

Covid-19 Advice for First Aiders

This guidance is for first responders as defined by the Civil Contingencies Act, and others who may have close contact with symptomatic people with potential COVID-19. This includes professionals and members of voluntary organisations who, as part of their normal roles, provide immediate assistance to a symptomatic person until further medical assistance arrives.

How Covid-19 is spread

There are two routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2m) or possibly could be inhaled into the lungs.
2. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching door knobs then touching own face).

Providing Assistance

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

Personal Protective Equipment

Use and dispose of all PPE according to the instructions and training previously provided by your employer or organisation. Disposable gloves and fluid repellent surgical face masks are recommended and, if available, disposable plastic apron and disposable eye protection (such as face visor or goggles) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE.

Where disposable eye protection is not available it should be thoroughly washed after use.

Cardiopulmonary Resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a “dynamic risk assessment”) and adopt appropriate precautions for infection control.

Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

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 advice given by the government and health professionals.

Hand Hygiene

After contact with the individual, wash your hands thoroughly with soap and water or alcohol hand rub at the earliest opportunity.

Avoid touching your mouth, eyes and/or nose, unless you have recently cleaned your hands after having contact with the individual.

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

Cleaning the Area where assistance was provided

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 the 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 unwell person

If anyone had direct contact with the individual and makes themselves known to you, advise them that if they go on to develop symptoms (cough, fever), they should follow the advice on what to do on the government and other available websites.

Please get in contact with one of the team if you have any further questions.



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