

# Willows Academy Trust



## First Aid Addendum - COVID-19

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## First Aid Addendum COVID-19

(effective from June 2020)

### Related Trust Documents

Infection Control Policy, First Aid Policy (School specific), COSHH Policy, Data Protection Policies, Staff Code of Conduct, Coronavirus Policy, Plan for Effective Reopening.

### Associated Guidance

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>  
<https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/>

This document supplements the existing first aid arrangements for your school in recognition that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. The advice in this addendum is to ensure first aiders can continue to keep those they care for and themselves safe.

As a first aider, in addition to high-quality clinical skills, to be effective you need to:

1. **Be aware of the risks to yourself and others:** When approaching a casualty there is always a risk of cross-contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross-contamination has occurred;
2. **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. Don't lose sight of other cross-contamination that could occur that isn't related to COVID-19;
3. **Give early treatment:** The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you can treat a casualty effectively;
4. **Keep yourself informed and updated:** As this is a new disease this is an ever-changing situation and the school, government and NHS are continually updating their advice. Make sure that you regularly review updated guidance;
5. **Remember your own needs:** These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. To help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.

## Responsibilities

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### Headteachers must ensure that:

- There are adequately trained members of staff in delivering first aid on-site, including staff trained in paediatric first aid;
- Where out of date first aid certificates have not been updated due to restrictions, update online training has been completed;

- The requirements relating to the management of first aid outlined in COVID-19 guidance for educational settings have been implemented;
- The additional equipment that is specified in this guidance is provided;
- An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE);
- First aiders take time to practice the use of PPE before needing to use it;
- Ensure all staff and pupils understand and practice good hand hygiene;
- Ensure all staff and pupils understand and practice good respiratory hygiene;
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out);
- This guidance is discussed with first aiders and they understand these new requirements.

**First aiders must ensure that:**

- They familiarise themselves with this information 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 Personal Protective Equipment, specifically paying attention to the sequence for PPE removal to avoid self-contamination;
- Ensure that the equipment is ready for use as part of their response arrangements;
- Ensure that they protect themselves and others through rigorous cleaning, personal hygiene and regular hand hygiene;
- Avoid touching your mouth, eyes and nose.

**Safe working arrangements for providing first aid:**

Firstly, it is important that first aiders do not lose sight of other cross-contamination that could occur that is not related to COVID-19. Ensuring to:

- Wear gloves or cover hands when dealing with open wounds;
- Cover cuts and grazes on own hands with waterproof dressing;
- Dispose of all waste safely;
- Not touch a wound with bare hands;
- Not touch any part of a dressing that will come in contact with a wound.

**What to do if you are required to come into close contact with someone as part of your first aider duties:**

- Clean your hands thoroughly with soap and water or alcohol sanitiser before and after dealing with any first aid situation.
- Where possible, all contact should be carried out while maintaining a distance of at least 2 metres (6 feet).
- When dealing with a first aid issue, alternative working practices should be applied, e.g. allowing a pupil to hold their cold compress against a bumped area or hold a dressing against a minor cut if bleeding.

- Where it is not possible to maintain a 2-metre distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.
- The use of disposable eye protection (such as goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

### **Providing assistance to unwell individuals who are symptomatic and may have COVID-19:**

If anyone develops coronavirus (COVID-19) symptoms in an education setting they must be sent home and advised to follow the staying at home guidance.

If a child is awaiting collection, they should be moved to the designated room in the school (**Individual schools to name the room here**) where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. 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). If contact with a young person is necessary, gloves, an apron and face mask/protection should be worn by the supervising adult. If a risk assessment determines there is a risk of splashing to the eyes (spitting, coughing or vomiting), then eye protection should be worn.

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.

Parents will be advised to seek a test for their child to confirm.

If a member of staff has helped someone who was taken unwell with coronavirus (COVID-19) 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 unwell. Cleaning the area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people- guidance on cleaning in non-healthcare settings.

Staff caring for the child should clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE.

### **Cardiopulmonary Resuscitation (CPR) COVID-19 Update:**

In the unlikely event that there is a need to perform cardiopulmonary resuscitation (CPR), the first aider should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that there may not be an opportunity to put on PPE.

#### **Adults:**

In adults, it is now (COVID-19 UPDATE) 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. 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 a 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, 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 the 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.

(See appendices for amended COVID-19 step by step guide)

***It is recognised that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.***

### **Children:**

The guidance issued on the resuscitation of children has been updated due to the COVID-19 outbreak.

**Rescue breaths must still be performed**, as cardiac arrest in children is likely to be caused by a respiratory problem, therefore chest compressions alone are unlikely to be effective. **If a child is unresponsive and not breathing normally, you still need to call 999 or 112 for emergency help and start CPR straight away**

(See appendices for step by step guide)

### **Location of PPE:**

A supply of PPE should be kept with First Aid kits so that it is readily available when needed quickly. It should be kept in a labelled box or bag.

The following equipment is required in the designated first aid room:

- Disposable gloves and plastic apron
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Hand sanitiser
- Two bin bags
- Lidded bin
- Disinfectant wipes/household cleaning products (to clean down first aid box)

### **Following non-COVID related first aid treatment:**

- Thoroughly wash hands;
- Wipe down the first aid box after use using a disinfectant wipe;
- Replace used PPE so that it is available for the next first aid event;
- Thoroughly wash hands;
- Follow your normal arrangements for recording first aid and checking stock.

### **Donning and doffing PPE:**

First aiders must ensure that they familiarise themselves with the instructions for donning and doffing PPE in readiness for responding to a first aid event (See appendix below). Remove PPE when close contact is no longer required, it is critical that you do this to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or, if not in close proximity to where you remove the PPE, use hand sanitizer. Removed items should be double bagged. Dressings or waste generated from delivering first aid can also be disposed of in the waste bag. If COVID-19 is suspected, the secure waste should be labelled and stored in the designated, secure store for at least 72 hours and this can then be added to the main waste bins.

### **Cleaning the area where COVID is suspected:**

Cleaning should follow the advice for cleaning in non-healthcare settings, with the main points being:

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people;
- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished;
- Using a disposable cloth, first, clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles;
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron;
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Public 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.
- 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

### **Clothing:**

Clothing does not need to be changed unless the first aider's clothing has become contaminated or soiled as a result of close contact. They should change your clothing when you get home (after close contact, wearing PPE) and wash their clothes separately from other household linen - in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate (60 degrees is recommended), then ironed or tumble dried.

### **Appendices:**

Appendix 1: Guide to donning and doffing standard PPE

Appendix 2: CPR: Child

Appendix 3: CPR: Adult (COVID-19 update)

## **Appendix 1**

# Guide to donning and doffing standard Personal Protective Equipment (PPE)

## for health and social care settings

### Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.


- 2 Put on your surgical face mask, if tied, make sure it is securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.


- 3 Put on your eye protection if there is a risk of splashing.


- 4 Put on non-sterile nitrile gloves.



- 5 You are now ready to enter the patient area.



### Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.



- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.



- 3 Snap or unfasten apron ties the neck and allow to fall forward.





Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection.


- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.


- 6 Remove surgical mask.


- 7 Now wash your hands with soap and water.



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# CPR: Child

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## What to do

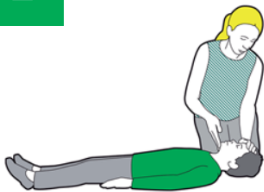
1



After you have performed a primary survey, if you find that the child is unresponsive and not breathing you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator if available.

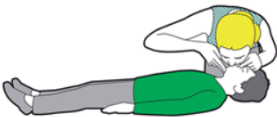
- If you are on your own, you need to give one minute of CPR before calling on a speaker phone.
- Do not leave the child to make the call or to look for a defibrillator.

2



Start CPR. Place them on a firm surface and open their airway. To do this, place one hand on their forehead to tilt their head back and use two fingers from the other hand to gently lift the chin.

3



Give five initial rescue breaths.

Take the hand from the forehead and pinch the soft part of the nose closed, allowing the mouth to fall open.

With the head still tilted, take a breath and put your mouth around the child's, to make a seal.

Blow into their mouth gently and steadily for up to one second, until the chest rises.

Remove your mouth and watch the chest fall.

That's one rescue breath. Do this five times.

4



You will then need to give 30 chest compressions.

Kneel by the child and put one hand in the centre of the child's chest.

Push down a third of the depth of the chest.

Release the pressure allowing the chest to come back up.

Repeat this 30 times at a rate of 100 to 120 compressions per minute.

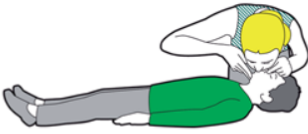
- The beat of the song 'Nellie the Elephant' can help you keep the right rate.

5

After 30 compressions, open the airway and give two breaths.

Keep alternating 30 compressions with two breaths (30:2) until:

- emergency help arrives and takes over
- the child starts showing signs of life and starts to breathe normally
- a defibrillator is ready to be used.



Doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. This may be mitigated by placing a faceshield or pocket mask over the child's mouth.

**It is vital that you perform rescue breaths as cardiac arrest in a child is likely caused by a respiratory problem.**

6

If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

7

If the child shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Monitor their level of response and prepare to give CPR again if necessary.



- If you have used a defibrillator, leave it attached.

## CPR: Adult (COVID-19 Update)

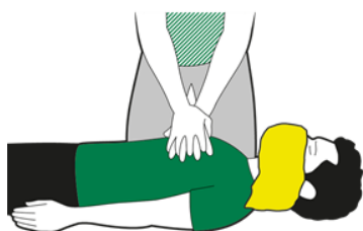
1



If you find someone collapsed, you should first perform a primary survey. **Do not place your face close to theirs.** If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

- **Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance**
- If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control
- Do not leave the casualty to look for a defibrillator yourself. The ambulance will bring one.

2



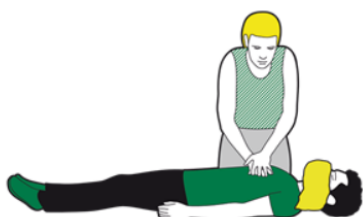
**Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty.**

Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.

Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.

- The beat of the song "Staying Alive" can help you keep the right speed
- **Do not give rescue breaths.**

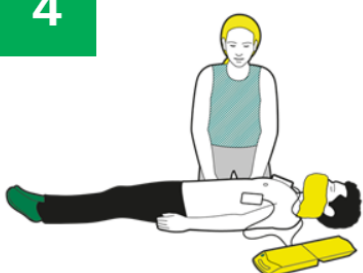
3



Continue to perform CPR until:

- emergency help arrives and takes over
- the person starts showing signs of life and starts to breathe normally
- you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- a defibrillator is ready to be used.

4



If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

- **Wherever possible, the helper should keep a distance of 2m.**

5

If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Monitor their level of response and prepare to give CPR again if necessary.



- If you have used a defibrillator, leave it attached.