



Hythe and Dibden Youth Football Club First Aid Guidance during Covid 19

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

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.

- 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.

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



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If you find someone collapsed, you should first perform a primary survey. Do not place your face close to theirs. If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

- Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance
- If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control
- Do not leave the casualty to look for a defibrillator yourself. The ambulance will bring one.



Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty. Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.

- Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.
- The beat of the song "Staying Alive" can help you keep the right speed
 - Do not give rescue breaths.



Continue to perform CPR until:

- emergency help arrives and takes over
- the person starts showing signs of life and starts to breathe normally
- you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- a defibrillator is ready to be used.



If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

Wherever possible, the helper should keep a distance of 2m.



If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position.

Monitor their level of response and prepare to give CPR again if necessary.

If you have used a defibrillator, leave it attached.

Pre COVID-19 CONTENTS SSE	PROPOSED ADDITIONAL ITEMS
4 X BANDAGES	4 X DISPOSABLE SURGICAL MASKS <i>(note: 2 already factored into FM sites as part of additional supplies)</i>
6 X MEDIUM DRESSINGS	2 X EYE PROTECTION (visor or conventional Light Eye Protection)
2 X LARGE DRESSINGS	2 X DISPOSABLE APRON
2 X EYE PADS	1 X SMALL HAND SANITISER
2 PAIRS DISPOSABLE GLOVES	3 PAIRS DISPOSABLE GLOVES
1 PACK 20 PLASTERS	1 X SMALL PACK ANTI BACTERIAL WIPES
1 PACKET STERILE WIPES	2 X CLINICAL WASTE BAG
6 X SAFETY PINS	Proposal to have all items to packaged in an additional separate bag. Need to consider if this is a BU task or we add to current PPE supplier service
1 X RESUSCITATOR	

Personal Protective Equipment (PPE)

PPE should be kept in an easily accessible grab-bag. It should be used if a responder expects to move closer than 2m to a patient. Suitable PPE would include: Disposable gloves, Face Mask (FFP2), Disposable plastic apron, Eye protection, Clinical waste bag. Provision of hand sanitiser and masks for patients are also advised.

Donning (Putting on)	DoFFing (taking off)
<p>Wash or sanitise hands</p> <p>Put on PPE in the following order:</p> <ul style="list-style-type: none"> • Apron/coverall • Mask • Eye protection • Gloves 	<p>Take off PPE in the following order:</p> <ul style="list-style-type: none"> • Gloves • Apron/coverall • Eye protection • Mask <p>• Double bag all waste items and Leave in a secure place for 72 hours before disposing of as general waste.</p>