

Annex B to

**COVID-19 H&S Guidance Note –
Spring Term**

**COVID-19 guidance for
college first aiders**

Revision History

Version	Date	Responsible Person	Changes
Rev 8	31 Mar 21	Anton McGrath	Change of title to reflect 'Summer Term'.
Rev 7	05 Jan 21	Anton McGrath	Change of title to reflect 'Spring Term'.
Rev 6	18 Nov 20	Martin Player	Amendment of isolation arrangements in section 4 (3).
Rev 5	14 Oct 20	Martin Player	Revised the name and references to the master document. Generally replaced the word 'quarantine' with 'isolation'.
Rev 4	16 Sep 20	Martin Player	Deletion of the information regarding qualification extensions in section 1. Removed the reference to EFAW requiring the issue of additional PPE in section 4 (2). Amendment of isolation arrangements in section 4 (3). amended Duties for EFAW in section 5. Updated guidance for someone being symptomatic after treating a casualty (section 8) Updated guidance on NHS Test & Trace in section 9.
Rev 3	17 Jul 20	Martin Player	Port of document to form Annex B of full RTW guidance. Amendment of isolation location in section 4 (3).
Rev 2	08 Jun 20	Martin Player	Updated guidance for dealing with serious injuries requiring an ambulance (in section 5).
Rev 1	04 Jun 20	Martin Player	Change from Appendix 4 to Annex D to the main COVID-19 Pandemic RTW H&S Guidance Note.
Original	28 May 20	Martin Player	

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1 Introduction

The following guidance has been put together using current information from Public Health England (PHE) and the NHS. This guidance is for college first aiders who may be required to attend a first aid incident where the casualty may, or may not, have symptoms of coronavirus. This guidance includes emergency response assistance for a symptomatic person until further medical assistance arrives.

COVID-19

A coronavirus is a type of virus. 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.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

How COVID-19 is spread

From what is known 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 and aerosols) containing the virus are most 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 also possible that someone may become infected by touching a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

Symptoms of Coronavirus

The symptoms of coronavirus are:

- Fever – generally a body temperature of 37.8° Centigrade or greater.
- Cough or chest tightness
- Anosmia
- Myalgia
- Fatigue
- Dyspnoea

Please note these symptoms do not necessarily mean someone has the illness, and that a combination (or no symptoms at all) may be present.

2 Who might be at risk and how?

College first aiders may be at risk through cross-contamination, if attending a casualty infected with COVID-19; especially if there is a requirement to get close to the casualty to assess what is wrong, or to check their breathing.

3 What are the hazards?

There are two additional hazards related to COVID-19 to consider when attending requests for first aid assistance and physically providing first aid, these are:

1. **Direct transmission of COVID -19 virus** from being in close proximity to people with the virus (i.e. person to person transmission - direct contact with respiratory droplets of an infected person generated through coughing and sneezing or through handling respiratory secretions such as saliva or mucus from an infected person.) Controlled by SOCIAL DISTANCING.
2. **Indirect transmission of COVID-19 virus** from touching surfaces contaminated with the virus and then touching your face (e.g. eyes, nose, mouth). Controlled by HYGIENE and SANITATION.

4 What controls are in place?

Most requests for first aid in college do not require the first aider to get close to a casualty and consultation takes place following social distancing guidance of 2 metres. Existing controls include the provision and use of nitrile gloves when placing hands on a casualty and the provision and use of disposable face shields for performing Cardiopulmonary Resuscitation (CPR).

The following, additional controls are required due to the possible risk of COVID-19:

1. **Maintaining social distancing.** The recommendation to ensure a minimum distance of 2m between yourself and any other person, including the person seeking medical attention, must always be observed, where possible. Try to assist at a safe distance from the casualty as much as you can and minimise the time you share in a 'breathing zone'. If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – **preserve** life, **prevent** worsening, **promote** recovery. The minimum distance of 2 metres should **only** be encroached into if there is no other way to administer first aid, to:
 - a. preserve life;
 - b. prevent the illness or injury from worsening, or;
 - c. promote recovery.

The 2-metre zone should only be encroached into when suitable (issued) PPE is worn.

2. **Personal Protective Equipment (PPE).** The following PPE will be issued to immediate response first aiders:
 - a. Nitrile gloves (standard issue).
 - b. Disposable plastic apron.

- c. Disposable FFP3 or FFP2 respirator.
- d. A quantity of disposable face masks.
- e. Face visor.

A resuscitation face shield for conducting CPR will not be issued; refer to the section on conducting CPR.

For additional information regarding the use of PPE, refer to the section on PPE on page 4-4.

3. **Isolation.** If symptomatic while in college, students will be sent into isolation in the Meetings Room MB1.3a in the Main Building on the ground floor opposite the Reception door. Students will be asked to don a face mask provided by their teacher, and to leave the classroom immediately. Waiting outside of the classroom until collected by a first aider (teaching staff will contact reception or a first aider directly and inform them that the individual is going into isolation.) The first aider will meet the student escort them to the First Aid Room (observing social distancing). The first aider will don appropriate PPE, and verbally assess the individual (observing social distancing). The first aider will remain in visual contact until the individual is picked up by an immediate member of family which will be arranged by reception.

The capacity of the isolation area (MB1.3a) is 9. In the unlikely event that capacity is exceeded, an emergency isolation area will be established in the (out of use) Smoking Shelter. Isolation areas will be collapsed and deep cleaned as soon they are no longer in usage.

The first aider should inform a member of on-site senior management that someone is in isolation, and should complete a 'request for first aid'; form at the earliest opportunity.

Anyone who is symptomatic must be sent home and advised to follow the stay at home guidance:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

The cleaning of the isolation area (including accessible WC) will be conducted by college cleaning staff in accordance with a (COVID-19 referenced) activity-based risk assessment.

4. **Hygiene.** After contact with an individual, wash your hands thoroughly with soap and water, for at least 20 seconds, at the earliest opportunity. Alcohol hand gel is recommended if soap and water is not available. Avoid touching your mouth, eyes or nose, unless you have recently cleaned your hands after having contact with the individual.

Cleaning will depend on where assistance was provided. If within college premises and cleaners are available, they should be asked to undertake the required cleaning in line with agreed college procedures.

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 college 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 NHS 111 and/or emergency services as required.

[Click here for guidance on the best way to wash your hands](#)

5 Additional COVID-19 procedures for conducting first aid

If you are required to attend an urgent first aid call out where time could be of the essence, as an immediate response first aider you will not be required to adhere to any one way system if this will impede your response time.

Conduct the initial consultation while maintaining social distancing and try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone. If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

If you are required to enter the 2 metre space between yourself and the ill/injured person, don your PPE prior to moving into the space and present the ill/injured person with a disposable face mask that they **must** put on, if they are not wearing one already.

Wherever possible and safe to do so, remove the person from the area and take them to an area away from others. If there is no physically separate room, ask others who are not involved in helping to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

If you suspect, at any time, that the ill/injured person (IP) is symptomatic of COVID-19 then you must escort them to isolation. Inform reception of this decision and ask them to inform the IP's emergency contact and the on-site member of senior management.

Serious injury. If you attend a request for first aid and you suspect a serious illness or injury that requires hospital treatment, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms. If you are required to give first aid to someone while waiting for the ambulance, you should ensure you are wearing your issued PPE (refer to section 4.2 above). You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible.

College emergency first aiders (EFAW) – the responsibilities of emergency first aiders are altered during the initial phased RTW. Emergency first aiders must:

1. Send any individual who is symptomatic into isolation following the isolation procedure described on page 4-3.
2. Ask to clear the room and place any unconscious casualty in the recovery position, having first donned their personal face covering, ensuring they conduct hand hygiene after the requesting assistance from an immediate response first aider.
3. Conduct CPR on any casualty in accordance with the guidance provided on page 4-8.
4. Call the emergency services on 999 should the situation require it.
5. Refer any other injury/illness to an immediate response first aider.

There is still a requirement to record all instances of requests for first aid assistance, however, if **any first aider provides assistance to an individual who is symptomatic and/or is identified as a potential COVID-19 they must report it to the H&S Manager or a member of SLT.**

6 PPE

In the current situation of continued community transmission of COVID-19 in the UK, social distancing, the strict application of safe & hygienic working practices and, where social distancing cannot be maintained, the use of PPE, is recommended to reduce the risk of transmission of COVID-19. The college requires first aiders to wear a face mask whenever attending any casualty until further notice. A clean mask will be required for each incident attended.

First aiders **must** use issued PPE when providing first aid assistance. First aiders **must** store and clean all PPE provided according to college procedures and training (refer to the Staff H&S Manual – Chapter 15). Specific procedures for disposal of PPE are detailed below.

Disposal of PPE. All used PPE must be placed in bin liners. Bin liners used to collect doffed PPE are to be treated as potentially contaminated and must be 'double bagged' before being stored for 72 hours prior to normal waste disposal. All waste must be securely stored, separated and identified so that others can handle it safely.

Disposable FFP3 and FFP2 Respirators. A disposable respirator providing a high protection factor would not normally be required by college first aiders. However, during the COVID-19 pandemic all first aid trained staff are to wear these masks if entering the social distancing zone of 2 metres to provide emergency first aid, irrespective of whether the injured/ill person is symptomatic of COVID-19, or not.

The fit of respiratory masks is critically important, and every user should be fit tested and trained in the use of the respirator. Always carry out a pre-use check before you put on a mask, check that it fits according to manufacturer's instructions, and test it for effectiveness with a simple breath test. Readjust the respirator if you detect any leakage around your face. Refer to the guidance video below and the poster overleaf.

[Click here for guidance on checking your respirator](#)

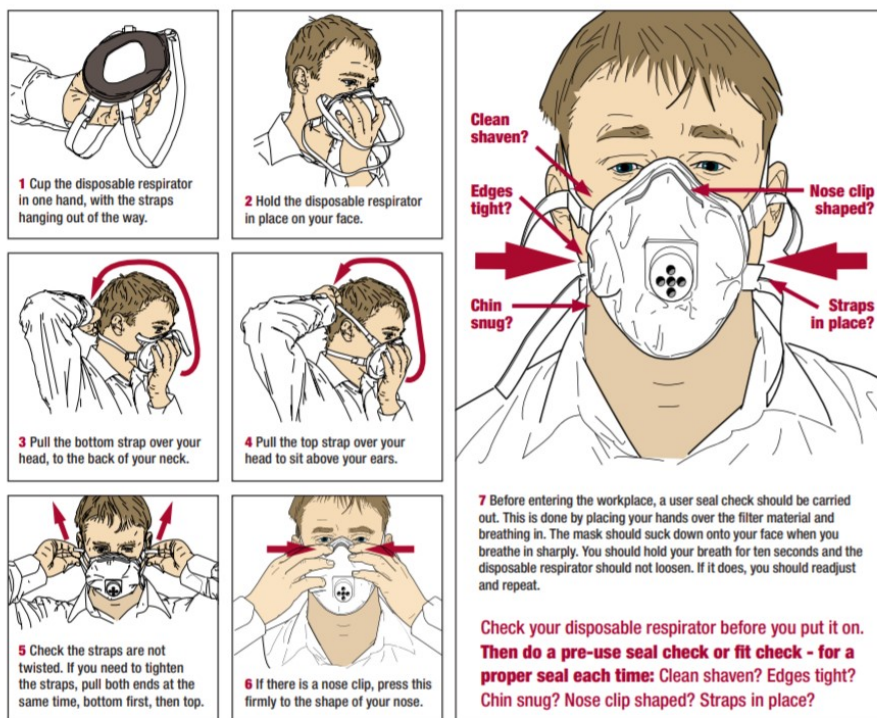


Using disposable respirators

Pre-use checks

- You should be clean-shaven around the face seal to achieve an effective fit when using disposable respirators. Beards and stubble will stop the disposable respirator sealing to your face and protecting you properly
- Make sure it is the right disposable respirator for your work and for you - have you passed a face fit test in this disposable respirator?
- Make sure the disposable respirator is clean and undamaged before you use it
- Follow the manufacturer's instructions for checking the disposable respirator and putting it on
- Check the fit every time you put on the disposable respirator to ensure there are no leaks

Putting the disposable respirator on and checking it fits



This poster illustrates a typical disposable respirator, there are many other types available. Follow the manufacturer's instructions on putting your type of disposable respirator on and checking it fits.

Visit [hse.gov.uk/respiratory-protective-equipment](https://www.hse.gov.uk/respiratory-protective-equipment) for more information

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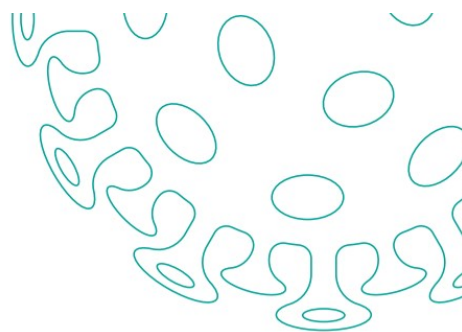
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Donning and Doffing PPE correctly. Wash your hands thoroughly with soap and water before putting on and after taking off PPE. Alcohol hand gel is recommended if soap and water is not available. Refer to the guidance on the next two pages and the links below.

[Click here for guidance on putting on PPE](#) [Click here for guidance on taking off PPE](#)



Public Health
England



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.
Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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7 CPR

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection associated particularly with giving rescue breaths (which is why a resuscitation face shield is issued to first aiders.) Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

Resuscitation Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100-120 min⁻¹)". **There is no certainty that an unconscious victim can be assessed as not having COVID-19, therefore it should be assumed that they do.**

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

1. 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.
2. Make sure an ambulance is on its way. If COVID-19 is suspected, tell the call handler when you call 999; if someone is available to help ask them to get one of two the defibrillators.
3. If you haven't already, don your PPE (gloves, apron, respirator, face shield.)
4. 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.
5. Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths.
6. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
7. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. Ensure you safely discard disposable items and clean reusable ones thoroughly.

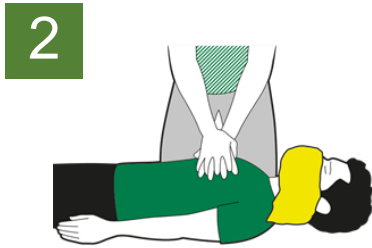
Additional (pictorial) guidance is provided on page B-12

What to do



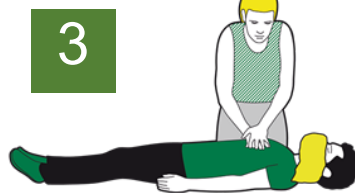
If you find someone collapsed, you should first perform a [primary survey](#). **Do not place your face close to theirs.** If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to call reception on 201 and request a defibrillator.

Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty.

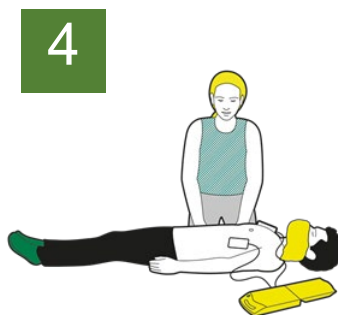


- Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.
- Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.
- The beat of the song "Staying Alive" can help you keep the right speed.
- **Do not give rescue breaths.**

Continue to perform CPR until:



- Emergency help arrives and takes over
- The person starts showing signs of life and starts to breathe normally
- You are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- A defibrillator is ready to be used.



When security arrives with the defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

- **Wherever possible, any helper should keep a distance of 2m.**



If the casualty shows signs of becoming responsive such as coughing, opening their eyes, speaking, and starts to breathe normally, put them in the [recovery position](#). Monitor their level of response and prepare to give CPR again if necessary.

- If you have used a defibrillator, leave it attached.

8 What to do if you become symptomatic following contact with someone who may be at risk of COVID-19

If you become symptomatic of COVID-19 within 14 days of assisting someone who was unwell and at potential risk of COVID-19, carry out the following actions:

1. Do not come into college; if in college then don a facemask, inform 'on-site' senior management, and go home immediately and directly, thereafter.
2. When at home call NHS 119 (111 if you can't cope with the symptoms or 999 if it is a medical emergency) and explain that you recently provided medical assistance – this is important for the NHS test and trace protocol.
3. Arrange for an NHS test through NHS 119 and follow their guidance.
4. Inform your line manager and HR and follow college guidance.

9 NHS Test and Trace

If someone that you have assisted with first aid tests positive for coronavirus then you may be contacted by the NHS Test and Trace service, if this is the case, follow their advice and inform college of the proceedings. Further information is in the main document at section 2.2.