

HOCKEY WALES FIRST AID COVID-19 GUIDANCE

This document has been prepared as initial guidance for Hockey Wales first aiders upon our return to play. The following guidance is in line with the UK Government and updated advice from the Resuscitation Council UK on how to administer CPR safely if required. Any amendments will be based on any new medical evidence or recommendations.

As we move back into the return to play phase, clubs should start off by asking their first aiders if they are comfortable in being responsible for these essential duties. Some members may be vulnerable themselves or they could have family members at home who may fall into this category, so it is important to check in and find out if they are able to provide assistance or whether you need to upskill additional members.

For those who do take on the responsibility, even with all the precautions in place it's important to be mindful that when you are assisting someone, this is done at a safe distance whenever possible and the time spent in the same breathing zone is minimised.

HOW COVID-19 IS SPREAD

Government guidelines details that the spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions (droplets) containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes.

There are 2 common routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
2. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching door knobs then touching own face).

WHAT TO DO IF YOU ARE REQUIRED TO COME INTO CLOSE CONTACT WITH SOMEONE AS PART OF YOUR FIRST RESPONDER DUTIES?

1. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and taking off PPE. Ensure the PPE is removed carefully and disposed of, to avoid self-contamination.

2. CARDIOPULMONARY RESUSCITATION (CPR)

Because of the heightened awareness of the possibility that the victim may have COVID-19, if you are required to perform CPR, the Resuscitation Council UK offers this advice:

2.1 ADULT OVER 18, CPR

- In adults, it is recommended that you **do not** perform rescue breaths or mouth to mouth ventilation; perform chest compressions only.
- 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, instead look to see if their chest is moving. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims' 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 (a rate of 100-120 compressions per minute).
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If available the first aider/ coach should wear appropriate (PPE) (fluid-resistant face mask, gloves, apron and goggles) and all other helpers are advised the same. Club's should account for this scenario and ensure the availability of PPE to respond to this situation.
- After performing **compression-only CPR**, all rescuers should dispose of their PPE and wash their hands thoroughly.

2.2 PLAYERS UNDER 18, CPR

Cardiac arrest in children is more likely to be caused by a respiratory (lung) problem, therefore chest compressions alone are unlikely to be effective and ventilation is crucial to the child's chance of survival.

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, ensure early chest compressions and AED application as soon as possible and ensure the emergency services are on route.

It is likely the child will be known to you, and we accept that doing rescue breaths will increase the risk of transmitting the Covid-19 virus, either to the first aider or child. 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.

If a decision is made to perform mouth to mouth ventilation, please use a resuscitation shield (this covers the mouth and nose of the child and will enable you to remove your own mask to provide rescue breaths).

Should you have provided rescue breathing there are no additional actions to be taken other than to monitor yourself for symptoms of possible Covid-19 over the following 10-14 days. Should you develop symptoms follow NHS advice and the protocols in place by Hockey Wales.

OTHER POTENTIAL INJURIES THAT OCCUR DURING PLAY

Your first duty of care as first aider is to yourself and its imperative you take all advised precautions. The vast majority of incidents you will encounter should be managed without the need to get close to a player, however sensible precautions will ensure you are able to treat a player effectively without compromising social distances.

If you have a player with a minor bump and requires a cold pack- if you have to break that 2m distance to hand over the ice pack (more likely with a child), disposable gloves and a fluid resistant face mask will be required to be worn.

IF THERE IS A BLEEDING WOUND PRESENT

Nasal or oral wounds with the potential for spitting, coughing or sneezing would be considered a higher risk for transmission (and a potential aerosol generating procedure), therefore a higher level of PPE is required to be worn, (includes long-fluid repellent gown, mask, gloves and face shield).

Other wounds that are open but aren't classed as high risk and social distancing measures can't be avoided- then disposable gloves, an apron and a fluid-resistant mask would only be required. Should an area become soiled from blood or bodily fluid, players, umpires and spectators should be kept away from the area. Whilst the injured player is being tended to (with the first aider wearing the appropriate PPE) the facility provider will need to be notified in order to start the clean-up process before play can resume. (This will be of a similar nature for the procedures they follow when cleaning larger items like the goalposts).

DISCLAIMER:

This guidance is for general information only and does not constitute legal advice, nor is it a replacement for such, nor does it replace any Government or PHW advice.