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Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.

[Hide message](#)

[Home](#) > [COVID-19: guidance for first responders](#)



Public Health
England

Guidance

Guidance for first responders and others in close contact with symptomatic people with potential COVID-19

Updated 24 March 2020

Contents

1. [Who this guidance is for](#)
2. [COVID-19](#)
3. [How COVID-19 is spread](#)
4. [Who may be suspected of having COVID-19](#)
5. [What to do if you are required to assist someone who is symptomatic and suspected of having COVID-19](#)
6. [Hand hygiene](#)
7. [Cleaning the area where assistance was provided](#)

8. If there has been a blood or body-fluid spill
9. Contacts of the unwell person
10. What to do if you become unwell following contact with someone who may be at risk of COVID-19
11. Handling the deceased
12. Additional advice for police officers, police staff and police volunteers, Border Force and Immigration Enforcement officers
13. Infection control measures for police, border force, and immigration enforcement officers

1. Who this guidance is for

This guidance is for first responders as defined by the Civil Contingencies Act, and others who may have close contact with symptomatic people with potential COVID-19. This includes professionals and members of voluntary organisations who, as part of their normal roles, provide immediate assistance to a symptomatic person until further medical assistance arrives.

Emergency service professionals who have received specific advice from their employer, such as NHS ambulance trust employees, should follow that guidance.

Additional advice for Police officers, Border Force officers and Immigration Enforcement officers is provided at the end of this guidance.

2. COVID-19

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus infection include fever and cough; 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.

COVID-19 is a new disease caused by a recently discovered virus, first identified in Wuhan City, China. Transmission of COVID-19 is now widespread in many countries, including the UK.

3. How COVID-19 is spread

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 secretions (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 routes people could become infected:

1. Secretions can be directly transferred into the mouths or noses of people who are nearby (within 2m) 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 door knobs then touching own face).

4. Who may be suspected of having COVID-19

Individuals with a new, continuous cough and/or high temperature could have COVID-19.

5. What to do if you are required to assist someone who is symptomatic and suspected of having COVID-19

5.1 Providing assistance:

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.

5.2 Personal Protective Equipment (PPE)

Use and dispose of all PPE according to the instructions and training previously provided by your employer or organisation. Disposable gloves and fluid repellent surgical face mask is recommended and, if available, disposable plastic apron and disposable eye protection (such as face visor or goggles) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE.

5.3 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.

Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

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

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

6. Hand hygiene

After contact with the individual, wash your hands thoroughly with soap and water or alcohol hand rub at the earliest opportunity.

Avoid touching your mouth, eyes and/or nose, unless you have recently cleaned your hands after having contact with the individual.

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

7. 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](#). 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 the symptomatic individual has come into contact with must be cleaned and disinfected.

8. 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 seek further advice from emergency services when they arrive.

9. Contacts of the unwell person

If anyone had direct contact with the individual and makes themselves known to you, advise them that if they go on to develop symptoms (cough, fever), they should follow the advice on what to do on the [NHS website](#).

10. What to do if you become unwell following contact with someone who may be at risk of COVID-19

If you have already been given specific advice from your employer or Public Health England (PHE) about who to call if you become unwell, follow that advice.

Otherwise, if you develop symptoms of coronavirus infection (COVID-19), however mild, you will need to stay at home for 7 days - refer to the advice on the [NHS website](#) and the [Stay at home guidance](#).

11. Handling the deceased

If a person has died at home and COVID-19 is suspected, disposable gloves should be worn when handling the body or articles in the home. Avoid touching your face or mouth with your gloved hands. Dispose of the gloves and perform hand hygiene, as described above.

12. Additional advice for police officers, police staff and police volunteers, Border Force and Immigration Enforcement officers

Police officers, staff and volunteers, Border Force and Immigration Enforcement officers should not be performing clinical assessments of any possible cases. If 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 (in the Police this would be a “dynamic risk assessment” using the National Decision Making (NDM) Model) and adopt appropriate precautions for infection control.

In the majority of policing, Border Force and Immigration Enforcement activities, it is unlikely that officers will require any additional PPE for normal activities. Control measures for example situations are described below; however, this list is not exhaustive and the appropriate PPE for a specific situation will need to be assessed on a case by case basis.

For police, Border Force and Immigration Enforcement officers, there may be situations where a member of the public or someone in custody is identified as someone who may have COVID-19 ([see section 5](#)), or you are required to search or arrest someone who may have COVID-19.

13. Infection control measures for police, border force, and immigration enforcement officers

For policing, Border Force and Immigration Enforcement activities with close contact with a symptomatic person who may have COVID-19 (such as an essential interview at less than 2 metres distance, or arrest and restraint), staff should wear:

- a fluid repellent surgical face mask. The wearer should mould the metal strap of the mask over the bridge of the nose and ensure that the mask fits snugly under the chin, around or across any facial hair if present
- disposable gloves
- if available, a disposable plastic apron and disposable eye protection (such as face visor or goggles) should also be worn

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