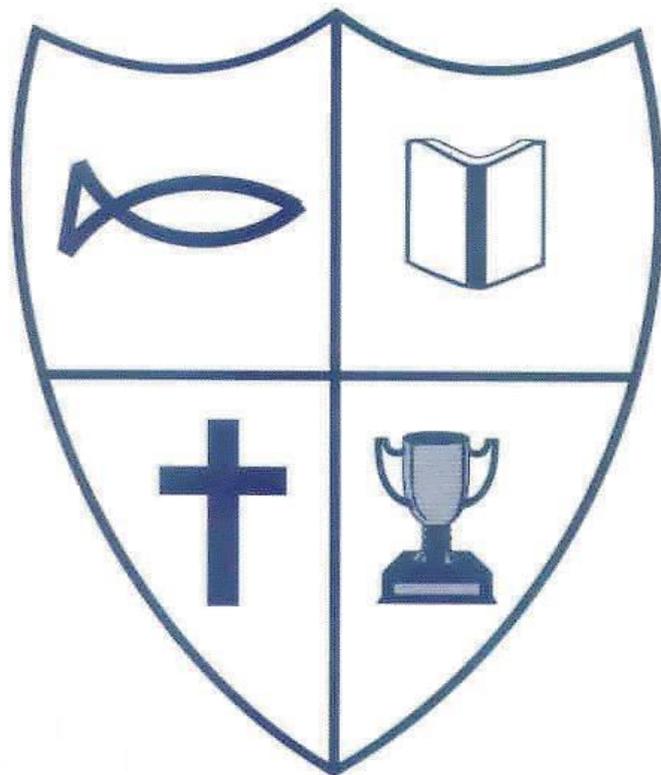


Addendum to First Aid
Policy
Aughnacloy Primary
School



COVID-19 school reopening arrangements for First Aid at

Aughnacloy Primary School

In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would. In such emergencies, teachers should do what is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

This document supplements the existing first aid arrangements for Aughnacloy Primary School.

First aid needs assessment and guidance form Specific considerations relating to management of first aid is covered in COVID-19 Guidance for all education settings.

Practicing First Aid Safe Working Arrangements

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.

If a person has suspected COVID-19, wherever possible, ask them to move to a location away from others.

If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

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

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection/face shield (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box) Public Health have confirmed that PPE is not required for first aid for no symptomatic people. All staff to have 1st Aid supplies in their room.

Be Aware of the risks to yourself and others

When approaching a casualty, first aid staff must be aware of the risks to themselves and others as there is always a risk of cross contamination (especially if you have to get close to assess what is wrong or checking their breathing). According to NHS 111 we do not know exactly how coronavirus spreads from person to person, but similar viruses are spread in cough droplets.

Keep yourself safe

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Also ensure that you don't cough or sneeze over a casualty when you are treating them. With minor injuries you may be able to instruct a person in what to do or pass them the items that they need and stand at a distance if it is age appropriate to do so.

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. 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). 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.

Staff Responsibilities

The Principal must ensure that:

- The requirements relating to the management of first aid outlined in COVID19 Guidance for all education settings have been implemented.

- An adequate supply of PPE is available to enable first aiders to familiarise themselves with the equipment, or practice using it as required (for circumstances where they are not otherwise familiar with wearing PPE).
- First aiders take time to practice the use of PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out).
- Discuss this guidance with first aiders and ensure that they understand the requirements included within it.

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.
- Where close contact is required, they follow the requirements for wearing PPE, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination.
- Ensure that the equipment is ready for use as part of their response arrangements.

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-asphyxia 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. Check the airways. 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 (asphyxia arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxia 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.

First Aider Actions

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.

Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch a wound with your bare hand

What happens if someone becomes unwell at an educational or childcare setting?

If anyone becomes unwell with a new, continuous cough or a high temperature in an education or childcare setting, they must be sent home and advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

What happens if there is a confirmed case of coronavirus in a setting?

When a child, young person or staff member develops symptoms compatible with coronavirus, they will be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 14 days. All staff and students

who are attending an education or childcare setting who display symptoms of coronavirus are encouraged to get tested in this scenario.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Northern Ireland's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases, a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.