Novel Coronavirus

2020

Lifeguarding and Coronavirus pandemic





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Rescuing victims under new circumstances

The unprecedented pandemic generated by SARS-COV-2 ("coronavirus", COVID-19 infection) generates new circumstances as regards the handling of emergencies and mainly the safety of rescuers – lifeguards.

Both health professionals and first-aiders during rescuing procedures and specifically when performing CPR may be exposed to this new virus which is highly contagious.

Thus, all protective measures should be taken, and all rescuing procedures should be based on the new circumstances so they can be safely provided.

Protective measures and changes in resuscitation techniques

General Principles for preventing 2019-nCoV and control measures

All safety and protective measures should be observed before approaching a suspected/confirmed case.

- 1. Use protective measures in all cases gloves, surgical mask;
- 2. In case resuscitation and airway management is needed, FFP2 mask and eye protection equipment glasses or face shield should be worn;
- 3. If patient is conscious provide him/her with a mask (simple surgical mask) tightly fit, where so permitted by the circumstances;
- 4. Keep away all bystanders;
- 5. Restrict the number of persons involved to the minimum;
- 6. Limit the procedures generating microdroplets such as suction;
- 7. Use disposable rescue equipment;
- 8. Use disposable clothing;
- 9. Clean and disinfect safely all the reusable equipment and all dirty clothing.

Gloves

Surgical mask

In case resuscitation and airway management is needed, FFP2 masks and eye protection equipment – glasses or face shield - should be worn

Personal protection equipment and hand hygiene should be used to all rescue situations

The number of Lifeguards – bystanders having contact with the patient should be restricted to the minimum.

First Aid

- Protocols and Clinical Guidelines for rescue techniques remain unchanged;
- Techniques involving airway management should be performed with particular care and increased protection;
- Protective equipment should be used in all cases (simple surgical mask gloves);
- If patient is conscious provide him/her with a mask (simple surgical mask) tightly fit, where so permitted by the circumstances
- Keep away all bystanders
- Restrict the number of persons involved to the minimum;
- Limit the procedures generating microdroplets such as suction;
- Use disposable rescue equipment;
- Use disposable clothing such as aluminium blankets;
- Clean and disinfect safely all the reusable equipment and all dirty clothing.

Airway management and aerosol-generating procedures (e.g. use of AMBU) are associated with an increased risk of transmission of the covid-19

CPR Procedures

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection associated particularly with giving rescue breaths and therefore such "mouth-to-mouth" techniques should be avoided.

Before starting the rescue procedures protective equipment should be worn where possible.

In all events, under the existing established guidelines, call the Ambulance Service at 22887171 immediately.

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing without opening the airway and without placing your face close to the patient's mouth.

Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.

Avoid the airway management. Mouth to mouth insufflation is not permitted.

If you are in any doubt about confirming cardiac arrest, start chest compressions until help arrives (or until there are signs of life such as reaction with movements).

A non-rebreather mask should be placed correctly to allow continuous oxygen flow for the patient and perform chest compressions.

Make sure an ambulance is in its way. If COVID-19 is suspected, tell them when you call the Ambulance Service.



In case of a positive/suspected COVID-19 victim, so there is a perceived risk of infection, Lifeguards should attempt compression only CPR and early defibrillation until the ambulance arrives.

Early use of defibrillator significantly increases the person's chances of survival and does not increase the risk of infection.

Aerosol-generating procedures (e.g. use of AMBU) are associated with an increased risk of transmission.

Dispose of or clean all the equipment used during CPR by following the manufacturer's and local instructions.

Remove protective equipment safely, disinfect any frequently touched surfaces and dispose of in bags of infectious wastes in specially designated places.

Hand hygiene plays an important role in reducing the spread. After any rescue procedure and especially after CPR, wash your hands thoroughly with soap and water and disinfect them with alcohol-based hand disinfectants.



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Cleaning and disinfection procedures

- 1. Use only disposables in all cases.
- 2. The use of compressed water is not allowed in order to avoid infection from microdroplets.
- 3. The equipment should be disinfected with high-level disinfection, using wide range disinfectants with proven antibacterial and antiviral action (usually sodium hypochlorite solution).
- 4. For packaging and machinery that cannot be disinfected by immersion, the procedure of surface disinfection should be followed.
- 5. Horizontal and vertical surfaces, materials and areas should be disinfected with bleach 0.5% (5000 ppm) solution achieved with approximately 200 ml (one cup) of 3% chlorine in 800 ml water prepared at the time of use.
- 6. Appropriate handling of wastes in special bags for infectious wastes.
- 7. Wash hands regularly with soap and fresh water for at least 20 seconds and use an antiseptic alcohol-based solution.

Literature

- 1. European Resuscitation Council COVID-19 Guidelines
- 2. https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/
- https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19coronavirus-cpr-and-resuscitation/covid-community/
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