

Ely St John's School

Appendix for First Aid Policy relating to COVID 19 procedures

Approved by Governors in June 2020

First Aid Requirements

This document supplements the existing first aid arrangements for our school.

Specific considerations relating to management of first aid is covered in **COVID-19 Guidance for all education settings**.

Practicing First Aid Safe Working arrangements

General first aid (non COVID related):

Each bubble will have its own first aid equipment and the specific care plans and medication for children who have medication in school (which will be administered as usual).

First aiders who fall into a clinically vulnerable group will not do first aid.

First Aiders must ensure that:

- They familiarise themselves with the guidance and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible. Avoid close contact in the first instance. Consider where you may be able to instruct a person about what to do, or pass them items that they need in order to treat minor injuries. Stand at a distance if this is age-appropriate. First aid boxes contain gloves and aprons. A mask may be worn if it feels safer to the staff member.
- If you have been in close contact with a person and/or 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.
- Wipe down the first aid box after use using a disinfectant wipe. Some of the new 'boxes' are the green bags we use for trips (these will be replaced with boxes).
- Replace used first aid items so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock. NB: used ice packs must be thrown away and unused ones can be rehydrated and refrozen.

Charlotte Godfrey, Julie Symonds and Jacqueline Shooter will be available as appointed persons where necessary for advice and where there is no first aider in a bubble - first aid trained staff in each bubble able to administer usual first aid (TAs and middays).

In the event of a COVID-19 suspected case:

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others – this will be the PPA room. The medical toilet will also be available if the child needs the toilet and both sites will be deep cleaned before being in use again for others.

Where a close contact response is needed (for symptomatic people), the following equipment is required (in the PPE pack):

- Disposable gloves

- Plastic apron
 - Fluid repellent surgical mask?
 - Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids). We have one set of goggles, which the school bought for cleaning up vomit.
 - Resus face shield
 - Hand sanitiser
 - Two bin bags
 - Disinfectant wipes/anti bac spray and paper towels (for cleaning first aid box)
- Where close contact is required the appointed persons follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination. PPE is only supplied for Covid-19 and not in the classroom first aid boxes – it cannot be used unless a child shows symptoms and the staff have been properly trained. JS and JSH will manage any event where PPE is required.

Personal Protective Equipment (PPE) – to support previous guidance

Storing PPE - PPE should be kept in a labelled box or bag with First Aid kits so that it is readily available and can be accessed quickly. It will be in the PPA room ready and available.

Using PPE – Julie Symonds and Jacqueline Shooter have been designated to manage such cases and to use the PPE. They have read the national guidance (COVID-19 Personal Protective Equipment Guidance) and taken the time to familiarise themselves with the instructions for donning and doffing PPE. They have also watched the training video, and read the guidance note prepared by our Public Health Team, in readiness for responding to a first aid event.

Removal of PPE - Remove PPE when close contact is no longer required by following the sequence for removal included within the guidance note. It is critical that you do this in order to avoid self-contamination. You should not walk through the premises whilst wearing this.

You can use hand washing facilities after you have followed the PPE removal sequence, or hand sanitizer, where hand washing facilities are not in close proximity.

Cleaning - If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the school/setting that you work in. The cleaners will manage any deep cleaning required after a suspected COVID case has left the premises.

Additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (e.g. corridors). If these are not visibly contaminated, they can be cleaned using the setting's usual procedures.

Clothing - You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact but should change your clothing on arrival at home (after close contact or wearing PPE). The designated persons for PPE use may feel they wish to go home immediately after to shower.

Clothes should be washed separately from other household linen, in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Cardiopulmonary resuscitation

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE.

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). The following steps are recommended:

- 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 (unless you are wearing a fluid resistant mask). 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 the individual is suspected to have COVID-19, make the operator aware when you dial 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance 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.
- 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.
- 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.

We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

