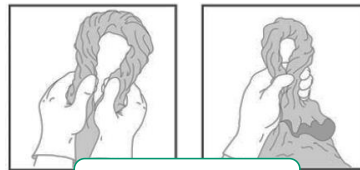
At the end of the course any equipment that is disposable must be thrown away. Anything that is reusable should be wiped down using the clinical wipes provided. Where possible the faces of the manikins must be removed and left for 72 hours. If the manikins are required within that time with a new group of students, additional faces must be used.

All clinical waste must be collected and placed in a single large clinical waste bin. This must be double bagged, goose neck tied and sealed.

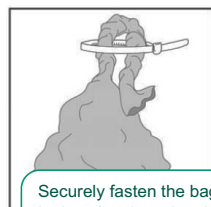
Securing bags by the 'swan-neck' method



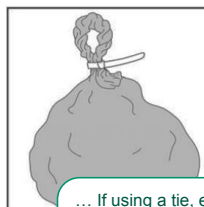
When the bag is filled to the warning line (or two thirds) twist the excess at the top of the bag ...



Double over and hold the twist firmly ...



Securely fasten the bag, either by knotting the twisted neck of the bag or by passing a tie (e.g. cable) over the twisted neck ...



... If using a tie, ensure it is fastened tightly to create an effective seal.

This is the swan-neck method.



Bags should be filled **no more** than two thirds full OR to a maximum weight of 8kg, whichever is reached first.



NO FREE LIQUIDS

Do not use for the disposal of free liquids.



NO SHARPS

Do not use for the disposal of sharps or rigid items likely to puncture the bag.

All staff must adhere to this document. Should any staff member have any questions or concerns regarding the information in this document they are to contact the author for further discussion.

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