

Guidance Note

COVID-19 – PROVISION OF FIRST AID

Introduction

There are increased risks of COVID virus transmission during provision of first aid and CPR. This guidance note details the measures to be to improve the safety of first responders while at the same time maximizing the effectiveness of resuscitation attempts.

The COVID-19 virus is known to be present in human secretions and its presence in droplets whenever an infected person coughs or exhales is thought to be its principal mode of spread. The administration of rescue breaths during CPR, even with a face shield, carries an obvious risk, as do chest compressions which cause an exhalation from the victim's lungs.

Safe Systems of Work

Where possible, all contact with persons should be carried out while maintaining social distancing measures – a distance of at least 2 meters (6 feet). Where this is not possible, other methods should be applied, using measures such as physical barriers and alternative working practices and, as a final measure, the use of personal protective equipment (PPE) based on risk assessment, where other safe working systems alone may not be feasible or may be insufficient to mitigate the risk of transmission of COVID-19.

Steps to take

1. Minor injuries-Many of these patients could provide self-help under direction from the first aider, thus maintaining social distancing
2. Presentations that require an intervention and/or follow up care where COVID-19 is not identified through screening should wear appropriate PPE.
3. To minimise droplet infection, patients who are screened as COVID-19 positive should be offered a surgical facemask and requested to don it.

Hygiene measures

The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended.

After contact with any member of the public, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2-meter social distancing was maintained.

Avoid touching your mouth, eyes and nose.

There are no additional precautions to be taken in relation to cleaning your clothing or uniform other than what is usual practice.

What to do if you are required to come into close contact with someone as part of your first responder duties

Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask (FRSM / Type IIR) is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

When in contact with casualty

This guidance will help ensure that first aiders are confident they can help someone injured or ill at work during the coronavirus (COVID-19) outbreak. As a first aider, in addition to high quality clinical skills, to be effective you need to:

- 1. Be aware of the risks to yourself and others**

When approaching a casualty there is always a risk of cross contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred. According to health guidance we do not know exactly how coronavirus spreads from person to person but similar viruses are spread in cough droplets.

2. Keep yourself safe

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.

Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound.
- To minimise the risk follow the steps:
- Wash/alcohol rub hands – don gloves – do the clinical intervention – doff gloves – wash/alcohol rub hands. If a subsequent clinical intervention is required repeat the process.

3. Give early treatment

The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively. Typical screening questions for COVID-19 infection include:

Screening questions for COVID-19 infection

Do you have any new cough or new shortness of breath?

Do you have a high temperature/ fever?

Have you had contact with a confirmed COVID-19 patient within the past 14 days?

If **yes to any** question regard the patient as suspect COVID-19

If **no to all** questions regard the patient as low risk for COVID-19

Currently (as of June 2020) the prevalence of COVID-19 in the community is low. The highest risk of COVID-19 transmission to responders and practitioners appears to be from obviously ill patients (e.g. respiratory symptoms with fever etc). The clinical index of suspicion for COVID-19 infection should, however, be high as non-symptomatic persons are known to transmit infection.

4. **Keep yourself informed and updated**

As this is a new disease this is an ever changing situation and the government and HSE are continually updating their advice. Make sure that you regularly review the HSE or PHECC website (PHECC COVID-19 Advisory v2) which has a specific section on Coronavirus.

5. **Remember your own needs**

These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. In order to help others you will also

Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the HSE website.

Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings. Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

Contacts of the person you have assisted

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (continuous cough, fever), they should follow the advice on what to do on the HSE website and covid 19 document. .need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.

First Aid Cover During Reduced Staffing as a Result of COVID-19

If first aid cover for your business is reduced because of coronavirus or you can't get the first aid training you need, there are some things you can do so that you still comply with the law.

You should review your first aid needs assessment and decide if you can still provide the cover needed for the workers that are present and the activities that they are doing.

Keep enough first aid cover

If there are fewer people coming into your workplace it may still be safe to operate with reduced first aid cover. You could also stop higher risk activities.

Share first aid cover with another business

You could share the first aiders of another business, but be sure that they have the knowledge, experience and availability to cover the first aid needs of your business.

Shared first aiders must:

- be aware of the type of injuries or illnesses that you identified in your first aid needs assessment and have the training and skills to address them
- know enough about your work environment and its first aid facilities
- be able to get to the workplace in good time if needed

Whoever provides the temporary cover must make sure they do not adversely affect their own first aid cover.

First aid certificate extensions

If you hold a first aid certificate that expires on or after 16 March 2020 and cannot access requalification training because of coronavirus you may qualify for a 3-month extension.

To qualify for the extension, you must be able to explain why you haven't been able to requalify and demonstrate what steps you have taken to access the training, if asked to do so.

Interrupted first aid training

If because of coronavirus you cannot complete training for your first aid qualification within the usual timeframe, training can restart at a later date as long as:

- a full recap of training delivered before the interruption is done before moving onto undelivered modules
- the awarding body is content that you can show:
 - a full understanding of all aspects of the course content
 - the knowledge required and competencies at the end of the training

Further advice and guidance on any of the issues associated with special events or the advice contained in this guidance note is available from our 24-Hour Advice Service

- In Great Britain call 0844 892 2772 option 2;
- In Northern Ireland call 0844 892 2786 option 2; or
- In the Republic of Ireland call 01 855 5050 option 2.

Guidance Notes are regularly revised and updated to reflect current best practice and take account of revised standards or legislation. The latest version of every Guidance Note is always available in BusinessSafe Online.