

Social distancing during supervision and emergency first aid

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Applicable to	All operation colleagues and contractors

It is important we all understand how social distancing applies when working under supervision and what additional advice is given in response to an emergency first aid situation during the COVID-19 outbreak.

Supervision and social distancing

Supervision is defined in the DSR's in two ways: DSR Definition D.27

SUPERVISION, being one of the following:

1. Immediate Supervision

Supervision by a person (having adequate technical knowledge, experience and competence) who is continuously available at the location where work or testing is in progress and who attends the work area as is necessary for the safe performance of the work or testing.

2. Personal Supervision

Supervision by a person (having adequate technical knowledge, experience and competence) such that they are at all times during the course of the work or testing, continuously observing and in the presence of the person(s) being supervised, with the ability and competence to directly intervene.

Supervision at ground level provided for person(s) positioned at height is considered to be Personal Supervision when the supervisor at ground level maintains verbal and visual communication with the person(s) being supervised.

What does this mean for social distancing?

Immediate Supervision should be unaffected by social distancing. The ability to provide a two metre separation and provide adequate supervision will be possible in almost all situations. An example would be the supervision by a Senior Authorised Person when fixing flags to an overhead line structure.



For Personal Supervision, maintaining a two metre separation will normally be readily achievable but in some instances may be more challenging. Every job will be different and will need to be viewed on its own particular attributes. Can the person supervising maintain a two metre separation and still see the work clearly enough to 'directly intervene'? For overhead line and jointing work, this should be possible but in other situations such as changing a cut out in a cupboard, it would be more difficult.

When undertaking a Point of Work Risk Assessment, where a person undertaking duties under supervision may be carrying out the task or operation, the following shall be considered and recorded:

- Can I clearly see, at all times, the person carrying out the task?
- Can I clearly see, at all times, the plant, cable or equipment being worked on?
- Will I be able to intervene if necessary, either by verbal or physical means?

If the above conditions cannot be met then the method of carrying out the task will need to be changed, for example, observing from a MEWP whilst the other person works from the pole, observing jointing work from a safe distance or the competent/authorised person undertakes the work on this occasion.

If the job cannot be done whilst providing adequate supervision, then it cannot be performed by the person under supervision.

Emergency first aid during COVID-19 outbreak

Whenever CPR is carried out there is some risk of cross infection associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. 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). Resuscitation Council UK Guidelines 2015 state: "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min)."

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID-19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, you should place a cloth/towel or other piece of fabric over the victim's mouth and nose and attempt compression only CPR. Put hands together in the middle of the chest and push hard and fast.

- If available, then use an AED (automated external defibrillator) until the ambulance or advanced care team arrives. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If you have access to personal protective equipment (PPE) (e.g. face mask, disposable gloves, eye protection), these should be worn.
- After performing compression-only CPR, everyone involved in the rescue should wash their hands thoroughly with soap and water or hand sanitiser if available. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

[Watch this Resuscitation Council UK video on performing CPR during COVID-19 outbreak](#)

