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Guidance

COVID-19: guidance for first responders

Updated 18 March 2021

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What has changed

This guidance has been restructured, and background information on coronavirus (COVID-19) and safe working systems have been removed.

Who this guidance is for

This guidance is for fire and rescue services, police services, ambulance services, individuals and members of voluntary organisations who, as part of their normal roles, may provide immediate assistance to individuals with potential COVID-19 infection. More detailed guidance is available for NHS ambulance trust employees (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts>).

Background

The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, the normal sense of smell (anosmia)

For most people, COVID-19 will be a mild illness, but in some people the illness may progress to severe pneumonia, causing shortness of breath and breathing difficulties. There are many other symptoms linked with COVID-19.

What is meant by a contact

In this guidance, a contact is a person who has been close to someone who has tested positive for COVID-19. A risk assessment may be undertaken to determine this, but a contact can be a person who has:

- had face-to-face contact with someone less than a metre away
- been within one metre for one minute or longer without face-to-face contact
- been within 2 metres of someone for more than 15 minutes

The contact can be any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before their positive test was taken), and up to 10 days after.

What to do if you are required to come into close contact with someone as part of your first responder duties

Reduce transmission risk

Make sure you are familiar with and understand the steps required to keep you and others safe:

Physical distancing – is close contact required or likely?

Assess whether close contact is required. Where possible, stay at least 2 metres away from other people but not if this affects your response.

Hand hygiene

Clean your hands thoroughly with soap and water or hand sanitiser after close contact with others and after touching any surfaces in the area you are working in.

PPE

Where it is not possible to maintain a 2 metre distance and you are required to deliver hands on care, the following PPE is recommended:

- disposable gloves and a disposable plastic apron
- a fluid resistant surgical face mask (FRSM)

If a risk assessment indicates the likelihood of contamination by splashes, droplets of blood or body fluids, use disposable eye protection (such as a face visor or goggles).

Clean your hands thoroughly with soap and water or sanitiser before putting on and after taking off PPE.

The safe removal of PPE is a critical consideration to avoid self-contamination. Guidance on correct use of PPE is available (<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>). Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

Providing assistance to someone who is unwell

If you need to provide assistance to someone who is unwell (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov#symptoms>), if possible move the person to somewhere away from others. If this is not possible, ask others who are not involved in providing assistance to stay at least 2 metres away. Use barriers or screens if they are available.

Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the police service this would be a dynamic risk assessment) to assess appropriate infection control precautions.

In adults, it is recommended that you do not perform mouth-to-mouth ventilation – perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes where cardiac arrest has not occurred due to lack of oxygen (asphyxial arrest).

In children, cardiac arrest is more likely to be caused by a respiratory problem or lack of oxygen. Therefore, chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield, if one is available.

If you perform mouth to mouth ventilation on someone with COVID-19 you should stay at home and complete 10 full days self- isolation

(<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>).

If you perform mouth-to-mouth ventilation on someone who does not have COVID-19, no additional actions need to be taken other than monitoring yourself for symptoms of COVID-19 over the following 14 days.

However, if they are subsequently diagnosed with COVID-19 you may be contacted by NHS Test and Trace and asked to self-isolate.

If you develop symptoms of COVID-19, however mild, or receive a positive test result, inform your employer and follow the stay at home guidance

(<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>).

Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. Follow the advice for cleaning in non-healthcare settings (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>).

If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer or organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels or roll onto the spill, and if you are not part of the emergency services, seek advice from them when they arrive.

Handling the deceased

If a person has died at home and COVID-19 is suspected or confirmed, follow the advice set out in the guidance for care of the deceased (<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased>).

Additional advice

Important advice for all emergency staff

While providing frontline duties that involve contact with someone with COVID-19, responders will only be exempt from being considered a close-contact for the purposes of contact tracing and isolation (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>) if clinical grade PPE has been worn appropriately, and if they have received and followed appropriate training in infection prevention and control (IPC).

In all other circumstances where an emergency service responder has had contact with someone with COVID-19 (including in work settings such as staff rooms, canteens, offices and service vehicles), they will be considered a close contact for the purposes of contact tracing and isolation (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>).

If an emergency service staff member is considered to be a close contact, and the recommendation for them to self-isolate would have implications for the provision of the service, their employer should escalate this for a risk assessment to a Tier 1 contact tracer at the local health protection team (HPT) (<https://www.gov.uk/health-protection-team>). Advice about whether a risk-assessment is needed may also be sought from the HPT.

Advice for police officers, staff and volunteers

Police officers, staff and volunteers should not be performing clinical assessments. If you are concerned that someone you are managing needs medical assistance, call NHS 111 (or 999 if it is a medical emergency).

Where appropriate, in an operational setting, you should conduct a risk assessment and adopt appropriate precautions for infection control. In the police, this would be a dynamic risk assessment using the National Decision Making model.

For situations where close contact (less than 2 metres) with a person is unavoidable to fulfil the required duty (for example, when entering a household, carrying out an essential interview or arrest and restraint), the use of PPE

(<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov#PPE>) as detailed above is recommended. The appropriate PPE for a specific situation needs to be assessed on a case by case basis.

Associated legislation

Please note that this guidance is of a general nature. Employers should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974

(<http://www.legislation.gov.uk/ukpga/1974/37/contents>).

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