



L.E.A.D. Academy Trust

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# RAINBOW FORGE PRIMARY ACADEMY

# FIRST AID POLICY

**Review frequency:** Annually

**Approval:** September 2023

## Policy/Procedure management log

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Author	Rebecca Hyder
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### Objective:

To provide appropriate first aid support for employees, pupils, visitors and contractors. Ensuring that academies have an adequate number of trained staff on site and suitable equipment with which to treat them.

### Procedure Detail:

#### The Health and Safety (First Aid) Regulations 1981

The Regulations require all sites to provide such equipment and facilities as are adequate and appropriate in the circumstances for enabling first-aid to be rendered to employees and others if they are injured or become ill at work.

Each site should have an 'Appointed Person' This person will be detailed and known to all site staff and they will have the responsibility of ensuring that on site first aid provision is adequate and falls within the scope of this policy at all times.

Different facilities will need different provision, and the organisation prepares for reasonably foreseeable accidents and incidents that may occur on site through the completion of a first aid risk assessment. This should be regularly updated as risks change with a particular focus on the needs of individuals.

#### First Aid Provision.

We have a duty of care to pupils and visitors in addition to the statutory first aid provision for staff. When the academy is open the number of qualified first aiders will never fall below the minimum standard listed in [\[appendix 1\]](#), or 1 person on duty. Whichever is greater.

When no pupils or visitors are present and there are more than 2 staff members working on site, a qualified first aider, or at a minimum, an appointed person must be present. See the on-site Lone Working risk assessment for more details.

Guidance on specific numbers of first aid trained personnel are provided in [\[appendix 1\]](#).

For the purposes of this document, first aid equipment includes all first aid kits and boxes, their contents, and equipment provided for the treatment of individuals. On a regular basis. First Aid rooms, where provided, should be clearly marked as such by a white cross on a green background. (Health and Safety – Safety signs and Signals Regulations 1996).

Contents of first aid boxes will be determined by the sites own risk assessment. Guidelines on minimum standards are available in [\[appendix 2\]](#).

The senior first aider on site must be suitably trained and hold a full 3-day First Aid at Work (FAW) qualification as a minimum standard.

Specific approved qualifications for pupil and staff treatment are recognised as equivalent or alternatives to the FAW qualification, such as HCP registered qualifications, NPLQ and National Rescue Test based qualifications. If in doubt, advice and guidance is available from the L.E.A.D. Health and Safety Team.

Where an academy determines the need for Paediatric First Aid (PFA) or Emergency Paediatric First Aid (EPFA) training, it will be conducted with regard to the DfE EYFS Statutory Framework and will as a minimum contain all training elements referenced in that document.

A list of all on site first aiders, where possible with pictures, should be published as appropriate around site. This list should as a minimum be displayed in public in the main academy reception.

All staff training logs will be kept and recorded on the trust training spreadsheet, or other trust-wide logging system.

Certificates for all training received via the trust first aid provision will be available on each academies shared drive link. – Copies of this link can be sent on request.

### **Auto-Injectors.**

If an individual is known to require the use of an auto-injector, the following must be in place:

- Training in the use and storage of the auto-injector must have been undertaken by a competent individual.
- The injector must be kept on site in a container to prevent accidental activation, and clearly marked with the users name, class and picture.
- A suitable healthcare plan must be in place and stored in a central location. Staff directly involved with the user must have read this and signed to ensure understanding.
- A system will be in place to ensure that all auto-injectors kept on site are in date. Any out of date injectors will be given back to parents / carers to be disposed of.

L.E.A.D. Supports the Department of Health guidance on the use of auto-injectors in schools, and will support academies that wish to implement the procedure and store general use auto-injectors on site.

A copy of the complete Department of Health guidance, and assistance in completing it can be obtained from the L.E.A.D. Health and Safety SharePoint site.

L.E.A.D.'s current position is that a student should not be excluded from an activity on the basis that a member of staff with specialist training in auto-injectors is not immediately available, on the grounds that all FAW trained staff are trained in the administration of auto-injectors at a basic level.

### **Asthma**

If an individual is known to have asthma and to require the use of an inhaler, either regularly or intermittently the following must be in place:

- Training in the use and storage of the individual's inhaler(s) must have been undertaken by a competent individual.
- The inhaler(s) must be kept in a central location known to staff in a container to prevent accidental activation, and clearly marked with the user's name, class and picture.
- A suitable healthcare plan must be in place and stored in a central location. Staff directly involved with the user should have read this and signed to ensure understanding.
- A system will be in place to ensure that all inhalers kept on site are in date. Any out of date inhalers will be given back to parents / carers to be disposed of.

L.E.A.D. Supports the Department of Health guidance on the use of inhalers in schools, and will support academies that wish to implement the procedure and store a general use inhaler.

A copy of the complete Department of Health guidance, and assistance in completing it can be obtained from the L.E.A.D. Health and Safety SharePoint site.

L.E.A.D.'s current position is that a student should not be excluded from an activity on the basis that a member of staff with specialist training in the administration of an inhaler is not immediately available, on the grounds that all FAW trained staff are trained in the administration of inhalers at a basic level.

#### **First Aid Procedures.**

Staff must deal with any accident or incident promptly and effectively. Consideration should be given to the urgency of the situation, the nature of the injury and condition of the casualty in deciding where and how to treat them.

Precautions should be taken where possible and practical to protect staff and casualties from the risk of infection, following the site decontamination procedure.

When dealing with a casualty, First Aiders must take care to not overstep their training. It is important that staff utilise the training they have been given and only the training they have been given. It is understood that staff will need to utilise their initiative on occasion to deal with an incident, but they should only utilise skills and techniques they have been taught on official training courses.

L.E.A.D. do not support the use of holistic or alternative therapies, and the use of any alternative treatment techniques must be approved by the L.E.A.D. Health and Safety team prior to implementation on site.

Splinters are considered a foreign object and where possible should be removed following training provided on first aid courses. For reference a summary of splinter treatment is below but wherever there is doubt the splinter should not be removed and parents contacted.

A splinter for First aid purposes is any foreign body of a total length less than the casualty's thumbnail

Where the splinter is sticking through the skin it should be removed with the use of plastic, disposable tweezers ONLY. Fingers or other implements are not advised.

It should be removed in the direction it entered the body, and once removed, the finger squeezed until a drop of blood is present, this ensures a clean wound.

The puncture wound should then be cleaned with wipes or water, and then covered with a suitable

dressing (plaster)

Where a splinter cannot be removed it must not be covered up.

### **Accident and Incident Reporting.**

All accidents and details of any treatment must be recorded on medical tracker, this complies with guidance listed in the Health and Safety (First Aid) Regulations 1981, and current GDPR guidelines.

Medical tracker logs must be filled out appropriately and factually it is important that staff consider the best options to report incidents and not default to generic descriptions.

If a serious injury has occurred, a member of the L.E.A.D. Health and Safety team should contact the individual, or in the case of a student, the family, within 48 hours to check on their condition. The L.E.A.D. Health and Safety Team will determine when this is necessary and will record the outcome of the call on the appropriate form.

In the event of a major incident a copy of the medical tracker report and any supporting documents will be sent to L.E.A.D. Head Office, and a copy is kept on site for analysis.

More information and specific guidance is available in the accident reporting and incident Safety Policy and Arrangements document (SPA) on SharePoint.

### **RIDDOR Reporting.**

Reportable injuries, diseases and dangerous occurrences shall be reported promptly by the academy to the enforcing authority, using the appropriate on-line reporting form (see link <http://www.hse.gov.uk/riddor/report.html>)

More detail can be found in the RIDDOR SPA on SharePoint.

### **Incidents.**

Incidents and near misses within the organisation shall be recorded on the incident report forms available on sharepoint.

### **First Aid Boxes and Kits.**

First Aid Boxes should be made of a suitable material and so designed to protect the contents. All boxes and locations should be clearly marked with a white cross on a green background. The Health and Safety (Safety Signs and Signals) Regulations 1996

First aid boxes and travelling first aid kits should contain sufficient quantities of suitable first aid materials and nothing else. Recommended minimum quantities for a low-risk site and more information may be considered as per [\[appendix 2\]](#).

In situations where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should be provided. Once opened these must not be re-used. The use of eye baths or cups is not permitted.

The contents of the first aid boxes should be replenished as soon as possible after use to ensure a continued sufficient supply of materials. First aid staff should wherever possible follow their training to restock a kit after use, however this must be done at a minimum every half term. The contents of first aid boxes must be listed and checked as per the site policy as part of Health and Safety checks.

Supplementary equipment may include suitable means for the transportation of casualties, blankets, aprons and other suitable protective equipment. Where such equipment is deemed necessary it should be stored in or with the first aid boxes and added to the contents list.

A method of disposal of soiled dressings must be available on site and with first aid kits in the form of suitable biohazard containers or bags which can be disposed of by a suitable authority.

A method of disposing sharp items such as needles should be available on site in the form of a sharps box. Used / Full containers must be disposed of by NHS or local authority by dropping used containers off at a local health centre or through contracts with sanitary suppliers such as PHS.

### **First Aid Rooms (Site Specific)**

The Education (School Premises) Regulations 1996 state that every school must provide a suitable room that can be used for medical and dental treatment when required. The first aid room doesn't need to be used solely for first aid purposes but must be readily available when needed. Ideally, it should be situated near a WC.

Additionally, L.E.A.D. considers the provision of a dedicated first aid room where the site assessment identifies this as being necessary.

The room and its contents are to be managed by a site appointed person at all times. The room itself should be positioned in such a way as to be the best point of access for transport to hospital and be convenient for access, toilets etc. within the establishment itself. Ideally first aid rooms should be used solely for the purpose of providing first aid treatment.

Where a first aid room is provided it should be large enough to hold a couch and the door to the room wide enough to accommodate stretchers, wheelchairs etc. All surfaces should be easy to clean and the room cleaned daily, and after use. It should be effectively ventilated, heated, lit and maintained. A notice giving details of first aiders and contact procedures should be displayed.

The facilities and equipment which should be provided as a minimum in first aid rooms are as follows:

- Sink with running hot and cold water and a mixer tap.
- Drinking water (If not available on mains tap) and disposable cups.
- Paper towels.
- Smooth topped working surfaces.
- A range of first aid equipment (at least to minimum standards required from first aid boxes) and proper storage.
- Chair
- A treatment couch with waterproof cover, pillow and blankets.
- Soap
- Clean protective garments for first aiders.

- Suitable refuse container (foot pedal operated) lined with appropriate disposable yellow plastic bags i.e. for clinical waste.
- An appropriate record keeping facility.
- A means of communication e.g.: telephone.

The room should be clearly marked as a first aid room by means of a sign complying with the Health and Safety (Signs and Signals) Regulations 1996.

As with first aid boxes and travelling first aid kits a nominated first aider or appointed person must maintain the first aid room stock to the required levels, at least every half term as a minimum. The first aid room must always be ready for immediate use.

Where a dedicated first aid room is not deemed necessary another suitably equipped room should be on hand to be used in the event of an incident.

#### **Academy Trips and Taking Students Off-Site.**

Qualified first-aiders may not be necessary for all off-site activities and visits. However, a basic level of first aid support must be available at all times. This will require that one or more of the staff leading the activity be designated as an appointed person and:

- have a well-stocked first aid kit
- possess the ability and knowledge to summon help
- ideally, hold a valid first aid qualification
- have demonstrated that they can remain calm and act responsibly in potentially stressful/distressing situations

Please refer to OEAP National Guidelines on First Aid during Off-Site visits.

Where students are walking off site, at least 1 member of staff should hold an Emergency First Aid at Work (EFAW) certification or greater and they must carry with them a suitably stocked first aid kit. (See [\[appendix 2\]](#)). All allergy information for attending students and staff on the trip and a copy of the completed risk assessment should be carried.

Where students are being taken off site in a taxi or minibus, the member of staff accompanying the student should hold a suitable first aid certification. – Generally an EFAW certificate will be adequate, unless the children, or activity they are attending is deemed to be high risk, as per the risk assessment.

Where students are being transported by coach there must be at a minimum, one suitably trained first aider with a relevant qualification. When making the decision on what is suitable, consideration must be made to the types of injuries that could be sustained in an incident, the distance being travelled and nature of the journey. This should all be detailed in the risk assessment for the trip taking place.

For children in the Early Years Foundation Stage (EYFS), there is a statutory requirement that at least one person who has a current paediatric first aid certificate and sufficient understanding and use of English to summon help in an emergency must accompany children on outings.

During any residential visits , a qualified first aider is required.

### **Transport to Hospital.**

If it is considered necessary by a suitably informed member of staff, the injured person will be sent directly to hospital (normally by ambulance). Parents and/or guardians will also be informed. No casualty should be allowed to travel to hospital unaccompanied and an appropriate accompanying adult will be designated when the parents cannot be contacted.

Where parents have been contacted but arrival is delayed, transport via ambulance should not be delayed as a result.

Where it may be necessary to transport a pupil to hospital, but an ambulance can be considered excessive, parents should be advised to take them and a written record of this recommendation kept by the academy.

Where it may be necessary to transport a pupil to hospital, but an ambulance can be considered excessive and the parents are either unable (Due to no vehicle access) or unavailable it may be suitable for a member of staff to transport that pupil. In such cases the following must be adhered to:

- The driver must hold appropriate insurance for transporting the injured person (Business insurance usually covers this – A copy of the policy should be kept on site.)
- The vehicle to be used must be deemed safe by the academy – MOT and service records checked and up to date, tax etc. – These checks must be recorded on site for reference.
- The injured person must travel in the rear of the vehicle and a suitably qualified first aider must accompany the pupil in the rear of the vehicle to be on hand to treat any changes in the pupils condition.

Suitably qualified means the first aider must have specific training covering the injury that the pupil has sustained.

- The driver must be aware that they are not an emergency vehicle and must continue to adhere to all applicable road laws.

### **Automated External Defibrillators (AED)**

**It is the trust's position that all sites should consider the purchasing of an AED.**

The use of an AED on site can increase a casualty's chance of survival by over 70% in some cases.

L.E.A.D. recommends an AED that offers real-time CPR feedback to increase the quality of CPR being delivered.

The purchase of AED equipment is currently undertaken by each academy and not coordinated centrally. But purchasing advice is available by contacting the First Aid Training Officer.

It is the trusts position that a locally sited PAD (Public Access Defibrillator) is not suitable reasoning for an academy to not have an AED on site as there can be no guarantee this is in working order, or even present should it have been taken by another member of the public.

### **Distribution.**

This document can be found within the L.E.A.D. Health and Safety SharePoint site and any other appropriate portals.

Relevant staff on all sites will be expected to be familiar with the policy.

All site first aiders must be given access to this document.

**Access to Further advice.**

In the first instance, the Health and Safety SharePoint site should contain all relevant information and should always be the first port of call for further advice.

Where information cannot be found elsewhere, enquiries can be directed to the L.E.A.D. Health and Safety Team:

David Mikelsons	Health and Safety Business Partner.	0115 8225448
Joe Galiszewski	First Aid Training Officer.	07592 187735

## Appendix 1

### 1. Objective

To provide guidance for schools on the required number of first aiders required for normal operations.

### 2. Scope.

**This document applies to all education establishments under the LEAD umbrella, and provides specific guidance on required qualifications for Nursery, Infant, Junior and Secondary schools.**

### 3. Basic All site Provision.

- 3.1 All sites with over 2 employees must have an appointed person to deal with first aid on site at all times.
- 3.2 LEAD's policy is that "an appointed person" does not meet the requirements for first aiders in an education environment. The following guidance shall be followed at all times.
- 3.3 When there are more than 2 employees on site, one of them should hold an EFAW qualification or higher. This qualification must include basic life support for an adult casualty and where an AED is available on site it MUST include an AED qualification.
- 3.3.1 Where it is not feasible to have an EFAW trained member of staff on site the school MUST have a suitable lone working policy and risk assessment. There must also be an Appointed Person on site who is responsible for calling the emergency services in the event of an incident.
- 3.4 Over and above this level, sites should refer to the below tables for required first aid personnel.

### 4. Complete site Provision

- 4.1 First Aid At Work Trained Staff. (FAW)

Number of Staff on site.	0-25	25-50	50-75	75-100	100+
Students		1	1	2	3
0-100	1	1	2	2	3
100-300	2	2	2	3	4
300-500	3	3	3	3	4
500-700	4	4	5	5	6
700-1000	5	5	6	6	6
1000-1200	6	7	8	8	9
1200+	Further guidance required.				

#### 4.2 Emergency First Aid At Work Trained Staff. (EFAW)

Number of Staff on site.	0-25	25-50	50-75	75-100	100+
Students	1	1	1	1	2
0-100	2	2	2	3	3
100-300	4	4	4	5	5
300-500	5	5	5	6	6
500-700	6	6	7	7	7
700-1000	8	8	8	9	9
1000-1200	10	10	10	10	10
1200+	Further guidance required.				

#### 5. Paediatric First Aid Provision.

Under DfE and OFSTED guidance, academies teaching EYFS, are required to have adequate numbers of staff trained in Paediatric first aid.

Paediatric first aid considers specifically the treatment of children and infants, and covers injuries and illness associated with this age group in more detail than a standard FAW or EFAW.

- 5.1 For ease of reference when working out the numbers of Paediatric first aiders required, a school can replace up to 2 thirds of their required EFAW staff (rounded up) with EPFA (1-day Emergency Paediatric First Aid) or PFA (2-day Paediatric First Aid) trained staff.
- 5.2 Schools can also replace up to half of their FAW trained staff (Rounded down) with PFA (2-day Paediatric First Aid) trained staff.
- 5.3 These guidelines only apply to schools that have a preschool / nursery or large numbers of students under 8 years old.
- 5.4 *Example: A school, with a nursery has 25-50 members of staff and a total of 300-500 students. They require 3 members of staff trained to FAW standard and 5 members of staff trained to EFAW standard. They can exchange up to 2 of their FAW staff and up to 3 of their EFAW staff.*

## **6. Automatic External Defibrillator Training Provision.**

It is expected that where a site has an AED, all first aid trained staff will be competent in its use and familiar with storage and handling procedures. As well as a basic set of checks to ensure it remains operational.

### **6.1.1 EFaW Staff and Defibrillator Training.**

Training in the usage of an Automated External Defibrillator is a core module of all LEAD trust first aid courses. Academies should ensure this is still the case when utilising outside organisations for training.

## **7. Adjustments for sites with multiple buildings.**

Using the tables in point 5.1 and 5.2 find your recommended levels and add 1 FaW for each additional building and 2 EFaW for each additional building.

*Example: If we have 25-50 staff on site and 300-500 pupils, the table recommends **3 FaW** and **5 EFaW**. But if the site is spread across 3 buildings then we add **2 additional FaW** bringing the total to **5**, and we add **4 EFaW** bringing our total to **9**.*

## Appendix 2

### **1. Objective**

Giving staff guidance on what supplies can be contained in all on site first aid kits. Whether for treatment on site or for use on trips.

### **2. First Aid Box Guidelines.**

All First Aid Boxes should be clearly marked and in a green waterproof, dustproof container marked with a white cross and ideally the word 'FIRST AID' printed in white block capitals.

Travel first aid kits or kits to be taken whilst walking or taking students on a trip should, in addition have a reflective band around them aiding in low light visibility, and where possible should use a hard case.

### **3. First Aid Kit Base Guidelines**

All First aid kits must comply as a minimum to British Standard (BS) 8599-1, travel or vehicle first aid kits must comply to BS 8599-2. These are minimum standards and wherever possible LEAD's policy is to exceed these standards.

All First Aid Kits should be stored to provide easy access when needed, their locations should be well known and clearly signposted around the school. Where a site contains multiple buildings, staff must ensure there is adequate provision of kits in all buildings.

The lists below are not comprehensive but are recommendations based on current industry best practise.

Academies may choose to add items not listed provided the items are in keeping with first aid guidelines, this is at the discretion of the school.

**Main Site First Aid Kit Supplies.**

<b>Contents</b>	<b><u>Small</u></b>	<b>Medium</b>	<b>Large</b>	<b>Personal</b>
Contents List	1	1	1	1
F/A guidance leaflet	1	1	2	1
Medium sterile dressing	4	6	8	1
Large sterile dressing	1	2	4	1
Triangular dressing	2	4	6	2
Eye dressing	2	4	6	1
Plasters (Various Sizes)	30	40	80	20
Blue Plasters (Various Sizes)	10	20	20	0
Self-Adhesive Wound Dressing	3	6	12	2
Small Non-Adherent Dressing	2	4	8	2
Large Non-Adherent Dressing	2	3	6	2
Sterile wet wipe	20	40	60	10
Adhesive tape	1	1	2	1
Nitrile gloves - pair	6	10	15	2
Face shield /Pocket Mask	1	2	3	1
Foil blanket	2	4	6	1
Burn dressing 10 x 10cm	1	2	4	1
Clothing shears	1	1	2	1
Conforming bandage	1	2	4	1
Finger dressing	2	4	6	1
Sterile eyewash 15ml	3	5	10	2
Penlight	1	1	1	1
Splinter Forceps	1	1	1	1
Single-Use Instant Ice Pack	2	4	8	1

#### 4. Medicines in First Aid Kits

There should be no medication for students or staff contained in any first aid kits. These should be contained in a separate, lockable case where possible.

Medications for individual students should be in a sealed ziplock bag with the students name written clearly. The bag should also contain a copy of their treatment plan / dosage details.

#### 5. Storing Additional Equipment in first aid Kits.

The lists above comprise the LEAD standards for first aid supplies, where staff are qualified to use additional equipment this can be considered for inclusion in first aid kits on site

**Additional equipment for consideration can include, but is not limited to:**

- Disposable BVM (Bag Valve Mask) kits
- Defibrillator
- Emergency Oxygen
- Major Bleed / Trauma Kit

#### Foil blankets:

It is the recommendation of the trust that academies should ensure they have sufficient stock of foil blankets on site to adequately protect staff and students in the event of a evacuation in poor weather. Particular thought should be given to the number of students likely to be present in PE kit at the time.

#### First Aid Boxes

Please consult the below tables for the suggested numbers of each type of first aid kit for your site.

Total Numbers Staff and Students	Small Kits	Medium Kits	Large Kits
0-200	2	1	1
200-500	3	2	1
500-700	3	2	2
700-900	4	2	2
900-1000	5	2	2
1000-1200	5	3	3

1200+	6	4	4
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### Appendix 3 (CoVid-19 Update)- Now deprecated, included for reference.

It is essential that all staff adopt a common-sense approach towards first aid and ensure we maintain good hygiene procedures. All bubbles (groups of pupils together) will have basic first aid equipment available for use within the classroom including PPE, a suitable first aid kit and running water.

Care should be taken to minimise patient contact wherever possible and patients that show any potential symptoms of COVID-19 should be isolated in the medical room immediately while parents are notified and asked to collect them. This room should be ventilated if possible. The staff member who remains with the pupil should use PPE equipment during this time.

**All staff can administer basic first aid within a bubble.**

**Injuries in the playground will be managed by the members of staff on duty.**

#### **Prior to administering first aid**

- Wash / sanitise hands
- Follow 'bare below the elbow' policy, so as to not have fibres in close proximity to a patient
- Ensure area is ventilated.

#### **Administering first aid**

- Encourage the patient to do as much as possible – wipe wounds, put plasters on, hold compresses etc.

#### **PPE**

- When treating any patient during the current situation gloves **MUST** be worn for ALL first aid incidents. This is to protect yourselves as well as your patient.
- Wherever possible disposable aprons should also be worn to act as another level of protection.
- Face masks and eye shields are not part of the current first aid kit requirement. But if the site already has a stock of them available, they are free to use them as they see fit on a precautionary basis. Though this will be reviewed on a regular basis in line with government advice and in keeping with the school's risk assessment for reopening schools to eligible pupils.
- If there is a potential that the patient will vomit or spit, then a face mask and glasses **MUST** be worn.

#### **After any incident**

- Gloves, aprons, and masks must be taken off with great care and disposed of as clinical waste, so must not be placed in a standard bin. Waste in these bins must be double wrapped on disposal.
- Glasses must be wiped clean using the sanitised wipes.
- Wash and sanitise hands immediately after administering first aid / removal of PPE

- Complete first aid book (each bubble / group to have own). Wash and sanitise hands after completing the recording of the incident.
- ALL first aid incidents must be recorded.

### **Symptoms of coronavirus**

If a child becomes unwell with coronavirus symptoms they should be isolated in the first aid room if available, or another suitable location as per the coVid-19 guidance on Sharepoint. If you cannot maintain a social distance of 2M then PPE must be worn – PPE will be available in all suitable locations.

When parents collect their child, they need to be told to ring 111 to arrange a test for their child. Parents MUST inform the school immediately when they receive the test result.

Those who need to self-isolate should be signposted to the latest stay at home guidance [COVID-19: guidance for households with possible coronavirus infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-guidance-for-households-with-possible-coronavirus-infection)

### **Seeking advice and support from another (senior) first aider**

If you feel that you need support with an incident, then send a message with a child to the school office.

A member of senior leadership will assess the situation and make a suitable decision.

If a first aider from another 'bubble' is needed, then they should don a full set of PPE (gloves, apron, mask and face shield / glasses) before entering the patients bubble.

### **Other information**

#### **CPR**

The European Resuscitation Council has issued some updated guidance with relation to CPR in the current climate.

When assessing for normal breathing, first aiders should not put their face close to the casualty's mouth as previously instructed. - Instead first aiders should look at alternatives such as resting their hand on the casualty's chest to feel for the rise and fall of normal breathing.

When performing CPR, trained staff should not administer rescue breaths, and should commence hands only CPR. If a staff member were to perform rescue breaths it must be done via the use of a barrier device, such as a pocket mask. – Resuscitation face shields are not considered adequate protection in this instance.

When performing CPR using the compression only method, staff should follow the same procedures taught on their first aid courses. (100-120 compressions per minute at an appropriate depth for the size and age of the casualty.) Once commenced CPR compressions should only be stopped to hand over to the ambulance crew or another first aider, or if the voice prompts from a defibrillator instruct you to stop.

### **How to put on, use, take off and dispose of a mask?**

1. Before touching the mask, clean hands with an alcohol-based hand rub or soap and water
2. Take the mask and inspect it for tears or holes.
3. Orient which side is the top side (where the metal strip is).
4. Ensure the proper side of the mask faces outwards (the coloured side).
5. Place the mask to your face. Pinch the metal strip or stiff edge of the mask so it moulds to the shape of your nose.
6. Pull down the mask's bottom so it covers your mouth and your chin.
7. After use, take off the mask; remove the elastic loops from behind the ears while keeping the mask away from your face and clothes, to avoid touching potentially contaminated surfaces of the mask.
8. Discard the mask in a closed clinical waste bin immediately after use.
9. Perform hand hygiene after touching or discarding the mask – Use alcohol-based hand rub or, if visibly soiled, wash your hands with soap and water.

### **Other information**

- In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
- All staff access and read the Covid-19 information and Covid-19 risk assessment on Sharepoint.