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. The risk is reduced by the national vaccination programme and as all members of the University with coronavirus symptoms, or who have been advised to by NHS Test and Trace or by the tracking app, are expected to self-isolate, the risk of exposure to the virus by First Aiders is 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, will not be asked to act as a First Aider during this time of pandemic.

Coronavirus transmission occurs through direct transfer of respiratory droplets or aerosols 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. Because of this normal general hygiene measures apply; handwashing and not touching your face. 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.

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 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 is not possible, HSE guidance is that you should minimise the time you share a breathing zone with the patient. In addition, First Aiders should have a supply of Personal Protective Equipment (PPE) that can 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. 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.

COVID-19 Guidance for First Aiders Final/JWB/July 2021
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 you need to get close to the patient 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**
If using PPE remember it is important to keep your hands away from your face when donning and doffing PPE to avoid self-contamination.

**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 Defibrillator. 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 patients 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 a distance from that person 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 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.