



Manitoba COVID-19 First Aid Training Guidelines



Lifesaving Society Manitoba

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The Royal Life Saving Society Canada

The Lifesaving Society is Canada's lifeguarding expert. The Society works to prevent drowning and water-related injury through its training programs, Water Smart® public education, water-incident research, aquatic safety management services, and lifesaving sport.

Annually, over 1,200,000 Canadians participate in the Society's swimming, lifesaving, lifeguard, and leadership training programs. The Society sets the standard for aquatic safety in Canada and certifies Canada's National Lifeguards.

The Society is an independent, charitable organization educating Canadian lifesavers since the first Lifesaving Society Bronze Medallion Award was earned in 1896.

The Society represents Canada internationally as an active member of the Royal Life Saving Society and the International Life Saving Federation. The Society is the Canadian governing body for lifesaving sport - a sport recognized by the International Olympic Committee and the Commonwealth Games Federation.

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COVID-19 First Aid Training Guidelines – Manitoba

Risk Management

First Aid Providers must now consider how to balance their own safety while providing life-saving care. We must remember that there is no one-size-fits-all solution to how we manage this new issue. Some factors that must be considered are:

- Most individuals who become infected will experience only mild or no symptoms.
- Proper personal equipment, hand hygiene and screening at sites can help decrease the risk to rescuers.
- Rescuers should always assess the risk of providing care. This includes an assessment of their own health status – senior rescuers with other health problems are more likely to contract severe forms of the disease, and during times with high infection rates should consider doing other duties that does not involve direct public interaction.
- Employers have the duty to provide appropriate protective equipment so that rescuers can respond safely.

Protocols When Administering First Aid

When administering first aid, apply the following principles to help reduce the risk of disease transmission. These principles do not replace first aid assessment and treatment skills, but rather provide supplemental considerations for use throughout the rescue process.

Scene and risk assessment

- Ensure scene is safe, manage/mitigate any hazards/risks.
- Rescuers should put on gloves for all first aid interventions.
- It would be reasonable for rescuers to wear facemasks and eye protection when performing first aid if available.
- Maintain physical distancing (2 m) whenever possible.
- Rescuers should minimize the number of people in direct contact with the victim.
- Victims should be encouraged to wear a mask if tolerated.
- Victim health history
 - It is important to pass this information on to EMS, allowing them to provide optimal treatment to the victim.
 - This information may be obtained from the victim, the victim's caregiver, bystanders, etc.
 - Determining the victim's health status and COVID-19 infection can be accomplished by asking COVID-19 screening questions (see page 5).
- Mechanism of injury
- Continuous scene assessment

Primary assessment

- Don appropriate Personal Protective Equipment (PPE)
- Maintain physical distancing (2m) whenever possible.
- Determine if the victim's condition requires the rescuer to make direct contact with the victim.
- Assess and treat ABCs
- Activate EMS as required
- Treat for shock
- Prepare victim for transport – if required
- Victims may be encouraged to self treat if possible (e.g. applying direct pressure to bleeding)
- If family members or close contacts are nearby it is reasonable to see if they would be willing to help provide first aid treatment with guidance from the rescuer.

Secondary assessment

- Maintain physical distancing (2m) whenever possible.
 - Only take vital signs that can either be observed from a distance (i.e., skin colour, visual breathing check), or are required for victim treatment decisions (i.e., skin temp of a possible heat stroke victim, unconscious victim, victim cannot adequately respond to questions).

Post rescue process

- Take care to remove and dispose of PPE in a safe manner.
- Rescuers should properly discard all protective equipment after the rescue and wash their hands before continuing with their duties.
- Disinfect all surfaces that may have come in contact with the victim or rescuer during treatment (i.e. chair, clipboard, pen, etc.).
- Where required, practice personal decontamination

Protocols for Administering CPR for a Non-drowning Victim

- If the cause of the victim's cardiac arrest is not drowning, it is reasonable for the rescuer to perform compression-only CPR for adults with early AED use where possible.
 - During compression-only CPR, rescuers may place a facemask or another protective covering over the victim's mouth/nose to decrease the possibility contaminating rescue environment.
 - When the equipment arrives, use the same precautions as for a drowning victim.
- If the victim is a child or infant: CPR with ventilations is preferred for all cardiac arrests and should use the same precautions as for a drowning victim (below).

Protocols for Administering CPR for a Drowning Victim

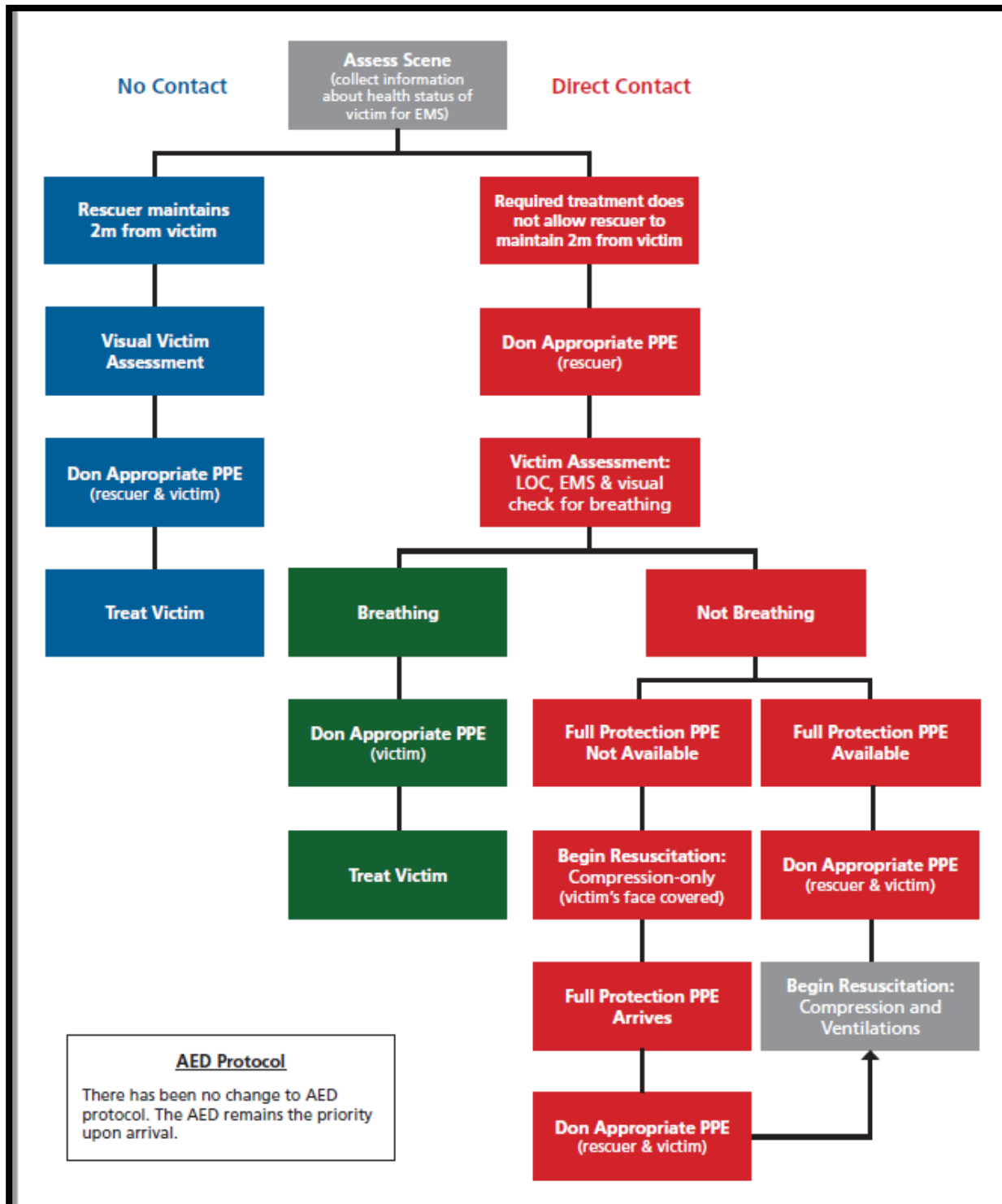
- Drowning is a hypoxic event, delay in ventilation increases the likelihood that the victim's condition will deteriorate or they may not survive. Drowning is considered a "special circumstance" where ventilations should be prioritized to positively affect victim outcome.
- Due to the risk of transmission, mouth-to-mouth ventilations without proper PPE and in-water ventilations should not be performed.
- Rescuers should put on gloves for all first aid interventions or, at the latest, immediately after removing a victim from danger if required (e.g. the water). It would be reasonable for rescuers to wear facemasks and eye protection when performing first aid if available.
- During a resuscitation event, rescuers should minimize the number of people in direct contact with the victim.
- CPR with ventilations via a Bag-Valve-Mask (BVM) with a viral filter and one-way valve, or pocket mask with a viral filter and one-way valve, is the preferred technique for all drowning resuscitations. To minimize exposure, the order of preferred ventilation technique is:
 - Bag-Valve-Mask (BVM) with a viral filter and one-way valve; two rescuers with one rescuer maintaining a tight seal during ventilations and compressions.
 - If no BVM is available, or staff have insufficient training, rescuers may consider mouth-to-mask ventilations using a pocket mask with a viral filter and one-way valve. Two rescuers would perform the resuscitation, with one rescuer maintaining a tight seal on the mask during ventilations and compressions.
 - If only one rescuer is responding, a pocket mask with a viral filter, one-way valve, and head strap may be tightly placed on the victim's face to create a seal.
 - If family members or close contacts are nearby and trained, it is reasonable to see if they would be willing to provide the ventilations.
 - If there is insufficient PPE, rescuers should perform compression-only CPR.
- Rescuers should properly discard all protective equipment after the rescue and wash their hands before continuing with their duties.

COVID-19 Self Screening Questionnaire

1. Do you have any of the following symptoms: severe difficulty breathing (e.g. struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?
2. Do you have shortness of breath at rest or difficulty breathing when lying down?
3. Do you have a new onset of any of the following symptoms: fever/chills, cough, sore throat/hoarse voice, shortness of breath, loss of taste or smell, vomiting, or diarrhea for more than 24 hours?
4. Do you have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, skin rash of unknown cause, or nausea or loss of appetite?
5. Have you been in contact in the last 14 days with someone that is confirmed to COVID-19?
6. Have you had laboratory exposure while working directly with specimens know to contain COVID-19?
7. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?
8. Have you travelled outside of Manitoba in the last 14 days, excluding personal travel to border communities?

If the victim answers yes to any of the above questions, and the yes answer is not explainable by a pre-existing and known medical condition, treat the victim as suspected COVID-19 positive.

COVID-19 Decision Tree For First Aid & Resuscitation

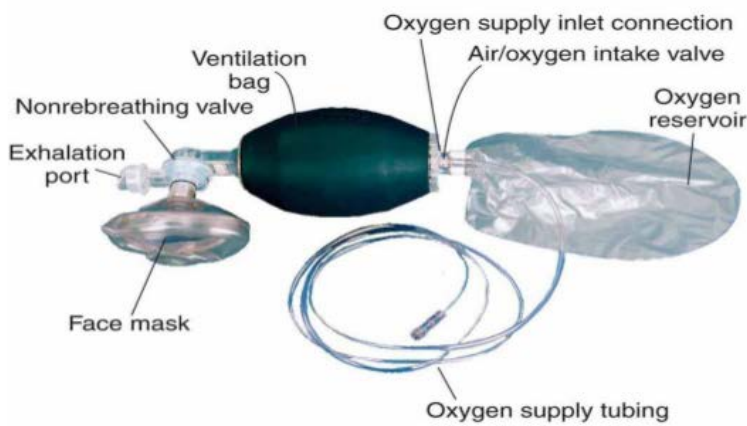


Bag Valve Masks

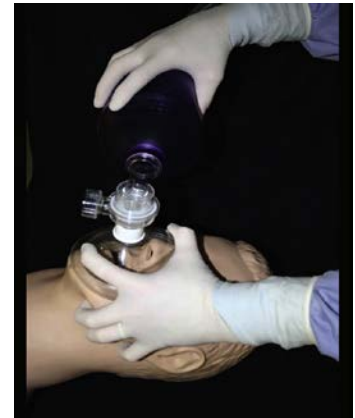
A Bag Valve Mask (BVM) is used to ventilate non-breathing victims, but may also be used on breathing victims. The mask has three main components. The bag, the valve, and the mask. The bag is self-inflating. It will re-inflate automatically when compressed. There is a one-way-valve that prevents the victim's exhaled air from entering the bag. An oxygen reservoir bag may be attached when supplemental oxygen is used.

Two – rescuer BVM application is preferred as it allows one rescuer to use both hands to seal the mask on the victim's face. The second rescuer provides ventilations by squeezing the bag until the victim's chest rises. The bag should be squeezed smoothly – not forcefully.

A "C" and "E" clamp for hand position to seal mask is one preferred method for sealing the mask to the victim's face. The rescuer sealing the mask is behind the victim's head and may use their knees to help hold the victim's head in place.



Bag Valve Mask parts



One handed "C" & "E" Clamp



Two handed "C" & "E" Clamp



Two-rescuer technique

Levels of Risk and Personal Protective Equipment (PPE)

Due to the nature of COVID-19 as an aerosol transmitted pathogen, first aid protocols have been categorized into low-risk and high-risk categories. High-risk protocols include all treatments that generate aerosols, while protocols that do not generate aerosols fall under the low-risk category. Rescuers don PPE in accordance with the level of risk they encounter.

Identified high-risk (aerosol-generating) protocols are as follows:

- Chest compressions
- Ventilations
- High-flow oxygen administration (greater than 5 lpm)
- Suction
- Abdominal thrusts/back blows

All rescuers within 2 metres of the victim must don appropriate PPE for high-risk protocols.

Oxygen

The use of high flow oxygen is considered high-risk as it generates aerosols and therefore should be reserved for:

- Victims in need of resuscitation
- Children and infant victims
- Drowning victims

Suction

The use of suction is considered high-risk as it generates aerosols. Clearing an airway using suction is not recommended at this time. Instead, roll the victim to allow drainage and utilize a finger sweep (with proper PPE) if required.

Itemized List of Personal Protective Equipment for

Most PPE components come in different sizes and it is important to stress that PPE does not follow a one-size-fits-all principle. A proper PPE fit is essential to obtain protection; a non-suitable size will not protect its wearer. Employers must ensure that PPE is available in proper sizes, is clean, workers are trained on its use, fit testing where required, and workers follow established protocols for its use.

- **N95 Mask (non-valve):** reduce transmission of aerosol by 70%, protects from contracting aerosol route infection from others by 99%. N95 masks must be NIOSH approved and CE certified. Due to lack of availability of N95 masks, fit tested surgical masks can be worn to reduce risk. N95 masks must be dry to be effective.
- **Surgical Mask (3-layered):** reduces transmission of aerosol by 50% and protects from contracting aerosol route infection from others by 75%-80%. Surgical masks must be dry to be effective.
- **Non Surgical Mask:** may be a cloth/reusable facemask or any dust particulate filtration (single use) facemask. These masks must be dry to be effective. Cloth/reusable facemasks must be cleaned appropriately after each use.
- **Eye Protection** – Where possible, face shields or personal protective goggles may be used. Both face shields and personal protective goggles prevent virus exposure of the eye mucosa. Protective goggles must fit the user's facial features and be compatible with the respiratory protection. Corrective lenses or safety glasses do not provide adequate protection. Protective eyewear may be reused once disinfected.
- **Hand Protection** - Non-latex medical exam gloves should be used. Practice hand hygiene after gloves are removed.

- **Body Protection** – Where possible, long-sleeved water-resistant gowns should be used to prevent body contamination. If water-resistant gowns are not available, remove and launder all clothing once treatment is finished. For both options, practice personal hygiene following use.
- **Bag-valve-mask with viral filter (e.g. HEPA) and a one-way valve:** The viral filter or high-efficiency particulate air (HEPA) filter minimizes the risk of virus spread during ventilations. Viral filters must remain in their original packaging and be dry to be effective.
- **Pocket Mask with a viral filter (e.g. HEPA) a one-way valve:** The viral filter or high-efficiency particulate air (HEPA) filter minimizes the risk of virus spread during ventilations. Viral filters must remain in their original packaging and be dry to be effective.

Personal Protective Equipment Disinfection

Proper disposal of single-use equipment and proper disinfection of reusable equipment is necessary for ensuring the safety of both staff and patrons. For proper disinfection of reusable equipment, see manufacturer’s specifications. Where no specifications exist, the following ratios are recommended.

The Centres for Disease Control and Prevention (CDC) recommend a 1:10 dilution ratio for household bleach, or a 1:20 ratio for commercial sodium hypochlorite solution to disinfect PPE, then let air dry. Typically, 1 to 10 minutes contact time is recommended.

Personal Protective Equipment (PPE) Use

WHO Procedure to Remove Gloves

GLOVE USE INFORMATION LEAFLET

Technique for donning and removing non-sterile examination gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:



1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist



5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand



6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

WHO Procedure to Remove Personal Protective Equipment (PPE)

- 1** Remove waterproof apron and dispose of safely. If the apron is to be reused, place it in a container with disinfectant.



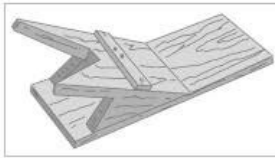
- 2** If wearing overshoes, remove them with your gloves still on (If wearing rubber boots, see step 4).



- 3** Remove gown and gloves and roll inside-out and dispose of safely.



- 4** If wearing rubber boots, remove them (ideally using the boot remover) without touching them with your hands. Place them in a container with disinfectant.



- 5** Perform hand hygiene.



- 6** If wearing a head cover, remove it now (from behind the head).



- 7** Remove face protection:
7a Remove face shield or goggles (from behind the head). Place eye protection in a separate container for reprocessing.



- 7b** Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.



- 8** Perform hand hygiene.



Source: Modified from Clinical Management of Patients with Viral Haemorrhagic Fever: A pocket Guide for the Front-line Health Worker. World Health Organization, 2014

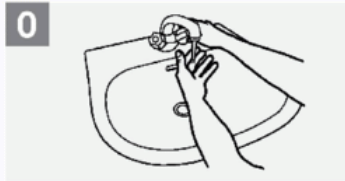


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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



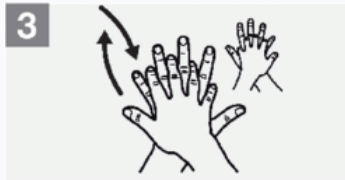
0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



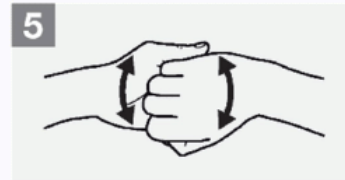
2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



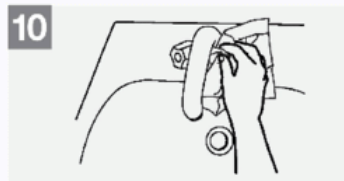
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



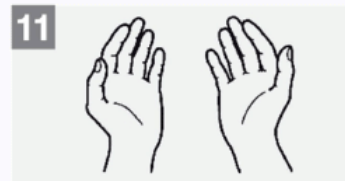
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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Manitoba Public Health COVID-19 Screening Tool
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