Club Operations Guidance During Covid – 19 Pandemic

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Use of Club Facilities

Barring a C19 reversal with a big upturn in infection, it is now possible for SLSGB Clubs to open for controlled member use this summer. This guidance is divided into three sections. All must be fully considered and taken into account to open your club. Please be aware that government guidance is likely to change at any time and it will be your responsibility to reflect any changes in your plan as they occur.

Section One - What You Need to Know About COVID-19

About the Virus

The coronaviruses are a group of viruses that are common worldwide. Whilst some members of this group of viruses cause mild flu like symptoms, some result in more severe disease which can result in death. The coronavirus responsible for the current global pandemic is SARS-CoV-2. If infected with this strain it results in the disease COVID-19. The typical symptoms of infection include fever, new continuous cough and loss of the sense of smell. In some people they will have very few if any symptoms, in others the illness may progress to severe pneumonia causing shortness of breath and breathing difficulties which may require hospital admission and intensive care. (1)

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, the elderly, those with long-term medical conditions such as diabetes, cancer and chronic lung disease.

The Coronavirus strain SARS-CoV-2 is now widespread in many countries, including the UK and Ireland, with transmission being controlled with social distancing measures and diligence to cleaning regimes.

For ease of reading throughout this document the virus and disease it causes will be abbreviated to "C-19".

How it can spread

When there is sustained community transmission of C-19 there is an increased likelihood of any individual in the community having the infection. A crowded holiday beach with many from diverse, widespread locations is a high-risk area.

The two 2 most common ways people could become infected are:

- Respiratory droplets: Respiratory droplets are generated as an infected person's breath passes over the moist infected surfaces inside the mouth, nose, throat and lungs. These can be directly transferred into the mouth or nose of people who are nearby (within 2 metres) or possibly inhaled into the lungs. Respiratory droplets generated during coughing or sneezing are projected much further from the infected patient. In some cases this can be several metres.
- Contact: It is possible that someone may become infected by touching a person, a surface or object that has been contaminated by respiratory droplets. Then subsequently touching their own mouth, nose or eyes. (e.g. shaking hands or touching door knobs then touching own face).

In addition, there are certain procedures where the clinical intervention generates aerosols. These Aerosol Generating Procedures (AGP's) occur when higher concentration of infected respiratory aerosols are produced compared to coughing and sneezing. Such procedures include (but not limited to) bag-valve-mask ventilation, insertion of supraglottic airway devices, pocket mask ventilation, expired air ventilation and tracheal intubation.

The likelihood of being infected by a person who has the virus is related to:

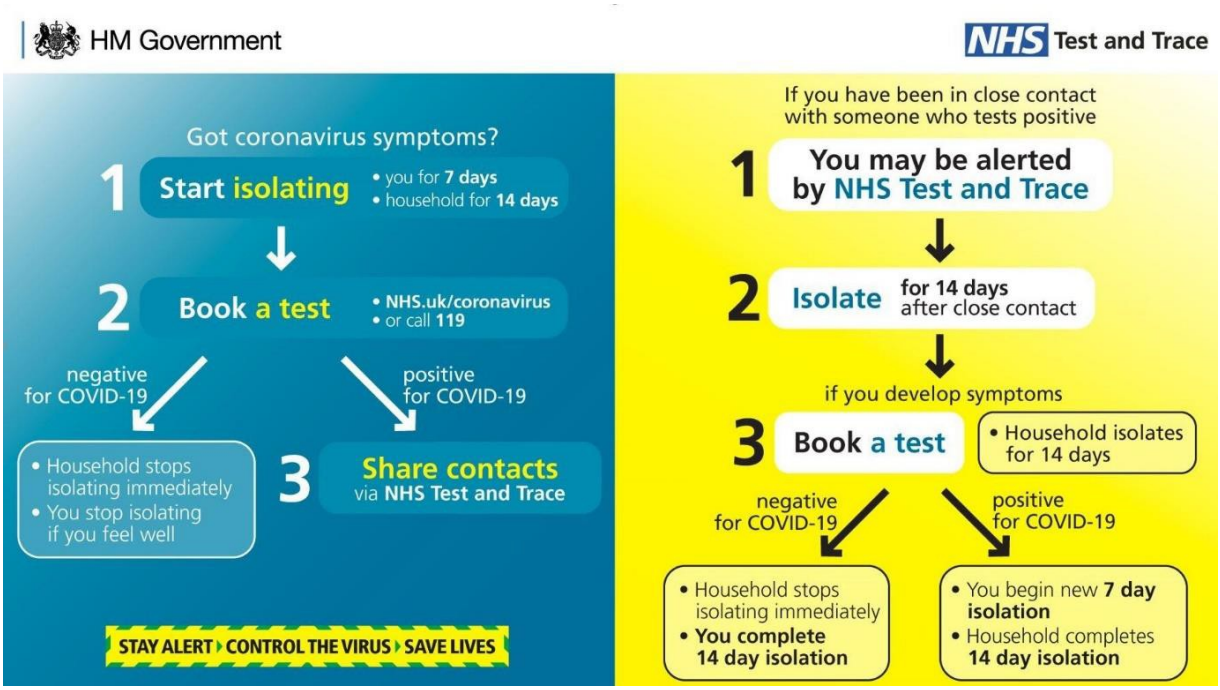
- How much virus they are releasing to the outside world (how sick they are)
- How close you are to the infected person
- How long you spend in close proximity to the infected person
- The ventilation in the area that person is in. (Outside on a windy day will a significantly reduced risk compared to a small confined space with no ventilation).
- Appropriate use of PPE and hand washing.

C-19 Symptoms

The main symptoms of C-19 are:

- A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- A loss or changed sense of normal smell or taste (anosmia)
- It may be a person has some, all or even none of the above. It is now recognised that a large number of those who have had the C19 are asymptomatic.

If you suspect you have C-19 the following advice below by UK Government is to self-isolate, even if they are mild symptoms.

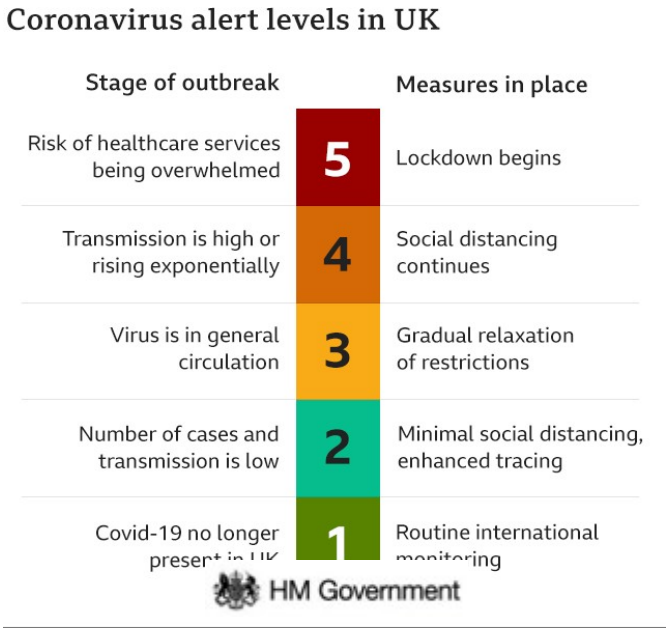


Those particularly at risk of developing severe disease if exposed to the virus are include those with certain pre-existing medical conditions. These are listed in the vulnerable and extreme vulnerable persons section of the government website.(2)

Government Threat Levels

The UK Government have assigned 5 threat levels to the UK which may be used nationally, regionally, or locally. It is important to keep an eye on this as it reflects the nature of the virus impact on the public and your safety when patrolling

Clubs can operate only when the threat Level is deemed to be safe, but generally, during Level 3 and below. There should be no Club activities if the area the Club is in goes to complete lockdown which is seen on the table as Threat Level 5 or at any time when the Club Local Authority advise that it is unsafe



Lifeguard/Lifesaver & Club Safety Guidance

The SLSGB National Safety Guidance must be followed for all Club training activity and is the overarching Club activity safety requirement. Where this requires Lifeguard/Lifesaver safety cover, Lifeguards/ Lifesavers may only be used who have been formally updated by an SLSGB Club TA following the **SLSGB C-19 Lifeguard/Lifesaver Update Programme** and this update must have been registered with SLSGB as C-19 CPD.

The main principle for those providing safety cover is to always be very aware of the appropriate risk controls for dealing with C-19 during Club activity. Extremely high levels of hygiene control measures must be adopted and followed together with an understanding of mitigation of the risks, as can be seen below

Risk Control Hierarchy	C-19 Rescue control considerations
Eliminate hazard	• No activity • No 1st aid or CPR • No close contact rescue
Reduce the hazard	• Safer options, small groups with non-contact close to the beach activity • In water IRB/Rescue Board shepherding
Isolate the hazard	• Activities have designated controlled areas under separate supervision
Control the hazard	• Good hygiene • Good decontamination
CPR PPE	• See Section 2 for details
Discipline	• Keeping safe distance • Assignment of a decontamination officers for clean ups • Assign doffing area

Lifeguards/Lifesavers and all other volunteers must consider the *"3 Important Questions"* prior to any volunteer engagement:

1. Have I had flu like symptoms in the last 7 days?
2. Does any of my household have flu like symptoms?
3. Have I been in close contact with anyone in the last 14 days that displayed flu like symptoms?

   If yes to any of these questions, then follow UK Government advice for track and trace and remain isolated.

Lifeguard/Lifesaver, Level 2 Coaches and Activity Leads - Person in Charge Principles

There are 3 main C-19 procedures to always keep in mind:

1. **Distance**: All activity members should keep their distance in line with the latest C-19 recommendations (all updates can be found on the SLSGB website) and ensure that minimal numbers are in one space at one time, such as a club or any enclosed facility (NOTE: 2M CAN BE REDUCED TO 1M ONLY WITH USE OF FACE MASKS OR OTHER PPE)
2. **Regular handwashing**: All involved to wash hands often for at least 20 seconds using warm soapy water and especially if about to come in close touching contact with a patient or after. (sanitise if washing facility not available)
3. **Personal Protective Equipment (PPE):** ensure all who need to know fully understands the need for the wearing of PPE at times of incidents and are fully aware of how to don (put on) and doff (remove) equipment correctly, and the correct method for decontamination or disposal

Regular Hand Washing

Public Health England (PHE) states that good handwashing with warm soapy water with good technique is the gold standard and even though hand gels can be used, it is not a substitute for hand washing. If using gels, then understand that if hands are already soiled, washing should be the main objective. If you have used gel more than 5 times, PHE recommends washing your hands again.



Hand Washing

Note:

The entire set of actions take 20 seconds. Ensure if your forearms are exposed, these are washed too.

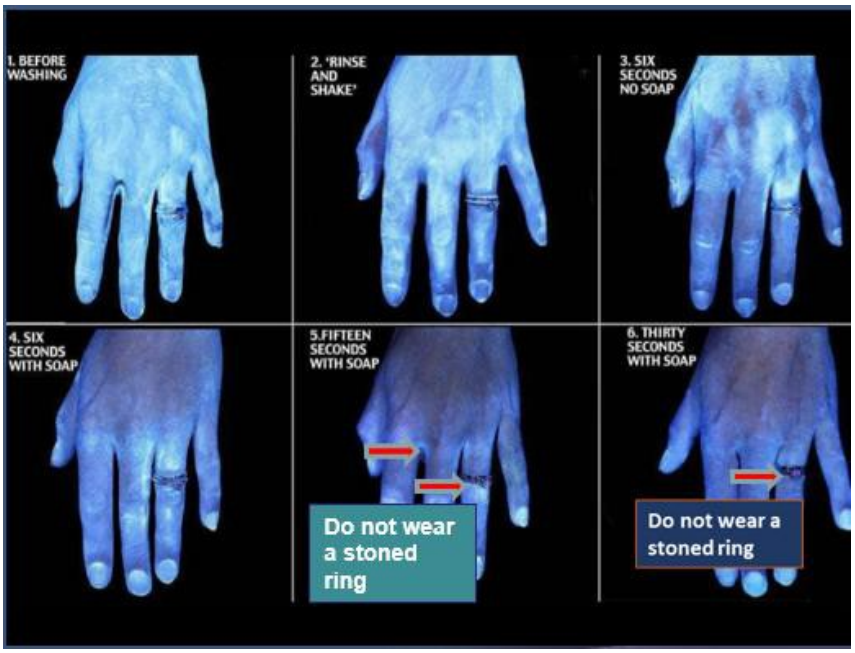
Public Health England



Public Health England

Hand Gel

Note: If using Hand Gel, then rub for 20-30 seconds. Do not completely rely on gel. After 5 times using gel, wash hands in warm soapy water.



Effectiveness of Handwashing

Consider the following

- Bare below the elbows or roll up sleeves
- Consider no jewellery including watches, bracelets
- Nails kept short
- Cuts and abrasions kept clean and dressed

Note: Remember to wash under rings and stone rings should be removed

When should you wash or gel hands?

- Before leaving home. When you arrive at the Patrol Base (or Club)
- After any close physical contact with anyone outside your patrol team
- Immediately before and after touching a patient (non-rescue) and particularly when you are moving from patient to patient.
- Before and after removing PPE and when changing gloves to wear a new set.
- Immediately after handling or coming into direct contact with anything that sanitised condition is not known
- Definitely before placing your hands near your face e.g. eating o
- Provide a designated wash down area

Club Facilities Management

Club facilities should be run in line with this SLSGB guidance and in accordance with current UK Threat levels at the time of the activity. (And remember, prior to volunteers helping with activities, the "***Three Important Questions"*** must be addressed before volunteers attend the club to help with any activity.

In addition, all aspects of member activity participation must be considered and managed in accordance with C-19 safe activity principles. (**See Section 3 for detailed guidance).**

The Club facilities must be fully assessed by the Club COVID -19 Safety Officer and a senior Club Officer to ensure they develop their own risk assessments, approve a Standard Operating Policy and an Emergency Action Plan. Remember that the Club has a Duty of Care responsibility to ensure that all reasonable precautions are taken for C-19 safety and that failure in this respect can have huge unintended consequences.

Clubs must establish C-19 robust cleaning procedures with particular attention to the high use areas, surfaces or equipment

- Ensure hot hand washing facility is available
- Ensure all attending a club activity arrive and leave clean
- Door handles

- Phones
- Seating areas
- Computers
- VHF radios
- Rescue and Sport equipment
- Writing pads and pens (consider using your own pen)
- Toilets
- Changing room

A combination of the following helps when looking at procedures:



A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.) or a general-purpose- Bio guard/Chemgene 500ml – 5 litres
Only cleaning (detergent) and disinfectant such as Bio guard or Chemgene from SP services which is safe on equipment, skin and surfaces
Products must be prepared and used according to the manufacturers' instructions and recommended product "contact times" must be followed.
If alternative cleaning agents/disinfectants are to be used, they should conform to EN standard 14476 for viricidal activity

Waste Management

All personal waste of a C-19 suspected person such as tissues, first aid (non-blood stained) items, the disposable PPE worn, must be binned in the dirty bin, blood stained first aid with the clinical waste bag and procedures followed: -

Items should be placed into a disposable rubbish bag in a designated area (away from general activity). These bags should then be placed into another bag and left aside for at least 72 hours before being disposed of as normal protocols allow. 72 hours is the recommended time by PHE that the virus is still alive.

Lifeguard, Coach, Volunteer personal equipment Management

Keeping as clean as possible with a clean uniform, will keep the virus loading down. Consider bringing a spare uniform or other clothing in case of a breach and consider bringing spare bin liners and even your own pens to write! If possible and appropriate do not wear fleece type jackets as outer clothing as they will carry a high viral load. Spray jackets with smooth shiny outer material that can be easily and quickly washed down are preferable

Uniform guidance set by PHE

Wear a clean uniform/clothing every day Change into and out of uniform at work where possible	If you wear your own clothes at work, consider getting T-shirts and trousers that you only use for work and can be washed at high temperature	Worn uniforms/clothing should be transported home in a disposable bag which can be thrown out once uniform placed in the washing machine
Wash uniforms/clothing at the hottest temperature for the fabric and Tumble dry and Iron	Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing	Where possible do not take any personal items into clinical area, e.g. phones, if you do so clean with disinfectant wipes before leaving work

Regular washing of hands and avoiding touching your face will really help in the management of a C-19 clean area. Warm soapy water can clean and kill the virus easily.

Before purchasing disinfectant, Club Officers are advised to check what is practicable for their activities, such as products like Bio-guard and Chemgene which can obtained through SPServices: www.spservices.co.uk



Suitable cleaning agents should also be obtained to help sanitise surfaces, clothing and equipment.

There should be two dedicated bins, one for dirty soiled clothing, and one as a dunking bin with sanitising agents and water mixed. These bins should be in the aforementioned Doffing area.

The washing bin should be filled up with water with a mix of bio-guard or Chemgene around 500ml for every 5 litres. Reusable equipment and other rescue equipment should be gently submerged and then left to soak for a period of no less than 10 minutes before being rinsed off (fresh water) and left to dry naturally before final rinse off with fresh water.

To help reduce logistics, consider the use of a pump pressure spray to quickly decontaminate equipment or area prior to and after use (large garden weed spray such as 10L Hozelok may save time and costs)



Consider (if possible) allocating Club kit cleaning responsibility to one trained person involved in the activity

If kit used is placed in a public area during activities ensure the public are unable to touch it.

If kit is kept in club shared store there must be a procedure established for controlled access and decontamination. Those with access should don gloves and face masks before handling and there should be decontaminate before and after use (see Appendix 6)

Prior to Activity

- Equipment to be used should be throughly cleansed
  These include:
  - All shared learning equipment
  - Communications

- Boards
- IRBs and related equipment
- Vehicles
- First aid equipment

After Activity

- All Equipment used should be throughly washed down
- All personal clothing/ kit used should either be bagged and hot washed at home or use washing bin to cleanse equipment immediately

Don't forget the post activity Club clean up and wash down and washing your hands before you leave to go home **(see details in Section 3)**

Section 2 Club Lifeguard/Lifesaver Specific C-19 Guidance

Note: CPR – SLSGB guidance follows The UK Search and Rescue Medical Committee and sets out steps for intervention and administering first aid and CPR incidents (see also Appendix 2)

Personal Protection Equipment (PPE) (see also Appendix 3, 4 & 5)
Lifeguards and Lifesavers should become fully familiar with the required PPE to be used during CPR before use. Club PPE must be securely stored to avoid contamination and does not become contaminated by careless use or handling and is regularly checked for condition and stock levels.

Clubs who are patrolling and those providing Beach Wardens already have PPE. Others will need to obtain an approved supply

Examples of the PPE required are shown below: -



Lifeguards/Lifesavers should consider carefully where to keep their PPE. During activities it should be as close as possible to the area of operations in a specific easy to access, secure location.

Separate Donning and Doffing areas must be clearly identified (see later in document) and set up as secure (coned or roped) areas with visible reminder posters for donning and doffing and decontamination procedures.

There must also be available:

- Designated Decontamination Area managed by a “Decontamination Supervisor” to ensure process is fully completed
- Wash area made of a large drum/bin made up to decontaminate equipment
- “Dirty Bin” to be used to hold potentially C-19 contaminated items for 72hrs (see further notes)

Donning Personal Protective Equipment for C-19

Putting on personal protective equipment (PPE)

Public Health England

Before putting on your PPE:

- make sure you drink some fluids before putting on your PPE
- tie hair back
- remove jewellery
- check PPE in the correct size is available

1. Clean your hands using alcohol hand rub/gel or use soap and water.



2. Put on apron and tie at waist.



3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4. With both hands, mould the metal strap over the bridge of your nose.



5. Don or put on your eye protection, if required due to the risk of splashing.



6. Put on gloves.



Please see the Putting on and taking off PPE – a guide for care homes video here:
https://youtu.be/ozY50PPmsvE

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Doffing Personal Protective Equipment for C-19

Taking off personal protective equipment (PPE)

Public Health England

- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the resident's room or cohort area
- This is the type of PPE is needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated**. Discard.



4 Remove eye protection if worn due to risk of splashing.

Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.



5 Clean hands.



6 Remove your facemask once your your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only because the front of the face mask may be contaminated. Lean forward slightly. Discard. DO NOT reuse once removed.



7 Clean hands with soap and water.



Please see the guide and instruction video here:
www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

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Take extra care when Doffing PPE!!

Self-contamination is very common when taking off contaminated PPE. In badly managed areas up to 90% of work staff can contaminate themselves. This is due to being either lazy/careless, rushed or not following the sequence or being distracted. It is why SLSGB has required that Clubs nominate a **"COVID-19 Safety Officer** "so that in the rare occasion you have a breach, a responsible person can watch over the potentially contaminated lifesaver(s) and ensure protocols are followed.

Improve your skills by:

- Slow down and don/doff correctly
- Before doffing
    - **STOP – THINK - FOCUS!**

      Remember to:

    - STAND IN FRONT OF WASH BIN – WASH DOWN KIT
    - FOLLOW THE POSTER
    - DIRTY SOILED KIT INTO "DIRTY" BIN, bagged twice – LEAVE FOR 72HOURS (VIRUS LIFE)

DECON – BAG IT – DECON HANDS – RE BAG – DECON AGAIN – LEAVE BAG 72HRS

Rescue Activity Guidance

A C-19 incident is when a breach of 2 metres has been made to assess/ intervene/assist a casualty, to administer first aid or to make a rescue in water.(i.e. Close physical contact) When a Lifeguard/Lifesaver and others is involved in close physical contact they must consider themselves to be contaminated and at the earliest appropriate opportunity go back to base and undertake the decontamination procedure (outside) and don a face mask and then remove themselves from the Club and follow guidance set by UK Government- Trace and trace (see page 2 UK Govt advise on Track and Trace)

Note from SLSGB Clinical Advisory Group," It *will not always be possible to save a life and maintain a 2-metre safe distance, or by wearing FFP2 face mask and PPE during a rescue or incident be 100% safe. It is important that individuals ensure that they (where practicable), be protected as much as possible through their personal discipline with regard to social distancing and use of PPE. The use of FFP2 face masks and other PPE during a rescue or incident will reduce the risk of contamination for rescuers and the casualty, but it will not eliminate it completely.".*

Ensure that Lifeguards and Lifesavers have undertaken the online SLSGB COVID-19 CPD update before they are deployed. (For more information see Section 3 para 11) or mail to mail@slsgb.org.uk

Rescue principles will follow the Search and Rescue world guidance of, "**self – team – victim**". Each individual involved in incident should be fully aware of their personal situation and their families in terms of underlying health issues. The unintended consequences of personal contamination should be carefully considered before any rescue or CPR takes place.

Every rescue is potentially a contact with a C-19 infected casualty. Reducing the risk should be considered. The rescue/intervention should not be at C-19 risk to the lifeguard/Lifesaver. Where practicable try and keep a safe distance, but this may not be possible at all times.



In water rescue considerations

- Where practicable keep casualty at a distance
- **No rescue breaths or deep water EAV**
- Keep casualty facing away from you during the rescue if possible, such that they breath "away" from you.
- Bring casualty onto awaiting beach team "donned in PPE"
- Ensure protocols are met with UK SAR advice below in UKSAR Appendix 1,2 &3

Post event

- Handover casualty to emergency services in cleaned PPE
- While decontamination is taking place consider raising the red flag until team is ready
- "Clean" lifeguard should become the "decontamination officer" ensuring protocols are followed
- Equipment washed down in the doffing area as per protocols and following the sequence; **Lifeguard – Rescue Board – Lifeguard**
- Patrol member(s) who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

Use of Inshore Rescue Boat

Pre C-19 when providing water safety cover for Club activity, an informal approach to a low risk activity has been applied using reasonable measures to ensure crew personal safety.

However, during C-19 and whilst risks of contamination remain high, a more cautious approach must be considered, and IRB Crews should ensure that if an intervention is required they must take precautions to adequately protect themselves. The following sets out guidance on steps to be taken.

Inshore Rescue Boats (IRB) can be a great tool ensuring participants are safe in the water whilst maintaining distance. Using techniques in the SLSGB IRB manual along with PPE and the use of towing slings as distance tows may be considered if the environment allows, examples are extended rescue tubes.

PPE for IRB Usage	When to use it
	• In IRB store/club facility working to prepare IRB • Travel movement to/from beach • Launching/Retrieving • Wash down procedures • Engine maintenance • Re- storage of IRB • Close group manual handling
Nitrile glove only 	• In IRB store/club facility working to prepare IRB • Travel movement to beach • Launching/Retrieving • Wash down procedures • Engine maintenance • Re- storage of IRB • Close group manual handling
	• Launching/retrieving - **visor down all times** • General operations on water • Wash down procedures • Towing rescue procedures • Close group manual handling • If no visor use sunglasses or eye protection glasses **Note: if helmet has a bladder system do not use.**
	• In IRB store/club facility working to prepare IRB • Travel movement to/from beach • Launching/Retrieving • Wash down procedures • Engine maintenance • Re- storage of IRB • Close group manual handling

When using your PPE for IRB activity or "donning" there is a right way and a wrong way-

Donning

1. Wash hands thoroughly
2. Put on wetsuit (clean)
3. Put on spray jacket (clean)
4. Put on face mask (if appropriate i.e. calm water and for patrolling only -NOT rescue)
5. Put on helmet, pull visor down
6. Put on gloves

Doffing (if involved with an incident)

1. Remove gloves – by grasping the outside of the glove and then peel off first. With second glove using the clean hand, slide finger inside the glove and roll it inside out
2. **Wash hands**
3. Wash down yourself using warm soapy water
4. **Wash hands**
5. Remove eye protection and clean
6. **Wash hands**

7. Remove helmet and clean
8. **Wash hands**
9. Wash down wetsuit and clean, then if using face mask, then remove
10. **Wash hands**

When using the IRB the following guidelines should be followed:

Arrival at Club (see also Section 3 relating to equipment storage)

- Team lead should have pre planned the movement to IRB and the launch site and conveyed it to team prior to arrival. This should include manual handling, cleaning and preparing.
- Lifeguards arrive clean
- Ensure minimal numbers enter the building
- Ensure area is well vented prior to IRB team preparing boat
- Donn PPE – to reduce numbers consider "1 at a time"
- Prepare IRB checking boat logs

Pre-Activity

- IRB is washed down- "clean" (minimum of warm soapy water)
- Assign each operator a helmet (if required). If it has a visor, then operate it as a face shield or use goggles in Pandemic response bag. If helmet has bladder – do not inflate!
- Consider basic PPE (as above note) But carry a victim mask, gloves in a dedicated bag
- Consider "spray jackets" to assist wash down and reduce viral loading on body
- If when wearing a wetsuit, consider short arms if practicable if with no spray jacket
- Consider a dedicated sanitiser to be carried in IRB
- Minimum number to launch
- Ensure public keep clear as not to touch the IRB – consider the use of cones
- Carry addition rescue tubes

IRB Casualty Rescue

- Consider distancing options
- If casualty is in IRB then get them to don a FFP2 mask , but be prepared to remove if there is any evidence of respiratory distress due to mask becoming wet.
- Keep casualty facing away where practicable
- Follow guidance as set out by SLSGB IRB manual

Post Rescue

- Same team decontaminates themselves first, then IRB **CREW – IRB – CREW** (again)
- Use sanitiser wash bin to clean PPE or warm soapy water
- Follow IRB Manual for post checks

Major Breach for viral loading in IRB (example vomiting or major bleeds)

- Crew remain in PPE and wash down in doffing area
- Crew bring IRB to doffing area and dismantle IRB washing each part as
    - Crew wash
    - Full IRB wash before dismantling
    - Remove engine
    - Crew wash
    - Deflate IRB and remove floorboard – wash; pay particular attention to floorboard edges
    - Crew wash
    - Scrub/spray IRB top – leave for 10 mins – wash off excess
    - Turn IRB upside down and repeat and allowed to dry
    - Crew wash

- Re-assemble IRB
- IRB Crew and other Club members/volunteers who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

Missing Persons

For all missing persons, including lost/found children 2M should be maintained where possible. If it is not possible to maintain social distancing them PPE should be worn and the "lost" person should be asked to wear a face mask in line with UK Government advice.
If you have a person in your care, the coastguard or police should be informed as early as possible and arrangements made to transfer the missing person to the care of the police, local authority or emergency services as soon as reasonably practicable

Management of First Aid Station (See also Appendix 6)

First Aid Minor

The application of direct First Aid care should be restricted to only those who have had C-19 guidance for First Aid and use of PPE.

Otherwise, consider if a patient can treat themselves – using social distancing, offer them (or if available, casualties companion) advice/treatment process and guide them through the process at a 2M distance.

Keep all First Aid kit away from the person(s) you are working with

Once finished, ensure decontamination protocols are met.

First Aid Major & CPR

The application of major first aid and CPR must follow guidance as set out below as advised by UK SAR.

UNDERTAKE COMPRESSION ONLY CPR (See Appendix 2)

AT NO POINT SHOULD ANY AIRWAY MANAGEMENT TAKE PLACE WHICH INCLUDES: -

- **Ventilation through pocket masks**
- **Bag-Valve-Mask ventilation**
- **Insertion and ventilation through i-gel supraglottic devices**
- **Suctioning of the airway**
- **However, using Free Flowing Oxygen through a mask may be used. See Appendix 1- 3**

Once other emergency responders are on-scene and when any of the above techniques are performed, all Club equipment and personnel not in level 3 PPE should move a minimum of 2 metres away from the scene. If the casualty can tolerate a FFP2 mask – then supply. Ensure minimum numbers and keep all First Aid Kit (and Responder bag if used) away from the incident. Use a spare lifeguard/lifesaver to act as a runner.

Use of AEDs

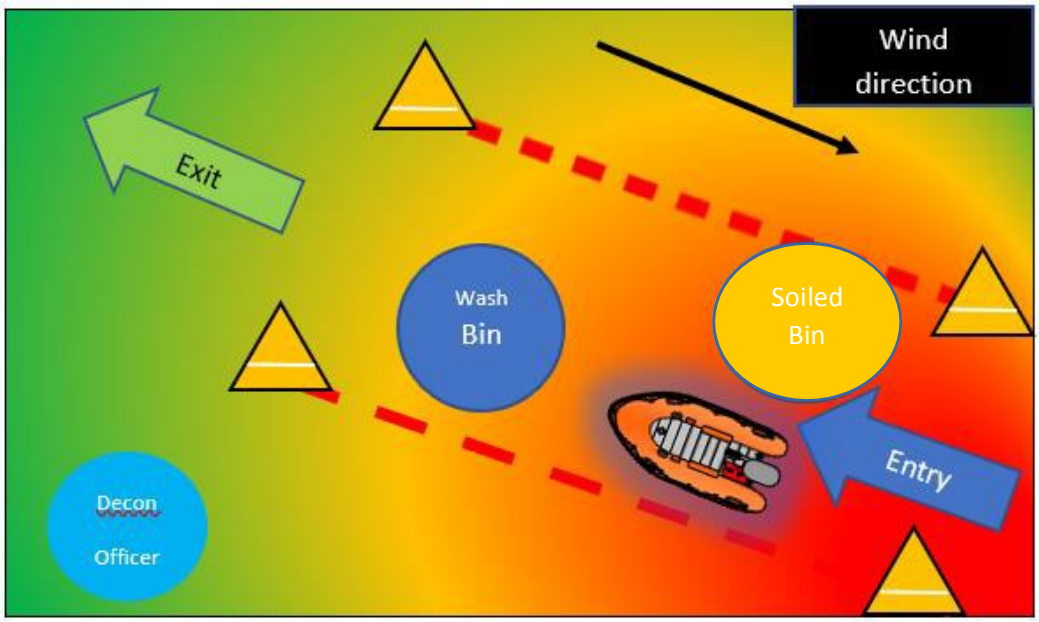
For the patient in cardiac arrest, compression only CPR is indicated. If an AED is available it should be rapidly applied and used. Follow instructions as per normal and UK SAR medical algorithm. Post event, ensure the following:

- Sanitise all areas as **lifesaver – equipment – lifesaver (again)**
- Replace pads with new ones
- Check for operational readiness
- Soiled kit left for 72hrs

Saviour Stretcher Use

- All persons in PPE and minimum numbers inside 2m
- Consider drag/slide method with 1 operator if practicable
- 4 persons carry then helmets with visor or Pandemic PPE Visor is a must at the head area
- Give FFP2 mask to casualty

Example of a decontamination "doffing" area



With regards to the decontamination zone, the soiled bin should be managed as per the waste guidance and the wash bin emptied after each session. Finally, pressure sprays should be vented each evening before stowing in a safe place.

References (Current at date of issue of this document)

1. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control
2. https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
3. https://nationalwatersafety.org.uk/media/1230/maintaining-safety-on-beaches-for-web-v3.pdf
4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884971/UKSAR_COVID-19_v2_120520.pdf

C-19 Glossary

Respiratory droplet: Fluid bundle of infectious particles that travels from the respiratory tract of the infected individual onto the mucosal surface of another, rather than floating down the respiratory tract. Small droplets are between 5-20µm and tend to hang up around the glottis. Large droplets are > 20µm and are probably too big to follow airflow. They tend to obey the laws of gravity and so settle on nearby surfaces when you sneeze.

Aerosol: Liquid (or solid) suspended in the air (i.e. Mist/ fog) These small particles are less than 5µm and so can float down the respiratory tract. Not affected by gravity the same as the larger “droplets” and so can hang around for a longer period of time.

Aerosol Generating Procedure: A procedure that involves high speed or high pressure movement of gas across a mucus membrane that causes an aerosol to be generated. In the case of an infected person this may produce a highly infectious “mist” that can not be seen.

Appendix 1

INITIAL APPROACH AND ASSESSMENT

Appendix 1

UKSAR Covid-19 Guidance v3 21.09.20

Initial Call Out / En Route to Scene

Any existing information as to "Covid state" of patient in particular for "Missing / Despondent persons"?

Can you obtain any information about casualty's "Covid state" as assets approach scene?

If any information exists – who do you need to share that with?

Immediate Risk to Life?

Environmental or cABC reasons

YES

Don Level 2 PPE* immediately

and deal with the problem as Team Members try and gain further information on "Covid state"

NO

Risk Assessment of Possible Covid Status of Patient

Assess risk to SAR Personnel – This must be done. Is the casualty:

Known to be Covid positive,

OR

Exhibiting – (Outside the immediate context of the rescue – such as a drowning, hanging)
Acute respiratory distress syndrome
(Difficulty in breathing, Fast breathing, A fast heart rate, Muscle fatigue and weakness, Cough, Fever, Headaches, Mental confusion Discoloration in skin or nails, Decreased blood pressure)

OR

Has a high temperature
OR at least one of the following which must be of acute onset:
persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing or sneezing, loss of sense of smell.

YES to ANY of above = HIGH RISK

Consider if you need to treat or can await the arrival of the Ambulance Service?

IF TREATING:
Level 2 PPE* must be worn
Place un-valved mask on patient

Further Considerations:
Minimal SAR personnel performing casualty care
Minimise total team attending
Kit dump away from casualty site, use runners
Bystanders MUST leave scene
Advise responding assets of casualty Covid status
Do not use "Bivi" type shelter unless necessary for clinical reasons
Where possible treat in fresh air

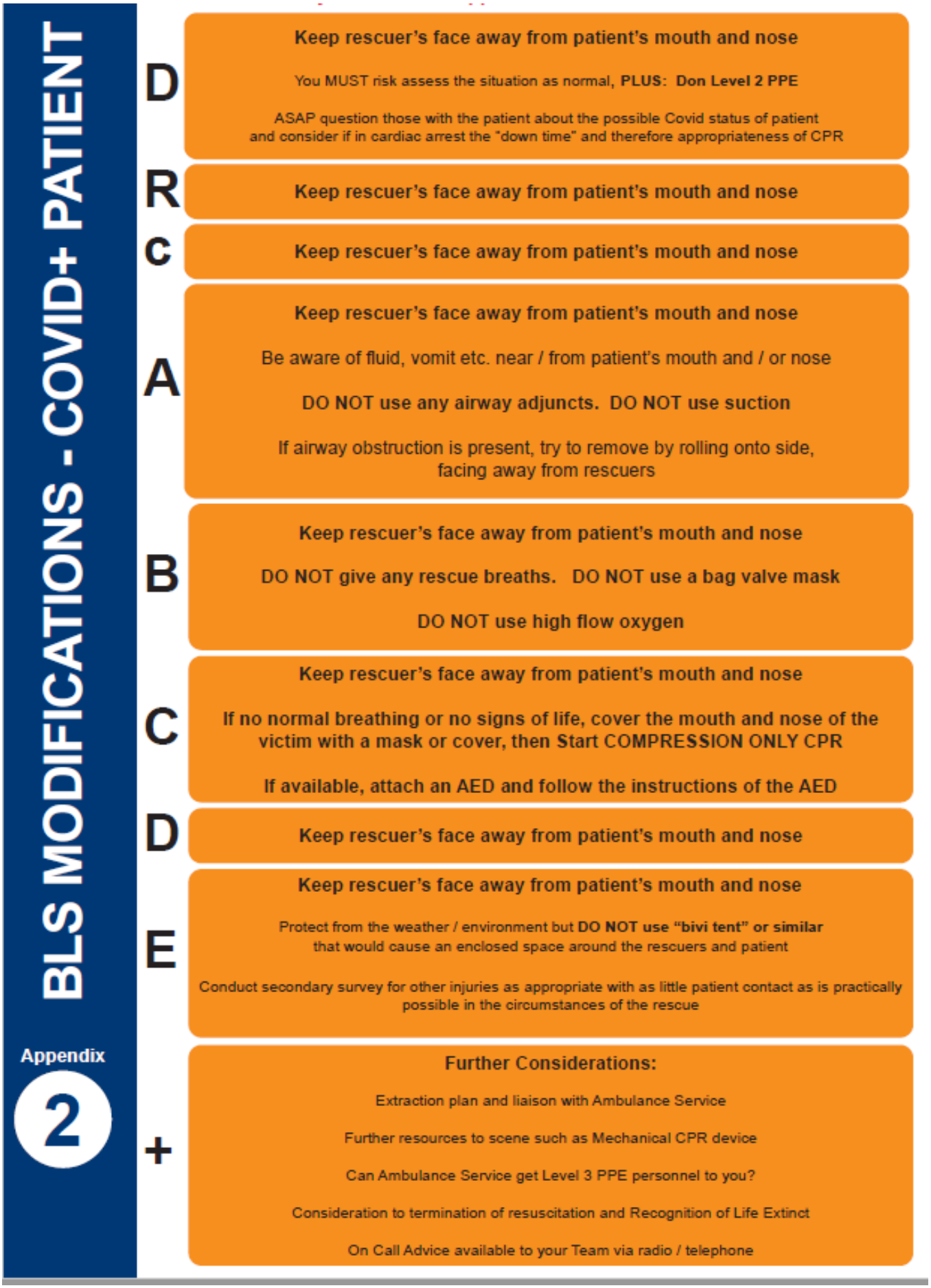
NO to ALL = MEDIUM RISK

Level 1 PPE* appropriate
Gloves
Consider un-valved mask for patient

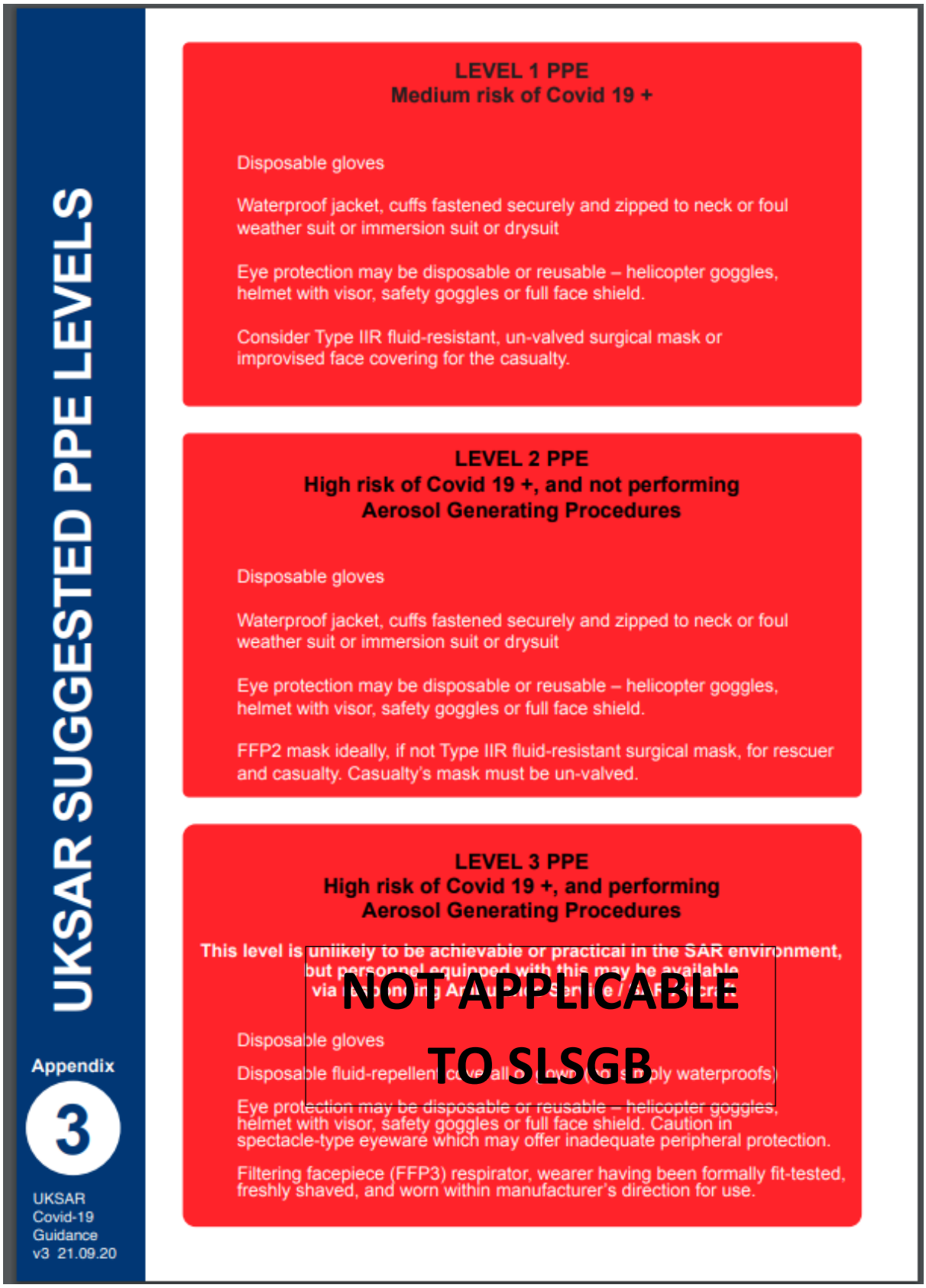
Further Considerations:
Minimal SAR personnel performing casualty care
Minimise total team attending
Kit dump away from casualty site – use runners
Rescue maintaining social distancing as much as possible
All bystanders to maintain social distance
Advise responding assets of casualty Covid status

* for PPE levels see Appendix 3

Appendix 2


BLS MODIFICATIONS - COVID+ PATIENT
Appendix 2
D
Keep rescuer's face away from patient's mouth and nose
You MUST risk assess the situation as normal, PLUS: Don Level 2 PPE
ASAP question those with the patient about the possible Covid status of patient and consider if in cardiac arrest the "down time" and therefore appropriateness of CPR
R
Keep rescuer's face away from patient's mouth and nose
c
Keep rescuer's face away from patient's mouth and nose
A
Keep rescuer's face away from patient's mouth and nose
Be aware of fluid, vomit etc. near / from patient's mouth and / or nose
DO NOT use any airway adjuncts. DO NOT use suction
If airway obstruction is present, try to remove by rolling onto side, facing away from rescuers
B
Keep rescuer's face away from patient's mouth and nose
DO NOT give any rescue breaths. DO NOT use a bag valve mask
DO NOT use high flow oxygen
C
Keep rescuer's face away from patient's mouth and nose
If no normal breathing or no signs of life, cover the mouth and nose of the victim with a mask or cover, then Start COMPRESSION ONLY CPR
If available, attach an AED and follow the instructions of the AED
D
Keep rescuer's face away from patient's mouth and nose
E
Keep rescuer's face away from patient's mouth and nose
Protect from the weather / environment but DO NOT use "bivi tent" or similar that would cause an enclosed space around the rescuers and patient
Conduct secondary survey for other injuries as appropriate with as little patient contact as is practically possible in the circumstances of the rescue
+
Further Considerations:
Extraction plan and liaison with Ambulance Service
Further resources to scene such as Mechanical CPR device
Can Ambulance Service get Level 3 PPE personnel to you?
Consideration to termination of resuscitation and Recognition of Life Extinct
On Call Advice available to your Team via radio / telephone

Appendix 3 – Levels of PPE



Appendix 4 - Donning PPE for an Incident

Incident Starts

Wash Hands; all exposed skin



Waterproof Jacket/Apron



Fit FFP2 mask/shape nose



Fit Face Visor/Goggles



Gloves



Treat patient

Appendix 5 - Doffing/Removal of PPE

Doffing/Removal of PPE

Incident Finished

Remove Gloves



Remove Waterproof Jacket/Apron



Wash hands/ Remove visors



Wash hands/ Remove mask



Incident finished/equipment cleaned



Carry on patrol if safe to do so

Any Patrol Team members who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

Appendix 6 – Management of First Aid Stations During C-19

Some clubs have dedicated first aid rooms. During C-19 our guidance is that these should not be used. A room is defined as "confined space" where transmission of a virus can be extremely high. Clubs would have to adopt a cleaning regime in line with hospitals which would add cost and increase risks. Also, when club members are able to have use of the "Club Facilities" the potential for contaminating the area and first aid equipment being stored is too high.
It is important that the club is managing C-19 to avoid unintentional, avoidable contamination risk!!!

If the club first aid kit and PPE is being stored in an area accessible to members, then a tight control procedure against the risk of contamination needs to be in place to manage the safety of that area. This includes the following:-

- Locked security for both first aid kit and PPE with designated key holders
- Virus controlled steps such as cleaning, sanitization
- Limited person access with strict sanitization regime
- PPE – face coverings and PPE gloves
- Logging/ register of entry/access
- Stock take register to ensure enough equipment is ready
- Consider having a small stock of minor first aid needs and PPE that is in a sealed plastic container in an easy to access location for member sessions. (Logbook on container so use is recorded, box is sanitized, and replenished, and new seal attached)

Minor First Aid

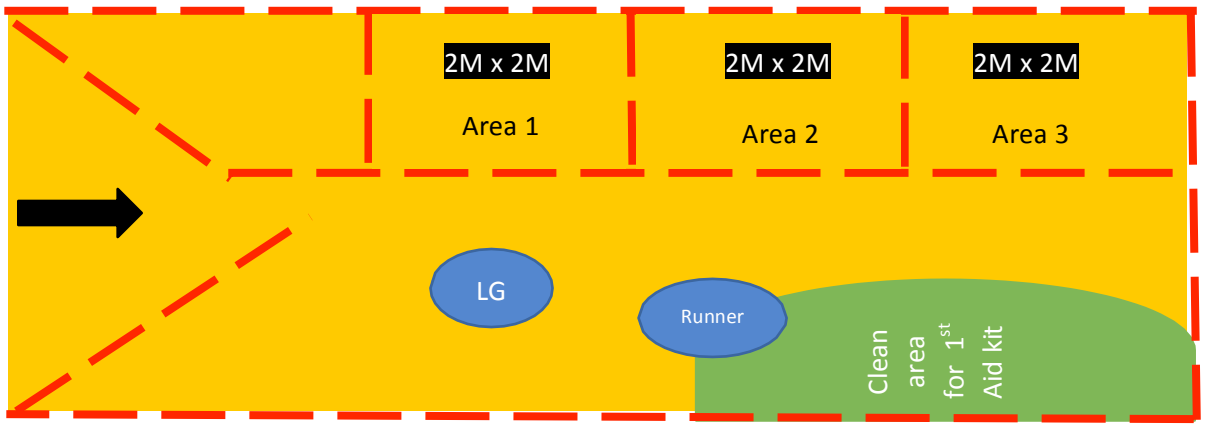
Trained Club Volunteers will be asked to attend first aid incidents. Most of the time this will be a minor first aid incident which can be dealt with at the place of the injury. There are other times, such as weaver stings or sprains, where pre C-19, Lifeguards have taken patients and others back to their dedicated first aid room.

During C-19 the advice on risk to persons in a confined space is high and a multi-use room can increase the likelihood of transmission of the virus.

It is highly recommended to only give treatment (if safe to do so) outside and where possible, those attending to the patient should distance themselves, advise the treatment needed and ask the person (or in the case of young children ask the parent/guardian) to administer treatment themselves through advice provided by the responder

Using windbreaks or barrier tape/rope to create a dedicated restricted outside area will help in the management of an outside first aid location. On busy beaches consider creating special distancing zones to manage more than one incident and to ensure members of the public do not come too close. Ensure if you have a seating area that plastic seats are decontaminated thoroughly before and after a person sits on it.

Figure 1.0



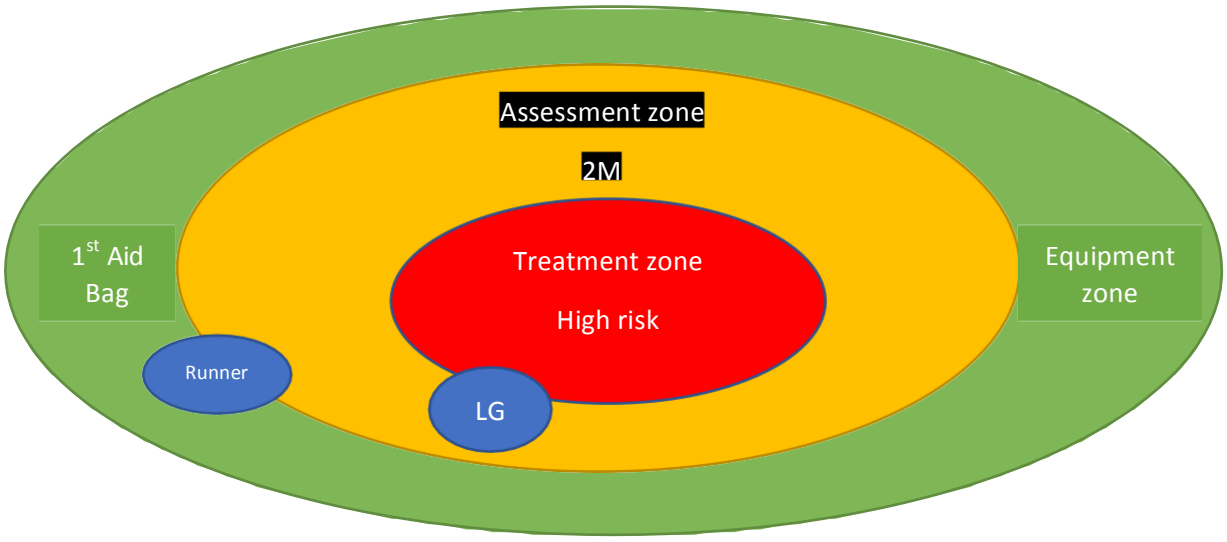
It is extremely important that the response bags (1st Aid and Responder response bag if used) do not get contaminated in anyway. If it is safe to treat, ask for a second volunteer to act as a "runner" to collect PPE and any required items from the Ist Aid kit/response bag and to bring to the incident location. The "runner" must take care not to contaminate the items collected and when delivered to back away for the primary responder (in PPE) to deal with the situation.

***A note on the PPE** : PPE should be kept in a container or bag used **ONLY** for those qualified to attend an incident. It is not for personal use. It is vitally important that the equipment use is recorded and adequate stocks are maintained. Spare equipment should be stored in a safe location where cross contamination will not happen and is managed appropriately. It is a recommendation that the bag should only have the minimum amount of kit that is required for a day's activity and reusable items such as face shields and goggles are cleaned after every incident and checked at the end of the patrol.*

Major First Aid

For a land-based incidents when the victim is too poorly to be removed, treatment will be given at the scene. On attendance, ensure the response bags are kept a safe distance away and use another team member to help bring the dedicate item to the responding Lifeguard /victim. Follow the protocols set by UK SAR and the advice on post incident.

Figure 2.



Section 3 – Management of the Club Facilities

This guidance is to assist with management decisions about use of Club facilities and equipment when club facilities are opened during COVID-19 and as permitted by the latest Government guidance, currently for member activity of up to 30 people.

It is issued at the time when the Government Risk is at Level 3 when the Virus is active and transmitting. Although the Government has reduced social distancing with interventions to 1m (e.g. Face masks and screens) they are still advising 2m social distancing and have not relaxed the need to take all precautions to avoid close contact with COVID-19 transmission risks.

This guidance is only subject to a Level 3 Risk – if the Level increases or decreases it may change accordingly.

It is strongly recommended that if Clubs decide to open, the management of the club facilities should follow the guidance and principles as set out below. Government guidance indicates that the Club must have its own C-19 plan so it must be your plan, be fully understood by all involved and adhered to – Don't sign up to what you cannot deliver

Insurance Reminder

During COVID-19 SLSGB member insurance will only be valid if Club Activity has been approved by SLSGB.

So far, SLSGB has approved the following activities:

Beach Warden Patrols

6 Person Bubbles (any Club Lifesaving related activity)

The condition of approval of the activities is that all involved must be full members of SLSGB and those involved must follow protocols established by SLSGB that has included training.

When Clubs open SLSGB will only approve activities for insurance cover when the club has provided written evidence of their plan that must comply with SLSGB guidance and the Club COVID-19 Safety Officer has attended an online training seminar

Do we need to open up the Club Facilities?

In addition to the 6 person Bubble activity (that does not require use of the Club Facilities) latest Government Guidance now permits clubs to open for up to 30 participants. Regardless of a decision to open the Club, if the Bubble system is currently meeting members needs then it should continue to be used as a convenient, discrete, self-contained C-19 compliant activity that is low cost and has minimal support needs and does not require the club to open. If the Club is opened, careful planning and management of sessions could permit the Bubble activity to continue independently without impact on opening the Club for other activities, but Bubble participants might not be able to use club facilities to achieve this.

Although It will now be possible for groups that do not exceed the new 30 people limit to use the Club, to permit this the Club will need to make a significant commitment to meet the COVID-19 Club Operating procedures.

However, this does not mean that come what may, 30 people can all attend at the same time. The club risk assessment will determine how many can attend depending on the strict maintenance of social distancing requirements and assessed safe capacity to maintain 2 m distancing.

Note: If your Club intends to undertake declared Lifeguard Patrol Activity you will not be able to do this without the Club Facilities being available as an operating base, or an acceptable alternative arrangement subject to SLSGB audit. If in doubt or you need to discuss this further please mail amayhew@slsgb.org.uk

What should we do to open the Club for up to 30 member participation?

1. Appoint a Club COVID-19 Safety Officer to be the person responsible for the management of C-19 risks relating to all activity at the club. SLSGB will provide online training for this role.
2. Consider this guidance and formally agree at full Committee level to proceed to open the Club. **THIS MUST BE YOUR PLAN**
3. Create a member use of club facilities briefing document available on your website **MEMBERS MUST UNDERSTAND THE CLUB PLAN**
4. Undertake the detailed risk assessment that will determine how many can use the club spaces at one time to maintain 2m distances (your people/space capacity plan)
5. Only plan indoor use of facilities when impossible to hold activity outside
6. Remember that Parent/Carers must be included in your session capacity plans
7. Produce a revised Club LOP and EAP to take account of the C-19 risks
8. Remember that SLSGB National Safety Guidance must be complied with for Training and Coaching activity https://www.slsgb.org.uk/wp-content/uploads/2017/08/National-Safety-Guide-Training-and-Coaching.pdf
9. Make sure that all other requirements will be met to open and run sessions like Safeguarding arrangements and that the club is a safe place. (access, essential services and general building condition etc)
10. Make sure that all volunteer relevant required competency awards are up to date
11. All in water sessions that require Lifeguard/Lifesaver safety cover will require a C-19 update to be undertaken by the Lifeguards/Lifesavers. This will be online trained by SLSGB to a Club TA who will then create The C-19 Update course on SLSGB MIS and then train the Lifeguards/Lifesavers. (There will be no charge for the course registration)
12. Introduce a formal process, make the members aware of this so that all attending and using the club follow your procedure WITHOUT EXCEPTION!
13. Introduce a priority booking system so that only one activity is taking place at a time and there are gaps to clean down and sanitise between sessions. (This can allow phasing of activities to increase the numbers of members that will be able to use the Club Facilities within your capacity limit at any one time)
14. Make sure that each session has a responsible person appointed by the C19 Safety Officer to manage COVID-19 risks and processes for that session
15. Have signs in each area to clearly indicate the maximum number that can occupy that space and minimise the number of people in confined spaces.
16. Ventilate all enclosed spaces and if possible, wear face masks when in a shared enclosed restricted space
17. If access involves close, two-way pedestrian traffic (narrow passages and stairs) ensure that a "No Close Passing Procedure" is adopted.
18. Make sure that the 2 metre rule is always followed. Introduce clearly marked distance zones
19. Maintain a Daily Attendees log and ensure this kept for at least 14 days with names and contact details so that if there is need to track and trace this can be done quickly.
20. Make sure that all attendees are fit and well, have no COVID-19 symptoms and have not had recent contact with confirmed cases as per government guidance. ***(The Three Important Questions)***

21. Close the Kitchen until you have fully complied with Government C19 guidance on catering https://www.food.gov.uk/business-guidance/reopening-checklist-for-food-businesses-during-covid-19 Ask all attendees to bring their own food and drink and drink bottles and that all containers have been sanitised. Do not permit food or drink preparation or sharing. Ensure that all packaging and other rubbish is removed personally (Take your own rubbish home)
22. Do not use changing rooms and showers. (THIS IS A HIGH RISK AREA). Ask attendees to come ready changed to participate and to shower and change at home. Do not permit anyone to leave clothing, wetsuits, PPE or PFD at the club. Personal equipment (boards and Skis) should only be stored at the club if you have a full decontamination procedure and it is used on all equipment stored at the club
23. Set up a "dirty area" outside the club building where all kit and equipment can be cleaned and sanitised before entering the building or is handled by others. Use this area to sanitise club kit before and after use.
24. Ensure that you have adequate hand washing and hand sanitiser facilities and that all using the club sanitise hands when entering and leaving and wash hands before and after undertaking any activities. Enable and encourage regular use of hand sanitiser and hand washing.
25. Regularly clean all hand touching points – **Before, During and After.**
    SANITISE EVERYTHING THAT IS TOUCHED AND SHARED REGULARLY
    After every session use suitable high-performance sanitisers. Wipe tabletops, working surfaces, door handles, and door locks, chair arms and all equipment used. Only use wipes once and dispose safely
26. If toilets are opened, appoint a session monitor who will control access to toilets so that only one person can use at a time. Fully sanitise toilets and all touch points before and after each use. Ensure that any tissues or paper towels are secure and safely disposed as contaminated materials
27. Do not share radios, tablets or PC's and other comms equipment. If the Club has a phone or installed VHF equipment, great care must be taken to fully sanitise handsets and touch controls before and after each use
28. Do not permit use of club lockers. Encourage members to come changed and to go home and change. Introduce a restricted (Roped off or coned) area outside for kit bag storage that comes from home and will return home
29. If you agree to permit members to store kit or use club kit for recreational or training purposes at the Club base, introduce a booking system, strictly limit and control access and time spent in the storage area. Those with access to wear face masks and to sanitise hands before and after use and regularly sanitise the storage area touch points. It will be very hard to make this COVID-19 low risk and will need a very tight control process and full member cooperation to make and keep safe.
30. Plan the C-19 Purchases you will need to Open The Club. For example:-
    PPE
    Sanitiser, Soap and Paper Towels
    Dirty kit Wash Bin and sanitiser additive
    Pump Pressure sanitising sprayer
    General C-19 Cleaning materials
    Contamination bags
    Posters for C-19 Procedures
    Floor marking tape and social distance markings
    Area signage to show max permitted people in each space
    Marked bins for contaminated waste

And Finally, although the virus is still active and transmitting, we are increasingly seeing serious lapses in both social distancing and proper attention to respond to the risks. This is already causing local spikes. Please make sure that Surf Lifesaving sets and maintains the standards in your communities. Ensure that familiarity (or careless/lazy behaviour) does not lead to unsafe contact or relaxation of regular personal and shared space distancing and sanitising.

Identify those in your club community most likely not to follow guidance and pay special attention to educating them – You know who they are!

We know that opening the club is a big step. We are here to help and support you so if you have questions, need further advice or have not yet let us know the details of your Club COVID-19 Safety Officer contact us at mail@slsgb.org.uk