



Osborne
Co-operative Academy Trust

Self-help
Self-responsibility
Equity
Equality
Democracy
Solidarity

First Aid Policy

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This policy contains an Addendum for First Aid during COVID-19

Osborne Co-operative Academy Trust

Osborne Co-operative Academy Trust is a multi-academy trust (MAT) incorporated around the principles and values of the international co-operative movement. These are Equality, Equity, Democracy, Self-help, Self-Responsibility and Solidarity, along with the ethical values of openness, honesty, social responsibility and caring for others. These values and principles underpin all our actions.

Introduction

People can become injured or be taken ill while at work. Regardless of whether or not the injury or illness is caused by the work they do, it is important that they receive immediate attention and, in serious cases, an ambulance is called.

The Health and Safety (First Aid) Regulations 1981 (amended 2018) cover the arrangements that should be in place to ensure this happens, and in so doing save lives and prevent minor injuries from becoming major ones.

These arrangements include the provision of adequate and appropriate first aid equipment, facilities, and trained staff. **Appendix 2 is an assessment of needs tool that should be completed when considering first aid requirements in school or on a visit.**

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- Ensure robust risk assessments are in place regarding first aid needs (Appendix 3, template for risk assessment)

Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), advice sought from oneSource and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and responsibilities

Appointed person(s) and first aiders

The school's primary first aiders are responsible for:

- Taking charge when someone is injured or becomes ill

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when needed

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatments
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times **(See appendix 4, first aid staffing flow chart)**
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE via oneSource accident reporting system when necessary

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident form (see appendix 5) for all incidents they attend to
- Ensuring the completed accident form is given to the relevant person for reporting online via the oneSource accident reporting system
- Informing the Headteacher or their line manager of any specific health conditions or first aid needs

First aid procedures

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers

- If emergency services are called, a member of the senior leadership team will contact parents/carers immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. The report must include as much detail as possible such as weather conditions, surface condition, witnesses (statements to be collected) etc.
- If a child has any specific needs their needs will be met in line with our 'Supporting pupils with medical conditions policy'
- The school has a defibrillator which is located in the back office opposite main reception.

Off-site procedures

First Aid kits will be taken on all off site activities, along with individual pupil's medication such as inhalers, epi-pens etc. Staff who are first aid trained will accompany all off site visits and for some trips with additional risks or hazards, a Paediatric First Aider may also attend

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents'/Carers' contact details (for residential or out of hours trips only)

Risk assessments will be completed by the lead teacher prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on school trips and visits. As required by the statutory framework for the Early Years Foundation Stage, for any EYFS trips this person will hold a current Paediatric First Aid Certificate.

First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Disposable gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Classrooms
- Lunch time bags for MDA supervisors
- Main Office
- Medical Room
- PE Hall

Asthma Pumps/Epi-pens

Schools purchase asthma pumps/epi-pens to use in an emergency where parental consent has been given.

ASTHMA

We have many children at Little Thurrock Primary School with Asthma. All pumps are labelled and kept in the school office except for nursery children and Reception children who store theirs in their building. In the event of an attack, the inhaler must be taken to the child. All inhalers should accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. Children on the asthma register who have parental consent for the use of the emergency inhaler are clearly indicated. An emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). There are five emergency kits which are clearly labelled for use in school, on trips and in the event of an evacuation. Four of these are kept in the school office and the other stored in the medical room. **ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK.**

EPI-PENS

All Epi-Pens are labelled and kept in the school office except for nursery and Reception children who store theirs in their areas. Nine members of staff have Anaphylaxis and Epi Pen training. These include senior leaders, first aiders and the staff working with children who currently have an epi-pen. Anyone can administer an Epi-Pen in an emergency if the adult/child is unable to do it themselves. Should a member of staff, who has not had the training have to do this, then the emergency services must be informed at the same time as the Epi-Pen is administered. From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Record-keeping and reporting

- All accidents will be recorded on the school's electronic accident reporting system immediately or as soon as is practicable.
- All serious accidents must be recorded on the school's electronic accident reporting system, on the same day, and then recorded onto the EVERY system (the electronic incident reporting system for the local authority) within 24 hours.
- The nursery and Reception (Early Years) provision staff maintain their own records for their own children electronically and hard copies. An accident record sheet should be provided to and signed by the parents at the end of the day. A copy of the letter should be stored securely to protect against GDPR breaches of confidentiality.
- All staff and volunteers know where they are kept and how to complete them.
- All accident records are reviewed half termly by a member of the senior leadership team to identify any potential or actual hazards.

Our accident records contain information of the first-aid treatment given by first aiders and other members of staff. These accident records **MUST** be, completed on the same day of the incident, and include:

- The date, time and place of the incident. → The name of the injured or ill person. → Details of the injury or illness and first-aid treatment provided → What happened to the person immediately afterwards (for example, whether they went home, went back to class, or went to hospital).

The information in the accident records can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks;
- Be used for reference in future first-aid need assessments;
- Be helpful for insurance and investigative purposes.

All completed accident records should be stored securely and safely in case they are needed for reference in the future.

- An accident form will be completed by the primary first aider on the same day or as soon as possible after an incident resulting in an injury
- Accidents to staff, visitors and accidents to pupils requiring hospital or medical treatment will be reported using the oneSource online accident reporting system
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- A record of the accident will also be added to the pupil's educational record by the first aider.

Reporting to the HSE through oneSource

Accidents to staff, visitors and pupils resulting in a visit to hospital or requiring medical treatment should be reported through the oneSource online accident reporting system. OneSource will report any accidents that are RIDDOR reportable to the HSE. HSE guidance on reporting incidents in schools can be found in the [HSE information sheet](#)

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital

Physical Assault/Injury

Staff should complete an accident form if they or a pupil have been physically assaulted or injured by another pupil. The form should include a timeline leading to the assault, any triggers and resulting behaviours.

Near Miss Events

A Near-miss is something that does not result in an injury, but could have done. All near misses should be recorded via the oneSource accident reporting system.

Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion Information on how to make a RIDDOR report is available here:

Notifying parents/carers

The Headteacher will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Training

The Headteacher will ensure that the school has adequate first aid trained staff based on the needs of the school following risk assessment.

- The school will keep a register of all trained first aiders, what training they have received and expiry date, this is recorded on the Single Central Register.
- Staff are encouraged to renew their first aid training when it is no longer valid.
- The Headteacher will ensure that there are enough staff trained in paediatric first aid in early years to ensure cover for absence. This meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Contractors working on site

All contractors working on site, whether cleaning staff or tradesmen, must be made aware of the first aid procedures on site including who they should notify if there is an accident.

Monitoring arrangements

This policy will be reviewed by the Headteacher every three years or following a change in legislation/school procedure.

At every review, the policy will be approved by the Local Governing Board Committee

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Supporting pupils with medical conditions policy

Appendix 1 – First Aid Trained Staff

Name	Role	Qualification
Sue Browne	Early Years	Paediatric First Aid Level 3
Lynn Tyrrell	Nursery	Paediatric First Aid Level 3
Lauren Williams	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Dawn Jessup	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Sarah Gardiner	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Karen Allen	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Wendy Whiteman	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Marc Thornley	PE Teacher	Emergencies at Work & Basic Paediatric Training
Wendy Pettit	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Michela Mulas-Martin	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Zoe Deighton	Cover Supervisor	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Brooke Wright	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Jenny Brewer	LSA/MDA	Emergencies at Work & Basic Paediatric Training
Sandra Halsey	Office	Paediatric First Aid Level 3
Jayne Farrell	LSA/MDA	Paediatric First Aid Level 3 Emergencies at Work & Basic Paediatric Training
Mary Dunn	Interim Deputy Headteacher	Paediatric First Aid Level 3
Lianca Botha	Class Teacher	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Emma Edmondson	HLTA	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Kay Harvey	LSA/MDA	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Nicola Lewin	LSA/MDA	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Julie Pinson	Office	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Lorraine Robinson	Office	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Clare Wade	Class Teacher	Paediatric First Aid Emergencies at Work & Basic Paediatric Training
Vanessa Wright	LSA/MDA	Paediatric First Aid Emergencies at Work & Basic Paediatric Training

Appendix 2: Assessment of first aid needs checklist.

Issues to consider	Impact on first aid provision	Notes
<p>Hazards: The findings of the risk assessment(s) should be taken into account, along with parts of the workplace that may have different work activities or hazards, and may require different levels of first aid provision.</p>		
<p>Are the hazards low level, such as those found in offices?</p>	<p>The minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first-aid arrangements; • A suitable first aid box. 	
<p>Are there higher-level hazards such as dangerous machinery, hazardous substances, or work involving confined spaces?</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Providing first-aiders; • Additional training for first-aiders to deal with injuries resulting from special hazards; • Additional first aid equipment; • Precise siting of first aid boxes; • Providing a first aid room; • Informing the emergency services. 	
<p>Does the level of risk vary in different parts of the establishment/building/site?</p>	<p>Consider the provision of each building or site.</p> <p>Where several levels of risks exist, base the provision on the highest level of risk.</p>	
<p>Employees</p>		
<p>How many people are working on site, or in the establishment/building?</p>	<p>Where there are small numbers of employees, the minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box. <p>Where there are large numbers of employees, consider providing:</p> <ul style="list-style-type: none"> • First-aiders; • Additional first aid equipment; • A first aid room. 	
<p>Are there any inexperienced staff, or trainees on site?</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Additional training for first-aiders; 	

<p>Are there any staff with disabilities, or particular health problems?</p>	<ul style="list-style-type: none"> • Additional first aid equipment; • Local siting of first aid equipment. <p>The first aid provision should cover any work experience trainees.</p>	
<p>Non-employees</p>		
<p>Do members of the public visit your premises?</p>	<p>Under the Regulations, there is no legal duty to provide first aid for non-employees but the HSE strongly recommends that non-employees be considered in the first aid provision.</p> <p>Where there are small numbers of non-employees, a guide to the minimum provision is:</p> <ul style="list-style-type: none"> • An appointed person to take charge of first aid arrangements; • A suitably stocked first aid box. • Where there are large numbers of non-employees, consider providing: <ul style="list-style-type: none"> • First-aiders; • Additional first aid equipment; • A first aid room. <p>Where non-employees have disabilities or particular health problems, consider:</p> <ul style="list-style-type: none"> • Additional first aid equipment; • Precise siting of first aid boxes; • Providing a first aid room; <ul style="list-style-type: none"> • Additional training for first-aiders to deal with disabilities or particular health issues, for example the use of an epi-pen for administration. 	

Accident and ill health record		
<p>What is the record of previous accidents or incidents of ill health?</p> <p>What injuries and illnesses have occurred and where did they happen?</p>	<p>Ensure the first aid provision will cater for the type of injuries and illnesses that might occur. Monitor accidents and ill health and review the first aid provision as appropriate.</p>	
Working arrangements		
<p>Do staff work out of normal office hours or work shifts?</p>	<p>Ensure there is adequate first aid provision at all times people are at work.</p>	
<p>Do staff travel to other sites, work remotely or work alone?</p>	<p>Consider:</p> <ul style="list-style-type: none"> • The outcomes of the lone working risk assessment; • Issuing personal first aid kits; • Issuing personal communicators or mobile phones. 	
<p>Does the work involve travel to other sites or locations with members of the public (clients, service users or pupils)?</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Ensuring the group is accompanied by a first-aider; • Taking a first aid kit on the trip; • The medical needs of the clients, services users or pupils, particularly if they have a medical care plan. 	

Do staff work at sites of other organisations?	Consider: <ul style="list-style-type: none"> • Making arrangements with the other organisation(s) to ensure adequate first aid provision; • A written agreement between yourself and the other organisation(s). 	
Is there sufficient first aid provision to cover absences of first-aiders, or appointed persons?	Consider: <ul style="list-style-type: none"> • What first aid provision would be required to cover for annual leave or other planned absences; • What would be required to cover for unplanned and exceptional absences? 	

Overall Risk Rating based on information in table above (circle as appropriate):	High	Medium	Low
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Maximum number of persons on site, including non-employees:	
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Number of 3-day trained first-aiders required:		Number of Emergency first-aiders required:	
Number of First Aid boxes required:		Number of Travelling/Mobile first aid kits required:	

Name of person responsible for maintaining the first aid boxes and kits:	Name of person responsible for organising refresher training:
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Signed:	Date:	Date of Review:
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Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
Body fluids	First-aiders. Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.	Assume all body fluids are infectious and follow strict hygiene procedures: <ul style="list-style-type: none"> • Wash hands thoroughly before and after administering first aid and use disposable gloves. • Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. • Splashes into eyes or mouth should be rinsed freely with cold water. • Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. • Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other 	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		

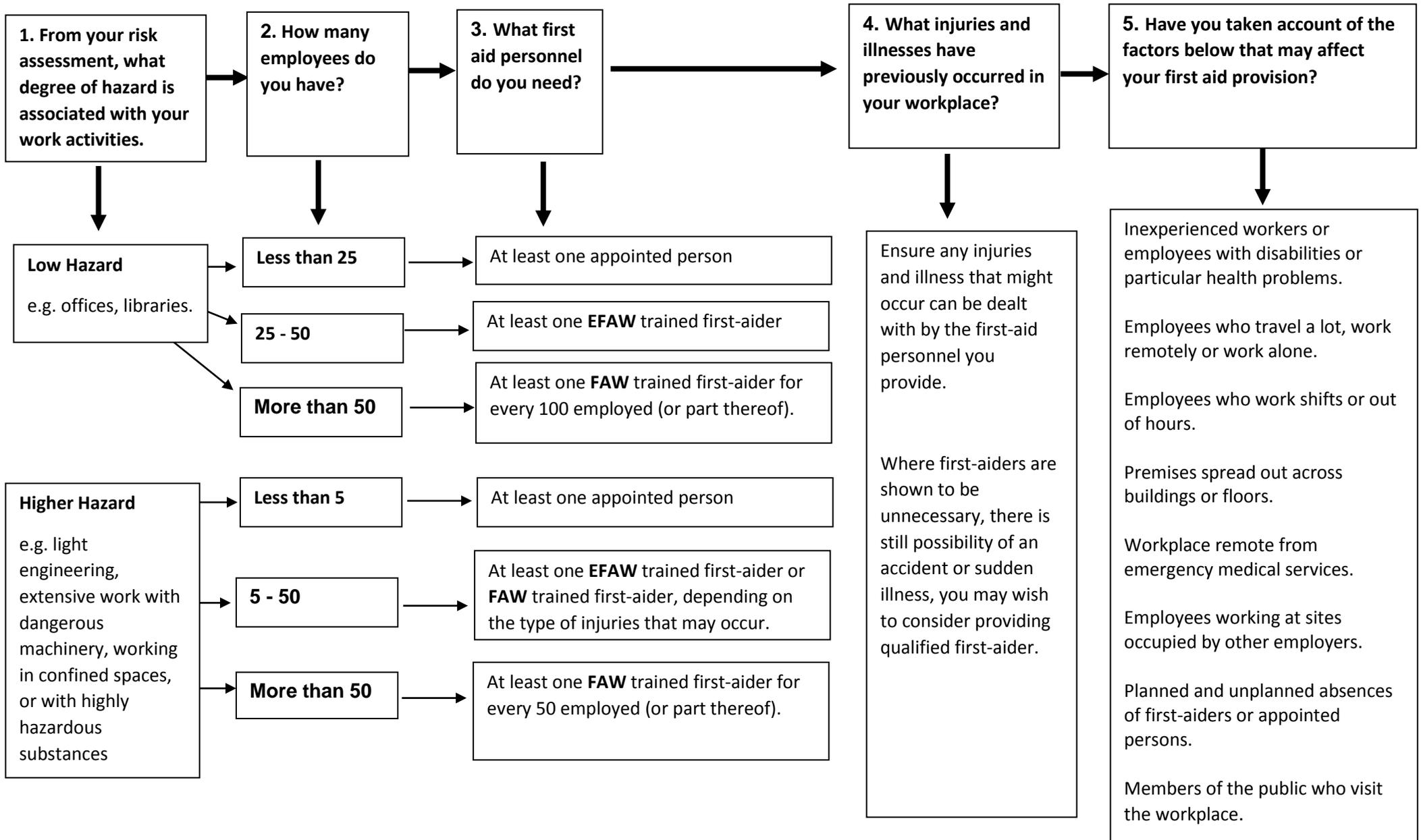
		<p>absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.</p> <p>Mouth to mouth resuscitation:</p> <ul style="list-style-type: none"> • Mouthpiece used for mouth to mouth resuscitation, • A rigid airway only to be used by first-aiders trained in its use. <p>All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.</p>					
Hazardous substances	<p>Contamination from disposable gloves, aprons etc. contaminated with body fluids</p> <p>First Aider</p> <p>Exposure to hazardous substances</p>	<p>Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.</p>	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		
Review date:		Date communicated to staff:					
Is a safe system of work required		Yes / No					
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.							

Risk Matrix

The matrix below is designed to help you in identifying a risk level for a given task or activity. Using your experience, the available evidence and existing precautions/ control measures in place you will have already determined the consequence of harm, and the likelihood of the harm being realised. The level of risk for the respective task or activity can now be determined using the following matrix.

CONSEQUENCE	Catastrophic	5	5	10	15	20	25	17-25 Unacceptable Stop activity and make immediate improvements
	Major	4	4	8	12	16	20	10-16 Tolerable Look to improve within specified timescale
	Moderate	3	3	6	9	12	15	5-9 Adequate Look to improve at next review
	Minor	2	2	4	6	8	10	1-4 Acceptable No further action, but ensure controls are maintained
	Insignificant	1	1	2	3	4	5	
			1	2	3	4	5	
			Very unlikely	Unlikely	Fairly likely	Likely	Very likely	
			LIKELIHOOD					

Appendix 4 Suggested numbers of first-aid personnel to be available at all times people are at work.



Source: First Aid at Work, The Health and Safety (First Aid) Regulations 1981, (Appendix 3)

Appendix 5

Accident/Incident Record Form Questions (note this form should only be used to record the details of the accident/incident, an online form must be completed using the details gathered)

Person Completing the Form		
Name	Date Completed	Directorate
Service Area	Contact Number	

About the Person Affected/Involved		
Name	Date of Birth	Status of Person Affected
Job Title	Gender	
Address (including Postcode)	Contact Details	

Incident Details		
Date of Incident	Time of Incident	Date Reported
Address where the incident happened		
Description of events (include weather, surface, lighting, condition, info where appropriate, did the incident involve a LA vehicle)?		
What happened after the incident e.g. hospital, returned to work	Injury sustained Y/N	
Describe Injury	Describe part of the body affected e.g. left wrist, right leg	
Was there a witness to the accident? Y/N	Details of Witnesses (name and contact details)	

Line Manager to complete

Name	email address
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Was the injured party correctly training in task/activity Y/N	Was the injured party correctly supervised in the task/activity Y/N	
Is there a risk assessment in place for this task Y/N	Were identified control measures in place Y/N	
Is the risk assessment being reviewed Y/N	Is the affected/involved person aware of the outcome of the risk assessment Y/N	
Were there any other factors contributing to the incident		
Did the injured party have time off work as a result of the incident Y/N	Date stopped work	Date returned to work
Give details of any measures you have taken or intend to take to prevent recurrence of the incident		
Have the description of events been verified by the affected/involved person Y/N		

Addendum First Aid for COVID 19

Appendix 1

Remember the 3P model – preservice life, prevent worsening, promote recovery

The patient will be encouraged to administer their own first aid wherever possible and if appropriate e.g. wiping a graze, applying a plaster.

There will be a small first aid pack in each classroom for minor first aid.

If children require first aid during playtime or lunchtime this will need to be administered in the room that they have been allocated for their learning.

Ice packs are located in the freezer in the medical room in Grove building and the freezer in nursery in Wharf building. Once the first aid has been administered, the handles of the freezer need to be wiped down.

Bumped head letters are in the medical box in the classroom.

When dealing with any first aid incidents full PPE must be worn.

- Hand washing
- Apron
- Facemask /face shield
- Gloves

All staff must have completed the PPE courses and scored 80%+ on the PPE quiz.

If using the gauze please ensure you have your gloves on and only touch the top layer of the pack taking care not to touch the piece below.

If a child starts to present with COVID19 symptoms, please follow the guidance in the Infection Control Policy and the Protocol for if a child becomes ill with coronavirus symptoms.

If the incident is major, please use the radios for calling a First Aider *Enter local procedure.*

If you think that the patient is having a cardia arrest, please follow the guidance at the end of this document.

Once you have finished treating the patient, move away to a safe distance as soon as possible.

Once first aid has been administered, PPE must be removed and put in clinical waste bag following the guidance from the PHE.

- Gloves
- Clean hands ☒ Apron
- Clean hands
- Face mask /Face shield
- Clean hands

All incidents will be recorded in the first aid book located in each classroom.

Staff in each classroom will be responsible for checking the supplies in each classroom pack, this is identified on the staff protocol.

Cardiopulmonary resuscitation CPR

Guidance from the [HSE](#) (Health & Safety Executive):

Guidance from the [resuscitation council](#):

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 each 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 victim's 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.
- If there is a perceived risk of infection, rescuers should pla
- 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.

Paediatric Advice

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 cardia 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 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.

First aid boxes will have sterile cloths added, these are to be used to cover the patient's mouth during CPR.

How to do CPR on an adult - COVID-19 update



1. If someone is unconscious and not breathing normally, do not put your face near to theirs
2. Call for an ambulance
3. Use a towel or piece of clothing and lay it over the mouth and nose
4. Do not do mouth to mouth
5. Start chest compressions to the tempo of "Staying Alive"
6. Use a Public Access Defibrillator if available.

Find out how St John are supporting the NHS with the COVID-19 outbreak at [sja.org.uk/COVID-19](https://www.sja.org.uk/COVID-19)

St John Ambulance | Resuscitation Council UK

Appendix 2 Management of local infections of an infectious disease

Taken from Government guidance published on 2.7.20

- If a pupil displays symptoms* at school, isolate from others in a room with a closed door and preferably with an open window. If appropriate, staff member uses PPE if unable to maintain a 2metre distance. If it is an emergency dial 999
- Inform parent/guardian and send home (with test kit if risk the pupil/family will be unable to access this)
- Staff member/s who attended unwell pupil, ensure/s good hand hygiene consisting of hand washing for a minimum of 20 seconds
- Area around the possibly infected pupil is to be cleaned with normal household disinfectant after they have left
- There is no need for anyone who has been in contact with the unwell individual to self-isolate UNLESS they develop symptoms and then current government guidance should be followed. As key workers, those working in education are a priority for testing. This can be done online through the NHS testing and tracing website
- The school will maintain contact with the parent/carer until the child returns to school
- Test result comes back positive, follow government guidance for self-isolation – ensure the parent/carer is aware of most up to date guidance.
- There is no need to produce evidence of a negative test and pupil should return to school.
- For a positive test, the Headteacher contacts the Local Health Protection team for advice. Equally the Local Health Protection team may contact the school if they are aware of an individual who has tested positive attending the school
- The Health Protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period they were infectious and ensure they are asked to self-isolate.
- A letter will be given from the Local Health Protection Team to send to affected staff and parents/carers. Individual information will not be shared unless it is to protect others
- Isolate those in close contact** for 14 days (from last contact) local records of timetables and registers will be used to determine those to self-isolate. They will also be tested.
- Those in the same household do not need to self-isolate if they are not displaying symptoms. If a member of the household develops symptoms, there will be a need to test them.
- If a negative test result is obtained they must remain in isolation until the 14 days are complete as they could still develop coronavirus
- If the test is positive, they should inform their setting immediately and must isolate for at least 7 days from the onset of symptoms (refer to the PHE/NHS111 website for current advice) Their household should self-isolate for at least 14 days from when the person first had symptoms

*A list of current recognised symptoms is available on NHS111 website, Public Health England or from gov.uk website

**Definition of close contact (DoE 2020):

Direct close contact – face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation or unprotected skin to skin contact

Proximity contact – extended close contact (within 1-2 metres for more than 15 minutes) with an infected individual

Travelling in a car – travelling with an infected person in a small vehicle

Appendix 3 – Template Risk Assessment for COVID First Aid



Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
First Aid & administration of medicines	Staff/Pupils	<p>Pupils to be directed to undertake own first aid where applicable (e.g. washing grazes, application of self-adhesive dressings). If first aider needs to get closer to injured party/suspected infection with Corona virus to assess or treat they are to wear disposable aprons, gloves, and masks. (see also PPE competence, hand to mucous membrane transfer, and PPE transfer sections of r/a)</p> <p>Pupil medication to be in classroom with the pupil/staff member</p> <p>Temperature checks with non-contact thermometer</p>	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>	<p>A member of staff with first aid training will be deployed in each bubble.</p> <p>Staff to supervise/securely store any medication/equipment including asthma pumps in the classroom.</p>	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		
Body fluids	First-aiders.		Likelihood:		Likelihood:		

	<p>Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.</p>	<p>Assume all body fluids are infectious and follow strict hygiene procedures: Wash hands thoroughly before and after administering first aid and use disposable gloves. Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible. Splashes into eyes or mouth should be rinsed freely with cold water. Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing. Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.</p> <p>Mouth to mouth resuscitation: Mouthpiece used for mouth to mouth resuscitation, A rigid airway only to be used by first-aiders trained in its use.</p> <p>All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.</p>	<p>Consequence:</p> <p>Risk Level:</p>		<p>Consequence:</p> <p>Risk Level:</p>	
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	Contamination from disposable gloves, aprons etc. contaminated with body fluids						
Hazardous substances	First Aider Exposure to hazardous substances	Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.	Likelihood: Consequence: Risk Level:		Likelihood: Consequence: Risk Level:		
Review date:		Date communicated to staff:					
Is a safe system of work required		Yes / No					
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.							