

IMCA Diver Medic Training During COVID-19

IMCA approved Diver Medic Technician (DMT) courses are currently taught by a number of training providers worldwide in accordance with [IMCA D 020 IMCA Scheme for Recognition of Diver Medic Training – Guidance for training establishments](#). This Information Note has been drafted to provide guidance to training establishments intending to offer IMCA approved DMT courses during the COVID-19 outbreak. The requirements of relevant national legislation will always take precedence over this guidance and must be complied with. Schools delivering first aid courses may wish to seek further guidance from their regional education authority.

Background

The COVID-19 pandemic began spreading globally in the spring and early summer of 2020. As a result, many countries introduced national lockdown restrictions, forcing most training providers teaching IMCA approved Diver Medic courses to cease training. This meant that many diver medics were unable to attend DMT refresher courses within the prescribed two-year interval through no fault of their own. In response to the situation, IMCA's Diving Division Management Committee (DDMC) subsequently allowed an extension to the validity of Diver Medic certificates (see [IMCA D 05/20](#)). However, due to skill fade it is clearly not possible to extend the validity of such certificates indefinitely.

As travel and other lockdown restrictions are eased in many countries, training establishments will need to begin teaching IMCA approved Diver Medic training courses once again. IMCA has been asked to facilitate and encourage the recommencement of DMT training by introducing workable and appropriate changes to the traditional means of course delivery during the COVID-19 pandemic.

While the threat of COVID-19 persists, **training establishments are reminded to seek guidance from their national regulatory authorities prior to re-opening their businesses**. IMCA is not in a position to authorise the reopening of businesses to deliver IMCA Diving Division training courses. The guidance contained in this Information Note is informed by current international good practices obtained from respected sources, but national legislation and local regulatory guidelines should always be observed in the first instance. As lockdown restrictions are gradually eased in many countries, it is particularly important to continuously monitor any modifications made to government legislation and guidelines and make sure they are observed.

1. Distance Learning

To reduce the risk and minimise the amount of time students spend together in a classroom and other settings, IMCA will allow a portion of the theory training to take place via Online Distance Learning (ODL). As the IMCA Diver Medic training programmes include a great deal of practical skills work in the syllabus, only a short amount of time can be spent on distance learning. No more than **two days** of distance learning can be undertaken for either the Diver Medic or Diver Medic Refresher courses. In addition, IMCA has taken advice and it has been decided that the portion of the course required to be delivered by the physician must be undertaken in person during the practical phase of the programme i.e. that portion of the course should not be delivered through ODL.

The online distance learning can be delivered in one of two ways;

- ◆ Through an online virtual classroom with the instructor delivering the lessons in a lecture type format via a suitable videoconferencing platform. This will not require prior IMCA approval providing there is no significant change to the course programme.
- ◆ Through an online distance learning programme using platforms such as Moodle, etc. However, this delivery method, in conjunction with the school's student support arrangements, will require prior approval from IMCA before its introduction. Training providers wishing to use this method will be required to provide all their training materials and their revised course programmes, along with the details of their student support arrangements, for approval.

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The information contained herein is given for guidance only and endeavours to reflect best industry practice.

For the avoidance of doubt no legal liability shall attach to any guidance and/or recommendation and/or statement herein contained.

2. COVID-19 Pre-Course Screening

Students attending the training facility should be asked to complete a health assessment prior to arrival. An example of a COVID-19 Pre-Course Screening Questionnaire is contained in Appendix 1, but training establishments should agree the precise content of such screening questionnaires with their medical advisers. Company medical physicians should review all pre-course screening questionnaires, carry out any necessary follow-up, and advise on whether or not individual students should be permitted to join the programme.

3. Classroom Settings

Classrooms and other parts of the training premises should be managed in such a way that social distancing rules can be maintained so far as reasonably practicable. The aim is to ensure that the risk of transmission and infection is minimised. Training providers should carry out a thorough risk assessment and the control measures identified in the risk assessment must be implemented before training establishments re-open to students. The assessment should directly address hazards and risks associated with coronavirus.

Measures to prevent transmission of infection may include:

- ◆ arrowed lines to specify walking routes through the premises;
- ◆ demarcation lines surrounding the student's workspace;
- ◆ appropriate use of screens/barriers;
- ◆ signage in place to ensure good hand hygiene is promoted along with the methods to be used;
- ◆ signage in place to promote good respiratory hygiene, e.g. the 'catch it, bin it, kill it' approach;
- ◆ not permitting personnel, such as delivery drivers, on site;
- ◆ providing tissues to catch coughs and sneezes and appropriate bins to dispose of them;
- ◆ placing sanitising hand rub dispensers in prominent places around the facility and ensuring these dispensers are regularly refilled;
- ◆ regularly cleaning surfaces (e.g. desks and tables) and objects (e.g. doorknobs, handles, handrails, telephones, keyboards, etc.) with appropriate disinfectant;
- ◆ regular cleaning and disinfection of training aids;
- ◆ removal of unnecessary equipment from classrooms where germs may sit;
- ◆ avoiding candidates sitting face to face across tables;
- ◆ staggering break times when more than one class is under instruction to avoid unnecessary gatherings;
- ◆ provision of face masks, gloves and other PPE, possibly worn throughout the training programme;
- ◆ opening windows or doors for ventilation.

Consideration may also be given to working outside where practicable.

Advice on cleaning and disinfection of facilities such as classrooms during COVID-19 can be found at:
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

Training in the steps the school has put in place to avoid risk of transmission of infection should be delivered to the candidates as soon as possible on arrival on site. There should also be a procedure in place to manage a student who develops symptoms of COVID-19 during training.

4. Practical Training

In developing a revised course programme, schools are advised to undertake a suitable and sufficient risk assessment and revise the training programme to include both PPE requirements and any revised exercises to ensure that the risks are minimised and the course syllabus is fulfilled.

During practical training, schools should take all necessary precautions, including the observation of social distancing guidelines, to minimise the risk of SARS-CoV-2 transmission and infection. It is common to work in pairs or teams while undertaking Diver Medic training. However, this should be avoided wherever possible while the threat of COVID-19 persists. If paired working cannot be avoided "full PPE" should be worn.

Full PPE could include: gowns, visors, gloves, once-only suits, scrubs and suitable masks. National guidelines for PPE use during the pandemic should be followed. Skills training in donning and doffing PPE safely should be included in the course induction. Tasks which normally require pairs or teams may include:

- ◆ monitoring of vital signs;
- ◆ neurological examination of a diving casualty;
- ◆ casualty moving and handling;
- ◆ management of bleeding and immobilisation of injured parts;
- ◆ cardiopulmonary resuscitation (CPR) training;
- ◆ otoscopy training;
- ◆ decompression chamber exercises.

Where possible, training in these skills should be conducted on training mannequins or via demonstration by the instructor or by the use of training videos. When CPR mannequins are used, it is essential that the lungs are replaced, and the mannequin disinfected between each use. Ideally the ratio of mannequin to student should be 1:1. After use, wipe the face and mouth of the manikin with 70% alcohol wipes and allow the surface to dry naturally. Once the skill of delivery of rescue breaths has been assessed as satisfactory, a candidate does not need to demonstrate this skill during the remainder of the course. Other items which may carry an increased risk of spreading infection include:

- ◆ stethoscopes;
- ◆ thermometers;
- ◆ otoscopes;
- ◆ pulse oximeters;
- ◆ BIBS;
- ◆ pocket masks.

If utilised, the usage of these items should be carefully controlled, and appropriate cleaning and disinfection measures put in place. Further guidance on the disinfection and maintenance of diagnostic equipment may be available from local health authorities.

5. Duration

This Information Note will be reviewed regularly. However, at present IMCA anticipates that it will remain in place until **01 June 2021**.

Example of COVID-19 Pre-Course Screening Questionnaire.

COVID-19 Screening Questionnaire: General Information			
Name:		Company:	
Travelled from (<i>country</i>):			
Travelled through (<i>country</i>):			
Date of Arrival in this Country:		Country of Residence:	
List of countries visited in the last 14 days:			
COVID-19 Screening Questionnaire: Medical Information			
Do you currently have or have you had in the last 14 days any of the following symptoms?:			Comments / Observations
Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Loss of taste or smell	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Body Aches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sore Throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nausea / Vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shortness of Breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any unexplained illness/symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Description of symptoms (if present)			
Have you been to a healthcare facility where confirmed or suspected cases of 2019 Novel Coronavirus were being treated within the last 14 days?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in contact with a confirmed or suspected case of 2019 Novel Coronavirus (COVID-19) within the last 14 days?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note, that you have a duty of care and obligation to yourself and others who you may knowingly, or unknowingly infect with COVID-19. It is therefore vital that this questionnaire is completed with factual and honest information regarding your health.