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building for the future

First Aid Requirements

This document supplements the existing First Aid arrangements for Kirkistown PS.

These requirements are in line with COVID-19 Guidance for all Educational 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 an adult / pupil has suspected COVID-19 ask them to move to the designated 'Covid Room' (SEN / Medical Room).
 - If the individual is unable to move to the designated 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 adults or pupils), the following equipment is required:**
 - Disposable gloves
 - Plastic apron
 - Fluid repellent surgical mask / face shield
 - Disposable eye protection / face shield
 - Hand sanitiser / soap and water
 - Two bin bags
 - Disinfectant wipes / antibacterial cleaning products eg Spray and microfibre cloth

- **Using Personal Protective Equipment (PPE)**

ALL STAFF MUST WATCH: <https://www.youtube.com/watch?v=F2WpX9BNb8U> on how to properly use PPE including Donning, Doffing and safe disposal.

- ***Donning PPE Order:***
 1. Apron
 2. Mask
 3. Eye protection
 4. Gloves

- ***Removing / Doffing PPE Order:***
 1. Gloves
 2. Apron
 3. Eye protection
 4. Mask
 5. Wash hands

- **Safe disposal of PPE:**
 - ◇ General PPE waste to be double bagged and placed in the general bin within the room.
 - ◇ Symptomatic PPE waste to be double bagged and placed in the lock up beside the bins.
 - ◇ Staff reusable masks must not be left on any shared surfaces and should be taken home daily and when not in use should be stored in a bag (e.g. zip lock sandwich bag) .

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

Headteachers and Principals 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. 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.
- Replace used PPE so that it is available for the next first aid event

- Follow your normal arrangements for recording first aid and checking stock.