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## Ridgeway Primary School

### **Administering First Aid and providing Personal Care during COVID-19**

The guidance acknowledges that social distancing will not always be possible with young children, purely because they will not be diligent about practicing it through a lack of understanding.

#### **Administering First Aid**

Staff should implement the recommended measures as far as they are able, whilst ensuring children are kept safe and well cared for.

Protective clothing of any sort over and above what would normally be used (e.g. disposable gloves when dealing with a bleeding cut) with individuals who are **not** showing any symptoms is not recommended. **Good hand washing and regular cleaning of surfaces is the best**

#### **Providing Personal Care**

Staff should pay particular attention to handwashing before and after supporting children who need help with nappy changing or toileting, as well as avoiding touching their own face whilst at work.

Childcare Practitioners should continue to wear gloves and plastic aprons when administering personal care.

#### **Administering medication**

School should continue to administer medication as required and follow the usual procedures, maintaining social distancing where possible. Where an increased risk is identified then this should be reviewed on a risk assessment basis. PPE requirements should be maintained where this was already in use.

Staff on First aid duty will be responsible for wiping the medical room surfaces over with PROTECT between each casualty.

First Aiders should be informed of the following key controls if treating a person with symptoms of Covid-19:

- Wash/sanitise hands before and after treating a person - follow handwashing guidelines (<https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>).
- Wear PPE as required.

- When performing CPR phone an ambulance and use compression only CPR until the ambulance arrives.
- If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available

First Aid rooms and First Aid Kits must be provided with the required PPE for First Aiders to access as needed.

### **Personal Protective Equipment**

Wearing a face covering or face mask in schools or other education settings is not recommended.

PPE is only needed in a very small number of cases including:

- Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2metres cannot be maintained. If contact with the child or young person 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 should also be worn

### **Temperature checking**

Temperature checking will not be carried out routinely. If a child complains of feeling unwell, a non-touch thermometer will be used to check their temperature.

### **Procedures if a child / member of staff displays symptoms of COVID 19 whilst in school**

If anyone becomes unwell with a new, continuous cough or a high temperature in school or Nursery, 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 2metres 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 2metres 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 (and in which case, a test is available) 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. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

### **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 should be sent home and advised to self-isolate for 10 days and arrange to have a test to see if they have COVID-19. 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, Public Health England'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.

## Reporting of confirmed cases

### RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and COVID-19

If an employee has been diagnosed as having COVID-19 and there is reasonable evidence that it was caused by exposure to work; there is a requirement under RIDDOR to report it to the Health and Safety Executive as a reportable disease. There is also a requirement if a worker dies as a result of occupational exposure to the coronavirus.

Any **diagnosed case of Covid-19** should be reported to SCC Health and Safety Duty Officer in addition to any reporting via Public Health or the Local Outbreak team.

The Health and Safety Executive (HSE) have published guidance to employers on the reporting of work related COVID cases see below.

### [Health and Safety Executive- COVID-19 RIDDOR Reporting](#)

## Changes to the CPR guidance during the COVID-19 outbreak

[Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation](#) in first aid and community settings: 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.

Further details are available on [St John Ambulance website](#). St John's Ambulance also has a [poster for CPR](#) which mentioned not rescue breaths.

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