

Scottish Mountain Rescue

COVID-19

Guidance and Q&A

Version Control

Version	Changes	Drafted By	Approved by	Date
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1.1	Formatting & Addition of Callout Checklist	Dave Wright	AG	28/03/2020
1.2	Added returning home graphic	Dave Wright	AG	29/03/2020
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Guidance - Team Member Availability

Should I be available for call outs – I have/a household member who has a medical condition?

If you or a household member is in an ‘at increased risk group’ with respect to COVID 19, you should be following the guidance for ‘Stay at Home’ or ‘Shielding’ and we advise that you should **not** make yourself available for call -outs. You should be removed meantime from the callout list. There may be certain ‘low social contact’ roles within the Team that you could be assigned to.

For a listing of ‘at increased risk’ groups see:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-social-distancing>

For what ‘**Stay at Home**’ means:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection>

For what ‘**Shielding**’ means:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

A more detailed **listing of vulnerable groups** for COVID19 who should practice strict social isolation is here:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

How do I judge exactly how vulnerable I am/ my household member is?

This is really difficult for everyone, including doctors – COVID19 is a new infection and the guidance is changing almost daily. If you need to talk through what to do, contact a team MO or medical team member to discuss. If you are not sure, think about the long-term consequences and don’t feel any pressure whatsoever to put yourself or household members at risk.

Should I be available for call outs – I have/ a household member has symptoms?

If you or a family member has symptoms of COVID19 (fever and/or persistent cough) you should isolate yourself for 7 days. If a household member has symptoms you should isolate for 14 days. If you develop symptoms, your 7-day isolation starts on the day your symptoms begin. For example, even if you have already been isolating for 12 days and develop symptoms, your isolation continues to day 19. Don’t make yourself available if you are in doubt. A fever is defined as temperature of 37.8 or above.

More details here:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-stay-at-home-advice>

If you need to Self-Isolate due to yourself or a household member having symptoms please let your Team Leader know to ensure that you are removed from the Callout List

Team Safety on Callouts

See this slide set for some background on COVID 19 and PPE. There is no place for complacency – but do remember that much of the guidance relates to the care of people suspected to have COVID19 – it is likely that MR incidents will relate to people who are not suspected to have the infection.

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2994/documents/1_covid-19-infection-prevention-and-control-measures-slides-short.pdf

How is COVID19 spread?

Coronavirus is predominantly droplet spread – that is from respiratory droplets through coughing and sneezing. It is also spread on hard objects such as equipment or handles, or cash. It is thought that COVID19 can survive for up to 72 hours on metal and hard plastic surfaces. The infection may then transfer through touching the face or sharing food. So good personal hygiene, staying apart and avoiding any sharing of personal objects is key. Soap and water for skin and household cleaning products for hard objects are very effective against coronavirus – don't be unduly concerned if supplies of alcohol gel or sanitiser wipes are limited.

What is social distancing or physical distancing?

Social Distancing is keeping a distance of a minimum 2m from each other.

'Social distancing' across society is intended to avoid overload of the NHS that would lead to avoidable deaths in elderly and high-risk groups as the epidemic moves through the exposed population. It is about being responsible citizens not because of a fear of infection or death. Some people prefer to say 'physical distancing' because we really don't want to be socially distanced from people at this difficult time – we want to maintain social contacts safely.

If you do not want to attend a callout for any reason that is absolutely fine – just you decide.

How do we decide who does what on a call out with respect to COVID19?

REMEMBER your cas care risk assessment regarding safety in priority order – You, the Team, the Casualty

Discuss prior to or at scene. The most experienced cas carer/medic available should not approach inside 2m to attend the casualty until the key questions are answered to assess COVID19 risk if casualty is conscious. In some cases it may even be possible to do this by phone. (*see below under: How do we know if a casualty has COVID19?*)

How do we minimise contact on a call out?

Numbers can be limited by responding as local geographical groups. If you are not in the core team, do not set off, but get prepared. The Search Manager will assess resources needed and request team members by phone as appropriate. You may be asked to contact other team members. It would be helpful to have a list of all members available to you. You may then be put on standby.

Can we travel in team vehicles?

We advise a maximum of 2 per vehicle when travelling in Landrovers and a maximum of 3 in a Comms van. Keep the same driver if possible. Open a window if you can. Others should travel in own cars with a maximum of 2 per vehicle. It is good practice to clean controls, keys and door handles between users where possible.

How do we manage briefing and debriefing?

Don't huddle before, during or after a rescue. Brief and debrief outdoors maintaining a full 2m distance from all teammates whenever possible. Keep briefing brief!

Does the duration of contact make any difference?

Yes – it is likely that the risk of transmission increases with the duration of contact. You should maintain the 2m distance for as much of the time as possible even if you have to close that distance for brief periods to achieve tasks such as cas care, packaging etc.

How can we reduce transmission through equipment?

WASH HANDS before setting off from your home. Wash hands again at post. If that hasn't been possible there will be hand sanitiser in each vehicle (limited use). Don't shake hands and AVOID TOUCHING YOUR FACE. Buffs might be useful here. This way we can avoid unnecessary glove use.

How else can we reduce transmission?

Bring your own food to a call out and do not share any food, flasks, cups or utensils. Don't hand round sweets, however unfriendly that feels.

Avoiding transmission to / from a Casualty

How do we know if a casualty has COVID19?

We may be called to casualties who are self-isolating because they are potentially infected or living with someone who is potentially infected. Use the following questions to screen for COVID19 risk before approaching the casualty:

Question: 'Can I just check – have you had any reason to self-isolate for Covid19?'

Answer 'No'

Question: So to confirm– have you had a fever or a persistent cough in the last 7 days or has anyone in your household had these symptoms or been diagnosed with Covid19 in the last 14 days?'

Answer 'No'

General guidance on the use of PPE

HAND WASHING before, during after and again where possible, during a callout is paramount. Where available, make use of hand sanitiser regularly. Don't touch your face. Wearing surgical gloves helps this.

Revised Guidance on PPE was released by Health Protection England (it also applies in Scotland) on 020420

Teams may wish to consider the guidance when deciding on an approach, taking into account local sourcing and availability of PPE. There is no national distribution of PPE to MRT. Table 3 in the link below applies to ambulances and paramedics – note that this relates to the care of people suspected to be cases of COVID19. More general guidance relevant to casualties who are not cases or contacts of COVID19 is summarised in Table 4:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

A simple summary is in the poster:

<https://cdn.prgloo.com/media/ebc08ecc78db4856ae961fec9af9e49>

In short, for all direct contact with a casualty, where available, vinyl surgical gloves, aprons (not great for outdoor use!) and fluid resistant face masks with or without visors are recommended. MR helicopter glasses are ideal for eye protection and make a visor unnecessary (they are also easier to use and more effective in a breeze).

PPE Guidance Summary

Direct patient care – (within 2 metres) ALL CASUALTIES LIMIT to 2 Most experienced Doctors/CAS CARERS	PPE of surgical gloves, mask, apron and eye protection. Casualty to wear mask
Close contact within 2 metres but not direct patient contact in casualty with Possible (symptoms of cough and/or fever) or confirmed Covid19 cases	PPE of surgical gloves, mask, apron and eye protection. Casualty to wear mask
Close contact within 2 metres but not direct patient contact in casualty without symptoms	PPE of surgical gloves, mask, apron and eye protection. Casualty to wear mask

Driver conveying possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	PPE of surgical gloves, mask, apron and eye protection. Casualty to wear mask
Team Members in close contact in vehicles and Carrying stretcher	Limit to 2/vehicle. PPE of surgical gloves, mask, apron and eye protection. Casualty to wear mask

What do I do if either answer is ‘Yes’?

COVID19 RISK. Limit contact. Ideally, trained medic or Cas carer to deal with casualty. Pass a mask to the casualty. One Cas carer only - wear mask, visor/goggles and surgical gloves. Deal with casualty with minimal contact. Minimal required examination.

Can the casualty have an airway inserted or assistance with breathing?

No – the casualty should have a mask placed over the nose and mouth and no ventilator (breathing) support is given. If CPR is required, DO NOT ATTEMPT RESCUE BREATHS. DO NOT USE Bag Valve Mask (BVM). Perform CPR with chest compressions only. For packaging USE BLIZZARD bag. Inform onward transfer teams (helicopter, ambulance) of COVID19 risk well in advance.

Refer to: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-covid-19/>

How do I help a colleague who is dealing with a high-risk casualty?

Have a single assistant to hand to pass required equipment to the carer. Hand required items with gloved hands one at a time. Track the use of equipment and stow separately where possible after use to allow cleaning. Carry spare sealable ‘dirty’ bags.

How do I package the casualty?

Packaging should be in a BLIZZARD pack that will be discarded after use to stop any contact of casualty to the Cas Bag- beware of face. If there is any suspicion that bodily fluid has contacted the casbag this should be thoroughly hosed down and dried outside or spun and left in drying room.

How do I remove PPE safely?

To remove PPE- Gloves first, inside out, then mask only touching the ties at back. Place in clinical waste bag and give to ambulance. Wash jacket down back at post. (IF aprons available they could be worn and disposed of.) For guidance on putting on and removing PPE see:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

Bag all PPE immediately and seal it. Label it as soon as you return to post for disposal.

What if I develop symptoms after dealing with a casualty/being on a callout?

Inform your team MO or team Lead. Follow NHS Inform guidance on self-isolation and if you deteriorate call NHS 111 (or 999 if it is a medical emergency). Explain that you recently provided assistance on an MR Callout with a possible COVID19 affected casualty and give the name and contact details of your team lead.

What do I do if the answer is 'No' to both questions when assessing COVID19 risk in Casualty?

Should I deal with a low-risk casualty as normal?

No - You should still minimise contact and maintain heightened awareness. The most experienced responder (Cas Care/Clinician) available should deal with casualty alone if possible. No need to do full Cas Care protocol if felt not to be completely necessary or would not alter management. Any bodily fluids exposed should be covered well with bandaging etc.

Packaging should be in a BLIZZARD pack that will be discarded after use as for COVID19 risk casualty.

How do we transport and handover?

Transport and handover to Scottish Ambulance Service. Again minimise contact. When carting stretcher maintain as much distance as possible. Note ambulances may be in short supply. Seek most recent advice from SMR re position re transporting casualties in MR vehicles to nearest Emergency Department.

Leaving the venue and Infection Prevention and Control

Before entering Vehicle, hand sanitise AGAIN

On return to post wash hands again

Wipe down steering wheel with antibacterial spray and disposable hand towel or antibacterial wipes if available. Wipe handles and any equipment used with sterilising solution or household cleaning products. Wash hands AGAIN after dealing with all equipment and leaving Post/callout if possible.

Back at post – dealing with equipment

Once PPE is removed it should be double bagged and left for 72hours with a label on with date. After this time it can be discarded.

If your team has room to change at post, you may wish to bring a full set of spare clothes to change into. Wear easily washable kit where possible and put your outdoor clothing in a bag to wash once at home. If you are suspicious that any bodily fluids have touched any item then wash down at post and preferably leave bagged at post for 72 hours- with a label on.

Vehicles

It isn't practical to 'deep clean' an MR vehicle every time it is used. If a casualty is transported, when time allows wipe down all vinyl surfaces, handles, controls, hard plastics and metal surfaces with a detergent solution and leave to dry. Once 72 hours has passed, the risk of transmission is gone.

On returning home

Plan ahead and talk your household through your coming home process. If you have been in close contact with a COVID19 casualty, let someone know you are on the way home so they can let you in. Avoid hugs until you have showered and changed. If you don't have the facilities to change at the post, if possible get someone to let you in to a space where you can remove your outer gear clear of other people when you get home. Wash the gear you can at 50 degrees if possible (obviously a lot of outdoor gear can't stand this). Wipe down everything else with a detergent solution and leave to dry. Have a shower and think pro-actively about wellbeing and whether you need to do anything.

ARRIVING HOME SAFELY

- BEFORE LEAVING WORK -** Shower if possible and change out of work clothes
- ARRIVING HOME -** Wipe steering wheel, controls and door handles
- AT FRONT DOOR -** Pause. Breathe. Reset. Take your time
- KNOCK ON DOOR -** Open from inside - Step in
- SHOUT HELLO -** To loved ones. **No cuddles yet**
- PLASTIC BOX AT DOOR -** Doff your work/commute shoes, outer clothes/coat/bag, keys, pens and glasses. **Wipe down with damp soapy cloth**
- PHONE -** Kept at work in clear zip lock bag. Empty out of bag into box - wipe phone clean and throw the bag away
- WORK BAG -** Has to be machine washable – keep in a locker at work and a box by the front door at home
- WALK STRAIGHT TO SINK/SHOWER -** Don't touch doors, get someone else to open them for you. Wash or shower especially hands, arms and face with soap and hot water
- YOU ARE CLEAN** Relax and enjoy your evening

WELLBEING

Social support is still going to be the thing that gets us through these challenging times. Never before has it been so true that we need to keep talking to each other and listening but now we will be doing it in new ways, through video-calls, group chats (e.g. WhatsApp, Zoom, Skype etc). Please talk to those you trust whether this be someone in your household, friends, family, work or team colleagues. Most teams will have already identified those who can be contacted and a number also have trained Mental Health First Aiders. Check with your team. Our experiences of COVID-19 will be different but we will all be experiencing change and social support will help.

We may well get more challenging callouts – not least from the added procedures that we will have to take into account. This will not be easy and all of us will also feel under additional pressures.

We have worked along with Gill Moreton to add some wellbeing information and links to the Lifelines Scotland website (which also has excellent material on “staying well”) and you will find the COVID-19 page as a link here:

<http://lifelinesscotland.org/>

In addition, we and our families all have access to the Police Scotland Employee Assistance Programme here:

<https://besupported.helpeap.com/>

You can also call the EAP service to speak to some-one on **08000 116 719**; or if text support suits, this is provided by SHOUT UK and you can text **BLUELIGHT** to **85258**.

Keep in touch with your responder colleagues, as well as your loved ones. #Staysafestaywell.

Stay Informed – always update all links in this document before reading. Guidance is changing frequently as we learn more about the virus.

Scottish Government – for information on current statistics – and advice to public and new news updates

<https://www.gov.scot/coronavirus-covid-19/>

NHS Inform – the public facing site for information – ideal for individual Team Members for the usual questions -

<https://www.nhsinform.scot/coronavirus> and where the list of ‘vulnerable medical conditions’ is most easily found.

Health Protection Scotland (HPS) – the key site for Scottish Public Health Advice – scroll down to Guidance List Page

- <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/> look for [Guidance for First Responders](#) and [Guidance on Non-healthcare settings](#) -

Callout Check List for Team Leaders/Incident Managers

Prepared on the basis that practices outlined in this document have been adopted in full by the Team.

Initiation

- During the initial phone call with Police Scotland ascertain what Covid-19 information has been asked of the casualty/informant
- If the call has been passed to Police from the Ambulance Service, cross check the Covid-19 information from the Police with Ambulance Control
- If direct contact is made with the casualty carry out your own Covid-19 Screening by asking:
 - Question: 'Can I just check – have you had any reason to self-isolate for Covid19?'
 - Answer 'No'
 - Question: So to confirm– have you had a fever or a persistent cough in the last 7 days or has anyone in your household had these symptoms or been diagnosed with Covid19 in the last 14 days?'
 - Answer 'No'
 -
- If the casualty is identified as possible COVI19 infected then contact SAS Tactical Command on 0845 600 9999 for advice
- When calling out the Team progress as you normally would; many teams are finding out who is available then sending the minimum number to deal with the callout and reduce travel distances where the team is geographically spread out; all high risk and quarantined team members should already be off call.

Team Briefing

- At the RVP it is likely that Police, Ambulance and potential family member or other 3rd parties will be present. Covid-19 screening should also be applied to these 3rd parties too by asking:
 - Question: 'Can I just check – have you had any reason to self-isolate for Covid19?'
 - Answer 'No'
 - Question: So to confirm– have you had a fever or a persistent cough in the last 7 days or has anyone in your household had these symptoms or been diagnosed with Covid19 in the last 14 days?'
 - Answer 'No'
- Regardless of the response, social distancing should be maintained (2m separation)
- In addition to the normal Team Briefing emphasise the information contained in the **Avoiding transmission to / from a Casualty** section of this document

Casualty Site Management

- When contact is made with the casualty, the Covid-19 screening question should be asked again to both the casualty and any other members of the public on scene:
 -
 - Question: 'Can I just check – have you had any reason to self-isolate for Covid19?'
 - Answer 'No'

- Question: So to confirm– have you had a fever or a persistent cough in the last 7 days or has anyone in your household had these symptoms or been diagnosed with Covid19 in the last 14 days?’
- Answer ‘No’
-
- If the answer is ‘Yes’, alert Incident Control who will contact SAS Tactical Command on 0845 600 9999 for advice
- Regardless of the response, social distancing should be maintained (2m separation) and precautions outlined earlier in the document followed

Post Incident/Standown

- Once a team member has completed their role at an incident they should depart as soon as possible in order to minimise contact with others
- Decontamination wash downs should take place as outlined in the **Leaving the venue and Infection Prevention and Control** section of this document