



At St John Ambulance we recognise that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. Some of you have asked whether you should be doing anything differently in the light of the on-going situation.

We've put together the below advice for first aiders so that you can continue to keep those you care for and yourself safe.

Advice for first aiders

As a first aider, in addition to high quality clinical skills, to be effective you need to;

1. **Be aware of the risks to yourself and others**
2. **Keep yourself safe**
3. **Give early treatment**
4. **Keep yourself informed and updated**
5. **Remember your own needs**

In the current climate with the prevalence of the COVID-19 pandemic, these skills become even more important and here is how you can apply these skills when managing a first aid incident.

1. Be aware of the risks to yourself and others

When approaching a casualty there is always a risk of cross contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred. According to NHS 111 we do not know exactly how coronavirus spreads from person to person but similar viruses are spread in cough droplets.

2. Keep yourself safe

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.

The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. [You can read their full advice on their website here.](#)

Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing.
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound.



3. [Give early treatment](#)

The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively.



4. [Keep yourself informed and updated](#)

As this is a new disease this is an ever changing situation and the government and NHS are continually updating their advice. Make sure that you regularly review the NHS 111 or Gov.uk website which has a specific section on Coronavirus.

[Click here to visit NHS 111](#)


[Click here to visit Gov.uk](#)

[Click here to visit Resuscitation Council](#)



5. [Remember your own needs](#)

These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. In order to help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.





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Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is beset 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.

- First responders should consult the latest advice on the NHS website - <https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>
- 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
- This guidance may change based on increasing experience in the care of patients with COVID-19.
- Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.

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)"

Because of the heightened awareness of the possibility that the victim may have COVID-19, 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 them when you call 999.
3. If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's 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.

4. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
5. If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
6. 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.

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out of hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, the guidance in the **Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings** should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Further reading:

- Public Health Wales statement on Novel Coronavirus (COVID-19) outbreak: <https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/>
- Coronavirus (Covid-19) updates for Northern Ireland: <https://www.health-ni.gov.uk/coronavirus/>
- COVID-19: guidance for health professionals [Public Health England]: <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>
- Coronavirus (Covid-19) [Health Protection Scotland]: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

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