COVID-19 Guidance for First Aiders

This guidance aims to reduce the risk of exposure to Coronavirus to First Aiders during this time of pandemic. It is based on official Government and Public Health England guidance, as well as guidance from BOHS and the Resuscitation Council. It recognises that there has always been the possibility that First Aiders may come into contact with people of unknown medical history/symptoms and that there is a possible risk of cross infection, including that of coronavirus, when administering First Aid unless precautions are taken. However, as the rate of coronavirus infection across the UK is low and dropping, and all members of the University with coronavirus symptoms, or who have been advised to by the NHS tracking app, are expected to self-isolate, the risk of exposure to the virus by First Aiders is very low.

This guidance does not replace the normal University Emergency procedures or the requirement for First Aiders to conduct a dynamic risk assessment of any given First Aid situation that may arise, in accordance with standard First Aid training.

If you feel that you have any concerns or issues after consulting this guidance and continuing in the role of a First Aider, then advice should be sought from the SHE Unit. You may also wish to seek advice from an Employee or Health and Safety Representative.

**General Precautions**

As a first principle anyone in an at-risk group, i.e. those classed as clinically vulnerable or clinically extremely vulnerable, or who lives with someone in those categories will not be asked to act as a First Aider during this time of pandemic.

Coronavirus transmission occurs through direct transfer of respiratory droplets to the mouth, nose, and eyes, via inhalation or through touching a contaminated surface, person or object and then transferring the secretions to own mouth, nose, or eyes. Therefore, the normal general precautionary measures apply; handwashing, not touching your face and social distancing.

In addition, First Aiders should always wear gloves when giving treatment, preferably washing or sanitising visibly clean hands prior to donning gloves, and definitely washing hands immediately afterwards even if social distancing rules have been maintained.

First Aiders should identify at-risk situations and in any non-emergency situation, the potential for coronavirus symptoms should be assessed prior to giving advice/administering First Aid, always keeping in mind conditions that might also present similar symptoms e.g. asthma, angina, heart attack. Where possible First Aid assessments, treatment and advice for injuries assessed as minor, should be delivered while maintaining a 2m distance (e.g. if the assessment of the illness/injury does not require physical contact with the patient, or the treatment/intervention can be applied or administered by the patient). Where this will not affect treatment, if the injured person has a face covering, ask them to put it on. If agreeable, and where available and appropriate, the patient could also be offered hand sanitiser for their own protection.

Where distancing of more than 2m is not possible, Personal Protective Equipment (PPE) should be worn (details below). As they provide cover for the whole campus, where supplies of PPE are limited, Campus Security First Aiders will be given provision as a priority.

If a local First Aider lacks appropriate PPE, they should contact Campus Security. As Government guidance says that the risk from coronavirus is low if approach within 2m is kept to 15 minutes or...
less, if the situation is life threatening immediately call for help and if you feel confident in doing so, administer treatment until Campus Security arrive. Once responsibility is transferred wash your hands.

Where there is potential for clothing to have become contaminated remove and bag them. Change into clean clothes (a simple change of clothes should be brought from home and stored in your work area), washing hands in between changing. If necessary, return home to do so. Wash potentially contaminated clothes as soon as possible, and sanitise any surfaces e.g. door handles, steering wheel etc.

**PPE**
PPE should be kept with the First Aid kit, ideally in a ‘grab bag’. PPE is for single use only - it must be changed after each First Aid intervention and not used between patients. It needs to be put on and taken off (‘donned’ and ‘doffed’) in the correct order (see below), taking steps to reassure the patient. After use it, along with any contaminated first aid materials used during treatment, should be disposed of as clinical waste.

In situations where 2m distancing needs to be broken to provide treatment the following PPE should be worn: as a minimum disposable gloves and either a full-face visor or a combination of a water repellent surgical face mask (or better) and eye protection. If available a disposable plastic apron or coveralls are also recommended.

A clinical waste bag must be available. Provision of alcohol hand rub is advised.

When treating a wound or when in contact with bodily fluids, First Aiders should ‘double glove’. Once the wound is treated, this allows the top pair of gloves to be removed still leaving a pair underneath to continue protection for the hands.

**Donning and Doffing PPE**
Put on PPE every time when administering First Aid and breaking the 2m rule. To avoid self-contamination. It is important to keep your hands away from face when donning and doffing PPE.

**Donning.** Wash or sanitise your hands then put on PPE in the following order: apron or coverall, mask, eye protection, gloves.

**Doffing.** Take off PPE in the following order: gloves, apron or coverall, eye protection, mask. Place all the items and any other contaminated materials in the clinical waste bag. Wash your hands. Contact Estates Customer Services to arrange collection of the clinical waste.

**Resuscitation**
Call for help immediately and for a Defib. Do not check for breathing by placing your face close to that of the patient, instead listen briefly at a distance for abnormal breathing, e.g. gasping, and look at the patient’s skin colour. Do not give mouth to mouth rescue breaths. If available, place a mask, face covering or other material loosely over the patient’s mouth and nose. Start chest compressions and continue until help arrives. If there is any doubt about confirming cardiac arrest in an unconscious, unresponsive casualty, the default position is to start chest compressions until help arrives.

A defib can be deployed without increased risk of infection.
**Individuals presenting with symptoms of coronavirus**

Being mindful of serious and life-threatening conditions that present similar symptoms, if someone shows the signs of coronavirus, keep that person 2 metres away unless you are wearing PPE. If it does not worsen their symptoms, provide them with a mask or face covering. Keep others away. Give the patient a dose of hand sanitiser if available, appropriate, and the patient is agreeable. Where further medical examination is not required, their line manager should arrange for them to go home. If they need to wait to be picked up, they should be kept isolated in a pre-determined isolation area.

If the patient is significantly unwell e.g. extremely short of breath, contact 999 and advise them of the potential of coronavirus situation.

Contact Estates Customer Services to arrange for areas where the patient has spent substantial time, including treatment and isolation areas, to be closed off prior to subsequent cleaning.