



Changing lives by giving young people the skills and confidence to deliver lifesaving first aid.

Training Plan:

Scenario Workshop-What to do in a real life incident

Version updated: October 2021

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Introduction

How to use the training plan

This training plan is to be used only by healthcare students and professionals who are trained as volunteers for StreetDoctors charity. This training plan is the intellectual property of StreetDoctors. Please do not share the content with third parties.

The training plan is to be used alongside training in CPR, the recovery position, and safeguarding. New volunteers will observe sessions with experienced volunteers before running sessions themselves, when they are fully trained and feel comfortable.

Questions to ask young people in the training plan are underlined and are intended to help guide the structure of the session. Asking questions aids young people's learning and actively engages them.

Terminology: in the training plan we describe the young people we teach as "trainees" and medic volunteers as "trainers".

Validation

The content of this training has been reviewed and approved by Advanced Trauma Life Support Tutors from the Resuscitation Council.

Training Etiquette

StreetDoctors volunteers are required to be dynamic and able to engage with trainees. Remember that as a volunteer you are a positive role model for the trainees and you are representing your respective healthcare profession, please behave as the healthcare professionals you are, or are training to be. All healthcare professionals are to follow their respective monitoring councils for guidance on practice in healthcare settings. We expect StreetDoctors volunteers to do the same during our sessions. Session delivery advice can be found in the appendices.

Do

- Be yourself!
- Be open and honest – don't worry if you don't know how to answer a question, say you aren't sure and will let them know at the next session (or will give the info to delivery partner staff to pass on to them).
- **Talk about bleeding generally rather than stabbing or shooting** (if young people bring up injuries caused by violence that is fine, but we don't want to make assumptions about their experiences).
- Listen to and respect trainees.
- Encourage trainees to ask questions.
- Be confident – you have knowledge and skills that you can pass on to young people who need them!

- Be friendly and chat to trainees – even though, sometimes, they might look uninterested.
- Encourage trainees – to have a go at answering questions, try not to let a few young people dominate discussions, and also think about how they can make a positive contribution with first aid skills.
- Thank trainees for their time and participation at the end of the session.

Don't (should be obvious but just in case)

- Use offensive language or make offensive jokes.
- Be rude to trainees or humiliate them.
- Use medical language – keep your words simple (bleeding instead of haemorrhage etc – see the glossary).
- Break confidentiality when discussing your experiences of treating patients.
- Give trainees your phone number or other personal information.
- Shout or be aggressive.

Aims of StreetDoctors' sessions

You have a “Golden Hour” with trainees to achieve the following:

1. **KNOWLEDGE:** For trainees to understand the medical consequences of violence on the human body and understand how it works.
2. **SKILLS:** For trainees to know what to do if someone is knocked out, the consequences of concussion, understanding of when to put someone in the recovery position and when to provide chest compressions.
3. **WILLING TO ACT:** For trainees to be confident enough and willing to intervene if someone is knocked out.

Objectives of StreetDoctors Session

- Create a good learning environment.
- To make our training is simple, inclusive, interactive, and fun!
- Trainees to be able to remember what to do if someone is bleeding or knocked out
- Trainees to think about why they might or might not help someone.

Training values and implementation

Each training session and group of trainees we train is unique. Eventually, with experience, you'll be able to use your special StreetDoctors senses to adapt the training to fit the different groups of young people, so they get the most out of training. It is important with everyone that you ensure you deliver the KEY messages.

Preparing for the session

It is ESSENTIAL that you prepare for each session beforehand. ONE WEEK before the session ensure you have enough volunteers to teach the session to avoid last minute cancellations. 2-3 days before the session get in touch with other volunteer(s) you're training with and run through the checklist:

- Check Equipment – Is it all there? Is anything broken? Does anything need replacing?
 - If the delivery partner owns their own equipment, you should check all of this with them.
- Do you have certificates and evaluation forms printed and available?
- Who will facilitate which bit of the training plan?

To ensure the session is covid-19 responsible we will be reminding young people of the importance of social distancing. When participating in the role play elements of each scenario young people will be making close contact with others. We will ask that they wear masks while participating in the role plays. Also prompt young people to regularly use hand sanitiser. Usage of gloves are optional.

We will still be following the National Youth Agency Guidelines on working with young people and will work with a maximum of 15 young people per workshop.

Training Plan

Equipment List

- Resuscitation Dummies (Min 3)
- Flipchart Paper
- Marker Pen
- Scenario cue cards
- Young person cards
- Lanyards – Injured Person and Bystander
- ASALERT cards
- Organ cards
- PPE (hand sanitiser, wipes, gloves, masks, masking tape)

Session Summary

Training Section & Timings	Content	Activity	Equipment
Pre-session	PREPARE! Arrive 25 – 30 minutes early so you can set up for the	Prep for Recap section Draw out flowchart for unconscious / knocked out Arrange chairs socially distanced apart facing flipchart paper	Flipchart paper Pens

	session and meet with staff.	<p>Prepare Scenario areas dependent on group size</p> <p>Between 1 – 5 YP one group</p> <p>Between 6 – 10 YP two groups</p> <p>Between 11 – 15 YP three groups</p> <p>Each volunteer trainer will be responsible for their group.</p> <p>Each group should have hand sanitiser, surface wipes and resuscitation dummies</p> <p>Write up group agreement previously discussed with trainees</p>	<p>Resuscitation Dummies</p> <p>Hand Sanitisers</p> <p>Wipes</p> <p>Gloves</p> <p>Scenario cue cards</p> <p>Young person cards</p> <p>Lanyards – Injured Person and Bystander</p> <p>ASALERT cards</p> <p>Organ Cards</p>
Introduction <i>5 mins</i>	<p>Interaction with young people as they arrive</p> <p>Introduce yourself to trainees in full- this is very important because your training as a medic will add credibility, so increasing young people's trust in what you have to say</p> <p>Share group agreement</p> <p>Say why you're there and what StreetDoctors is if they need a recap.</p>	<p>As trainees arrive:</p> <p>Hello / Welcome</p> <p>Introduce session</p> <p>Explain to the trainees the session will involve role play and physical demonstration. Please encourage the use of masks and gloves during scenario workshops as they will be in close contact with each other.</p> <p>Share group agreement with trainees</p> <p>This session will be a role play we will ask one of you to act as a patient while the other group members work together on how to help.</p> <ul style="list-style-type: none"> • If you prefer not to participate in the physical demonstration please give verbal instructions instead. • Remember to be respectful of each other and their space. Therefore, if any group member does not want to be touched this must be respected. • If you do not wish to be touched during the demonstration, please let the group know at any point in the role play (<i>teaches</i> 	<p>Register</p> <p>Flipchart</p> <p>Paper</p> <p>Pen</p> <p>Hand sanitisers</p>

		<p><i>consent and that it can be withdrawn once the role play has started)</i></p> <ul style="list-style-type: none"> If at any time you need to take a break at any time, including during the demonstrations please do. Speak to <i>DP Staff Name</i> about this so we can make sure you're doing ok. 	
<p>Recap 15 mins</p>	<p><u>What do you remember from the bleeding session?</u></p> <p><u>What do you remember from the Unconscious session?</u></p>	<p>Discussion with trainees on what they remember from the previous sessions. Review key points from each session.</p> <p><u>What do you remember from the bleeding session?</u></p> <p>Is there a safe place to stab someone?</p> <p>Answer: No, explain why based on bleeding session. Infection, nerve damage, ongoing health needs due to injury, paralysis.</p> <p>Answer: Leave it in, can do more damage removing knife</p> <p><u>What do you remember from the unconscious / knocked out session?</u></p> <p>What is the difference between being knocked out and sleeping/ how can you tell someone is unconscious or knocked out?</p> <p>Answer: Do not respond or wake up. Shake and Wake.</p> <p>What signs are you looking for to check someone's breathing?</p> <p>Answer: Look – Chest raising, Listen – Hear breath, Feel – use back of hand or ear</p> <p>What do you do if someone is knocked out and breathing?</p> <p>Answer: Recovery position / Roll over</p> <p>Why do you tilt their chin?</p> <p>Answer: Keep the airway clear</p> <p>What do you do if someone is knocked out and not breathing?</p> <p>Answer: CPR / chest compressions</p>	<p>Flipchart Paper Pen</p>

		<p>How do you know where to position your hands when doing CPR?</p> <p>Answer: using the armpits as a guide measure to the centre of the chest. Interlock hands one over the other use heel of hand.</p> <p>Explain to the young people when CPR is done accurately it can be tiring as you use a lot of force. For it be effective you may need to get someone to help you and take it in turns to administer chest compressions.</p> <p>Explain they will be spit into a groups and guided through three different medical emergencies where they can put their training into practice.</p>	
<p>Group Work</p> <p>15 mins per scenario</p> <p>45 mins total</p>	<p>Scenario Workshops</p> <p>Split trainees into small groups</p> <p>Between 1 – 5 YP one group</p> <p>Between 6 – 10 YP two groups</p> <p>Between 11 – 15 YP three groups</p> <p>Read out scenarios</p> <p><u>Bleeding Scenario</u></p> <p><u>Knocked out Scenario</u></p> <p><u>CPR Scenario</u></p>	<p>Depending on the number of young people split the group into two or three. Keep as one group if you have fewer than 5 young people.</p> <p>Ask for one person to volunteer as the injured person. Encourage a new young person for each scenario to ensure they all get an opportunity to be a first aider.</p> <p>Each young person who volunteers to be the injured person will wear the lanyard. The same for the bystander in scenario three.</p> <p>This acts a physical cue to the young person when they are in role and when they are not.</p> <p>Refer to scenario cards and read out scenarios to the group.</p> <p>Young people are given 15 minutes to decide the best course of action for each scenario. Prompt group if required and guide to correct action if needed. Reiterate social distancing and encourage the use of mask and hand sanitiser.</p> <p>Allow for young people to attempt the correct answer before prompting, you would have covered it during the recap section.</p> <p>Encourage them to work as a team if one young person needs help.</p> <p>It may help to time each scenario. This may motivate your group. If they move through the first scenario slowly add a timer on your phone.</p> <p>Move through the progression questions after the young people have covered ASALERT for the first scenario. Knocked out but breathing</p>	<p>Wipes</p> <p>Hand Sanitisers</p> <p>Gloves</p> <p>Resuscitation Dummies</p> <p>Scenario Sheets/Cards</p> <p>Injured person / Bystander lanyards</p> <p>Phone/Watch</p>

		<p>demonstrating recovery position/roll over for scenario two.</p> <p>For scenario three the young people must decide which are the correct steps without prompting as the role play moved from a conscious confused injured person to an unconscious unresponsive injured person.</p> <p>They will need to accurately review the scene call 999 and instruct the bystander to help perform CPR as effective chest compressions is tiring.</p> <p>After the final scenario congratulate the young people on their participation. Ask them if they have any questions from any of the scenarios.</p>	
<p>Exiting the role play – Exercise</p> <p><i>4 mins</i></p>	<p>This exercise is to safely remove/ close out the role play section of the workshop.</p>	<p>At the end of the final scenario explain to the young people we will do a short exercise to enable us to talk openly about the workshop without thinking about each of the roles the young people played.</p> <p>Where possible do this exercise away from the area you have just done the role play in. As a physical demonstration signifying the end of the role play.</p> <p>If you feel comfortable close your eyes or lower your gaze so you are not focusing on anything. Imagine the scenario you acted or helped as a first aider is playing out on a large TV screen. Visualise what actions you took to save that injured persons life. Imagine you are watching it all unfold on the big screen. Now imagine turning off that the TV. The screen is now blank. You can see yourself get up and walk out of the room and walk back into this room. Open your eyes.</p> <p>Explain to the young people why we completed this exercise.</p> <p>Say: This TV screen exercise helps to represent that these scenarios are role plays, allowing you to leave any feelings about what you took part in on the switched off TV screen while still having the knowledge you learnt with you.</p> <p>Say: Just before our short break can everyone tell me one thing about yourself. It could be your favourite;</p> <ul style="list-style-type: none"> ○ Music artist / song ○ TV programme / Film ○ Video game 	<p>Quiet space in the room</p>

		<ul style="list-style-type: none"> ○ Sports or activity <p>Share your favourite thing with the young people and then ask the DP staff for theirs. Go round and ask each young person to share.</p> <p>Thank the young people once activity is completed.</p>	
Break <i>10 mins</i>	Toilet/Water break Clean up and reorganisation	<p>Inform the young people they can have a short break. Remind them to use hand sanitiser and wipe down resuscitation dummies.</p> <p>Wipe down resuscitation dummies</p> <p>Set up chairs socially distanced for debrief.</p> <p>Ask the DP staff to sit in on the debrief circle to support the young people explore how they feel about their ability to act as a first aider in an emergency.</p>	Wipes
Debrief Evaluation <i>15 mins</i>	<p>Open group conversation</p> <p>Ask the DP staff to physically sit in this part of the session</p> <p>Thank young people for participating</p>	<p>Explain to the young people we will now have a short discussion about how confident they feel after the scenarios.</p> <p>It will be an honest discussion about how the young people feel now they have the knowledge to act in an emergency.</p> <p>Firstly, explain you want to check in with the group. What was it like to play the different roles? Give each young person the opportunity to share how the scenario was for them.</p> <p>Explore with the young people.</p> <p><u>What do you think you did well?</u></p> <p>If the young people struggle to think of any point out areas where they had good recall of their learning.</p> <p><u>What areas do you think can be improved?</u></p> <p>If the young people do not have any suggestions discuss some of the progression questions in the scenario where young people may have required input from you.</p> <p><u>If it was a real life incident, how would they be feeling?</u></p> <p>Scared, worried, heart rate increase.</p> <p>Reassure the young people this is a normal response to this type of situation.</p>	DP staff included in the debrief circle

		<p>Remind YP if the area is not safe do not go and help instead call 999 and inform the ambulance service that there is someone injured but you are unable to get to them.</p> <p>Do they feel better prepared after this session, to help if someone was bleeding as a result of a knife wound?</p> <p>Do you feel better prepared as a result of this session to help if someone was unconscious or knocked out but breathing?</p> <p>Do you feel better prepared as a result of this session to help if someone was unconscious or knocked out and not breathing therefore needed CPR?</p> <p>Congratulate the young people on their participation. Remind them to keep their knowledge fresh by practicing their life saving skills and teaching their friends and family to help others in their community.</p>	
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Rules of session delivery

- **Never deliver a StreetDoctors session alone;** another StreetDoctors volunteer should always be with you. Please cancel a session rather than train young people alone.
- Request a staff member to be present throughout. When HQ plan sessions with delivery partners we always state a member of their staff must be present. If any trainees present do not meet the expectations of the group agreement, staff are to manage this.
- You can end a session early or not start one if:
 - a staff member is not present.
 - you think your safety or the safety of the group is at risk.

Always let a StreetDoctors HQ team member know if a StreetDoctors session has not happened or if you had to end it early. We're here to help you. Email nvc@streetdoctors.org

If you need to speak to the team during office hours, phone 07763 457712.

Out of hours phone: 07553458882
Weekdays 5pm-9pm and Saturdays 9am-5pm

COVID Responsible Delivery

Subject to change in line with national guidance. **Always** follow local guidance and contact HQ if you have questions or issues

- PPE- masks, wipes, hand gel provided by HQ
- Covid safe travelling to and from sessions- where possible agree to meet close by and arrive together 30 mins before session start time
- 2 LFTs the week of the session as per government guidance
- Wipe down cards and equipment before and after sessions

Partner Requirements

- Space large enough for social distancing 1M and well ventilated
- Attendance numbers of no more than 15 young people
- Staff members in sessions encourage use of masks and social distancing

If you are not comfortable in a session or feel that it is unsafe, you can stop at any time. You can call us at HQ or on the out of hours phone (see above).

Training plan in detail

Before the session

Always make sure you arrive **25-30 minutes** before the start of the session to give you time to discuss the group with the delivery partner staff and organise the room how you want it. A circle of chairs is best.

For the Recap section of the workshop, make sure you have the AS-ALERT cards, and prepare the flowchart diagram of a knocked out person on the flipchart paper.

If possible have two distinct areas of the room one to complete the recap and the debrief and another area to run the scenario role plays. This is to assist in young people separating themselves from scenario, especially if they have experienced a similar real life incident.

The number of volunteers required to deliver the session is dependent on the number of young people attending. For groups sized between 4 – 10 young people the session can be delivered with two volunteers. For groups of 11 – 15 young people you will need three volunteers and three resuscitation dummies.

Introduction

- Introduce yourself in full
- Learn everyone's names (write them down if helpful)
- Chat while you are waiting for everyone to arrive.
- Explain who you are (student doctor, paramedic, nurse) and why you are there (part of StreetDoctors, training young people life-saving first aid)
- Ask for phones on silent and away
- Share group agreement;
 - All agree to use respectful language
 - Be mindful of others, not speaking over each other

- If you prefer not to participate in the physical demonstration please give verbal instructions instead.
 - Remember to be respectful of each other and their space. Therefore, if any group member does not want to be touched this must be respected.
 - If you do not wish to be touched during the demonstration, please let the group know at any point in the role play (*teaches consent and that it can be withdrawn once the role play has started*)
 - If at any time you need to take a break at any time, including during the demonstrations please do. Speak to *DP Staff Name* about this so we can make sure you're doing ok.
- Explain necessary social distancing measures. Please encourage the use of masks and gloves during scenario role play sections as they will be in close contact with each other.

Bleeding and Knocked out session recap

Discussion with trainees on what they remember from the previous sessions. Review key points from each session.

What do you remember from the bleeding session?

If young people are finding it difficult to remember use AS ALERT cards place them on the ground jumbled up. Ask trainees to talk through steps again.

Is there a safe place to stab someone?

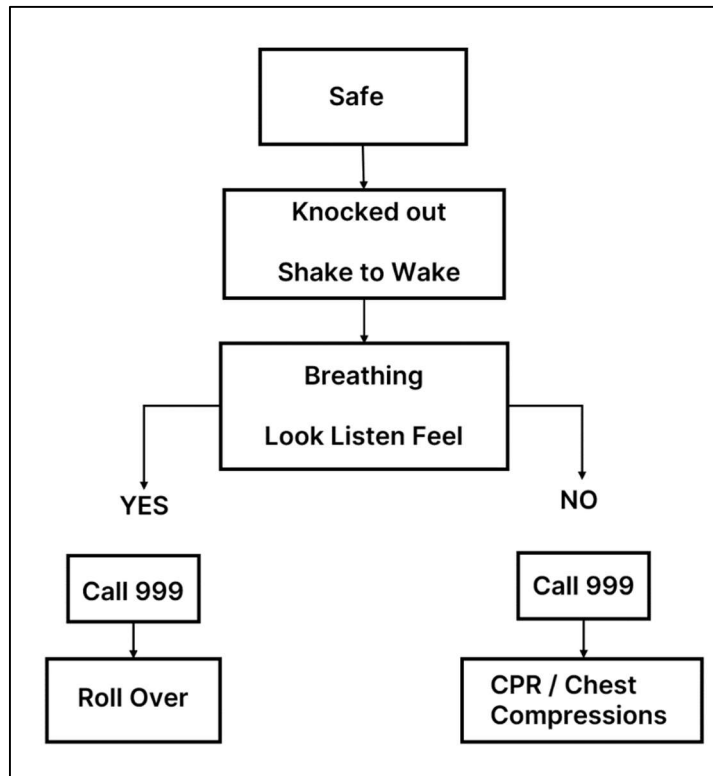
Answer: No, explain why based on bleeding session. Infection, nerve damage, ongoing health needs due to injury, paralysis.

If someone has been stabbed and the knife has been left inside, what do you do?

Answer: Leave it in, can do more damage removing knife

What do you remember from the unconscious / knocked out session?

If young people are finding it difficult to remember use knocked out flow chart cover up the key sections with post it notes or get the young people to direct you to write out a new chart on flipchart paper.



What is the difference between being knocked out and sleeping/ how can you tell someone is unconscious or knocked out?

Answer: Do not respond or wake up. Shake and Wake.

What signs are you looking for to check someone's breathing?

Answer:

- Look – Chest raising
- Listen – Hear breath
- Feel – use back of hand or ear

What do you do if someone is knocked out and breathing?

Answer: Recovery position / Roll over

Why do you tilt their chin?

Answer: Keep the airway clear

What do you do if someone is knocked out and not breathing?

Answer: CPR / chest compressions

How do you know where to position your hands when doing CPR?

Answer: using the armpits as a guide measure to the centre of the chest.
Interlock hands one over the other use heel of hand.

Explain to the young people when CPR is done accurately it can be tiring as you use a lot of force. For it be effective you may need to get someone to help you and take it in turns to administer chest compressions.

Split trainees into groups

Explain to the young people they will be split into a groups and guided through three different medical emergencies where they can put their training into practice. Depending on the number of young people split the group into two or three. Keep as one group if you have fewer than 5 young people.

- Between 1 – 5 YP one group
- Between 6 – 10 YP two groups
- Between 11 – 15 YP three groups

Each volunteer should take a group to lead through the scenarios.

Reminder: Reiterate social distancing and encourage the use of mask and hand sanitiser.

Group Work

Ask one young person to volunteer as the injured person. Encourage a new young person for each scenario to ensure they all get an opportunity to be a first aider.

Lanyards

Each young person who volunteers to be the injured person will wear the lanyard. The same for the bystander in scenario three.

This acts a physical cue to the young person when they are in role and when they are not.

Scenario cue cards

Refer to scenario cue cards and read out scenario one at a time to the group.

Young people are given 15 minutes to decide the best course of action for each scenario. Prompt group if required and guide to correct action if needed.

Allow for young people to attempt the correct answer before prompting, you would have covered the key points during the recap section.

Encourage them to work as a team if one young person needs help.

It may help to time each scenario. This may motivate your group. If they move through the first scenario slowly add a timer on your phone.

Progression Questions

Move through the progression questions after the young people have covered.

- Scenario one: AS-ALERT
- Scenario two: Knocked out but breathing demonstrating recovery position/roll over

- Scenario three:

The young people must decide which are the correct steps without prompting as the role play moved from a conscious confused injured person to an unconscious unresponsive injured person.

They will need to accurately review the scene call 999 and instruct the bystander to help perform CPR as effective chest compressions is tiring.

After the final scenario congratulate the young people on their participation. Ask them if they have any questions from any of the scenarios.

Exiting the role play – Exercise

At the end of the final scenario explain to the young people we will do a short exercise to enable us to talk openly about the workshop without thinking about each of the roles the young people played.

Where possible do this exercise away from the area you have just done the role play in. As a physical demonstration signifying the end of the role play. Take your time to go through the exercise pausing after each sentence to allow time for the young people to move through the exercise effectively.

Say: If you feel comfortable close your eyes or lower your gaze so you are not focusing on anything.

Imagine the scenario you acted or helped as a first aider is playing out on a large TV screen. *Pause*

Visualise what actions you took to save that injured persons life. Imagine you are watching it all unfold on the big screen. *Pause*

Now imagine turning off that the TV. The screen is now blank. *Pause*

You can see yourself get up and walk out of the room and walk back into this room. *Pause*

When you are ready, open your eyes.

Explain to the young people why we completed this exercise.

Say: This TV screen exercise helps to represent that these scenarios are role plays, allowing you to leave any feelings about what you took part in on the switched off TV screen while still having the knowledge you learnt with you.

Some of you may have found parts of the scenarios upsetting, please reach out to *Delivery Partner Staff Name* if you would like to discuss how you feel after the session.

Say: Just before our short break can everyone tell me one thing about yourself. It could be your favourite;

- Music artist / song
- TV programme / Film
- Video game
- Sports or activity

Share your favourite thing with the young people and then ask the DP staff for theirs. Go round and ask each young person to share.

Thank the young people once activity is completed.

Break – 10 Minutes

Inform the young people they can have a short break. Remind them to use hand sanitiser and wipe down resuscitation dummies.

Set up chairs socially distanced for debrief.

Ask the DP staff to sit in on the debrief circle to support the young people explore how they feel about their ability to act as a first aider in an emergency.

Debrief

Explain to the young people we will now have a short discussion about how confident they feel after the scenarios. It will be an honest discussion about how the young people feel now they have the knowledge to act in an emergency.

Firstly, explain you want to check in with the group.

What was it like to play the different roles?

Give each young person the opportunity to share how the scenario was for them.

Acknowledge and explore young people responses.

What do you think you did well?

If the young people struggle to think of any point out areas where they had good recall of their learning.

What areas do you think can be improved?

If the young people do not have any suggestions discuss some of the progression questions in the scenario where young people may have required input from you.

If it was a real life incident, how would they be feeling?

- Scared, worried, heart rate increase.

Reassure the young people this is a normal response to this type of situation. However practicing can help them to remember what to do if they are ever in situation where they have to provide first aid.

Remind YP if the area is not safe do not go and help instead call 999 and inform the ambulance service that there is someone injured but you are unable to get to them.

Do they feel better prepared after this session, to help if someone was bleeding as a result of a knife wound?

Do you feel better prepared as a result of this session to help if someone was unconscious or knocked out but breathing?

Do you feel better prepared as a result of this session to help if someone was unconscious or knocked out and not breathing therefore needed CPR?

Congratulate the young people on their participation. Remind them to keep their knowledge fresh by practicing their life saving skills and teaching their friends and family to help others in their community.

Key messages

- If it is unsafe to go and help call 999 and inform the ambulance service that there is someone injured but you are unable to get to them. Your safety is important.
- Practice AS-ALERT, Recovery position / Roll over
- Effective chest compressions are best done when you can swap someone in, practice instructing someone on how to count in a bystander. You can practice on a pillow or cushion

At the end of the session

Check list	Have you....
	Given evaluation forms to the trainees and collected in completed ones?
	Given each trainee a certificate, reminder card and thanked them for taking part.
	After trainees leave: Had a debrief about the session and made notes on: <ul style="list-style-type: none"> • What do you think went well and why? • What didn't go well and why? • What changes would you make next time? Posted these insights: <ul style="list-style-type: none"> • Into the "feedback" tab on the Lamplight teaching record and Onto your local Facebook or WhatsApp group so that everyone can learn from them. Keep the trainee's identity anonymous!
	Given each other some constructive individual feedback
	Filled in the number of young people attending and those re-attending on the "attendance" tab on the Lamplight teaching record
	Inputted the data from the young people's evaluation forms to the online survey: http://www.streetdoctors.org/unconsciouseval

Appendix 1 – Glossary of Medical Terms

Medical Word	Try this instead	Medical Word	Try this instead
Signs	What they look like	Organ	Part of the body
Symptom	How they feel	Trachea	Wind pipe/airway
Cardiac Arrest	Heart stopped	Sternum	Breast bone
Haemorrhage	Bleeding	Occluded	Blocked
CPR	Chest compressions	Fail (ie, organs “fail”)	Stop working
Intoxication	Drunk or high	Seizure	Fit
Management	What you can do to help	Reduced consciousness	Drowsy

Appendix 2 - FAQs from Trainees

1. If I call 999 do it need to tell them my name?

You do not need to give information about your identity to the police you can call 999 anonymously.

2. What should I do if the police arrive?

If the police do arrive, you do not need to tell them what happened. Police wear body worn cameras they can collect evidence from there. You can ask them to turn off their cameras and request you report to the station if a statement is required.

3. Do I need to sign a statement and go to court?

If you do not give a signed statement, you will not be required to attend court.

4. What if it's a female, they have breasts/boobs - how do you deliver chest compressions?

Breasts/boobs are made of fatty floppy tissue so when a female is lying flat they fall to the side. This will allow you to place your hands in the centre of her chest to deliver the compressions.

Breast implants are more solid. Just place the heel of your hand in the centre of the chest and deliver chest compressions. (What if you burst a fake boob?) If someone is not breathing it means that technically they are dead. It would be better to survive with a broken implant than to die because you didn't get CPR.

5. How much pressure should I apply to a bleeding wound?

You should apply as much pressure as it takes to stop the bleeding. If there is a small wound you may only need to apply a small amount of pressure to stop the bleeding. Sometimes a lot of pressure needs to be applied using nearly all of your body weight. You can ask trainees to squeeze your arm to give them a practical way of appreciating how much pressure to apply, or you can demonstrate by having your partner put a lot of pressure on your abdomen and having the trainees do the same in the demo.

6. Will I get arrested if I call the ambulance?

If you are involved in an incident or a witness to one the police may wish to speak with you about this.

7. Why don't you do mouth to mouth? Will it still work?

Research has shown that if you aren't well trained like a doctor or nurse you won't be very good at mouth to mouth (breathing into someone's lungs). So you need to call 999 and do chest compressions. Chest compressions do move the lungs a bit to let oxygen in and it keeps the blood travelling to the brain.

8. Why did you become a doctor, nurse or paramedic?

Just give an honest, open account of why.

9. How do you become a doctor, nurse or paramedic?

Discuss what you know about entry to medical courses and signpost them to useful services e.g. careers officer or the NHS Careers website.

10. Why should I call an ambulance?

It's important to call an ambulance if you are with someone who needs first aid. This is often the quickest and fastest way to get a sick person the help they need.

11. If I give chest compressions and break a bone etc will I get sued?

There has never been a successful legal case against someone delivering first aid in the UK. If someone is not breathing, they are technically dead so any damage you cause (like broken ribs) is better than death.

12. If someone is knocked out and bleeding what should I do?

Assess whether you think they are breathing or not. Call for help in case there is someone nearby who can assist you and call 999. Let them know if the person is breathing or not. Once you know help is on the way, if the person is breathing apply pressure to the bit of the body where you can see the blood coming from. If the person is not breathing, start chest compressions. Don't stop until the ambulance arrives. Try to stay calm.

13. How long does it take for an ambulance to arrive?

The Ambulance Service aim to respond to all 999 calls within 8 minutes. Sometimes they get there quicker, other times it may take longer

14. Can someone be arrested in a hospital?

Yes. Hospitals are public places and are governed by the same laws as the rest of the country.

Appendix 3 - Hints and Tips for Session Delivery

1. **Use simple language** – avoid any medical words or jargon.
2. **Use local 'scene setting'/ scenarios** e.g. 'imagine you're on Whitechapel High St'.

3. **Ground rules** – briefly set out your expectations of young people at the beginning of the session. It is good to say something like *'This will only be an hour long session and by the end you will have the skills to save someone's life – there are some things for you to get involved with so give us your full attention. We'll all put our phones away so no one gets distracted. Thanks for your time.'*
4. **Go round the circle** and get everyone to introduce themselves at the start e.g. name and one thing about themselves. Perhaps you as the trainer can go first to show them how it is done. Try to remember their names as this is better than pointing at people during the session.
5. Think about **ratios of trainees to volunteers**. It is good to have enough trainers to run through scenarios with young people and be able to answer their questions. A ratio of 3-5 trainees to each trainer might be ideal but this may vary.
6. **Save answering complex questions for the end of the session**. Sometimes when you have a very interested/outgoing group they might interrupt you and go off on tangents when you are trying to explain core bits of the training. Write the questions down on the flip chart paper and then revisit them at an appropriate time. This shows that you have listened to their question and will answer it.
7. **Have a few good/interesting/shocking stories up your sleeve**. When you're talking about bleeding or collapse it might be good to have some stories of your experience which you can share with young people – maybe someone you've seen bleeding in A&E. Be careful not to break confidentiality.
8. **Have some good film references** – when you are asking trainees about what someone would look like when bleeding or knocked out if they haven't witnessed it themselves you could ask them about what it looks like on TV/films.
9. When describing scenarios where someone is bleeding **use different examples** not just stabbing. Eg, climbing over a fence, getting cut on glass or a traffic accident.
10. If the trainees don't seem keen about practicing the skills, **lead them in gently** by getting one of them to be the patient and get the others to direct you what to do.
11. Always **thank trainees for contributions** they make in the session. Especially if it's a quiet session or one that is slow to get going as this can help to encourage more trainees to speak up and makes for a better teaching session.
12. **Get other staff members present to play patients**. Before the session explain to the staff that we will be doing role plays and you may ask them to play a patient in a scenario. Check if they are happy to do this.
13. **Don't appear shocked or impressed by violence**. Sometimes you might be teaching young people who have been involved in violence. It is human nature to be shocked and intrigued. At StreetDoctors we want to be non-judgmental. Sometimes violence is the only way young people think they can be powerful and express themselves. By not acting shocked it takes away some of the power of violence.

Appendix 4 - Social Distancing Measures

Explain sessions are now socially distanced physical demonstrations are allowed, however we recommend they use a mask when in close contact with each other.

During the times where they are not demonstrating on each other advise the young people they will be reminded to keep their distance, use hand sanitiser and wipe down surfaces when prompted.

Video demonstrations are still available if volunteer trainers prefer not to do physical demonstrations. Young people do not have to take part in physical demos if they do not feel comfortable.

Remember to wipe all equipment with antiviral wipes before and after each session.

Appendix 5 – Scenarios

Scenario one

You witness an altercation between a group of young people outside a closed corner shop. The altercation quickly turns violent and leaves one young person on the ground whilst the rest of the group disperses. You run over to the injured person and it becomes apparent that they have been stabbed. The weapon has been left in the abdominal area and they are quickly losing blood. The victim looks cold and pale, there appears to be nobody else in sight. What do you do?

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Progression Questions

What if there are multiple stab wounds?

Apply pressure to as many wounds as you can. Use both hands on one wound and you can use your knee on another wound. Ask other members of public for help to apply pressure. If you can't decide which wound/wounds to apply pressure to - go with the wound bleeding the most, especially if a wound is 'spurting' then you need to apply pressure to that wound as a priority.

What if it's a neck, leg, or back wound?

- Neck wound: apply pressure unless victim starts choking, then reduce pressure slightly
- Leg wound: Raise leg above heart to slow bleeding and apply pressure
- Back wound: Apply pressure to affected area

What would you do if the knife was taken out of the wound?

Apply required amount of pressure directly over the wound, elevate legs, reassure victim and check temperature. Definitely don't put knife back in

Which organs have been affected?

Re-cap on organs potentially affected within the abdominal region i.e. Kidneys, Intestines, stomach and what are the potential consequences; catheter, stoma bag etc

Scenario two

You witness a young person get hit on the head with a bat who then collapses. The attacker runs away. Upon initial inspection, it appears that the young person is unresponsive when spoken to. What do you do next?

- Check the area is safe (attacker has not returned)
- Check if they are breathing (they are)
- Call 999 and tell them there is unconscious/knocked out but breathing individual
- Put them into the recovery/roll over position

Progression Questions

What if the injured young person starts vomiting? Or they choke on the vomit and appears to have stopped breathing?

Firstly, DO NOT put your hand/ any object in their mouth to remove the vomit, as they could bite down or you could push the vomit further into their airway. As soon as someone starts vomiting, put them in the recovery position.

If they are already in the recovery position and they vomit and appear to have stopped breathing, keep them in the position until they have stopped vomiting and then turn them on their back and start CPR.

If they were not in the recovery position and they choke on their vomit, put them into the recovery position to encourage some vomit to fall out and then do CPR.

Can you name some circumstances where it would not be safe to approach the injured person?

- If the attacker was still present
- If it was in a dangerous place, unsafe building due to construction, derelict, close to railway lines.

What would you do if you could see someone is knocked out and doesn't appear to be breathing but you cannot reach them?

Call 999 and tell them what has happened (as much as you know – you might not know if the injured person is breathing or even if they are unconscious and that is fine) and that the attacker is still there. Do not approach to offer first aid as it is not safe.

Scenario Three

Ask the group for two volunteers one to act as a victim and one as a bystander, separate them from the group and quietly explain the brief to each on how they should act.

Brief for victim – Lie down on floor and act confused and very drowsy. Let the YP approach you and check if you are conscious, you should still act drowsy here, mumble your speech or trail off your conversation. They will be trying to speak to you. After the initial contact do not respond, now pretend you have become unconscious.

Brief for bystander – Do not come to help until the young person has approached the victim, if they call for help come into the scene. If they do not ask for help wait until they start CPR, go over and ask “what’s happened, can I help?”. You don’t know how to do CPR but you want to help and ask if the Young person can instruct you in CPR.

Introduce the scenario which is a role play. The young people will be required to indicate what they would do in this situation. Inform the young people to watch the victim carefully as they move into the space as their actions are an indicator what the young people will need to do. A bystander is also part of the scenario use them to help you manage the incident. Hint you may need to provide instructions on how they can assist you.

You are walking home at night and find young person lying on the pavement.

YP should check area is safe (it is)

Check if they are bleeding obviously from anywhere/ has any injuries (they doesn’t)

Check if the individual is unconscious or not (they are not unconscious but very drowsy and not making sense)

The victim will now become unconscious

YP should check if the individual is unconscious (they are now unconscious)

Then check if they are breathing, their chest will rise and fall or you can feel their breath coming from their nose or mouth if you hold the back of your hand 10cm over that area (they are no longer breathing)

Call 999 and tell them that there is an unconscious or knocked out individual who is not breathing and the location

Start CPR (This should be done on the resus dummies only)

Bystander arrives

Instruct bystander on how to do CPR. They will need to tell the bystander the correct location on the chest and observe the correct number of compressions at the right depth. They should count in the bystander in. Ensure the transition is smooth and not time consuming.