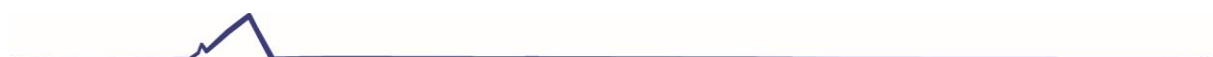




First Aid Policy Covid-19 Addendum September 2020

Review Body:	Governing Body
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Reviewed:	
Approved by:	Abi Gilbert
Next Review:	In line with any changes to public health guidance



First Aid Policy Addendum

The general principles of our current First Aid Policy remain unchanged.

Our duty of care to ensure the health and safety of pupils, staff and visitors includes both our duties under our first aid policy and our duty to observe infection control guidelines during the covid-19 pandemic.

When administering first aid, it is therefore important to follow additional precautions to mitigate risk.

The information in this addendum will be reviewed as national and local public health guidance changes or evolves. Members of staff must act with regard to the wider school risk assessment and public health guidance at all times.

1. Social distancing and infection control measures

1.1 When administering first aid, the relevant staff are advised to:

- Wash their hands before and after administering first aid, using soap and water or alcohol based hand sanitiser.
- Dispose of any waste in a suitable bin.
- Ensure frequently touched surfaces and equipment have been cleaned and disinfected before use.
- Keep at least two metres away from others, where practicable.
- Wherever possible, guide the person requiring first aid to administer it for themselves.
- When administering first aid requires interaction within a two-metre range, interact side-by-side, maintaining a height difference where possible to reduce face-to-face contact.
- Minimise the duration of face-to-face contact where side-by-side interaction is not possible.
- Where face-to-face contact is likely to be necessary for a sustained period of time to administer first aid, additional PPE should be worn (face mask and goggle/visor where necessary). If appropriate (taking into account the person's age and stage of development and any other health conditions), the recipient of first aid should also wear a face mask.
- Limit the number of people administering first aid in each incident.
- Ensure that all recipients of first aid are kept at least two metres apart from others, e.g. other recipients.
- Ensure that, wherever possible, first aid is administered in a designated location to minimise the spread of infection and any cleaning requirements.

1.2 The use of PPE is **not** required to administer first aid in most circumstances. Where it is needed as outlined above, in accordance with infection control or when administering first aid to a person displaying coronavirus symptoms, government guidance will be followed:

Guidance states that if a student becomes unwell with symptoms of coronavirus and needs direct personal care until they can return home then a fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the student is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection (visor, goggles) should also be worn.



1.3 When using PPE staff must follow guidance on donning and doffing PPE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

These posters are on display around the school.

2. First aiders

- 2.1 Each school will ensure that there is the required minimum number of trained first aiders on site during school hours and there is extended services provision.
- 2.2 Wherever possible, the first aider administering first aid will be the member of staff from the pupil's / colleague's bubble.
- 2.3 Where a first aider must be sent home due to showing symptoms of coronavirus, the school ensures that the minimum number of first aiders on site is maintained and arranges cover where necessary.
- 2.3 Only appropriately qualified staff give CPR where this is required.

3. Ill health and infection

- 3.1 Where an individual must wait on the school premises to go home when showing symptoms of coronavirus, staff ensure that:

The individual is isolated in a cool, well-ventilated, designated area.

They adhere to the school's social distancing and infection control measures.

Areas used by the individual are cleaned and disinfected once they leave, e.g. toilets.

- 3.2 In the event that a symptomatic individual requires first aid, and a distance of two metres is practical and can be maintained, staff administer first aid in accordance with the usual first aid policy.
- 3.3 Staff wear PPE when required to administer first aid to a symptomatic individual if a distance of two metres cannot be maintained, e.g. the pupil is very young or has complex needs.

4. Emergencies

- 4.1 Where emergency care or first aid required, this is delivered as quickly and as safely as possible. This is delivered by the closest first aider. As soon as possible, this first aider can be relieved by a member of staff wearing appropriate PPE so that they can follow hygiene measures (handwashing, changing out of clothes with any bodily fluid etc.) as soon as possible. Where necessary, additional advice from public health is sought.
- 4.2 If any individual becomes severely unwell (including a symptomatic individual) or their life is at risk, a member of staff must call 999 immediately.



4.3 Resuscitation (CPR)

Resuscitation face shields to be carried in portable first aid kits. Resuscitation pocket face masks are also available in designated areas around the school. Resuscitation face shields or face masks should be used wherever possible to reduce the risk of infection transmission.

In the case of a pupil, member of staff or visitor requiring CPR, 999 and a trained first aider should be called immediately.

Advice for adults from Resuscitation Council UK:

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, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Resuscitation (CPR) – paediatric advice from Resuscitation Council UK:

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

<https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>



In addition to the above addendum, First Aiders should make themselves familiar with the guidance below in order to protect both themselves and others they are in contact with.

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

The relevant sections are below for reference:

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

7.1 Personal protective equipment (PPE)

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

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

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

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

7.2 Cardiopulmonary resuscitation

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

In adults, it is recommended that you do not perform rescue breaths or mouth- to- mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

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

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



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.

7.3 Providing assistance to unwell individuals

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

7.4 Cleaning the area where assistance was provided

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

7.5 If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.



