

1. Home (<https://www.gov.uk/>)
 2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
 3. COVID-19: guidance for first responders (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders>)
- Public Health
England (<https://www.gov.uk/government/organisations/public-health-england>)

Guidance

COVID-19: guidance for first responders

Updated 22 September 2020

Contents

1. Who this guidance is for
2. COVID-19
3. How COVID-19 is spread and types of contact
4. Who may be suspected of having COVID-19
5. Safe working systems
6. Hygiene measures
7. What to do if you are required to come into close contact with someone as part of your first responder duties
8. What to do if you become unwell
9. Handling the deceased
10. Additional advice
11. Associated legislation



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Latest updates to this page

22 September 2020: Added information, in section 3, on the definition of a 'contact'. Provided additional advice, in section 10, regarding the criteria for emergency service responders to be considered as a contact for the purposes of contact tracing and isolation.

1. Who this guidance is for

This guidance is intended for fire and rescue services, police and ambulance services. Additional advice for Police officers, police staff and police volunteers is provided at the end of this guidance. Further guidance is available for NHS ambulance trust employees (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts>).

This guidance is also intended for individuals and members of voluntary organisations who, as part of their normal roles, may provide immediate assistance to individuals with potential coronavirus infection (COVID-19).

2. COVID-19

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new disease caused by a recently discovered coronavirus called SARS-CoV-2, first identified in China. Transmission of COVID-19 is now widespread in many countries, including the UK.

The most important symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough, a high temperature, or a loss of, or change in, the normal sense of smell (anosmia) or taste (ageusia). In some people, the illness may progress to severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

In the current situation of sustained community transmission of COVID-19 in the UK, social distancing, the strict application of safe working systems and, where social distancing cannot be maintained, the use of PPE are all recommended to reduce the risk of transmission of COVID-19.

3. How COVID-19 is spread and types of contact

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory droplets containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes.

There are 2 common routes people could become infected:

1. Droplets can be directly transferred into the mouths or noses of people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
2. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching doorknobs then touching own face).

In this guidance, a 'contact (<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#what-do-we-mean-by-a-contact>)' is a person who has been near (within 2 metres) to someone who has tested positive for COVID-19 and this contact was any time from 2 days before until 10 days after onset of symptoms in the infected person (this is when they are infectious to others). For the purposes of contact tracing and isolation (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>), however, 'close contact' means having face-to-face contact with someone less than a metre away (even if a face-covering or face-mask is worn) or being within 2 metres of an infected person for 15 minutes or more.

4. Who may be suspected of having COVID-19

Given the current level of transmission of COVID-19 throughout the UK, there is a likelihood of any individual in the community having the virus.

5. Safe working systems

Where possible, all interaction with members of the public should be carried out while maintaining social distancing measures (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others>) – a distance of at least 2 metres (6 feet). Where this is not possible, the principles for the Hierarchy of Risk (<https://www.hse.gov.uk/construction/lwit/assets/downloads/hierarchy-risk-controls.pdf>) should be applied, using measures such as physical barriers and alternative working practices and, as a final measure, the use of personal protective equipment (PPE) based on risk assessment (section 7.1), where other safe working systems alone may not be feasible or may be insufficient to mitigate the risk of transmission of COVID-19.

6. Hygiene measures

The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended.

After contact with any member of the public, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. This advice is applicable to all situations, regardless of whether there was close contact or the minimum 2 metre social distancing was maintained.

Avoid touching your mouth, eyes and nose.

There are no additional precautions to be taken in relation to cleaning your clothing or uniform other than what is usual practice.

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

7.1 Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. Guidance on putting on and taking off 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.

7.2 Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a “dynamic risk assessment”) and adopt appropriate precautions for infection control.

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 after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

If you perform mouth-to-mouth ventilation, no additional actions need to be taken other than monitoring yourself for symptoms of possible COVID-19 over the following 14 days, unless the individual had been confirmed to be positive for SARS-CoV-2 in the last 10 days. In this scenario of direct mouth-to-mouth contact with a known case, advice on self-isolation (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>) should be followed. Should you develop symptoms you should follow the advice on what to do on the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>).

7.3 Providing assistance to unwell individuals

If you need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

7.4 Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in non-healthcare settings (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>). Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

7.5 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/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and if you are not part of the emergency services, seek advice from them when they arrive.

7.6 Contacts of the person you have assisted

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (a new continuous cough, fever or a loss of, or change in, normal sense of taste or smell), they should follow the advice on what to do on the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>).

8. What to do if you become unwell

If you have already been given specific advice from your employer about who to call if you become unwell, follow that advice.

If you develop symptoms of COVID-19, however mild, you will need to stay at home for at least 10 days. Refer to the advice on the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>) and the Stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>).

9. Handling the deceased

If a person has died at home and COVID-19 is suspected, PPE as set out in section 7.1 should be worn when handling the deceased or articles in the home. Avoid touching your face or mouth with your gloved hands.

Clean your hands thoroughly with soap and water and/or use alcohol based hand sanitiser before putting on and after taking off PPE. Placing a cloth or mask over the mouth of the deceased when moving them can help to prevent release of droplets.

See further detailed guidance for care of the deceased (<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased>).

10. Additional advice

10.1 Advice for all emergency staff

While providing frontline duties that involve contact with a COVID-19 case, the use of clinical grade PPE by an emergency service responder will only exempt the responder from being considered a close-contact (defined as having face-to-face contact with someone less than 1 metre away, or being within 2 metres for 15 minutes or longer) for the purposes of contact tracing and isolation (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>) if they have received appropriate training in infection prevention and control (IPC).

However, an emergency service responder will need to 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 they have had close-contact with a COVID-19 case in all other circumstances (including in work settings, such as staff rooms, canteens, offices, service vehicles and so on).

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 needs to 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.

10.2 Advice for police officers, police staff and police volunteers

Police officers, staff and volunteers should not be performing clinical assessments of any individual who may be showing symptoms of COVID-19. 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 (NDM) model.

For situations where close contact (a distance of 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 as detailed above is recommended. The appropriate PPE for a specific situation needs to be assessed on a case by case basis.

11. 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>).