

Gloves First

Qualified, experienced staff still freeze when it's real. The fix isn't a better course — it's what happens in the weeks between them.

"What's the worst accident you've ever been involved in?"

It comes up on nearly every first aid course I run, usually somewhere around the second coffee break. It's a fair question. People want to know what's actually out there, beyond the manikin and the fake blood.

It's also the wrong question. The one that matters is what people did when they saw it.

The training that went out of the window

I wasn't on site for this one. I was coordinating the response remotely, and the report came to me from the staff who were there. They described the scene as looking like something from a horror film. Blood across the floor, up the walls, on the ceiling.

Seven staff on site. All qualified. All experienced. Two dealt with it. Five froze.

That isn't a character flaw and it isn't a failure of recruitment. Freezing is physiology. Trauma and crisis land differently on everyone, and they don't check your certificates first or care how many courses you've sat through.

Part of you is cognitive and rational. This is what I need to do. These are the steps, in this order.

Part of you is emotional. Somebody needs help now. If I get this wrong, it goes very wrong indeed.

And part of you just says move, fast. When we rush, we make mistakes. We forget things.

Basic things. The one I see most often in the field is gloves. People go in bare-handed. Protect yourself first is the opening line of every first aid course ever taught, and it is reliably the first thing to disappear.

If the most basic step is the first to go, that tells you something about how deeply it was ever learned.

Everyone knows it's simulated

We run scenarios. We use makeup and moulage. We shout, we set timers, we add complications.

And everybody in the room knows the casualty will stand up afterwards and go for lunch.

When it's real, it isn't the technical difficulty that lands. It's the blood, the noise, the crying, and the recognition that somebody's health, possibly their life, is now resting on you. Lay rescuers describe exactly this: visible blood and vomit as physical barriers to acting, and panic, low confidence and the sheer burden of responsibility as the emotional ones.

I've asked doctors and nurses from emergency departments and intensive care how they train people for this. The answer is more or less the same every time: they can't, not entirely. They give people all the training there is, and still, when it's an intense situation with an open fracture and catastrophic bleeding, they see people crashing out on a regular basis.

If it happens to clinicians who see trauma weekly, nobody reading this gets to file it under other people's problem.

I wouldn't say it breaks people. But it makes them doubt themselves, and it gives them pause before the next thing they do, no matter how thoroughly it was drilled into them.

The two who didn't freeze

The two who acted weren't better qualified. What they had was transferable experience of high-consequence decisions: a hard line on the water, a committing position in the mountains, an altercation on a night out. Situations where something real depended on choosing quickly.

People who have been there before seem to cope better when they get there again.

Which raises an uncomfortable question about how we develop younger staff. If genuine responsibility is what builds the capacity to act, are we doing people a favour by holding the safety net under them for years? Not exposure to danger. Exposure to decisions.

Why do we put this on the first aid provider?

The standard model is a course every two or three years, delivered by someone from outside the organisation, in a room that is not where you work, using a scenario everyone knows is staged.

The research on what happens next isn't ambiguous. Current resuscitation guidelines note that CPR skills learned on a course often start to decay as early as three months afterwards, for healthcare professionals as much as for the public. Closer to our world, a study of 72 wilderness first aid graduates tested at four, eight and twelve months found knowledge, confidence and practical skill all dropped as the interval grew — and that knowledge and confidence weren't strongly linked to how

people actually performed in a scenario. Passing the written test and feeling ready are not the same thing as being able to do it.

The wider evidence agrees. A meta-analysis pooling 189 findings from 53 studies found substantial skill loss during periods of non-use, with the largest losses beyond a year.

Two or three years, then.

And experience doesn't cover the gap. Reviewing ambulance crews, the same guidelines report that recent exposure and the number of cases handled were associated with better outcomes, while years of service were not associated with survival at all.

Recency, not seniority. That is the whole argument in two words.

Five minutes, not five days

If a course every two years can't build automatic responses, what can?

A randomised trial published in *Resuscitation* in 2019 put 167 people into groups practising CPR every one, three, six or twelve months. After a year, 58% of the monthly group were still performing what the study classed as excellent CPR (high-quality CPR, in the language most of us use), against 26%, 21% and 15% in the three-, six- and twelve-month groups. The sessions themselves were tiny: two-minute practice runs with feedback and coaching, stopping once the standard was met or after three attempts.

Guidelines now recommend adding brief weekly or monthly booster sessions whenever training is delivered as a single big event, with one study finding that 15-minute boosters shortened the time it took people to start treatment.

Note what that is not. It is not a training day. It is not a budget line. It is not staff off the roster.

It's five or ten minutes before a programme starts. A glove drill. A bleed control recap. One question about what you'd do if.

Those flakes build up. Eventually you have an avalanche.

One honest caveat: when boosters got more frequent, attendance dropped. Short and consistent beats ambitious and abandoned, especially in season.

And while you've got them in the room

Most in-house training defaults to the same three or four hard skills. Climbing rescues. Kayak rolls. Radio protocol in a crisis. All worth doing, all done to death.

Rotate it. Put first aid in the cycle. Put facilitation in the cycle.

We teach that risk assessment is dynamic: you write the paperwork, then you keep reading the ground, the weather and the group in front of you. Good practitioners adapt their facilitation the same way, constantly, in response to the people they've got.

So why is dynamic assessment only formalised for risk? And if it's happening session by session inside one person's head, who else ever sees it?

Who is running it, and who says it's right?

A lot of the in-house training I see posted online looks good. Staff out practising, engaged, clearly enjoying it. And visible in the photographs, basic errors that nobody appears to be correcting.

Practice isn't automatically a good thing. Repetition is what makes a skill automatic, which is precisely why unobserved repetition is a risk rather than a neutral. Practise it wrong often enough and wrong is what your hands will reach for when it's real.

So who runs your in-house training? Against what criteria? How was their competence to run it established, and by whom? And what are staff measured against at the end of it, beyond having been there?

Then the harder set. What is the feedback system? Where does an individual's improvement plan get written down, and who follows it up? And when something on the day gives real cause for concern, where is that recorded?

Training completed, 14th March. That tells you nothing and protects nobody.

None of this calls for a qualified trainer standing over every ten-minute drill. It calls for somebody to own the standard: the content is set by someone competent to set it, somebody watches it being done, and errors get named at the time rather than filed under morale. Then the loop has to close, with a note of what changed as a result, not a register of who attended.

Otherwise you haven't run a training. You've run an activity.

When does an aberration become standard?

Field practice drifts. It drifts both ways, and only one of those gets attention.

Somebody's camp cooking session has quietly changed because they forgot a step, or adapted one, and it works well enough that nobody notices. Unless it gets observed, it can't get corrected.

But the reverse matters more. Somebody's version is better than the official one — and it dies in their head, because there's no route from good idea to standard practice.

Climbing is built on that route. For years the rule was simple: people climb on dynamic rope. Then instructional top-roping moved to low-stretch ropes, because in that setting stretch was the problem to be solved rather than the protection being offered. It started with people in the field arriving at the same answer independently, and it ended up as normal practice. Belay devices are still being argued over on exactly those lines, with manufacturers' recommended techniques and what guides actually teach not quite in step.

Anchor building has moved further again. New materials and better testing have taken things that were once absolute no-nos and made them standard practice. Those positions changed because somebody measured them, not because somebody's taste changed.

The resistance to that is rarely technical. It's *that's not what I was taught*. Which is understandable, and is exactly the problem. Someone who was given a method without the reasoning behind it has no way to weigh new evidence when it arrives. All they can do is defend the version they were handed. We should be teaching people to think, not to copy.

Facilitation went the same way: from letting the experience speak for itself, to speaking for it, to several distinct generations of practice. Every step of it driven by somebody asking what happens if we do this differently.

Every one of those started as a deviation.

Scenario days that actually change something

Some organisations run whole-centre scenario days once or twice a year. The good ones are easy to spot, and it has nothing to do with the scenario.

The good ones listen afterwards, and then change something. Everyone gets heard, the feedback goes somewhere, and the next version of the policy reflects it.

The rest run the day, hold the debrief, write it up, and file it. By the following season nothing is different except the date on the document.

What is your training actually for?

We expect intentionality from our staff. Every lesson plan has objectives. This activity is meant to draw this out.

Apply the same standard upwards. What is your in-season training for?

Is it there so people can run your sessions? Is it there to satisfy an insurer, or to fill a box on a form? Or is it there to make better practitioners, examine the systems you use, and let the organisation learn from the people doing the work?

Write a training plan and ask: does this go deeper than what's needed to deliver the session? Is there a slot where staff bring their own practice to the table? Or is it this is what we do, this is what we've done, this is what you will do?

The objection to going further is always the same. Train them too well and they'll leave.

Terry Pratchett got there before the management literature did. In *Night Watch*, the Ankh-Morpork City Watch can't keep hold of its constables: once they've finished training and probation they're snapped up by other cities, where promotion is guaranteed. They're known as "Sammies", after Commander Vimes, and they stay in touch with each other and with home. Vimes grumbles about the turnover constantly. He is also, quietly, extremely proud.

The turnover is the reputation. What you end up with isn't an empty staff room. It's a network of people across the sector who work the way you taught them.

Is that a reputation worth having? I think it might be the only one worth having.

Where to start

- 1 **Repeat the basics.** Every time, until it's automatic. It's the basics that vanish first when it's real: put the gloves on, every time.
- 2 **Ten minutes, not ten hours.** A short recap before a programme starts costs nothing, beats an annual training day on the evidence, and puts it at the front of people's minds at the point they need it.
- 3 **Make it part of the schedule.** Frequent short sessions only work if people turn up and put the effort in. Consistent beats ambitious.
- 4 **Rotate the content.** First aid, facilitation, camp skills — not just the same technical rescues.
- 5 **Name who owns the standard.** Somebody competent sets what's practised and watches it being done.
- 6 **Watch people work in the real world.** Drift can't be corrected, or adopted, if nobody ever sees it. Don't assume people remember the policy, or follow it.
- 7 **Record the journey, not the register.** What was taught, what was learnt, what improved, what needs monitoring. A date on a form is not evidence of anything.
- 8 **Build a route from good idea to policy.** Give staff the chance to show what they've changed, and a voice to suggest improvements.
- 9 **Act on scenario day feedback.** If nothing changes afterwards, you ran an exercise, not a training. Be willing to change the manual.
- 10 **Write objectives for staff training.** The same intentionality you demand for participants, drawn from your staff, from research, and from what's changed in the sector.

*Five minutes on a Tuesday morning is what ends up in your
hands on the day it's real.*

Mike Thomas

Founder & Director, Outside-In

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