

OFAA COVID PROTOCOLS

During the COVID-19 pandemic, Occupational First Aid Attendants (OFAA) are continuing to render treatment to workers as necessary. Due to the possibility of community infection, OFAAs may need to modify their standard protocols for first aid treatment to reduce the potential for transmission. This memo provides additional precautions the OFAA may take to include the public health precautions such as physical distancing, hand hygiene, and disinfection in their procedures.

1. When a call for first aid is received the attendant, if possible, will gather information such as:
 - Circumstances surrounding the call for assistance.
 - Are critical interventions likely required? Call 911 or have ETV prepared.
 - Any obvious concerns of COVID 19? If yes, they are to be sent home or to a hospital.
2. If no critical interventions are required the first aid attendant if possible and appropriate should, from a distance, interview the patient:
 - Is anyone sick or in self-isolation in your household?
 - Have you been in contact with anyone who has been sick?
3. When the attendant arrives at the patient's location, they should determine the situation:
 - Does the patient have a minor injury that the patient can attend to themselves while the first aid attendant provides direction and supplies?
 - If the answer is yes, direct the patient to treat themselves as per your directed OFA Protocol, (see self-treat scenario below).
4. If the patient can't treat themselves, based on the information and situation, the attendant should don the appropriate level of PPE to provide treatment.

PPE could look like:

- Face shield
- Pocket Mask, surgical type mask
- Gloves
- Coveralls, disposable or washable
- Apron/lab coat
- Glasses or googles

Note: due to the current global situation where the supply of PPE is scarce or unavailable, other options may need to be considered. There are various types of masks, face shields and respirators etc. that could be considered.

5. After treatment all equipment used will need to be sanitized with either soap and water or 70% isopropyl alcohol. Any PPE not disposable, as well as any exposed clothing, must be removed and washed, and hands thoroughly washed.

If there are obvious critical interventions and there is no way of determining background information the attendant should don appropriate PPE and limit access to the patient to the number of **people required** to deal with the critical intervention. It is important to limit the exposure of others.

Scenario: Self treat with direction

A first aid attendant receives a call stating a worker has just injured their hand. The attendant should collect as much information pertaining to the severity of the injury as possible. If the injury is deemed to be minor with no other concerns the attendant could meet the worker at their work location staying 6 feet away. On arrival the attendant should ask:

- Is anyone sick or in self-isolation in your household?
- Are you able to administer first aid to yourself if I direct you on what to do and how to do it?

While the first aid attendant is conducting the interview, they should place gauze on a surface that is 2 metres from the patient and have the patient cover the cut to the hand and apply direct pressure. The attendant at that time can conduct a visual assessment of the patient and wound from a distance, while asking the patient about underlying conditions relating to the injury.

The first aid attendant should conduct a verbal modified secondary survey and document the findings. The attendant could then place the required first aid supplies on the counter 2 metres from the patient then step back and have the patient pick up and apply the supplies under the attendant's direction.

Scenario with intervention: OFA L1 & L2:

A first aid attendant receives a call for a worker struck in the head and unresponsive. Ensure 911 is called. Upon approach of the scene the first aid attendant is to conduct a scene assessment and don appropriate PPE. Once PPE is on, the first aid attendant should approach the patient and conduct a primary survey to determine what, if any, critical interventions are required. The level 1 or 2 attendant should reposition the patient, if required, in the $\frac{3}{4}$ prone position to ensure the airway is open and clear, no further interventions are needed. Only one person (OFAA) needs to be in contact with the patient all other can stay 6 feet away. Monitor until ambulance arrives.

Scenario with intervention OFA L3 – Employer ETV for transport:

A first aid attendant receives a call for a worker struck in the head and unresponsive. Arrange for ETV to be ready. Upon approach of the scene the first aid attendant is to conduct a scene assessment and don appropriate PPE. Once PPE is on the first aid attendant is to approach the patient and apply C-spine with a jaw thrust to ensure an open airway, if airway is open and clear, the attendant can stabilize the patients head with an inanimate object (to free attendant's hands) and insert an OPA to protect and maintain the airway. Once completed conduct a primary survey to determine what, if any critical interventions are required. Only one-person needs to be in contact with the patient all others can stay 6 feet away.

If the first aid attendant is required to transport the patient and can't utilize the helpers to package, the patient must be placed $\frac{3}{4}$ prone and packaged on a clamshell by the

attendant. If helpers are available they will also need to don appropriate PPE and assist the first aid attendant with lifting the patient into the basket and ETV. If no extra PPE is on site for helpers the first aid attendant is to package the patient $\frac{3}{4}$ prone and cover the patient completely with a blanket until loaded into the ETV. Once the patient is loaded the helpers are to remove their gloves and wash their hands with soap and water.