



Coronavirus (COVID-19) 

WJ Guidance **for First Aiders**

Coronavirus (COVID-19)

Guidance for First Aiders

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1. Introduction

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus infection include **fever and cough**; in some people, the illness may progress to severe pneumonia causing **shortness of breath and breathing difficulties**.

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is **close contact** (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions (droplets) containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes.

There are 2 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).

Main Principles when called to an injured colleague:

- Follow your **training** with regards to identifying any possible risks.
- **Check/ask if the individual** is showing any of the symptoms of COVID-19 (high temperature – chest or back, a new continuous cough).
- Avoid physical contact without appropriate protection.
- Avoid direct contact with bodily fluids and respiratory secretions.
- If you need to provide assistance to an **individual who is symptomatic** and may have COVID-19, wherever possible, place the person in a **safe place away from others**.
- Use and dispose of all PPE according to the instructions and training previously provided. Disposable gloves is recommended and eye protection (such as face visor or goggles – **these should be cleaned where possible** otherwise doubled bagged, and disposed of correctly) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE
- Where possible instruct and **guide the injured individual through self-management** supplying the appropriate equipment maintaining social distance of 2 metres
- If the injured employee is critically ill and requires an urgent ambulance transfer to a hospital, **inform the ambulance call handler of the concerns about COVID-19**.

This guidance may change based on increasing experience in the care of first aid incidents during COVID-19 risk period.

First responders should consult the latest advice on the NHS website ([Guidance for first aiders in close contact with symptomatic people with potential COVID-19](#))

2. Cardiopulmonary Resuscitation (CPR)

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

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. **Do not listen or feel** for breathing by placing your ear and cheek close to the patient’s mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives
- Make sure an ambulance is on its way. If **COVID 19 is suspected**, tell them when **you call 999**.
- If there is a perceived risk of infection, rescuers should **place a cloth/towel**

over the victims mouth and nose and attempt **compression only CPR** and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast

- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection
- If the rescuer has access to personal protective equipment (**PPE**) (e.g. **face mask, disposable gloves, eye protection**), to be worn by first aider if practicable.
- After performing compression-only CPR, all rescuers should **wash their hands thoroughly with soap and water**; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice.

3. 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.

4. 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](#). Refer to WJ Cleaning Policy COVID-19.

5. In The Case Of 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 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. Inform the cleaning team immediately.

1. 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 [NHS website](#).

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A Guidance To Performing Cardiopulmonary Resuscitation (CPR)

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

1. The Main Principles When Called To An Major Injured Of A Colleague:

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. **Do not listen or feel** for breathing by placing your ear and cheek close to the patient’s mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives
- Make sure an ambulance is on its way. If **COVID 19 is suspected**, tell them when **you call 999**.
- If there is a perceived risk of infection, rescuers should **place a cloth/towel over the victims mouth** and nose and attempt **compression only CPR** and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast
- Early use of a defibrillator significantly increases the person’s chances of survival and does not increase risk of infection
- If the rescuer has access to personal protective equipment (**PPE**) (**e.g. face mask, disposable gloves, eye protection**), to be worn by first aider if practicable.
- After performing compression-only CPR, all rescuers should **wash their hands thoroughly with soap and water**; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

1. What To Do Following Any Treatment

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

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non- healthcare settings](#). Refer to WJ Cleaning Policy COVID-19.

In The Case Of 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 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. Inform the cleaning team immediately.

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 [NHS website](#).

Coronavirus (COVID-19)

Guidance In Tending To A Minor Injury

When tending to an Minor injured colleague the following guidelines must be adhered to maintain a safe First Aid practice in order to not become infected with Coronavirus (COVID-19).

There are 2 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).

1. The Main Principles When Called To A Minor Injured Colleague:

- Follow your **training** with regards to identifying any possible risks.
- **Check/ask if the individual** is showing any of the symptoms of COVID-19 (high temperature – chest or back, a new continuous cough).
- Avoid physical contact without appropriate protection.
- Avoid direct contact with bodily fluids and respiratory secretions.
- If you need to provide assistance to an **individual who is symptomatic** and may have COVID-19, wherever possible, place the person in a **safe place away from others**.
- Use and dispose of all PPE according to the instructions and training previously provided. Disposable gloves is recommended and eye protection (such as face visor or goggles – **these should cleaned where possible** otherwise doubled bagged, and disposed of correctly) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE
- Where possible instruct and **guide the injured individual through self-management** supplying the appropriate equipment maintaining social distance of 2 metres
- If the injured employee is critically ill and requires an urgent ambulance transfer to a hospital, **inform the ambulance call handler of the concerns about COVID-19**.

2. What To Do Following Any Treatment

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

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non- healthcare settings](#). Refer to WJ Cleaning Policy COVID-19.

In The Case Of 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 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. Inform the cleaning team immediately.

1. **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 [NHS website](#).

Coronavirus (COVID-19)

Guidance In Tending To A Major Injury

When tending to an Major injured colleague the following guidelines must be adhered to maintain a safe First Aid practice in order to not become infected with Coronavirus (COVID-19).

There are 2 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).

1. The Main Principles When Called To An Major Injured Of A Colleague:

- Follow your **training** with regards to identifying any possible risks.
- Call the **NHS Emergency Services (999)**, update the Operator to their condition and if known that they are infected with Coronavirus (Covid-19).
- **If conscious Check/ask if the individual** is showing any of the symptoms of COVID-19 (high temperature – chest or back, a new continuous cough).
- Avoid physical contact without appropriate PPE protection.
- Avoid direct contact with bodily fluids and respiratory secretions.
- If you need to provide assistance to an **individual who is symptomatic** and may have COVID-19, wherever possible, place the person in a **safe place away from others**.
- Use and dispose of all PPE according to the instructions and training previously provided. Disposable gloves is recommended and eye protection (such as face visor or goggles – **these should cleaned where possible** otherwise doubled bagged, and disposed of correctly) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE
- If the injured Colleague is critically ill and you are required to perform CPR, refer to the WJ guidance on performing CPR until the Emergency Services can assume medial attention.

2. What To Do Following Any Treatment

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

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non- healthcare settings](#). Refer to WJ Cleaning Policy COVID-19.

In The Case Of 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 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. Inform the cleaning team immediately.

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 [NHS website](#).