

Annex 1

COVID-RELATED AMENDUM TO FIRST AID POLICY

Note: This is an addendum to the Academy's current First Aid Policy and does not replace the Academy's main policy. It will remain in place temporarily in response to the current Covid- 19 pandemic. The addendum may be amended on receiving any further guidance from the Department for Education or local authority.

School Name: Fishtoft Academy

Policy owner: Head of Academy

Date: 31.05.20

Date shared with staff: 01.06.20

Context:

From 20th March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

[Covid-19-safeguarding-in-schools-update](#)

Schools and all childcare providers were asked to provide care for a limited number of children - children who are vulnerable, and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home.

As of 1st June 2020, schools were asked to begin to admit a wider number of pupils: namely EYFS, Y1 and Y6 in addition to maintaining childcare for Key Workers and Vulnerable pupils.

Amendments to Policy:

1)

Providing First Aid during Social Distancing periods

Where it is not possible to maintain a 2-metre or more distance away from an individual when providing first aid, ensure the following PPE (Personal Protective Equipment) is used. Namely:

- disposable gloves
- disposable plastic apron
- Eye protection (such as face visor or goggles) should be used when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

All staff are to clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after removing 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](#) and is displayed in staff rooms, rooms identified for dealing with suspected cases of Covid-19 and First Aid rooms and this is also covered in the staff briefing held in relation to Health and Safety prior to re-opening of site as an educational setting.

Use and dispose of all PPE according to the instructions and training provided in the Health and Safety briefing.

2)

Who will administer First Aid?

Wherever possible, if a child requires first aid, this will be administered by staff from within their 'bubble' wearing appropriate PPE if social distancing cannot be maintained. However, in the case of a more significant injury (where a fully trained first aider / paediatric first aider is required), if one cannot be found from within their designated 'bubble', the need to administer first aid will supersede the requirement to stay within discrete bubbles.

Phone calls home and first aid forms MUST be completed as per the original policy.

3)

Numbers of First Aiders

Appropriate numbers of First Aiders must be available on site each day. If this cannot be maintained from within the current staff team (due to COVID-related staff shortages), support will be sought from the wider Trust. The Academy will make its 'best endeavours' to ensure an appropriate number of these persons are paediatric trained.

4)

First Aid Areas and Isolation Areas

The First Aid area should NOT be used for the isolation of pupils showing COVID-related symptoms. It should be deemed as a 'clean area'. Only 1 pupil and their accompanying member of staff should be in the first aid area at any one time.

5)

Children taken ill on site showing COVID-related symptoms:

- Learners showing/developing symptoms during the school day are to be taken to the designated isolation area (support room) and made comfortable whilst they await collection by their guardian.

- Whilst awaiting the collection of a symptomatic learner, the supervising staff member (from within their 'bubble' should monitor the learner from a distance of more than 2 metres, preferably through the vision panel of a closed door. If this is not possible, then the staff member supervising the symptomatic learner will wear a fluid resistant face mask, a disposable apron, eye protection and disposable gloves. (These will be issued to each member of staff to store in their own working space in order that they know where this is at all times). The guardian of the symptomatic learner should be contacted immediately to collect their child. The parent is to be advised to follow government/NHS guidance regarding self-isolation. <http://www.nhs.uk/coronavirus>
- The designated isolation area should be sanitized by a member of staff immediately. A notice of sanitisation should be left upon completion.

6)

Resuscitation and CPR

- If you are required to perform cardiopulmonary resuscitation (CPR), you should 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.
- It should be remembered, however, that in the case of paediatric arrest or where there is a delayed ambulance response, not giving rescue breaths could significantly reduce chances of survival, compared to the (at present) unlikely risk of contracting COVID-19, which may only result in mild symptoms if you are healthy. (RCUK GUIDANCE)
- 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)

Cleaning areas where assistance has been provided:

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in [non-healthcare settings](#). 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 using an anti-viral sanitiser. Any cloths used to clear up bodily fluids should be disposable and should be disposed of in yellow clinical waste bags.