CORONAVIRUS (COVID-19)

Important CPR Manikin Hygiene Information

Version 2 – 3rd June 2020

Alcohol Wipes

MUST be used on the manikin to sanitise the face between learners. An emphasis should be placed on scrubbing the mouth area of the manikin. The chest, nose and forehead of the manikin can be wiped too to reduce the possibility of 'hand to hand' transmission. Two brands of alcohol wipes are azo wipes and manikin wipes.

Trionic Wipes

Trionic wipes are designed to prevent the build-up of invisible 'biofilm' on the manikin surface (that alcohol alone does not prevent) and should be used, with an emphasis on scrubbing after every learning session. Trionic wipes take longer to dry so they are not suitable for use between learners practising.

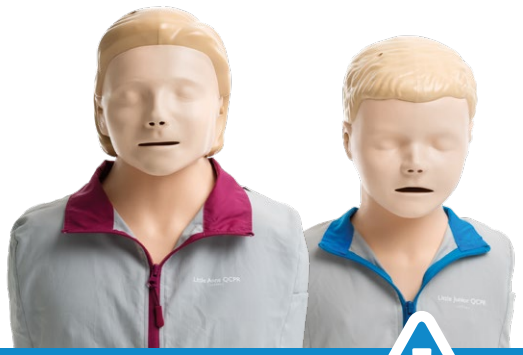
CPR Face Shields

If manikins are shared it is highly advisable to issue each learner with a CPR face shield. Filter face shields are available on a roll for CPR training. They don't offer complete bio-protection, but they will offer a 'double fail-safe' level of protection when combined with wipes and a manikin that has a one-way valve (see below). Face shields with valves offer the best protection but are slightly more expensive. An obvious advantage to a learner using a face shield in practise is that they are familiar with using one if they ever need to give CPR for real.

If a learner re-uses a face mask for repeated CPR practise, they should ensure that the face mask is placed on the manikin same way around each time (so they blow into the same side of the mask each time).

Laerdal Little Anne and Little Junior

Replacement Faces enable each learner to have their **own** manikin face. This reduces reliance on alcohol wipes alone. If each learner has their **own** face **and** airway this offers the same level of protection as having their own manikin. Manikin faces should be disinfected after each class following manufacturer's instructions (see below). Dispose of used airways.



Replacement Airways

Little Anne manikins have a one-way-valve in the airway that sits behind the face mask.
The valve redirects expired air from the manikin's lungs out of the back of the head, preventing contamination exiting the mouth towards the learner. Little Anne airways MUST be **replaced every course** or the one-way valve may fail and unacceptable contamination can build up. (If the valve has fails it becomes impossible to fill the lungs because air leaks out the back of the head). Click here for a video showing how to change a Little Anne airway.

Laerdal Baby Anne / Baby Anne QCPR / MiniAnne Manikins

THESE MANIKINS DO NOT HAVE A ONE-WAY-VALVE
Contamination may be passed from shared use. Every learner **MUST** therefore be issued with their own lung AND manikin face (this provides the equivalent respiratory infection control as having your own manikin).
Click here for Little Baby QCPR Lungs and here for Mini Anne Lungs.

Individually issued manikin faces should be disinfected after each class following manufacturer's instructions (see below). Dispose of used lungs.

Practi-man CPR Manikin

Replacement faces enable each learner to have their own manikin face. This reduces reliance on alcohol wipes alone. Each learner will need their own face, valve and lung to achieve the same level of respiratory protection as having their own manikin. Manikin faces and valves must be disinfected after each class following manufacturer's instructions (see below). Dispose of used airways.

Replacement Airways

Practi-man manikins are designed with a one-way-valve in the pink section of the airway that clips into place behind the face. The valve redirects expired air from the manikin's lungs out the back of the head, preventing contamination exiting the mouth towards the learner. Practi-man airways (lungs) MUST **be replaced every course** or unacceptable contamination can build up. The practi-man one way valves are designed in such a way that they are less likely to fail in comparison to other manikins, though frequent checks should be taken to ensure the valve is working and it should be replaced regularly to prevent failure. Click here for a video showing how to change the practi-man lungs and airway valve.

Brayden Manikins

Replacement faces enable each learner to have their **own** manikin face. This reduces reliance on alcohol wipes alone. To achieve the same level of respiratory protection as having their own manikin each learner would need their own face, valve and lung. Manikin faces should be disinfected after each class following manufacturer's instructions (see below). Dispose of used airways.

Replacement Lungs and Airway Valve

The Brayden manikins are designed with a one-way valve located behind the face mask. The valve redirects expired air from the manikin's lungs out of the back of the head. This prevents contamination in the lungs coming out of the mouth towards the learner. Brayden airways must be **replaced after every course**. When purchasing new Brayden Lung Bags, each new lung is supplied with a replacement silicone airway valve flap and a filter. Failure to replace the silicone airway valve flap could result in the one-way valve malfunctioning. **ALWAYS** change the valve at the same time as the lung. Click here for a video demonstrating how to do this.

Sanitising Manikin Faces

If manikin faces are issued individually to Learners, they must be sanitized after use. Disassemble the parts first. Sanitising options from the various manufacturers include:

- soak in 70^{0}C hot water with a small amount of washing up liquid for 20 mins;
- soak in mild (0.5 %) bleach solution for 20 mins then rinse thoroughly with warm water;
- place in the dishwasher (using dishwashing powder/tabs) on a 70^{0}C cycle.

Click here for more detailed information from Laerdal.