



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

Training Plan:
What to do if someone is knocked out

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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.

Training principles

We want you, our volunteers, to be aware of how our training plan works. For a skills based workshop to be meaningful and achieve the intended aims, learners must go through Kolb's stages:

- **Concrete foundation** of knowledge i.e. How the body works
- **Reflection** on that knowledge in new contexts i.e. Squash demonstration 1 & 2
- **Cognitive processing** of knowledge application i.e Watching AS ALERT demo
- **Active application** of their knowledge i.e. Practicing AS ALERT demo

Our training plan supports young people to acquire a deeper understanding of what to do in a medical emergency and why. This is achieved by engaging them using multiple techniques, each of them relying on some key principles.

You have a **“Golden Hour”** with young people for them to become lifesavers. Be guided by the following principles to help you make the most of those 60 minutes!

- **Use simple key messages** – don't be diverted into finer detail about how the body works or complex medical concepts. Delving into deeper and more complex concepts will make it hard for learners to organise information into simple, memorable structures. This is referred to as improvidence.¹
- **Keep content relevant** – our sessions are about young people learning the medical consequences of violent injuries and facilitating discussions about attitudes to violence. Going vastly off-course can cause learners to draw incorrect conclusions between the extra information and our key messages. This is referred to as globetrotting.²
- **Teach interactively/ask questions** - didactic teaching (doing all the talking yourself) can impair a learner's development. By actively using a mixture of demonstrations, and open and closed questions, you're helping trainees develop connections between facts and concepts. This reinforces their knowledge.³
- **Practice, practice, practice** – young people are more likely to help in a medical emergency if they have had a chance to practice the skills you've taught them. This is the final stage that ties all the knowledge together. Trainees will make the neural connections helping them to transfer learning before applying it to real-life situations. This cements new knowledge for future use.⁴

Understanding and implementing the above ensures all StreetDoctors sessions are delivered to a consistent high standard. It gives young people the best possible chance of learning lifesaving skills and the confidence to feel able to replicate them in a medical emergency.

¹ Vollers JM. Teaching and Learning Styles. International Anaesthesiology Clinics. 2008 ; 46 : 27-40

² Vollers JM. Teaching and Learning Styles. International Anaesthesiology Clinics. 2008 ; 46 : 27-40.

³ Barnett R. A Will to Learn: Being a Student in an Age of Uncertainty. pp 126127. Maidenhead: McGraw-Hill Education; 2007. And [hapman J, Watson J, Adams J. Exploring changes in occupational therapy student's approaches to learning during pre-registration education. Br J Occup Ther. 2006 ; 69 : 457-463

⁴ Barnett R. The Limits of Competence. pp 11-16. Buckingham: Open University Press, 1994.

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?

Overview of Training Plan

Equipment List

- BLS dummies
- Plastic jar and stress ball / Plasticine
- Knocked out Flow Chart
- Concussion Goggles
- Flip chart and flip chart pens
- Body Organ pictures
- Evaluation forms
- Certificates
- Wallet Reminder cards for young people
- PPE (hand sanitiser, wipes, gloves, masks)

Session Summary

Training section & timings	Content	Activity	Equipment
Pre-session	<p>PREPARE!</p> <p>Arrive 25 - 30 minutes early so you can set up for the session and meet with staff.</p>	<p>Draw outline of life-size body on paper.</p> <p>Write up group agreement (Appendix 2) to be discussed with trainees</p>	<p>Flipchart paper</p> <p>CPR dummies</p> <p>Pens</p>

<p>Introduction</p> <p>5 mins</p>	<p>Share group agreement</p> <p>Say why you're there and what StreetDoctors is.</p> <p>You can summarise our work as- 'we are a movement of young healthcare volunteers training young people in emergency first aid skills and increasing their understanding of the consequences of violence.</p>	<p>As trainees arrive:</p> <ul style="list-style-type: none"> - Hello / Welcome -Have a chat, get to know them <p>Trainer explains boundaries of the session:</p> <ul style="list-style-type: none"> -share group agreement with trainees, make changes as needed <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><u>Have you learnt first aid before?</u></p> <p><u>Who has been to a StreetDoctors session before?</u></p>	<p>Register (if provided)</p> <p>Take a note of the number of trainees to put into Lamplight:</p> <ul style="list-style-type: none"> -First time attendees -Repeat attendees 								
<p>What is knocked out?</p> <p>6 mins</p>	<p>Here you will explain what we mean by being knocked out.</p> <p>How to identify someone is knocked out and not sleeping.</p> <p>What the are possible causes for someone being knocked out</p>	<p>Trainees are asked:</p> <ul style="list-style-type: none"> <u>-what does being knocked out mean?</u> <u>-how can you check someone is knocked out and not sleeping?</u> <p>Discuss shake and wake</p> <p>Demonstrate on resus dummy. Tap shoulders, shout loudly.</p> <p><u>-why might someone be knocked out?</u></p> <table border="0" style="width: 100%;"> <tr> <td>Faint</td> <td>Drugs</td> </tr> <tr> <td>Heart Attack</td> <td>Punched</td> </tr> <tr> <td>Stroke</td> <td>Seizure</td> </tr> <tr> <td>Hit head on floor</td> <td>Diabetes</td> </tr> </table> <p>Write out their answers on whiteboard or paper</p>	Faint	Drugs	Heart Attack	Punched	Stroke	Seizure	Hit head on floor	Diabetes	<p>Flipchart and pens</p> <p>Resus dummy</p>
Faint	Drugs										
Heart Attack	Punched										
Stroke	Seizure										
Hit head on floor	Diabetes										
<p><i>Trauma Informed Check In: We have discussed some distressing reasons why someone may be knocked out. Just a quick check if everyone is okay to continue. If you need to take a moment please let us know. You can step out at any point please seek support from the staff members here.</i></p>											
		<p>Ask trainees to stand and divide the room into 3 sections: Yes/Unsure/No</p> <p>Ask trainees:</p> <ul style="list-style-type: none"> <u>-is being knocked out dangerous?</u> <u>-what are your reasons why you have picked yes?</u> 									

<p>Vital Organs and Breathing <i>5 mins</i></p>	<p>You will discuss the three most important organs and why.</p> <p>Discuss the mechanism of breathing</p>	<p>Using the organ cards ask the trainees: <u>-what are the three most important organs and why?</u></p> <p>Get them to place them on the body outline.</p> <p>Heart – Pumps blood Brain – Body’s control centre Lungs – required for oxygen intake from breathing</p> <p>When speaking about the lungs ask the trainees <u>-how do we breathe?</u></p>	<p>Body Organ Cards</p>
<p>How to help someone who is knocked out <i>2 mins</i></p>	<p>Explain how to help a person who has been knocked out</p>	<p>There are three outcomes if someone is knocked out :</p> <ol style="list-style-type: none"> 1. Wake immediately 2. They remain knocked out but are breathing 3. They are knocked out and not breathing <p>Explain to the trainees you will talk through each outcome.</p>	
<p>Concussion <i>8 mins</i></p>	<p>Explain why someone being knocked out but waking immediately can still be dangerous.</p> <p>Concussion demonstration and identifying symptoms</p>	<p>Ask trainees <u>-Why is it dangerous if someone is knocked out but wakes immediately?</u></p> <p>Head injury – from a fall</p> <p>Concussion</p> <p>Explain what concussion is</p> <p><u>-Dose anyone know how concussion happens?</u></p> <p>With plastic jar and plasticine to demonstrates the brain moving around in the skull.</p> <p>Ask the trainees <u>-What are the symptoms of concussion?</u></p> <p>Write answers on the flipchart</p> <p>Brain injury - life threatening, brain swelling, irreversible damage or death.</p>	<p>Flipchart</p> <p>Plastic Jar</p> <p>Plasticine ball</p> <p>Concussion flow chart – 111 or 999</p>

		<p>If these symptoms are seen in yourself or someone who has been knocked out attend A&E or call 999.</p> <p>Call 111 – Non emergency line if they wake immediately but have no symptoms.</p> <p>Ask trainees:</p> <p><u>-what do you tell the call operator once you dialled 999?</u></p>	
<p>Concussion Symptoms Demo</p> <p><i>5 mins</i></p>	<p><u>Understanding the symptoms of concussion</u></p>	<p>Ask for two volunteers who are comfortable wearing eye goggles which stimulate a concussion.</p> <p>Ensure there is space to allow the trainees to walk around safely.</p> <p>When wearing goggles suggest a task; e.g</p> <ul style="list-style-type: none"> • Use their phone • Write their name on the flipchart • Get them to navigate around the room – be mindful of safety here <p>Get them to describe how they felt.</p> <p>Clean goggles and allow another trainee to use them.</p>	<p>Concussion Goggles</p>
<p>Knocked out and breathing</p> <p><i>5 mins</i></p>	<p>Explain the dangers of obstructions to the airway when knocked out</p>	<p>Ask trainees:</p> <p><u>-Why is it dangerous if someone is knocked out but breathing?</u></p> <p><u>-how can you tell someone is breathing?</u></p> <p>Look – chest rising and falling</p> <p>Listen – hear breathing with ear</p> <p>Feel – breathing with back of your hand</p> <p>How to help someone knocked out and breathing</p> <p>Use the pre prepared knocked out flow chart</p> <ol style="list-style-type: none"> 1. First check it is safe for you to help 2. Shake and wake 3. Look listen feel – 10 secs 4. Call 999 	<p>Flipchart paper</p> <p>knocked out flow chart</p>

		<p>Ask trainees <u>What do you tell the 999 call operator?</u></p> <p><u>Does anyone know what you do next?</u></p> <p>Recovery position / roll over</p>	
<p>Demo roll over 5 mins</p>	<p>3 step demo of roll over</p> <p><u>Question what to do for stage 3</u></p> <p>Write steps on board</p>	<p>1. Play recovery position video</p> <p>2. Demonstrate on your training partner. Explain to the young people they do not need to participate if not comfortable.</p> <p>If you as the volunteer trainer do not want to take part on physical demos with your training partner you can play the video and provide young people with verbal instructions from other trainer</p> <p>Explain the importance of being on their side and a clear airway.</p> <p>Ask the trainees to bring their chin into their chest then try to breath. Then to raise their head back and do the same.</p> <p>Ask <u>Do you notice a difference?</u></p> <p>When your airway was constricted it was more challenging to breath but with the chin lifted and airway open breathing became easier.</p> <p>3. Trainees guide trainer through demo with verbal instructions</p>	<p>Volunteer to be knocked out and breathing</p> <p>StreetDoctors Playbook Online</p>
<p>Verbal instructions if required:</p> <ol style="list-style-type: none"> 1. Are they are breathing – can you see their chest rising and falling? Try to shake and wake. 2. Raise arm closes to your side of the body – in a waving position 3. Taking the leg opposite of waving arm, lift until the knee is upright and foot flat on the ground 4. Bring the non-waving hand across the injured persons chest to their cheek on the opposite side. They should now be cupping their face with their hand. 5. Roll the injured person’s body, using the raised leg as leverage and placing your left hand on their shoulder. Roll them towards you. Their leg will fall on top of the other leg. Their hand should support their face. 6. Open the airway by slightly tilting the head upwards 7. Wait with the individual till help has arrived ensure you watch as they continue to breathe 			

<p>Practice roll over</p> <p><i>7 mins</i></p>	<p>Split into small groups and practice</p>	<p>Trainees each practice roll over</p> <p>Groups of three. One person is the injured person, one provides verbal instructions or physically demonstrated while wearing a mask and the other gives feedback. Take turns with support from the trainers.</p> <p>While the young people are practicing in groups ask them</p> <p><u>-Ask how they felt practicing roll over / recovery position?</u></p> <p><u>-Did anyone forget to lift the chin the first time they practised?</u></p>	<p>Trainees rotate volunteering as an injured person</p>
<p>Break</p>	<p>Good time for a break if needed! Suggest Hand sanitiser after break</p>		
<p>Knocked out and NOT Breathing</p> <p><i>6 mins</i></p>	<p>Explain how to help a injured person knocked out and not breathing.</p> <p>Why CPR is important as you act as a manual pump for the heart.</p>	<p>Ask trainees:</p> <p><u>-Someone has been knocked out, how do you check they are not breathing?</u></p> <ol style="list-style-type: none"> 1. Shake and wake 2. Look, listen, feel <p>Explain previously discussed the most important organs and why.</p> <p><u>What were these organs?</u></p> <p>Heart, brain, lungs</p> <p>Oxygen is no longer getting to these vital organs as the heart is no longer pumping blood around the body.</p> <p><u>What can you do to help?</u></p> <ol style="list-style-type: none"> 1. Call 999 – What do you say? 2. Is it safe to help 3. CPR 	<p>Flip chart</p> <p>Knocked out flow chart</p>
<p>Demo of CPR</p> <p><i>5 mins</i></p>	<p>3 step demo of CPR</p> <p><u>Question what to do for stage 3</u></p> <p>Write steps on board</p>	<ol style="list-style-type: none"> 1. Play CPR Video 2. Trainer does silent demo 3. Trainer explains demo 4. Trainees guide trainer through demo <p>Remind young people the dummies need to be wiped down after every use.</p> <p>Demonstrate compressions.</p> <p>Wipe down dummy. Allow to dry ready for next person. Use hand sanitiser.</p>	<p>CPR dummies</p> <p>StreetDoctors Playbook Online</p>

Practice CPR <i>7 mins</i>	Split into small groups and practice	Trainees each practice CPR	CPR dummies
Session Recap <i>5 mins</i>	Review all full training session. Reiterate most important actions they can do.	Ask trainees: <u>What is the most important thing to do if.....?</u> <ol style="list-style-type: none"> 1. someone is knocked out and wakes up – 111 or 999 if symptoms present 2. someone is knocked out and breathing – 999 then Roll over / recovery position 3. someone is knocked out and not breathing – 999 the CPR / chest compressions Refer back to flow charts.	Flipchart Concussion and knocked out flow charts
Evaluation and certificates <i>5 mins</i>	<u>Trainees complete evaluation form</u> Give trainees certificate and thank them for participating	Thank trainees for taking part. Trauma check in and signposting: <i>We spoke about a violent incident and someone being knocked out as a result. Some parts of the session may be upsetting. If you need to talk to someone about it please reach out to the staff member who invited you.</i> <i>You can also speak to independent organisations like the Mix, Young minds and Shout.</i> Give them both Reminder cards. <ul style="list-style-type: none"> ○ Wallet card ○ Mental health support 	Evaluation form Certificates Reminder cards

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

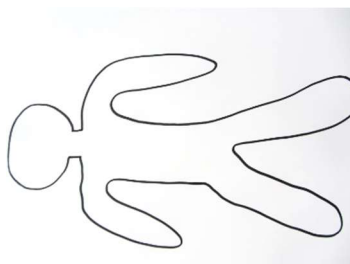
If you are not comfortable in a session or feel that it is unsafe, you can stop at any time. You can call us at HQ or on the out of hours phone (see above).

Training plan in detail

Before the session

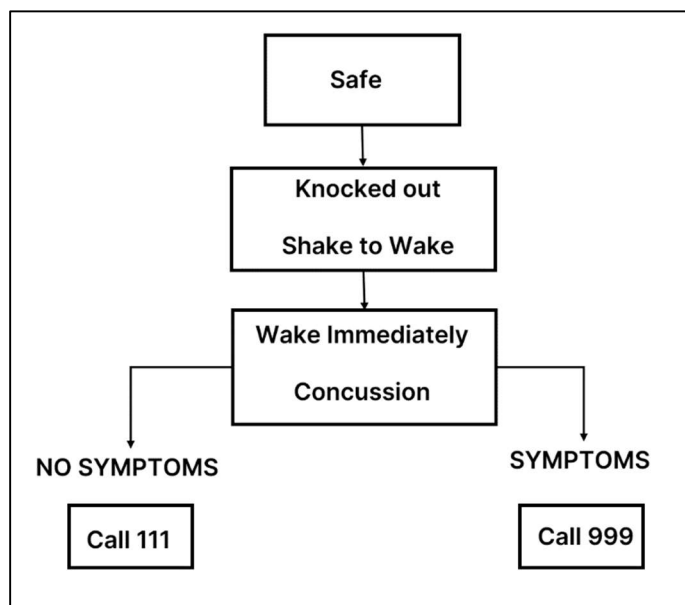
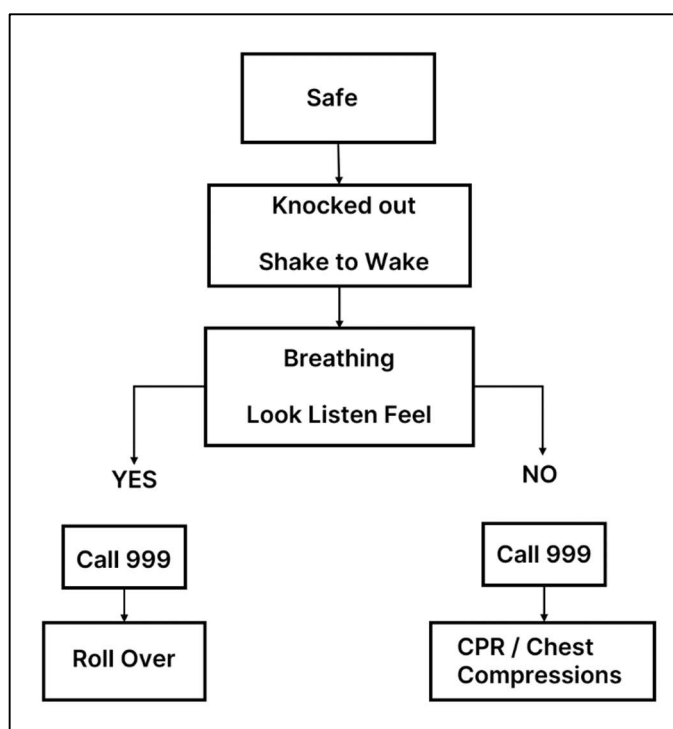
Always make sure you arrive **25-30 minutes** before the start of the session to give you time to discuss the group with the staff members from the delivery partner and organise the room how you want it. A circle of chairs is best.

Draw around someone to have a life-size outline of body on two big sheets of flip chart paper. Have drawing laid out on the floor or on a table in the middle of the room.



Get dummies out and place to one side. Arrange chairs in a circle.

Create the knocked-out flow chart and the concussion flow chart



Introduction

- Introduce yourself in full, including your medical training you are doing
- Learn everyone's names (write them down/use name stickers)
- 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
- Explain necessary social distancing measures
 - 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.
 - Each will get their own felt tip pen to write with. Do not share this with other participants.
- Ask: Has anyone done first aid before? What can you remember?
Has anyone attended a StreetDoctors session before? (note down the number of first timers, and re-attendees to put on Lamplight later)

What is knocked out?

- Explain what we mean by being knocked out
- Ask young people to stand up then divide the room into three sections: Yes, Unsure and No. **Ask 'Is being knocked out dangerous?' Yes, Unsure or No**
Discuss why the young people have chosen the section they have.
What are your reasons? Why have you picked yes, unsure or no

Explain that being knocked out even for a short time can result in a serious injury.

- Head injury can affect speech. May have difficulty with speech or other senses, confusion, memory loss.
- Cause physical disability leading to paralysis of arms or legs.
- Require frequent hospital visits due to long term condition this could be over months or years.
- Permanent brain damage leaving someone in a vegetative state. Due to bleeding on the brain.

How the body works?

- Hand out organ cards
- Discuss the three most important organs
Ask: 'What are the three most important organs and why?'
 - **Heart** – Pumps blood
 - **Brain** – Body's control centre
 - **Lungs** – required for oxygen intake from breathing

Ask young people to place the organ cards of the three most important organs in the regions they are anatomically located on the body outline

- Discuss the mechanism of breathing

Ask: 'How do we breathe?'

Take in air which contains oxygen through the nose or mouth. The air passes through the windpipe and into the lungs where it is absorbed into the bloodstream.

Knocked out in more detail

- Explain how to help a person who has been knocked out

There are three outcomes if someone is knocked out:

1. Wake immediately
2. They remain knocked out but are breathing
3. They are knocked out and not breathing

Explain to the trainees you will talk through each outcome.

Concussion

- Explain why someone being knocked out but waking immediately can still be dangerous.
- Ask: Why is it dangerous if someone is knocked out but wakes immediately?

If their head injury is the result of a fall for example, they may have also suffered other injuries

They might have an internal brain bleed and might not see symptoms for hours, hence important for someone to keep monitoring the person if possible or advise the person on what to do if they begin to notice symptoms e.g. call 999 or go to A&E

- Ask: Does anyone know how concussion happens?

With plastic jar and plasticine demonstrate the brain moving around in the skull. Explain how this results in an injury that you cannot see.

- Ask: What are the symptoms of concussion? (write answers on the flipchart)

Dizzy, Nauseous, headaches, blurry vision, difficulty concentrating, feeling faint

A brain injury from being knocked out can be life threatening, the brain can swell which can lead to irreversible damage.

If these symptoms are seen on someone who has been knocked out attend A&E or call 999.

Call 111 – Non emergency line if someone is knocked out but wakes immediately without any symptoms. Trained professional will make an assessment over the phone then provide you with advice.

Ask trainees: What do you tell the call operator once you dialled 111 or 999?

- Location
- If the injured person is breathing
- What happened e.g. you witnessed a fight when someone was punched in the head fell and hit their head on the ground.
- Young people do not need to give their name.

Concussion goggles demonstration

Ask for two volunteers who are comfortable wearing eye goggles which stimulate a concussion.

Ensure there is at least 5 meters space to allow the young people to walk around safely. Get the young people to put on goggles and walk around the space for two minutes.

Get them to describe how they felt after. They can circle their answers on the flipchart or write them down if they weren't there previously.

Clean goggles and allow another YP to use them.

Knocked out and breathing

What could cause someone to be knocked out and breathing?

- Drinking alcohol
- Taking drugs
- Having a fit
- Fainting
- Medical problems like a stroke

What would someone look like if they are knocked out and breathing?

- Drowsy
- Floppy arms and legs

How could you tell they are breathing?

- **Look** – chest rising and falling
- **Listen** – hear breathing with ear
- **Feel** – breathing with back of your hand

Demonstrate on resus dummies or training partner shake to wake and look listen feel, engagement tip get the young people to count ten seconds out as you check the dummies breathing.

Why is it dangerous if someone is knocked out but breathing?

- They could 'choke on their tongue' (their tongue might block their windpipe/airway)
- They might vomit and choke on the vomit

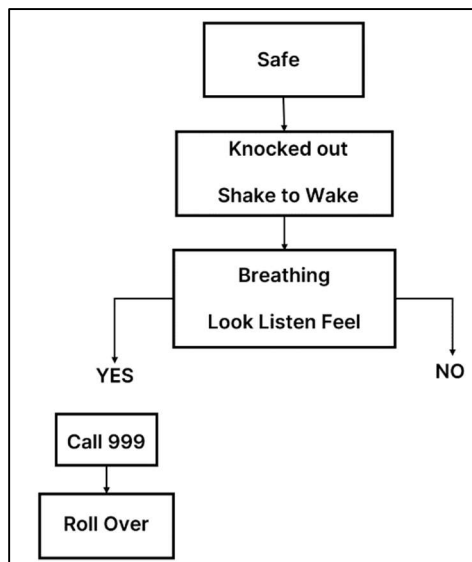
Ask trainees: Does anyone know what you do next?

- Call 999
- Recovery position / roll over

How can you help someone who is knocked out and breathing?

- Call 999 for help – explain the person is not talking but is breathing
- Use gravity to stop them choking by putting them on their side
- Keep checking they are okay and still breathing

Using the Knocked out flow chart



Using the flow chart, track through the steps you have discussed.

Suggestions to make section interactive;

- Use post it notes to cover each step of the flow chart get the young people to talk through each step, revealing them as you go along.
- Write out the flow chart like hangman leave some letters out Safe, Shake and Wake, Look, Listen, Feel, 999 and roll over.

Run through the 'roll over' (recovery position) in more detail

Tell trainees that it is important to get someone on their side and this is the easiest way of doing that. Reassure them that if they can't remember the exact steps in an emergency it doesn't matter as long as they remember to put someone on their side and make sure they 'lift' the chin.

- Play recovery position video
- You can demonstrate on your training partner, it is recommended you wear a mask when doing do as this is close contact work. Explain to the young people they do not need to participate if they do not feel comfortable doing physical demonstrations.

A little exercise that demonstrates why we do the chin lift. First get the trainees to put their chin to their chest and try to take a deep breath, then ask them to lift their chin slightly and take a deep breath – which is easier? Part of the 'roll over' is to make sure the chin is lifted slightly so that the airway is clear.

3 Step Roll Over Demo

- 1 – Trainer runs through demo silently
- 2 – Trainer runs through demo explaining what they are doing
- 3 – Get trainees to direct you about what to do next and they can also practice the roll over on each other if they wish

Knocked out and not breathing

What could cause someone to be knocked out and not breathing?

- Heart attack
- Bleeding
- Serious medical problems – problems breathing
- Hypothermia (too cold)
- Electrocutation
- Allergy

What would someone look like if they are knocked out and not breathing?

- Pale/grey colour
- Not responding
- Cold
- Floppy all over
- No signs of breathing or life

How could you tell they are not breathing?

- Colour – they will be pale/grey/blue looking
- Temperature – you might notice a change in temperature particularly of the hand or feet
- You can't see their chest moving
- You can't feel air coming in and out of their mouth/nose – place back of hand near their mouth, or listen with your ear near their mouth/nose

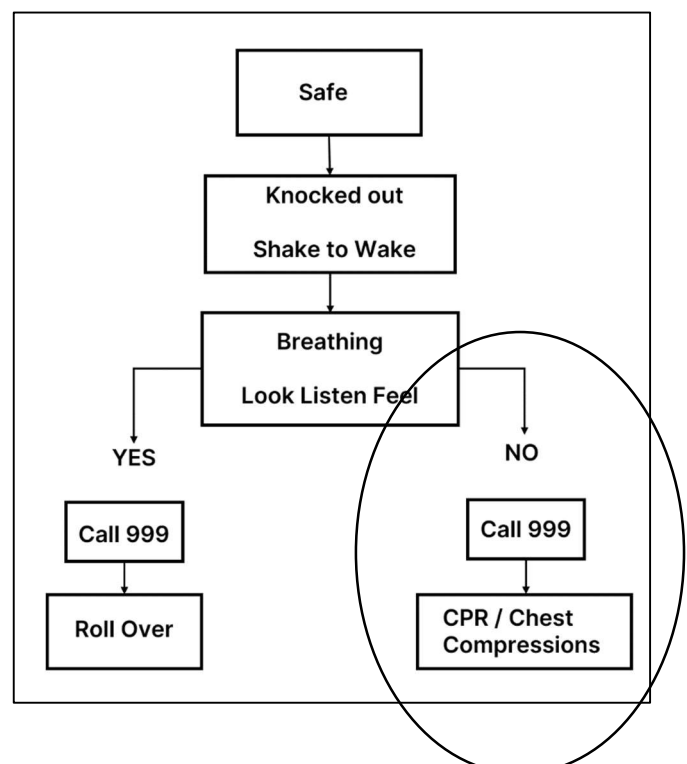
What does it mean if someone isn't breathing?

- Technically they are 'dead' you need to artificially keep the blood and oxygen circulating by pressing on their chest
- A person can die if they do not get oxygen to their organs for 3-5mins
- Refer back to the heart/lungs/blood/body diagram

How can you help someone who is knocked out and not breathing?

- CALL 999 FOR PROFESSIONAL HELP
- Explain clearly that the person IS NOT BREATHING
- Chest compressions

Add the right side of the flow chart on your flip chart:



Discuss CPR in a bit more detail:

- Measure from the armpits inwards to the centre of the chest
- Interlock hands and place heel of hand on the breast bone
- Keep your arms straight, lock your elbows
- Use all of your body weight to press down onto the chest approx. 5-6cm.
- Press at a rate of 100 bpm – If you have a music playing phone you could play “Staying alive”, “Baby Shark” or “Fix up look sharp” when practicing.
- Keep going until someone is ready to take over (has their hands next to yours, ready to go) or the person becomes responsive.

3 step demo of what to do if someone is knocked out and not breathing

- 1 – Trainer runs through demo silently
- 2 – Trainer runs through demo explaining what they are doing
- 3 – Get trainees to direct you about what to do next

Practice CPR in small groups – act out scenarios and make sure trainees practice continuing compressions until someone takes over; trainees can rotate being the first aider who takes over. It is important to ensure you break up into small groups and where possible, and move the groups away from each other. This will make the trainees more likely to engage as they will be less worried about participating in front of their peers.

Key messages

- Always call an ambulance if you find someone knocked out.
- Once you’ve rolled someone over remember to tilt their chin to keep their airway open.
- If someone is knocked out and not breathing, you need to deliver chest compressions only.
- Giving chest compressions is vital when someone is not breathing as you are now acting like their heart.

Session Recap

Ask trainees: **What is the most important thing to do if?**

1. someone is knocked out and wakes up – 111 or 999 if symptoms present
2. someone is knocked out and breathing – 999 then Roll over / recovery position
3. someone is knocked out and not breathing – 999 the CPR / chest compressions

Refer back to knocked out and concussion flow charts

Evaluation

- Thank trainees for taking part in the session and congratulate them on their achievement.
- They are now ‘Street Doctors’ and know what to do if they see someone in need of medical help.

- Ask trainees to complete the evaluation form. Let them know that what they write matters to us and helps to improve sessions.
- Explain that what was discussed in the session could have been upsetting for some young people. Inform them there are services available if they want to discuss what feelings came out of today's session. Pass out Mental Health reminder cards with helpful organisations for young people to safely discuss how they feel.

Certificates and Reminder cards

Make sure you give each trainee a certificate for participating and a reminder card to keep in their wallet.

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.
	<p>After trainees leave: Had a debrief about the session and made notes on:</p> <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? <p>Posted these insights:</p> <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. <p>Keep the trainee's identity anonymous!</p>
	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 I 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. 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.

6. 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.

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

Just give an honest, open account of why.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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

13. 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. Explain things using words that are easy to understand.
- 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 in some venues you may have more trainees to trainers.
- 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 when discussing your experience. Or you could use current incidents that are local to your area.

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. For example 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.