

First Aid during the Covid-19 crisis period.

Developed April 2020. Please ensure currency of this document at time of reading.

Aims: to ensure awareness of and diligence to safe patient assessment and first aid provision in light of risk of virus transmission.

Background:

First aid has been required and practised over many years even in communities with endemic disease or where a high percentage of the population suffers underlying chronic or acute illness or infection, sometimes transmissible. Risks can be magnified where the population lacks access to healthcare or is highly transient. The presentation of one condition does not discount the existence of a co-morbidity, so signs & symptoms should be considered for what they could indicate, not just what they seem to.

Principles for Safe First Aid methods:

1. Be aware that Covid-19 transmission is via droplet and briefly aerosol transmission.
2. Use universal precautions: Ensure no cuts on your own skin before commencing, don gloves and remove these correctly in-side out before hand-sanitising, and/or better, washing hands with soap and water for at least twenty seconds. Eyeglasses avoid droplets entering the eyes, and prescription glasses can serve this purpose. Clear safety glasses are provided in the kits.
3. No-touch first aid is ideal. If practicable, a patient can be instructed and supervised while applying their own aid. Eg: Handing them a bandage to hold on a cut to staunch blood flow, then instructing them in flushing and inspecting a laceration.
4. Patient History is vital. It should be targeted, prioritised and efficient.
5. First Aid Kits – One-way traffic only. Deal with the initial presentation and stabilise the situation, then lay out in order the items you'll need on a bench or the floor. Then work through the method. You shouldn't go back into the kit until after you have washed hands or removed those gloves. If necessary, use someone nearby to pass you an un-opened item from the kit.
6. Kits should have first-at-hand:
 - ✓ Triangular bandage so that this can be handed to a patient;
 - ✓ Gloves; &
 - ✓ Safety glasses,

(so that the first aider can do these before any patient handling.)

Note: A common first question for a first aider is 'please cough twice for me'. This has often been used to tense muscles throughout the chest and indicate pain or difficulty. **Do Not Request a patient cough.** We are seeking to avoid all Aerosol Generating Procedures (AGPs) If a patient is coughing, sneezing or breathing heavily – at a minimum they should be instructed to keep looking continuously at a direction away from you. Better, they are provided a mask or towel, and ideally both you and they could do a mask.

Social (physical) distancing should be maintained where this is safely possible for the patient and the first aider, until it can be confirmed through verbal questioning that the person is not a confirmed or suspected Covid-19 case.

First aid can be the difference for patient survival. Thank you for being that difference.

Initial response:

Simple patient positioning to establish a patent airway or pressure applied rapidly and effectively at a wound site can be essential time-critical interventions. First aid officers should ensure that they have their single-pack of gloves with them so that they can make such an intervention in safety, while they dispatch another person to retrieve a first aid kit – which contains the remainder of the PPE they might need.

In the Covid-19 context, we have a number of protocols in place. It is well to be aware that rapid action in line with these protocols allows the workplace to continue functioning. Rapid notification within the workplace essential to ensure smooth response. Action late or outside of the protocols may create confusion, and lead to a shutdown while events and contacts are investigated. Protect yourself, your patient, your colleagues and the people we are helping by acting in line with the enhanced protocols.

It may be that an ambulance is required for a serious incident. The workplace has developed a protocol for this which ensures clear and efficient access for the responding paramedics. It may be that they require the elevator to transport a patient downstairs. They have priority, and should be in the lift with their patient only. People may be instructed to open doors or point a direction. Act as instructed.

First Aid has absolutely saved the lives of many when actioned rapidly and effectively.

Danger

Check that the scene/situation is safe, for yourself, for the patient, for others. In this context this may mean taking extra moments to consider:

Yourself - don gloves and glasses. LOOK for bodily fluids – saliva or blood. If necessary, indicate these to another person – nominate them as your scene safety person, so that they can warn others not to step/touch/kneel there.

Others – communication is key here. Act within the protocols. Notify within the workplace so that other protocols can be acted upon. Communicate what you need at the scene.

Patient – What was the Mechanism Of Injury (MoI)? What precautions should be taken? What can you rule out/in? What might that mean you need? Further resources? Assess. Notify.

If necessary to move a patient and you require the assistance of another person without gloves or PPE, you take control of the head – this allows you to direct the move while wearing yours, and them to be further from the patient's face and skin.

Response – **First use verbal methods** to establish level of consciousness. Then (PPE-protected) other methods. Question the patient for *Person, Place, Time & Event*. What is your name? Where are you right now? What time do you think it is? What just happened?

Send for assistance. This means notifying a supervisor, sending a person to collect the kit you need, or arranging for an ambulance to be summoned, or for another first aider to assist.

Airway – If the patient is talking, they have an airway. Don't be working around the face unnecessarily. Establish a patent airway through patient positioning.

Breathing – First, LOOK, then feel at the top of the stomach. If not apparent, don glasses and gloves to check patency of airway.

Circulation – First Aiders are accustomed to taking radial (at the wrist) or carotid (at side of the neck) pulse checks. A pulse oximeter provides a means of reducing contact and providing on-going vital signs. The pulse oximeter provides a heart rate and a blood oxygen saturation percentage. Over 90% is normal. Less than 88% may require intervention – supported breathing or oxygen. The pulse oximeter is available at the main kit. If a patient is wearing nail polish, the infra-red beam is not effective through the nail – so you can turn the oximeter on the finger so that it sits sideways, and the beam is into the skin at the side of the finger.

Deadly Bleeding/**D**efibrillation – A deadly bleeding sweep should be conducted with gloved hands – pat once, look once, pat once, look once – to ensure that there is not a major haemorrhage on or under the patient.

Defibrillation can be a life-saver in the minutes after a cardiac event. An Automatic External Defibrillator is located at the main kit in the red box.

Environment – Ensure that the stabilised situation provides for patient position of comfort and privacy. Further ensure that the situation provides for the safety of others. Notify supervisor if cleaning is required, and protect the scene until it is completed or handed over to cleaners.

CPR Protocols:

In the case that a patient requires Cardio-Pulmonary Resuscitation (CPR), we also appreciate that this can present an increased respiratory infection transmission – either colds, flu, or in the current context, an increased risk from an unknown Covid-19 case. While current protocols are also mitigating this risk with self-reporting, and with appropriate health checks, we have also sought to further minimise risks to first aid officers.

While many are now trained in one-person CPR, in the context, we feel it safer to work with **Two-person CPR**. This allows each first aider to focus on a single task and to support each other in their methods.

If performing CPR - it is recommended that the first aider performing compressions be wearing gloves, a mask and glasses.

Rescue breathing - While the risk is usually minimal, a cough or oral expulsion by a patient could pose a risk of droplet transmission, we would prefer to further protect first aiders with the use of resuscitation face-masks (pictured). These have a valve to prevent respiratory transmission through the mask, and are considered a level above the key-ring style face-masks many of us carry.

Further to this, the nature of the workplace has allowed us to procure and place with the kit a Bag-Valve-Mask (BVM) Resuscitator. Many first aiders will have seen but perhaps not used this device. The BVM simply slots over the mouth-piece of the patients (single-use) resuscitation face-mask, and air is transferred by squeezing the bag gently. BVM resuscitators are commonly used with oxygen, but in this context, allow the transfer of room-air to the patient without the need for the first aider to place their face close to the patient.

Patient History-taking:

Signs & Symptoms – as observed or as described by the patient or witnesses

Allergies – which are suffered – check for bracelets or necklaces, while wearing gloves

Medications – which are being taken, or should have been taken – and location of medication

Pertinent Medical History – pertinent to this presentation, or which may complicate it.

Last Ins & Outs (Last meal eaten and time, and has toileting been regular & normal?)

Events leading up to: Usually concentrates of the mechanism of injury and hours before, but should be extended to include travel over past two days.