**Evergreen Primary school**

**Addendum First Aid Covid 19**

**This policy must be read in reference to the Supporting Children with Medical Conditions.**

## FIRST AID NOMINATED STAFF

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| --- | --- | --- |
| **NAME** | **QUALIFICATION** | **EXPIRY DATE** |
| **Abeita Busuri** | **Emergency First Aid in the Work Place** | **29/03/2020** |
| **Diya Akkad** | **PAEDIATRIC FIRST AID** | **29/03/2021** |
| **Abeita Busuri** | **PAEDIATRIC FIRST AID** | **29/03/2021** |
| **Rena Begum** | **PAEDIATRIC FIRST AID** | **25/2/2021** |
| **Rena Begum** | **YOUTH MENTAL HEALTH FIRST AIDER** | **March 2020** |

**First Aid COVID-19 Addendum**

**updated 23.06.2020**

At Evergreen Primary School All staff have a statutory obligation to follow and co-operate with the First Aid Policy requirements unless amended in this COVID-19 addendum.

## First aid cover and qualifications during the COVID-19 Pandemic

A first aider will be available at all times during the school day. If staff hold a first aid certificate that expires on or after 16 March 2020 and we are unable to access requalification training because of COVID-19 the Health & Safety Agency (HSA) have confirmed that such staff will qualify for a 3- month extension - If requalification training has been prevented for reasons associated directly with Covid-19. This will be reviewed before the 16 June by the HSA.

## Personal hygiene

Extra measures to further safeguard staff that provide first aid is now necessary in light of the COVID-19 Pandemic. Staff must follow the normal school procedure as well as the following:

Clean your hands more often than usual and thoroughly for 20 seconds with running water and soap and dry them thoroughly with paper towels, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered, particularly after arriving at school, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

Children and young people will be told to wash their hands after an injury.

**Personal protective equipment (PPE)**

Evergreen Primary school have decided that a range of PPE will be worn, if a child needs to have first aid. This should include, at the very least, apron and gloves.

Full PPE should be worn by staff caring for a child that is displaying COVID-19 symptoms if a distance of 1-2 metres cannot be maintained (such as for a very young child or a child with complex needs). This will include face mask and goggles.

For further details, please click on the link:

[https://i.emlfiles4.com/cmpdoc/2/2/6/0/0/1/files/668341\_schools-reopening-first-aid---guidance-](https://i.emlfiles4.com/cmpdoc/2/2/6/0/0/1/files/668341_schools-reopening-first-aid---guidance-note--june-2020..pdf) [note--june-2020..pdf](https://i.emlfiles4.com/cmpdoc/2/2/6/0/0/1/files/668341_schools-reopening-first-aid---guidance-note--june-2020..pdf)

## Symptoms of COVID-19

If anyone in school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste of smell, they must be sent home and advised to follow the Government guidance for households with possible COVID-19 infection.

If a child is awaiting collection, they will be moved, if possible, to a room where they can be isolated, behind a closed door, with appropriate adult supervision if required depending on the age of the child or young person. Ideally, a window should be opened for ventilation. If it is not possible to isolate the child or young person, move them to an area which is at least 2 metres away from other people. The room that a suspected case of COVID-19 has been reported will be deep cleaned by the cleaning staff.

If a child or young person need to use the toilet facilities whilst waiting to be collected, they should use a separate toilet, if possible. The toilet facilities will receive a deep clean after the child has left by the cleaning staff.

If a member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

## CPR updated advice in relation to COVID-19

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 victim’s mouth and nose 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.
* PPE 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.

**Paediatric advice for cardiac arrest**

For out-of-hospital cardiac 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 about 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.

**Administering medicine in school**

All children’s medication will now be kept in the vicinity that they are based. Universal medication for asthma and auto-injectors will remain in the school office and cupboard in the Nursery toilets. Staff must, at the least, wear a PPE minimum of gloves and apron if supporting a child taking medication and both child and adult must wash their hands thoroughly afterwards.

## Calling an ambulance and notifying parent /carers

The school will call an ambulance before contacting parents if a child becomes seriously ill or has a significant injury. We must safeguard our staff to exposure of COVID-19 and will want to eliminate travel and being asked to attend hospitals as much as possible. Therefore, it is imperative that contact numbers are up to date and that parents/carers have a named person who will be close to the vicinity of the school, in order to travel with the child to hospital if required. If the named person does not arrive before the ambulance takes the child/young person to the hospital a member of staff will travel to the hospital in their own vehicle, so that they can travel back. They will be provided with PPE and stay with the child at the hospital until the parent/carer or named person arrives.

## Serious Accident

* In the event of a serious incident an ambulance is always called and parents/carers are then contacted.
* We will follow the actions for notification of parent/carer in this addendum.
* For all incidents the school’s ‘critical incidents’ plan as outlined in every risk assessment will be followed.

## Monitoring and review

This addendum will be reviewed by the proprietor / headteacher every 3 weeks or in light of new government guidance as and when it is published.