

DDS Guidance on Virtual and In-Person Trainings

Introduction

The following document is provided to offer overall guidance for all required trainings including but not limited to:

- CPR/First Aid training
- MAP (Medication Administration Program) training
- DDS certified Crisis Prevention Response and Restraint (CPRR) curricula/training**
- Formal Fire Safety
- Basic Human Rights

** For CPRR plans, please follow the 7-14-20 guidance available at [CPRR Guidance document](#) and please contact janet.george@mass.gov or barbara.peebles@mass.gov for more information or for questions specifically about restraint training.

Providers can also use this guidance when determining the best approach for other types of trainings or orientation processes.

Please contact the DDS regional director if you have specific questions not addressed in this guidance.

Guiding principle

To the greatest extent possible, training should be offered remotely, either with virtual interactions or through online courses.

When remote (virtual or online) training is not possible

There are a number of trainings which have now been converted to an entirely virtual process. For example, DDS is now offering MAP, human rights and fire safety training on line. However, DDS recognizes that there may be situations in which remote training is not possible. For example, employees may not have access to a device or personal computer to access these on-line trainings. The provider may consider having the employee take the on-line course at their work site or at a provider location (office, computer lab) where the necessary equipment is available and the staff can participate safely. In this instance, a formal plan is not necessary; however, these trainings should adhere to the following procedure:

- Employees utilizing the space and equipment must be screened for signs of illness for COVID-19.
- Training rooms are disinfected between each user.
- Hand sanitizer and cleaning supplies are readily available.
- Ventilation is maximized, e.g., open windows or doors where possible.
- Masks must be worn at all times and this is enforced.

There are a number of trainings that do not lend themselves to an entirely online process, as they require in situ demonstration, practice or testing. For example, certification in many physical restraint, CPR and First Aid trainings require skills demonstration and testing.

- In these cases, the provider must develop a plan that is shared with and approved by the DDS Regional Director or designee to assure that all appropriate and necessary steps are taken for the health and safety of the staff, the trainers and the individuals providers support.

Note: It is important that any provider plans follow the guidance offered by the Governor, Massachusetts Department of Public Health (DPH), the Massachusetts Executive Office for Health and Human Services (EHS) and the Center for Disease Control (CDC) (<https://www.mass.gov/dds-covid-19-resources-and-support> or at the <https://www.mass.gov/info-details/covid-19-updates-and-information> website for further information on COVID-19).

Considerations for face to face, in-person trainings

When remote training is not possible because the person does not have the necessary equipment or the training itself requires a physical demonstration or face to face interaction, the following must be considered and included as a provider develops their training plan

1. Lectures and other didactic materials should be presented virtually (synchronously via video conferencing or asynchronously via recorded webinar/course format) whenever possible.
 - a. If there are components of the training that require an in-person interaction between the Trainer and the student, this should be done one on one between Trainer and staff whenever possible, limiting the time spent together in a closed room as much as possible. A plan for one on one interaction/training must include consideration of the following:
 - o All staff entering a classroom setting must be assessed for exposure to the COVID-19 virus. All COVID-19 screening questions must be asked of all students, instructors or others who enter a classroom setting. These include but are not limited to:
 1. Are you or anyone in your household sick with a fever, newly developed respiratory illness, shortness of breath, cough, sore throat, difficulty breathing, abdominal pain, unexplained rash, fatigue, headache, new loss of smell/taste, new muscle aches, diarrhea, nausea or vomiting?
 2. Have you had contact with anyone diagnosed with COVID-19 in the past 14 days?
 3. Have you or anyone in your household been directed to self-isolate or quarantine?
 - o All DDS testing protocols must be followed.
 - o Masks are to be worn at all times and an enforcement strategy defined and implemented.

- A suitable room that allows social distancing of 6 feet radius or more (113 sq. ft.) for a maximum of 10 people (inclusive of trainer and participants) is essential.
 - Room ventilation is critical and when possible, additional filters are added to the HVAC systems, windows and doors kept open.
 - Training records should be kept as usual, but may be used in contact tracing, if necessary.
 - Time spent together must be minimized as much as possible.
- b. If multiple staff from the same residence or program need the in-person requirements of the training, and one-on-one training cannot be provided, the staff from that site may form a small class cohort. This cohort and the trainer(s) should follow all screening requirements, testing requirements, class size, masking/PPE and social distancing guidelines but can be taught material in a large room or in some type of staggered schedule. Specifically, plans for cohort learning must include consideration of the following:
- All staff entering a classroom setting must be assessed for exposure to the COVID-19 virus. All COVID-19 screening questions must be asked of all students, instructors or others who enter a classroom setting. These include but are not limited to:
 1. Are you or anyone in your household sick with a fever, newly developed respiratory illness, shortness of breath, cough, sore throat, difficulty breathing, abdominal pain, unexplained rash, fatigue, headache, new loss of smell/taste, new muscle aches, diarrhea, nausea or vomiting?
 2. Have you had contact with anyone diagnosed with COVID-19 in the past 14 days?
 3. Have you or anyone in your household been directed to self-isolate or quarantine?
 - All DDS testing protocols must be followed.
 - Masks are to be worn at all times and an enforcement strategy defined and implemented.
 - A suitable room that allows social distancing of 6 feet radius or more (113 sq. ft.) for a maximum of 10 people (inclusive of trainer and participants) is essential.
 - Room ventilation is critical and when possible, additional filters are added to the HVAC systems, windows and doors kept open.
 - Training records should be kept as usual, but may be used in contact tracing, if necessary.
 - Time spent together must be minimized as much as possible.
2. When physical interventions/demonstrations of skills are taught, trainers may either train one individual at a time (see 1a above) or in a cohort (see 1b above), with all the considerations addressed. In addition, provider must address the following in its plan for in-person demonstrations:
- a. When physical skills interventions are taught, PPE is to include masks, gloves and protective attire (i.e. gowns, coveralls, etc.). These must be worn at all times while

- physical interventions are taught. Only the trainer and the person being trained may interact directly with each other, both in full protective gear.
- b. PPE must be disposed of in an appropriate manner.
 - c. If gloves or other PPE are removed for any reason new PPE must be provided to the participant or instructor.
 - d. Precautions must be taken with CPR breathing and Heimlich demonstrations and testing to assure that all equipment is sanitized between individuals and other infection control procedures (noted throughout this guidance) are taken.
 - e. MAP equipment (such as blister packs) must be individualized or sanitized between use.
 - f. Scheduled breaks are taken to provide an opportunity for participants to wash their hands and access outdoor areas.
3. Within any plan, as much training as possible should take place remotely/virtually.
 4. Teaching of any CPR, First Aid, and Restraint curriculum may begin with remote teaching of all didactic material. The provider may use in house certified instructors to deliver trainings from AHA, Red Cross, and Safety Care, etc., however those instructors may not change, modify or develop materials including video or other teaching modalities of any of the curriculum. AHA, Red Cross, etc. remains the sole proprietary entity that may alter their curriculum. The employee will be fully Certified by the training agency (AHA; Red Cross; etc.) based on their requirements.

Process

Providers who have a need to complete trainings in person should develop their plans and address all considerations above. Plans are required for any face to face (more than one person in a room) trainings. This plan will be submitted to the Regional Director/designee for review and approval.

DDS reserves the right to review or monitor any trainings, presented in accordance with the provider's plan.

If there is another surge of the virus or another wave, the status of approved in-person training will be assessed and any in-person training may be suspended.