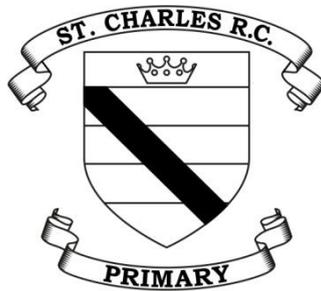


St Charles RC Primary School

COVID-19 Update for First Aid

2020



Our mission at St. Charles RC Primary School is to try and centre our life in Jesus Christ, the spiritual foundation of our community.

We aim to pass on the faith we share in partnership with you.

We want the children in our care to grow and develop to their full potential within a caring Catholic community which recognises fully their true worth and God given talents. We look forward to working with you in a spirit of mutual trust and support.

We take pride belonging to St. Charles RC Primary School.

MISSION STATEMENT

As a family of God, we love to learn and learn to love

Introduction

From 20th March 2020, parent were asked to keep their children at home, wherever possible and for schools to remain open only for those children of workers critical to the COVID-19 response – who absolutely need to attend. From June 1st 2020 some children will return to school.

Key contacts

| Role | Name | Contact number | Email |
|------------------------------|--------------------------------|--|---|
| Designated safeguarding lead | Clare Campbell Headteacher | 0161 794 4536 | clare.campbell@salford.gov.uk |
| Deputy safeguarding lead | Nicola Drake Assistant Head | 0161 794 4536 | nicola.drake@salford.gov.uk |
| Deputy safeguarding lead | Clare Brown Deputy Head | 0161 794 4536 | clare.brown@salford.gov.uk |
| Chair of governors | Stuart O'Brien | 0161 794 4536 | stuart.obrien2@ntlworld.com |
| LADO | Roisin Rafferty | 0161 603 4350 | roisin.rafferty@salford.gov.uk |
| The Bridge | Salford Council | 0161 603 3500 8.30-4.30pm 0161 794 8888 Emergency duty team | https://www.salford.gov.uk/children-and-families/safeguarding-children/worried-about-a-child/ |

Context

From 1st June schools are being asked to reopen in a phased response. There are multiple pieces of government guidance that recognise that younger children struggle to socially distance however they also recognise the need for schools to reopen in a manner that reduces transmission and considers the health and safety implications for all. As a response we are making the following additions to our first aid policy.

Addition to practical arrangements at point of need

All bubbles have access to basic first aid equipment within their bubble to reduce the movement of pupils and staff around school. Details of first aid and medications administered will be recorded on the electronic register which will be overviewed by the head teacher and lead first aider who will overview.

We have a specific medical room to be used as per risk assessment. Please see guidance in appendix 1 and 2 in relation to administering of first aid and resuscitation guidance.

Changes to specific arrangements (asthma, epilepsy and diabetes)

Inhalers, epi-pens and any other child specific treatments will now be kept by the teacher of the class bubble. All staff will be provided with updated information about individual children's care plans.

Additions to hygiene procedures

PPE is easily available and can be worn by staff members if they are concerned about being in close contact with a child who is displaying symptoms of COVID-19. Correct donning and doffing procedures are to be followed see appendix 3.

Disposal of PPE and any other items that have body fluid on them must be double bagged before disposal.

Appendix 1: Additional guidance for staff

When administering basic first aid, aim not to be face to face with the child. For example: ask them to sit on a chair with their leg out to the side whilst the graze is cleaned. You could ask the pupil to look at something specific in order to ensure that they have turned their head. We would also direct you to <https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/>

Appendix 2: Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is best against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

- First responders should consult the latest advice on the NHS website – <https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>
- Those laypeople and first responders with a duty of care such as workplace first aiders, that may include CPR should be guided by their employer's advice
- This guidance may change based on increasing experiences in the care of patients with COVID-19
- Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice from Public Health England

Resuscitation Council UK guidelines 2015 state, "If you are untrained or unable to do rescue breaths, give chest compression only CPR – continuous compressions at a rate of at least 100-120 min"

Because of the heightened awareness of the possibility that the victim may have COVID-19, the Resuscitation Council UK offers this advice:

1. Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
2. Make sure an ambulance is on its way. If COVID-19 is suspected tell them when you call 999
3. If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims' mouth and nose and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
4. Early use of a defibrillator significantly increases the person's chances of survival and does not increase the risk of infection

5. If the rescuer has access to any form of PPR this should be worn
6. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water, alcohol based 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 ventilation 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 they 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 about what to do, the guidance in the Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community setting 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.

Further reading

COVID-19 Guidance for health professionals - Public Health England
<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

Equal Opportunities

St Charles RC Primary School has universal ambitions for every child, whatever their background or circumstances. Children learn and thrive when they are healthy, safe and engaged. In order to engage all children, cultural diversity, home languages, gender and religious beliefs are all celebrated.

Our curriculum includes a wide range of texts and other resources which represent the diversity and backgrounds of all our children. We believe in 'valuing what the child brings to school' and recognise the importance of supporting a child's first language, not only to foster self-esteem, but to assist in the learning of English.