



### Guidance for Grassroots Clubs with designated First Aiders

Your first duty of care as first aider or coach is to yourself and it is imperative you take all advised precautions. The vast majority of incidents encountered in training may be managed with sensible precautions allowing treatment to occur effectively without breaching social distances. However, delivery of emergency first aid will include the need for the first aider to breach advised social distancing guidance and come into close contact with a potentially injured participant, and this may include cardio-pulmonary resuscitation (CPR). If a participant gets injured, ideally a member of their household can aid them (a further benefit for parents to stay in cars during training sessions where participant are U16), but others will still need to socially distance unless a life or limb-threatening injury necessitates compromising guidelines to provide emergency care until the ambulance arrives.

If there is a first aider present, they should be equipped with the appropriate Personal Protective Equipment (PPE) to be used in the event that they need to compromise social distancing guidelines to provide medical assistance.

#### **First Aid qualifications**

First aiders should ensure their qualifications are up to date and refer to their respective educating body regarding extensions during the COVID-19 pandemic. The National Sports First Aid course now has a section on COVID-19

#### **First aid kits**

First aid kits should reflect the additional items that ensure safety during this COVID-19 pandemic inclusive of PPE and consideration should be applied to what items will become single use.

#### **First aid rooms**

First aiders are not recommended to provide any treatments or interventions beyond the emergency first aid outlined in this document during the COVID-19 pandemic. All non-essential treatment should be provided by the NHS. In the case of an emergency procedure during training this should ideally be undertaken by the emergency services on arrival at the training ground. In the absence of suitable PPE, the responder must consider the potential

risks and decide what level of care they feel is reasonable, and what level of care they are able to provide. This may include providing no assistance at all until the ambulance arrives.

#### Guidance that a first aider may come into contact with COVID-19 when providing assistance:

It must be remembered one can never be certain that a participant does not have COVID-19, even in absence of symptoms. The following guidance is based on risk mitigation, and the assumption that someone could be infected during all medical and first aid provision.

#### Cardiopulmonary resuscitation (CPR)

Sudden cardiac arrest is a recognised potential medical emergency that can occur during sports participation, further complicated by cardiac involvement recognised as a complication of COVID-19. The UK Resuscitation Council have provided guidance on the use of CPR during the pandemic.

PPE should be worn (gloves, mask, apron)

#### **Summary of changes for ADULT who is not breathing:**

- Commence compressions should be commenced with a cover (towel or t-shirt) over the participant's face so as to minimise delay. The towel should provide sufficient cover to cover the player's mouth and nose whilst still permitting breathing to restart following successful resuscitation
- Rescue breaths are considered outside the scope of first aid practice at present. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after cardiac arrest.
- All other participants and individuals involved in the training session should be asked to vacate the vicinity if they are not involved in the resuscitation
- First Aiders are ideally already in PPE (gloves, apron, fluid resistant face mask) and all other helpers are advised the same (or should apply quickly to not delay treatment),
- After performing compression-only CPR, all rescuers should wash their hands (and face if no mask or eye protection worn) and should also seek advice from the NHS 111 coronavirus advice service

#### Special considerations for all Grassroots youth sport

As the causes of cardiac arrest in children differ from those in adults, ventilation can be imperative to the chance of survival. The most important thing is to ensure treatment is provided quickly.

#### **Summary of changes for a child who is not breathing:**

- It is very likely in the sports setting that the child participant is well known to you, and to not preform ventilatory support might not be an option you wish to make, despite

the risk. If the decision is made to perform rescue breaths [due to compression only CPR likely to be less effective if a respiratory problem is the cause] please use a face shield or pocket mask with a one way filter valve where possible

- Providing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the participant. 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
- 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 14 days
- Early chest compressions (with face coverings as above) and AED application and ensure medical help/emergency services are on their way

**Table 1: Other potential situations and injuries that can occur during sport in ALL settings, with associated PPE guidance**

Risk	Injuries that may present in the ALL non-elite sports settings
<b>NO</b> face to face contact risk	Maintaining social distancing as advised
<b>NOT</b> maintaining social distance  <b>WITH</b> face-to-face contact risk	<p><b>Choking</b>            Another form of airway compromise is choking. If the participant is choking then the responder should approach the participant from behind and follow the choking algorithm<sup>1</sup> (up to 5 back slaps, followed by up to 5 abdominal thrust, repeated until the airway is clear).  <b>Please note:</b> Emphasis on care when checking the airway between sets is advised as this is an aerosol generating procedure especially in scenarios where PPE is not at the level to alleviate this additional risk</p> <p><b>Wounds and Bleeding : If there is blood or body-fluid spill</b>            Wounds that are open but do not involve the oral or nasal cavities are not classed as AGPs however keep other participants/parents away from the area. Use a spill-kit if available, using the PPE in the kit and follow the instructions provided. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.</p> <p><b>Soft tissue Injuries and fractures</b>            Include soft tissue injuries to the upper and lower limbs            Excluding those injuries with C-spine or facial involvement.</p> <p><b>Head Injuries/medical emergencies that do not involve the airway</b>            Are not considered AGPs and can be dealt with as normal by a first aider with appropriate training. If no first aider is present then the coach can assist from a distance where practically possible until a parent, an household member or the first aider or ambulance arrive (will vary dependent on club EAP).</p> <p><b>Cardiac Arrest</b>            Cardiac arrest <b>WITH</b> face covered (towel or non-rebreather mask acceptable) continuous compressions, AED</p>
<b>NOT</b> maintaining social distance  <b>WITH</b> face-to-face contact risk  <b>AND</b> potential risk of Aerosol Generating Procedures	<p><b>Loss of Consciousness (LOC)</b>            If the mechanism of an injury involving LOC has not been witnessed one must assume that a head/neck injury is present until proven otherwise. Manual Inline Stabilisation (MILS) will be required. In these circumstances there is potential for an airway compromise, particularly when a participant has lost consciousness or has an altered level of consciousness.</p> <p><b>Airway compromise</b>            Any airway intervention beyond simple airway manoeuvres including all ventilatory support            Tier-2 first aid responders on recognising airway difficulty should immediately call for medical assistance because an ambulance will be essential.</p> <p><b>Nasal or oral wounds</b> with the potential for spitting, coughing or sneezing would be considered a potential for an AGP and a higher level of PPE required for any management.            For Tier-2 first aid responders on approaching nasal or oral wounds, ensure more than the government advised social distance is maintained from the participant by all concerned, and seek urgent medical assistance. Where parents or household members are close by they can be allowed to assist and the first responder can advise from a safe distance.            Postural drainage positions - such as leaning forwards or side lying with the head facing towards the ground can help drain fluids from the face or nose. This can be considered if injuries allow, whilst awaiting medical help from those in appropriate PPE, or the emergency services. If the participant is unconscious then the recovery position can be used.</p> <p><b>Complicated head injury with airway compromise</b>            Where additional airway management is required beyond simple airway opening, such as adjuncts or suction these are classed as AGP</p> <p><b>Cardiac arrest</b>  <b>WITHOUT</b> covered compressions (30:2), AED and airway interventions</p>

**Figure 1: Emergency and first aid care algorithm for Grassroots sport during COVID-19**

