

LENHAM WANDERERS FOOTBALL CLUB

Founded 1909
Affiliated to the KentFA

First Aid

1

PREVENT CATCHING & SPREADING THE VIRUS



Wash hands frequently with soap and water or use a sanitiser gel



Catch coughs and sneezes with disposable tissues



Throw away used tissues (then wash hands)



If you don't have a tissue use your sleeve



Avoid touching your eyes, nose and mouth with unwashed hands



Avoid close contact with people who are unwell

2

Recommendations

In order to prevent the spread of the virus, people are being asked to stay (ideally) at least 2m from another person. As a First Aider, if you need to help someone, this may not be possible.

There are some simple things you can do to help protect yourself from infection.

- Wear a pair of disposable nitrile gloves.
- Wear a disposable face mask ideally FFP3 and one without a valve for exhaling.
- Try to protect your eyes and wear eye protection (goggles, safety glasses or face-shield).
- If you have one, you could also wear a disposable apron, but this is not essential.
- Keep your direct contact with the patient to a minimum and maintain a distance of 2m for as long as you can.

If you suspect the patient is in cardiac arrest, do not place your ear and cheek close to the patient's mouth to check for signs of breathing. Instead, look for signs of life by observing the patient.

If you need to perform CPR, the Resuscitation Council (UK) recommends using compression-only CPR, with no rescue breaths (mouth-to-mouth), unless it is a child. If the patient is a child, rescue breaths are crucial to

giving the best chance of survival. This will increase the risk of infection, but the risk is small compared to not taking action.

Use an AED (defibrillator) as soon as you can. It will not increase your chances of infection if you are wearing PPE.

Once you have finished helping the patient, carefully remove your mask, gloves and eye protection. Dispose of the gloves and mask immediately, and thoroughly clean your eye protection in hot, soapy water. Any masks, gloves and other equipment that has been used should be double bagged and stored securely for 72 hours before being disposed of with general waste.

Thoroughly wash your hands with hot soap and water or hand sanitizer if hot water and soap is not readily available and avoid touching your mouth, face or eyes until you've done so.

3

ST. JOHN'S AMBULANCE GUIDE OF WHAT TO DO



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, call 999 or 112 for emergency assistance.

If you have a helper ask them to find and bring a defibrillator if available, whilst you start CPR.

Use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control (unless you have a helper who can speak directly with them).

If on your own, 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 Resuscitation Council (UK) recommends using compression - only CPR, with no rescue breaths (mouth-to-mouth) unless the casualty is a child. If this is the situation, use a resuscitation shield where possible.

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

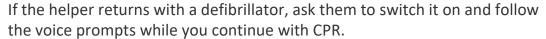


3



change over every one-to-two minutes, with minimal interruptions to chest compressions)

• a defibrillator is ready to be used.



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.

