



# First Aid Policy

Ratified by governors: November 2023

For review: November 2025

At St Stephen's CE Primary School, our Christian values run through our school like a golden thread and enable our children to flourish and ASPIRE in life. Our Christian vision: *for with God, nothing is impossible* Luke 1 : 37, helps support and guide our whole school community in striving to beat our previous best endeavours.

Throughout the year, we re-focus on a Christian Value in order to keep God in the centre of our lives. By linking these to key events within the Christian calendar our children will all take turns in leading key collective worships for our whole school community at St Stephen's Church, once a year.

Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
Thankfulness	Respect	Hope	Forgiveness	Love	Trust

**ASPIRE Curriculum** - Key Principles:

**A** whole school curriculum with high expectations and excellence delivered rigorously through well sequenced subjects, progression in generative knowledge, rich vocabulary, concepts and skills,

**S**timulating enquiring minds by providing rich and relevant experiences, purposeful and connected learning, and creative thinking

**P**lacing nurturing, lifelong learning behaviours – resilience, risk taking, independence, perseverance, and pride in success - at the heart of our curriculum


**I**nclusivity and flexibility which allows us to cater for individual needs, abilities and interests

**R**evisiting key knowledge, skills and vocab, so pupils know more and remember more

**E**ncompassing the Whole Child – developing their faith, values, spirituality, health and well-being, and understanding of the world we live in, their future role in our culturally diverse community and country where equality and tolerance is promoted

**Luke 1:37 "For with GOD nothing shall be impossible"**

**#ASPIRE**



The key principles of our ASPIRE vision support our decision-making process at St Stephen's CE Primary School for the curriculum. With these principles in place, our children are able to know more and remember more across development of our broad and balanced curriculum.

## **Policy Statement.**

The Governors and Head teacher of St Stephen's CE Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

## **Statement of First Aid organisation.**

The school's arrangements for carrying out the policy include nine key principles:

- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To record and where appropriate investigate all accidents which are reported to the LA.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

## **Arrangements for First Aid.**

### **Materials, equipment and facilities.**

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools. Members of staff are to replace immediately any items they use so the first aid boxes are always 'FULLY stocked'. All first aid trained staff are to check boxes and highlight any issues with these (or First Aid matters) on the school bulletin and to SLT.

The location of First Aid Kits in school are;

- In each classroom
- Kitchen
- Hall
- Inclusion Room

The contents of the kits will be checked on a regular basis by a member of staff with emergency first aid training (2023 A Mizera)

#### First aid box: what to include

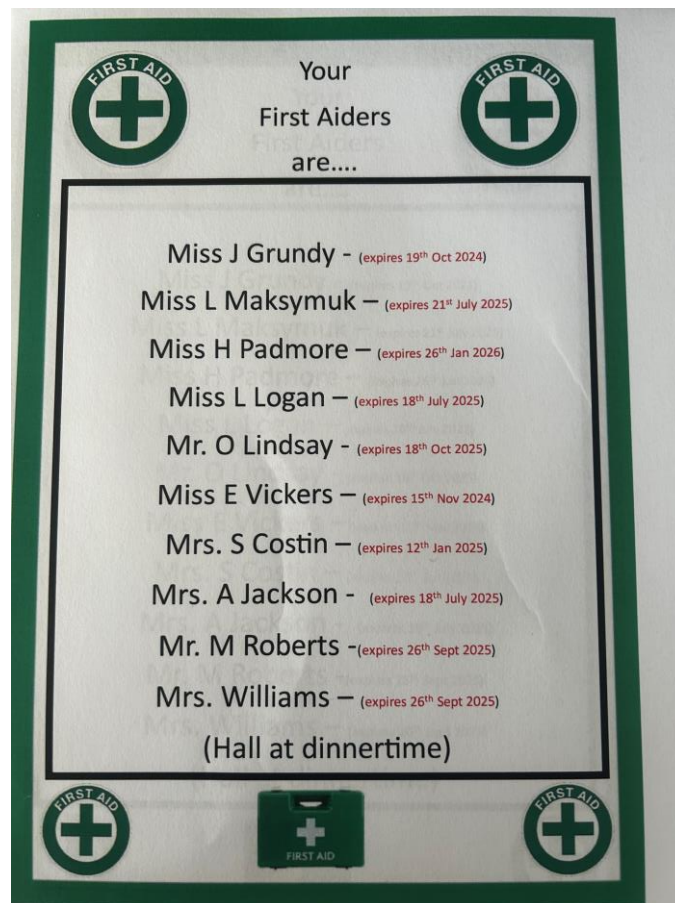
There's no mandatory list of items as your school's risk assessment will identify the specific items needed by your school and the number of boxes required, but the Health and Safety Executive (HSE) recommends you have at least:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings in different sizes (20 pieces)
- Sterile eye pads (2 pieces)
- Individually wrapped triangular bandages (2 pieces)
- Safety pins (6 pieces)
- Individually wrapped sterile unmedicated wound dressings (6 medium and 2 large)
- Disposable gloves (3 pairs)

Fridge 'Cool Packs' are kept in the fridges in the school office and Reception class Kitchen. They are to be signed out and back into the fridge by the member of staff using them each time. Before returning they need to be washed so they are clean and hygienic, by the member of staff signing it out. FREEZER packs must not be used under any circumstances.

#### **Appointed persons for First Aid:**

All First-Aiders will be re-trained as required and must inform the headteacher 6 months before their qualification elapses.



The school has several Mental Health First Aiders- Mrs Jackson leads this team.

### Off-site activities.

At least one first aid kit will be taken on all off-site activities by the leader of the trip- if needed (ie the group is to slit into other groups who will be apart, adequate kits need to be taken), along with individual pupil's medication such as inhalers, EpiPen etc.

Whilst it is not statutory, a risk assessment will decide if a person who has been trained in first aid will accompany all off site visits.

### **Information on First Aid arrangements.**

The Headteacher will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents.
- The arrangements for First Aid.
- Those employees with qualifications in First Aid.
- The location of First Aid kits.

In addition, the Headteacher will ensure that signs are displayed throughout the school providing the following information:

- Names of employees with first aid qualifications.
- Location of first aid boxes.

All members of staff will be made aware of the school's first aid policy (location on school web page)

### **Accident Reporting.**

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR (**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations**) in respect of reporting the following to the Health and Safety executive as it applies to employees:

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils, an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- it is an accident in school which requires immediate emergency treatment at hospital.

For each instance where the Headteacher considers an accident to a visitor or pupil is reportable under RIDDOR, the advice of the authority will be sought. Where a pupil has an accident, it will be reported to the LA.

All accidents to non-employees (e.g.) visitors which result in injury will be reported to the authority.

Using their professional judgement, members of staff should speak with the parents/carers if a child's injury is significant, either at the end of the day or by telephone. Significant means that a parent may be concerned if they see the mark/ bruise later, at home or if they hear of the incident and could be concerned. If in doubt- contact home and record on CPOMS.

#### **Pupil accidents involving their head (any injury above the shoulders).**

The Governing body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident, and the effects only become noticeable after a period. Therefore,

- Where emergency treatment is not required, a 'Head Bump' letter will be sent home to the child's parents or carers. This letter will be given to parents/carers by the class teacher at the end of the day or a phone call will be made to parents/carers if they do not collect their child. The teacher will ensure that this happens in the 'hand-over' at home time.
- The incident/ event log will be logged on CPOMS by the adult first administering first aid
- 'Head Bump' letters are kept in the accident book in the office and Hall First Aid Box.

#### **Transport to hospital or home.**

- The headteacher will determine what is a reasonable and sensible action to take in each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the Headteacher will contact the parents for them to take over responsibility for the child.
- If the parents cannot be contacted, then the Head teacher may decide to transport the pupil to hospital.



Where the Head teacher makes arrangements for transporting a child then the following points will be observed:

- only staff cars insured to cover such transportation will be used.
- no individual member of staff should be alone with a pupil in a vehicle.
- the second member of staff will be present to provide supervision for the injured pupil.

### Advice from 'THE KEY' to schools (Nov 2023)

Aim to get consent when delivering first aid

Try to gain consent before giving first aid to employees and pupils. Consent can be given verbally, and in the moment that first aid is required. However, this is not always possible, for example if there's no time, or if the person is unconscious or choking.

In these scenarios, consent can be implied. Implied consent is where the individual non-verbally agrees to treatment, for example by nodding, or holding out their injury for treatment. If the person is unconscious, implied consent can be justified if you can assume that if they were conscious and able to make a decision, they would consent to the assistance.

The DfE told us this.

There's no requirement to get consent in advance

But, if you want to, or if your [first aid policy](#) states that you should, you can ask for consent when pupils and staff join the school (use our [multi-purpose parental consent forms](#) to do this).

If they don't consent

Meet with the staff member or pupil's parents to discuss their reasons so you can help them if there's an emergency.

Make sure your [first aid policy](#) includes details of what you'll do if someone requires emergency first aid but you don't have consent.

You should respect the right to refuse consent, but also uphold your school's duty of care to staff and pupils.

The DfE gave us this advice.

Pupils with medical needs

If a pupil has medical needs, you should have agreed what to do in an emergency with their parents or carers in advance, and this should be recorded in the pupil's [individual healthcare plan](#).

Parents/carers might refuse consent to first aid because their child's medical needs are complex. Make sure staff are aware of this and are able to inform medical professionals of the child's needs if they're called to an emergency.

Know the requirements for the EYFS

Requirements for early years settings are set out in the [statutory framework for the early years foundation stage \(EYFS\)](#) and [non-statutory first aid guidance from the DfE](#).

### Staffing requirements

You must have at least 1 person with a paediatric first aid (PFA) certificate. This must be from a full course that covers training for young children and babies, where relevant. You should have more than 1 person, in case of illness. See pages 26 to 27 of the EYFS guidance, linked above.

**Note:** any staff who obtained their level 2 or 3 qualification on or after 20 June 2016 must have either a full PFA or an emergency PFA certification within 3 months of starting work if you want to include them in the staff to child ratios at level 2 or 3.

The DfE confirmed that this requirement does not apply to new EYFS teachers.

The person **must**:

- Be at school and available at all times when children are present
- Accompany children on outings

Your first aid risk assessment should consider your school's layout, the number of staff and the number of children to ensure a first aider will be able to respond to emergencies quickly.

### Training course requirements

Any full and emergency PFA training must meet certain criteria, such as:

- Emergency PFA courses should be face-to-face and last for a minimum of 6 hours
- Full PFA courses should last for a minimum of 12 hours
- Certificates must be renewed every 3 years

## Appendix 2: Assessment of first aid needs checklist.

Issues to consider	Impact on first aid provision	Notes
<p><b>Hazards:</b> The findings of the risk assessment(s) should be taken into account, along with parts of the workplace that may have different work activities or hazards, and may require different levels of first aid provision.</p>		

<p>Are the hazards low level, such as those found in offices?</p>	<p>The minimum provision is:</p> <ul style="list-style-type: none"> <li>• An appointed person to take charge of firstaid arrangements;</li> <li>• A suitable first aid box.</li> </ul>	
<p>Are there higher-level hazards such as dangerous machinery, hazardous substances, or work involving confined spaces?</p>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Providing first-aiders;</li> <li>• Additional training for first-aiders to deal with injuries resulting from special hazards;</li> <li>• Additional first aid equipment;</li> <li>• Precise siting of first aid boxes;</li> <li>• Providing a first aid room;</li> <li>• Informing the emergency services.</li> </ul>	
<p>Does the level of risk vary in different parts of the establishment/building/site?</p>	<p>Consider the provision of each building or site.</p> <p>Where several levels of risks exist, base the provision on the highest level of risk.</p>	
<p><b>Employees</b></p>		
<p>How many people are working on site, or in the establishment/building?</p>	<p>Where there are small numbers of employees, the minimum provision is:</p> <ul style="list-style-type: none"> <li>• An appointed person to take charge of first aid arrangements;</li> <li>• A suitably stocked first aid box. Where there are large numbers of employees, consider providing:</li> <li>• First-aiders;</li> </ul>	
	<ul style="list-style-type: none"> <li>• Additional first aid equipment;</li> <li>• A first aid room.</li> </ul>	

<p>Are there any inexperienced staff, or trainees on site?</p> <p>Are there any staff with disabilities, or particular health problems?</p>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Additional training for first-aiders;</li> <li>• Additional first aid equipment; • Local siting of first aid equipment. The first aid provision should cover any work experience trainees.</li> </ul>	
<p><b>Non-employees</b></p>		

<p>Do members of the public visit your premises?</p>	<p>Under the Regulations, there is no legal duty to provide first aid for non-employees but the HSE strongly recommends that non-employees be considered in the first aid provision.</p> <p>Where there are small numbers of non-employees, a guide to the minimum provision is:</p> <ul style="list-style-type: none"> <li>• An appointed person to take charge of first aid arrangements;</li> <li>• A suitably stocked first aid box.</li> <li>• Where there are large numbers of nonemployees, consider providing: <ul style="list-style-type: none"> <li>• First-aiders;</li> <li>• Additional first aid equipment;</li> <li>• A first aid room.</li> </ul> </li> </ul> <p>Where non-employees have disabilities or particular health problems, consider:</p> <ul style="list-style-type: none"> <li>• Additional first aid equipment;</li> <li>• Precise siting of first aid boxes;</li> <li>• Providing a first aid room;</li> </ul> <ul style="list-style-type: none"> <li>• Additional training for first-aiders to deal</li> </ul>	
	<p>with disabilities or particular health issues, for example the use of an epi-pen for administration.</p>	

<b>Accident and ill health record</b>		
<p>What is the record of previous accidents or incidents of ill health?</p> <p>What injuries and illnesses have occurred and where did they happen?</p>	<p>Ensure the first aid provision will cater for the type of injuries and illnesses that might occur. Monitor accidents and ill health and review the first aid provision as appropriate.</p>	
<b>Working arrangements</b>		
<p>Do staff work out of normal office hours or work shifts?</p>	<p>Ensure there is adequate first aid provision at all times people are at work.</p>	
<p>Do staff travel to other sites, work remotely or work alone?</p>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• The outcomes of the lone working risk assessment;</li> <li>• Issuing personal first aid kits;</li> <li>• Issuing personal communicators or mobile phones.</li> </ul>	
<p>Does the work involve travel to other sites or locations with members of the public (clients, service users or pupils)?</p>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Ensuring the group is accompanied by a first-aider;</li> <li>• Taking a first aid kit on the trip;</li> <li>• The medical needs of the clients, services users or pupils, particularly if they have a medical care plan.</li> </ul>	

Do staff work at sites of other organisations?	Consider: <ul style="list-style-type: none"><li>• Making arrangements with the other organisation(s) to ensure adequate first aid provision;</li><li>• A written agreement between yourself and the other organisation(s).</li></ul>	
Is there sufficient first aid provision to cover absences of first-aiders, or appointed persons?	Consider: <ul style="list-style-type: none"><li>• What first aid provision would be required to cover for annual leave or other planned absences;</li><li>• What would be required to cover for unplanned and exceptional absences?</li></ul>	

<b>Overall Risk Rating based on information in table</b> above (circle as appropriate):	<b>High</b>	<b>Medium</b>	<b>Low</b>
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<b>Maximum number of persons on site, including non-employees:</b>	
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<b>Number of 3-day trained first-aiders required:</b>		<b>Number of Emergency first-aiders required:</b>	
<b>Number of First Aid boxes required:</b>		<b>Number of Travelling/Mobile first aid kits required:</b>	

<b>Name of person responsible for maintaining the first aid boxes and kits:</b>	<b>Name of person responsible for organising refresher training:</b>
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<b>Signed:</b>	<b>Date:</b>	<b>Date of Review:</b>
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Appendix 3

<b>Assessors name:</b>	<b>Date of Assessment:</b>	<b>Activity/Task: Risks to first aiders</b>
<b>Directorate:</b>	<b>Service: Group:</b>	<b>Head Teacher:</b>

<b>Hazards</b>	<b>Who may be harmed &amp; How</b>	<b>Existing Controls</b>	<b>Risk Rating</b>	<b>Further Controls</b>	<b>Residual Risk</b>	<b>Actions by whom &amp; when</b>	<b>Implemented Y/N</b>
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Body fluids	<p>First-aiders.</p> <p>Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.</p>	<p>Assume all body fluids are infectious and follow strict hygiene procedures:</p> <ul style="list-style-type: none"> <li>• Wash hands thoroughly before and after administering first aid and use disposable gloves.</li> <li>• Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible.</li> <li>• Splashes into eyes or mouth should be rinsed freely with cold water.</li> <li>• Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing.</li> <li>• Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.</li> </ul> <p>Mouth to mouth resuscitation:</p> <ul style="list-style-type: none"> <li>• Mouthpiece used for mouth to mouth</li> </ul>	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		
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	Contamination from disposable gloves, aprons etc. contaminated with body fluids	<p>resuscitation,</p> <ul style="list-style-type: none"> <li>A rigid airway only to be used by firstaiders trained in its use.</li> </ul> <p>All used disposable gloves, aprons etc. are disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.</p>					
Hazardous substances	First Aider Exposure to hazardous substances	Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.	<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence:</p> <p>Risk Level:</p>		
<b>Review date:</b>		<b>Date communicated to staff:</b>					
<b>Is a safe system of work required</b>		<b>Yes / No</b>					

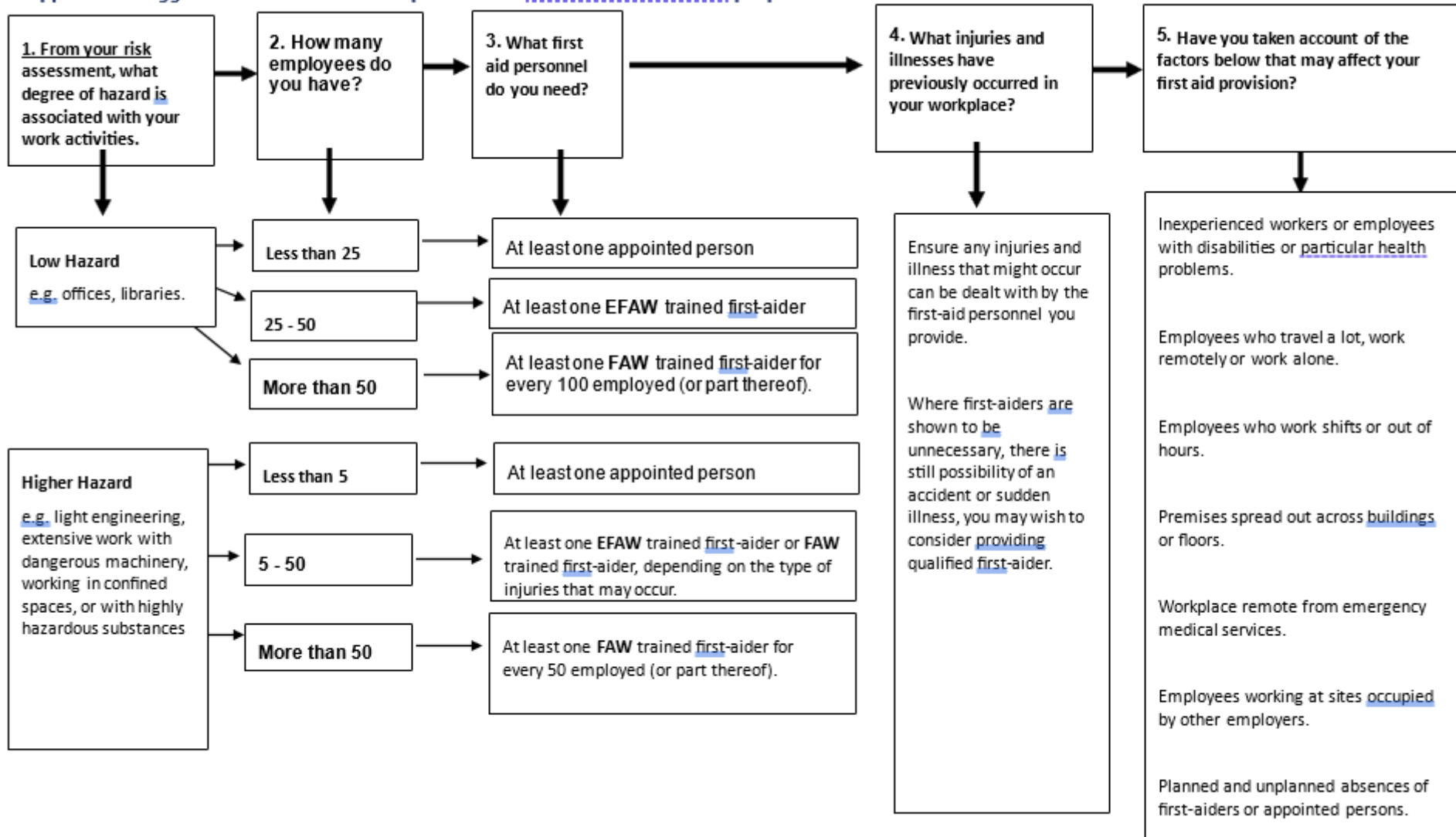
If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.

## Risk Matrix

The matrix below is designed to help you in identifying a risk level for a given task or activity. Using your experience, the available evidence and existing precautions/ control measures in place you will have already determined the consequence of harm, and the likelihood of the harm being realised. The level of risk for the respective task or activity can now be determined using the following matrix.

<b>CONSEQUENCE</b>	Catastrophic	5	5	10	15	20	25	<div style="background-color: #f08080; padding: 5px; margin-bottom: 5px;">17-25 Unacceptable</div> <div style="background-color: #f08080; padding: 5px; margin-bottom: 5px;">Stop activity and make immediate improvements</div> <div style="background-color: #f4a460; padding: 5px; margin-bottom: 5px;">10-16 Tolerable</div> <div style="background-color: #f4a460; padding: 5px; margin-bottom: 5px;">Look to improve within specified timescale</div> <div style="background-color: #fff9c4; padding: 5px; margin-bottom: 5px;">5-9 Adequate</div> <div style="background-color: #fff9c4; padding: 5px; margin-bottom: 5px;">Look to improve at next review</div> <div style="background-color: #c8e6c9; padding: 5px;">1-4 Acceptable</div> <div style="background-color: #c8e6c9; padding: 5px;">No further action, but ensure controls are maintained</div>
	Major	4	4	8	12	16	20	
	Moderate	3	3	6	9	12	15	
	Minor	2	2	4	6	8	10	
	Insignificant	1	1	2	3	4	5	
			1	2	3	4	5	
			Very unlikely	Unlikely	Fairly likely	Likely	Very likely	
			<b>LIKELIHOOD</b>					

**Appendix 4: Suggested numbers of first-aid personnel to be available at all times people are at work.**



## Appendix 5

**Accident/Incident Record Form Questions** (note this form should only be used to record the details of the accident/incident, an online form must be completed using the details gathered)

<b>Person Completing the Form</b>		
Name	Date Completed	Directorate
Service Area	Contact Number	

<b>About the Person Affected/Involved</b>		
Name	Date of Birth	Status of Person Affected
Job Title	Gender	
Address (including Postcode)		Contact Details

<b>Incident Details</b>		
Date of Incident	Time of Incident	Date Reported
Address where the incident happened		
Description of events (include weather, surface, lighting, condition, info where appropriate, did the incident involve a LA vehicle)?		

What happened after the incident e.g. hospital, returned to work		Injury sustained Y/N
Describe Injury	Describe part of the body affected e.g. left wrist, right leg	
Was there a witness to the accident? Y/N	Details of Witnesses (name and contact details)	

**Line Manager to complete**

Name	email address
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Was the injured party correctly training in task/activity <b>Y/N</b>	Was the injured party correctly supervised in the task/activity <b>Y/N</b>
Is there a risk assessment in place for this task <b>Y/N</b>	Were identified control measures in place <b>Y/N</b>
Is the risk assessment being reviewed <b>Y/N</b>	Is the affected/involved person aware of the outcome of the risk assessment <b>Y/N</b>
Were there any other factors contributing to the incident	



Did the injured party have time off work as a result of the incident <b>Y/N</b>	Date stopped work	Date returned to work
Give details of any measures you have taken or intend to take to prevent recurrence of the incident		
Have the description of events been verified by the affected/involved person <b>Y/N</b>		

### **Addendum First Aid for COVID 19**

#### **Appendix 1**

Remember the 3P model – preserve life, prevent worsening, promote recovery

The patient will be encouraged to administer their own first aid wherever possible and if appropriate e.g. wiping a graze, applying a plaster.

There will be a small first aid pack in each classroom for minor first aid.

If children require first aid during playtime or lunchtime this will need to be administered in the room that they have been allocated for their learning.

Ice packs are located in the freezer in the medical room. Once the first aid has been administered, the handles of the freezer need to be wiped down.

Bumped head letters are in the medical box in the classroom.

When dealing with any first aid incidents full PPE must be worn.

- Hand washing
- Apron
- Facemask /face shield
- Gloves

If using the gauze please ensure you have your gloves on and only touch the top layer of the pack taking care not to touch the piece below.

If a child starts to present with COVID19 symptoms, please follow the guidance in the Infection Control Policy and the Protocol for if a child becomes ill with coronavirus symptoms.

If the incident is major, please use the classroom phones or radios for calling a First Aider or ambulance

**If you think that the patient is having a cardiac arrest, please follow the guidance at the end of this document.**

Once you have finished treating the patient, move away to a safe distance as soon as possible.

Once first aid has been administered, PPE must be removed and put in clinical waste bag following the guidance from the PHE.

- Gloves –peel off, fold one inside the other, dispose of
- Clean hands
- Apron –untie neck, allow to fall, undo waist ties, fold over, dispose of
- Clean hands
- Eye protection – remove, clean
- Clean hands
- Face mask /Face shield
- Clean hands

All incidents will be recorded in the first aid book located in each classroom.

Staff in each classroom will be responsible for checking the supplies in each classroom pack; this is identified on the staff protocol.

## **Cardiopulmonary resuscitation CPR**

Guidance from the [HSE](#) (Health & Safety Executive):

Guidance from the [resuscitation council](#):

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 each 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 (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- If there is a perceived risk of infection, rescuers should pla
- 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.

## Paediatric Advice



We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

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 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.


First aid boxes will have sterile cloths added, these are to be used to cover the patient's mouth during CPR.

**How to do CPR on an adult - COVID-19 update**



1. If someone is unconscious and not breathing normally, do not put your face near to theirs
2. Call for an ambulance
3. Use a towel or piece of clothing and lay it over the mouth and nose
4. Do not do mouth to mouth
5. Start chest compressions to the tempo of "Staying Alive"
6. Use a Public Access Defibrillator if available.

Find out how St John are supporting the NHS with the COVID-19 outbreak at [sja.org.uk/COVID-19](https://www.sja.org.uk/COVID-19)

St John Ambulance  Resuscitation Council UK 

Source: Resuscitation Council UK

## Appendix 2 Management of local infections of an infectious disease

Information taken from Government guidance published on [System of Control](#) 24<sup>th</sup> May 2021

Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school

Ensuring that pupils, staff and other adults do not come into the school if they have [coronavirus \(COVID-19\) symptoms](#) (updated 24/05/2021), or have tested positive in at least the last 10 days and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19).

All schools must follow this process and ensure all staff are aware of it.

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 and needs of the child, 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 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 must be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE must 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). More information on PPE use can be found in the [Safer Working in Education](#) 1<sup>st</sup> March 2021

The area around the person with symptoms must be cleaned after they have left to reduce the risk of passing the infection on to other people.

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell.

**As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk.**

Anyone with coronavirus (COVID-19) symptoms should not otherwise visit the GP, pharmacy, urgent care centre or a hospital. 12

Any member of staff who has provided close contact care to someone with symptoms and all other members of staff or pupils who have been in close contact with that person with symptoms do not need to go home to self-isolate unless:

- the symptomatic person subsequently tests positive
- they develop symptoms themselves (in which case, they should arrange to have a test)
- they are requested to do so by NHS Test and Trace or the PHE advice service (or PHE local health protection team if escalated)

There is no need to produce evidence of a negative test and pupil should return to school once the ten day isolation period has ended as long as they no longer have a temperature.

In the event of a positive test, the Headteacher/Head of School contacts the Local Health Protection team for advice. Equally the Local Health Protection team may contact the school if they are aware of an individual who has tested positive attending the school

Isolate those in close contact\*\* for 10 days (from last contact) local records of timetables and registers will be used to determine those to self-isolate. They will also be tested.

Those in the same household do not need to self-isolate if they are not displaying symptoms. If a member of the household develops symptoms, there will be a need to test them.

If a negative test result is obtained they must remain in isolation until the 10 days are complete as they could still develop coronavirus

If the test is positive, they should inform their setting immediately and must isolate for at least 10 days from the onset of symptoms. Their household should self-isolate for at least 14 days from when the person first had symptoms

**\*A list of current recognised symptoms is available on NHS111 website, Public Health England or from gov.uk website**

\*\*Definition of close contact (DfE 2020):

Direct close contact – face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation or unprotected skin to skin contact

Proximity contact – extended close contact (within 1-2 metres for more than 15 minutes) with an infected individual

Travelling in a car – travelling with an infected person in a small vehicle

## Appendix 3 – Template Risk Assessment for COVID First Aid

Assessors name:	Date of Assessment:	Activity/Task: Risks to first aiders
Directorate:	Service: Group:	Head Teacher:

Hazards	Who may be harmed & How	Existing Controls	Risk Rating	Further Controls	Residual Risk	Actions by whom & when	Implemented Y/N
First Aid & administration of medicines	Staff/Pupils	<p>Pupils to be directed to undertake own first aid where applicable (e.g. washing grazes, application of self-adhesive dressings). If first aider needs to get closer to injured party/suspected infection with Corona virus to assess or treat they are to wear disposable aprons, gloves, and masks. (see also PPE competence, hand to mucous membrane transfer, and PPE transfer sections of r/a)</p> <p>Pupil medication to be in classroom with the pupil/staff member</p> <p>Temperature checks with non-contact thermometer</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>	<p>A member of staff with first aid training will be deployed in each bubble.</p> <p>Staff to supervise/securely store any medication/equipment including asthma pumps in the classroom.</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		

Body fluids	<p>First-aiders.</p> <p>Contact with body fluids (blood, vomit, urine etc) and the potential risk from HIV, Hepatitis, and other infectious diseases.</p>	<p>Assume all body fluids are infectious and follow strict hygiene procedures:</p> <p>Wash hands thoroughly before and after administering first aid and use disposable gloves.</p> <p>Skin that has been in contact with body fluids of another person must be thoroughly washed with soap and warm/hot water as soon as possible.</p> <p>Splashes into eyes or mouth should be rinsed freely with cold water.</p> <p>Encourage puncture wounds to bleed freely before thorough rinsing, drying and covering with a sterile dressing.</p> <p>Body fluid spillages cleaned using available absorbent materials, e.g. toilet paper, paper s cat litter or other absorbent granules. Disposable gloves and apron worn when cleaning spillages. Area cleaned with bleach or other chlorine-releasing compound.</p> <p>Mouth to mouth resuscitation:</p> <p>Mouthpiece used for mouth to mouth resuscitation,</p> <p>A rigid airway only to be used by first-aiders trained in its use.</p>	<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		<p>Likelihood:</p> <p>Consequence :</p> <p>Risk Level:</p>		
	Contaminati	All used disposable gloves, aprons etc. are					

	on from disposable gloves, aprons etc. contaminated with body fluids	disposed of in yellow, clinical waste bags marked "Clinical Waste – Bio-hazard". Full bags sealed and disposed of as clinical waste.					
Hazardous substances	First Aider Exposure to hazardous substances	Ascertain what hazardous substance was involved and consult the COSHH assessment for first aid information.	Likelihood: Consequence : Risk Level:		Likelihood: Consequence : Risk Level:		
<b>Review date:</b>		<b>Date communicated to staff:</b>					
<b>Is a safe system of work required</b>		<b>Yes / No</b>					
<b>If a new activity/equipment/any changes have been identified then Risk Assessment must be reviewed otherwise it should be reviewed annually.</b>							