



MEMO TO TRAINERS:

OHA Interim Guidance for Lifesaving Treatment Protocols

The purpose of this memo is to address considerations regarding the in-person training during the COVID-19 pandemic.

BACKGROUND

The Public Health Division of OHA is responsible for developing training protocols for [lifesaving treatments](#) and [diabetic emergency](#) as outlined in Oregon law ([ORS 433.800-830](#)) and Oregon Administrative Rules ([OAR chapter 333, division 055](#)). The purpose of these training protocols is to provide a means to allow lay persons to administer lifesaving treatment. Protocols overseen by OHA include:

- Adrenal Crisis (Medications for Adrenal Crisis)
- Allergic Reaction (Epinephrine)
- Opioid Overdose (Narcan)
- Diabetic Emergency (Glucagon)

For all listed training protocols, physical in-person classes remain the recommended format. OHA recognizes there may be exceptional circumstances during public health emergency. If it is determined that physical in-person training **cannot** be done safely, a synchronous distance training format may be considered. Prior to considering a remote format, OHA recommends that certain conditions be met, as described below.

1. IN-PERSON TRAINING CONSIDERATIONS

Communicable disease mitigation measures should be observed to the full extent feasible in accordance with current recommendations. At the time of writing, this includes physical distancing, face covering, frequent hand hygiene, and cleaning/sanitizing/disinfecting high-touch surfaces or shared materials.

- Recommended practices:
 - Trainer and learners should each have separate materials OR sanitize and step away from materials before each use by separate individuals.
 - Frequent and thorough hand hygiene should be performed, particularly prior to and after handling demonstration materials.
 - Trainer and learners should each wear a face covering. If face covering must be removed at any point to meet training needs, only one individual at a time should remove face covering, and all other individuals should observe greater-than-6-foot distance until face covering is replaced.

2. TRAINING CONTENT – REMOTE CONSIDERATIONS

Physical in-person classes remain the recommended format for life-saving treatment protocols. During public health emergency, if it is determined that physical in-person training **cannot** be done safely, a synchronous distance training format may be considered to meet in-person requirements. OHA recommends that certain conditions be met, as described below.

- Content is provided via synchronous, interactive online sessions with trainer(s) and learners visible on screen.

- Physical in-person trainings should be prioritized for trainings on individualized care, and for trainings which do NOT have pre-filled medication dispensers; i.e. Adrenal Crisis (Medications for Adrenal Crisis) and Diabetic Emergency (Glucagon).

3. SKILLS CHECK-OFF AND RETURN DEMONSTRATIONS – REMOTE CONSIDERATIONS

Physical in-person check-off is the recommended format for all OHA trainings. Remote skills check-off is not recommended. As with above trainings, OHA recognizes that the licensed trainer may consider remote options in exceptional circumstances.

4. USE OF ADDITIONAL TRAINING MATERIALS

The approved OHA training protocols are required for certification purposes. OHA protocols and presentations cannot be altered from their original format, but trainers are permitted to supplement material for clarity or to support training needs specific to their practice setting.

For school setting, trainers should abide by [Ready Schools Safe Learners](#) guidance sections 1-3 and individual school Blueprints
