As trained/qualified first responders, First Aid Officers have always been aware of the need to minimise the risks and dangers to themselves (and others) before providing assistance to a potentially injured/ill person. The emergence of COVID-19 has reinforced the need to protect against the risks of infection from all contagious infectious disease, not just COVID-19.

| When assessing a casualty, approach every situation as if everyone (the first responder, the casualty, and bystanders) are infected with COVID-19 or another contagious infectious disease. |

### BASIC FIRST AID

#### ASSESS THE SITUATION:

1. Does the injured person require observation only or is hands-on care required?
2. Can the injured person be assisted at 1.5m?
3. Do you have a Hygiene Kit with appropriate Personal Protective Equipment (PPE)?
   - a. Gloves
   - b. Eye protection (goggles or eye shield)
   - c. Mask (P2/N95)
4. Ensure that bystanders are kept at a distance (send them to get help or assist at a distance)

#### TAKE PRECAUTIONS:

1. Provide the injured person with a surgical mask and ask them to put it on unless this will aggravate breathing difficulties
2. Perform hand hygiene (wash hands with soap and water or an alcohol-based substance).
3. Put on a P2/N95 mask, eye protection and gloves

#### AFTER ASSISTANCE HAS BEEN PROVIDED:

1. Remove gloves and perform hand hygiene
2. Remove mask and eyewear and perform hand hygiene again
3. Put on clean PPE and clean any contacted/contaminated equipment (or dispose of if appropriate) and clean surfaces with detergent/disinfectant.

### ADMINISTERING CPR

It is likely that chest compressions have the potential to generate respiratory droplets or aerosols and close contact needed for some aspects of first aid may have a risk of transmission.1

- Take precautions and use PPE as described above

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• Consider providing compressions-only CPR (a mode of CPR where the first responder provides only compressions, omitting the delivery of breaths) in the event of:
  o Adult casualties of sudden cardiac arrest, or
  o Adults with confirmed or suspected cases of COVID-19
  o A responder that may be unable or unwilling to provide breaths
    Note: Compression-only CPR saves lives compared to no CPR.
• It is still recommended to provide CPR with rescue breaths for cardiac arrests that occur after a breathing problem such as
  ▪ Drowning
  ▪ Drug overdose
  ▪ Infants and young children
• Know what additional equipment and techniques may be available to you for providing breaths. For example, if an MTV (Manually Triggered Ventilator) or a bag mask is available, breaths can be delivered without the higher risks associated with mouth to mouth or mouth to mask delivery methods.
• Request and use an AED at the earliest opportunity

As always, remember DRSABCD, call 000 to ask for an ambulance, and notify security (if on campus).

TRAINING

All First Aiders should undertake the following additional training:

• **Infection Control Training** online course provided by The Australian Department of Health which provides the fundamentals of infection prevention and control for COVID-19; and

• **How to wear a mask**

HAZARD: The virus and how it spreads:

The virus is known to spread from person to person through: close contact with an infectious person (including the 24 hours before they started showing symptoms); contact with droplets from an infected person’s cough or sneeze; touching objects or surfaces (like doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your mouth or face.

RESOURCES:

Email building.services@utas.edu.au to request your hygiene kit (e.g. masks, personal hand sanitiser, wipes). Consider keeping you own kit close by and also ensure that a kit is kept close to the First Aid Kit.

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