COVID-19 AND PROVIDING FIRST AID

April 2020

When a person in quarantine or self-isolation develops symptoms of concern, particularly difficulty breathing that requires emergency treatment, they have been advised to:

- Call 000 and advise operators that they are in self-isolation because of possible COVID19; and
- Advise paramedics and ambulance first responders on arrival of their travel or close contact history.

Advice on first aid care of a casualty with possible COVID-19

General guidance for First Aiders

- **Standard and transmission-based precautions** are recommended for all first aid performed while COVID-19 social distancing is enforced
- Contact and droplet precautions are recommended for routine care of casualties
- Contact and airborne precautions are recommended when performing aerosol generating procedures, including cardiopulmonary resuscitation (CPR)
- **Compression-only CPR** is advised if there is no personal protective equipment (PPE), particularly P2/N95 mask, gloves and eye protection, available for the First Aider
- Provide advance notice to receiving responders (e.g. paramedics) to clarify transfer of care arrangements

Further advice

- Determine if direct contact is required and minimise where possible - e.g. Does the casualty require observation only or is hands-on care required? Can the casualty be assisted at > 1.5m?
- Casualties with flu-like symptoms (i.e. fever, cough) should be assisted if the First Aider:
  - has appropriate personal protective equipment
    - Gloves should be available in all FA kits;
    - Eye protection (e.g. goggles or eye shield)
    - First Aider should use a P2/N95 mask if available and they are required to assist the casualty within 1.5m;
    - Face shields/masks should be used if providing CPR
  - ensures bystanders are kept at a distance (send them to get help or assist at a distance)
  - cleans any non-disposable items with alcohol-based or other approved sanitiser and performs hand hygiene by either washing with soap and water or using an alcohol-based hand rub after completing first aid
- First Aiders concerned about exposure to COVID-19 due to their personal health status (e.g. immunocompromised, > 65 years old, other risk factors) should temporarily step down from their role and advise their First Aid Coordinator to ensure their staff group is aware they are not able to provide care
- First Aid Contact Lists should be reviewed and updated now

For the latest version of this document please go to: http://www.monash.edu.au/ohs/
Precautions during routine first aid

Treat all casualties as a suspected case of COVID-19. The following contact and droplet precautions are recommended.

1. If available, place a surgical mask on the casualty if they have not already done so, unless this will aggravate breathing difficulties
2. Perform hand hygiene before donning a P2/N95 mask, eye protection (if available) and gloves
3. After the encounter:
   a. remove gloves and perform hand hygiene;
   b. remove mask and eyewear and perform hand hygiene again
4. Apply clean PPE and clean any contacted/contaminated equipment and surfaces with detergent/disinfectant

Aerosol-generating procedures

CPR is an aerosol-generating procedure (AGP). Care should be taken when performing AGPs.

Note: When following the asthma first aid protocol, a spacer should be used if possible.

Airborne precautions should be used routinely for all First Aiders and bystanders during high-risk AGPs. These precautions include:
- Performing hand hygiene before donning a mask (P2/N95 respirator is preferred, if not available a surgical mask), eye protection and gloves;
- After performing CPR, remove gloves (perform hand hygiene), eye protection and mask (perform hand hygiene again);
- Not touching the front of any item of PPE during removal;
- Disposing of used PPE in a clinical waste (biohazard) bag; and
- Cleaning equipment and surfaces with disinfectant wipes by a person wearing clean PPE (i.e. gloves, protective eyewear and surgical mask).

Use of PPE in life threatening situations

In circumstances where first responders are providing CPR in life threatening situations for a patient with suspected COVID-19, First Aiders may not have sufficient time to adequately apply full airborne precautions. In these circumstances, the responder is advised to ensure their own safety by:
- Using a surgical mask and eye protection as a minimum precaution;
- Correctly removing and disposing of PPE, and performing hand hygiene at completion of the episode of care
- Disposing of used PPE in a clinical waste (biohazard) bag; and
- Cleaning equipment and surfaces with disinfectant wipes while wearing clean PPE (i.e. gloves, protective eyewear and surgical mask).
- Completing a hazard and incident notification form via S.A.R.A.H., if you have had a close contact with a suspected or confirmed case of COVID-19 without using appropriate PPE, e.g. if COVID-19 was not suspected at the time; and
- Seeking advice from a GP or other health authority regarding any need to be isolated and monitored for symptoms of the virus.
How can we help prevent the spread of COVID-19?
Practising good hand hygiene and cough etiquette is the best defence against most viruses. You should:

- Wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- Cover your mouth and nose when you cough and sneeze, dispose of tissues, and use alcohol-based hand rub, and
- If unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact).

Resources
American Heart Association

Australian Commission on Safety and Quality in Health Care

Australian Resuscitation Council

Better Health Channel

Centers for Disease Control and Prevention

The Department of Health

The Department of Health and Human Services

Health Direct
National Asthma Council Australia

St John Ambulance Victoria

World Health Organisation
https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf