Guidelines for Resuming ATLS Courses

The American College of Surgeons and the Committee on Trauma leadership are providing these suggestions regarding initiation of in-person ATLS Courses when the shelter-in-place rules in your locality permit appropriate size gatherings. The College suggests sites prioritize ATLS Provider courses for those who are taking ATLS for the first time over Refresher Courses (ATLS expiration dates have been extended for a year). The College has offered all sites the option of enrolling students in an mATLS Course to allow immediate access to mATLS modules, then allowing students to complete the in-person portion of the Course up to six months later. The College has also prepared a letter to Residency Program Directors urging that this process be allowed, at least temporarily, to satisfy any requirement that a resident have taken ATLS prior to doing a trauma rotation. This information is available at facs.org

The local logistics of resuming in-person courses may require changes to address social distancing and other safety procedures. Sites should comply with local rules and regulations. The suggestions listed below are for your consideration and must ultimately be used in the context of the local rules/regulations:

1. General Considerations
   a. Sites should draft a pre-course letter to participants that explains the physical distancing and infection control precautions that will be taken for the Course.
   b. If routine screening is part of your institutional protocol, participants should be notified that temperatures may be taken upon arrival at the Course. Participants should be reminded that if they do not feel well, they should stay home.
   c. Participants should be requested to leave if they appear to be ill.
   d. Buffet style food is not recommended; no shared utensils, beverages, etc. Food should be boxed or individually wrapped. Beverages should be individual bottles. A group coffee and tea service is not recommended.
   e. Participants may be required to wear masks. Course sites should provide gloves for the skill stations.

2. Interactive Discussions (IAD)
   a. IAD should ideally be held in venues large enough to allow for appropriate social distancing.
   b. Sites may consider using video conferencing to complete the IAD. Video conferencing might allow for a two-day Course to be conducted with all the IAD on one day or over several days. This process may facilitate training in residency programs. All the in-person skill stations and testing may be completed on Day 2.

3. Skill Stations
   a. Senior educators recommend that sites retain the student faculty ratio at 4:1 at the most. Larger stations will make appropriate social distancing more difficult.
   b. Rooms in which skill stations are held need to be large enough to allow the learners and instructor to maintain appropriate social distancing.
c. Participants will need to be at a task trainer one at a time with adequate cleaning between each student and adequate social distancing between Instructor and Performer.
   i. Scenario is discussed using appropriate social distancing
   ii. Scenario discussion is paused when reaching the Skill Acquisition Point
   iii. Students view video of skill
   iv. One student goes to the task trainer to perform the skill while another verbalizes the skill. Feedback provided by the instructor
   v. Process continues until all students have performed the skill

d. Some “team”-type skills may temporarily be taught with video rather than hands-on practicing: this may include pelvic immobilization, log roll, traction splint, and helmet removal.
   i. Scenario discussion is stopped at the Skill Acquisition Point
   ii. Video is shown or skill is demonstrated by the instructor
   iii. Steps of the skill are verbalized by the group

e. Skill stations such as Adjuncts, Secondary Survey, and Team Training/Initial Assessment may be conducted as a small group discussion with appropriate social distancing. All efforts should be employed to maintain the interactive nature of the stations within the limits of social distancing

4. Initial Assessment (IA) Testing
   If necessary, the use of moulage “victims” may temporarily be suspended. Alternatively, if they are used, the “victims” should also 1) wear masks, 2) have no physical contact with the Course participants and 3) maintain appropriate social distancing. Some options:
   i. Depending on local guidelines, IA may be conducted as usual with the Instructor, Performer/Tester, and Moulage “Victim” all wearing masks/PPE and frequent hand sanitizing
   ii. IA may be conducted with all present wearing masks/PPE and maintaining 6 feet between Instructor, Performer/Tester, and Moulage “Victim” at all times. In this situation, the “Victim” would demonstrate responses (pain, shortness of breath, confusion) to maneuvers described by the Performer/Tester in order to provide for an interactive environment. However, no physical contact would occur. “Victims” would need to be coached as always, and the moulage “injuries” would need to be clearly visible to the Performer/Tester
   iii. IA may be conducted with a mannequin that is thoroughly cleaned between sessions. Instructors and students should wear masks and gloves.
   iv. If the above options are not feasible, IA may be conducted temporarily, during this crisis, in a manner similar to the oral boards. The Instructor would provide the Performer/Tester with the scenario and responses to maneuvers, but no actual Moulage “Victim” would be involved. This may be completed via video conference (zoom, Google Meet, Webex, GoToMeeting, etc).

5. Written Testing should be conducted in a space large enough to allow for adequate social distancing.

Please contact atls@facs.org if you have any questions.