

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"



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COVID-19 and First Aid provision in the workplace.

First Aid Response (FAR) is the standard of care required by the Health and Safety Authority (HSA) for the provision of first aid within the workplace.

COVID-19 infects through droplets and contact with the mucous membranes. **It does not infect through the skin.**

The greatest element of risk for a first aiders in the workplace from COVID-19 is transfer of the virus to their mucous membranes of the eyes, nose or mouth through contact of contaminated hands (including contaminated gloved hands). The key interventions to manage this risk are to minimise hand contamination (keep your hands to yourself when possible), avoid touching your face and clean your hands frequently (with alcohol hand-rub or soap and water).

There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the patient's respiratory tract landing directly in the eyes, nose or mouth of the first aider. This is most likely to happen if you are within one metre of a patient with COVID-19 infection. This risk is managed by use of appropriate PPE (gloves, facemask, gown and eye protection) and by requesting the patient to wear a surgical facemask and cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).

There is evidence that airborne transmission can occur when certain procedures, aerosol generating procedures (AGPs), are performed. The biggest AGP risk is related to a first aiders performing CPR and/or ventilating a patient.

COVID-19 has a low prevalence in the community currently and by far the most common first aid interactions in the workplace will be non-COVID-19 related. However, due to the probability of infection it is necessary to regard all patients encountered as potentially infected with COVID-19.

Using the general principals;

- Complete a preliminary assessment, if possible, while maintaining social distancing (currently > 2 metres).
- The preliminary assessment to involve the screening questions for COVID-19.

Screening questions for COVID-19 infection

Do you have any new cough or new shortness of breath?

Do you have a high temperature/ fever?

Have you had contact with a confirmed COVID-19 patient within the past 14 days?

If **yes to any** question regard the patient as suspect COVID-19

If **no to all** questions regard the patient as low risk for COVID-19

First aid incidents in the workplace may be divided into three sub groups;

1. **Minor injuries.** Many of these patients could provide self-help under direction from the first aider, thus maintaining social distancing. The first aider should encourage 'supervised self-help' (from a safe distance) i.e. instruct the patient to wash a minor wound and then apply a plaster to themselves. The successful application of this model of care will reduce the requirement to don PPE every time a person enquires about a minor injury etc. No PPE is required, therefore, provided that social distancing is maintained. Follow FAR CPGs when advising care provision.
2. **Presentations that require an intervention and/or follow up care where COVID-19 is not identified through screening.** Many of these presentations will require direct contact with the patient inside the social distance requirement. Appropriate PPE is therefore required. This includes gloves, fluid resistant apron, surgical facemask and eye protection. Follow FAR CPGs after donning PPE.
3. **A COVID-19 suspected presentation.** To minimise droplet infection, patients who are screened as COVID-19 positive should be offered a surgical facemask and requested to don it. These patients may or may not require a direct clinical intervention therefore they should be cared for under two protocols;
 - 3.1** No direct contact required and social distancing maintained between patient and first aider. Provide self-help under direction from the first aider. No PPE is required. Follow FAR CPGs when advising care provision.
 - 3.2** Direct contact required. PPE is mandatory which includes gloves, surgical facemask, fluid repellent long sleeved gown and eye protection. Follow FAR CPGs after donning PPE.

First aid care in the workplace may have one of five outcomes;

- a) Return to the workplace, no follow up care required.
- b) Advise GP follow up.
- c) Advise occupational health follow up.
- d) Advise Emergency Department follow up.
- e) Call 112 for an emergency ambulance.

If b), c) or d) are advised and the first aider/other employee accompanies the patient to the location both the patient and the first aider/ other employee must wear a surgical facemask during the journey to minimise droplet infection. If a patient has been screened as COVID-19 positive any accompanying person must wear full PPE as the maintenance of social distancing will not be possible within a vehicle.

Specific clinical presentations/interventions;

Cardiac arrest; patients in cardiac arrest should have compression only CPR applied. An AED should be used as normal. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/layrescuersguidance/> As CPR is an aerosol generating procedure the first aider should wear a FFP2 facemask to minimise aerosol transmission.

Unresponsive patients; If the patient is unresponsive, check for breathing without using the look, listen and feel (ear to the patient's mouth) process.

When the patient encounter is complete, doff and dispose of any PPE appropriately and finally wash your hands.

The advice herein is designed to keep you safe, however, should your workplace occupational physician issue a more detailed/specific level of infection prevention and control please follow it.

Keep safe,



Brian Power
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