

First Aid Requirements

This document supplements the existing first aid arrangements for your school. Where the school follow CCC/PCC arrangements these will be outlined in the following:

- First Aid Compliance Code
- First aid needs assessment and guidance form

Specific considerations relating to management of first aid is covered in [COVID-19 Guidance for all education 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 a person has suspected COVID-19, wherever possible, ask them to move to a location away from others. If there is no physically separate room, or the individual is not able to move to another 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 people), the following equipment is required:

- Disposable gloves
- Plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (for cleaning first aid box)

Public Health have confirmed that PPE is not required for first aid for non-symptomatic people.

Paediatric First Aid - The updated guidance states that *'The requirement is modified where children aged 2 to 5 are on site (with no children aged below 24 months) to a best endeavours duty to have someone with a full PFA certificate on site. If all steps set out in the guidance have been exhausted and settings cannot meet the PFA*

requirement, they must carry out a written risk assessment and ensure that someone with a current First Aid at Work or emergency PFA certificate is on site at all times.'

It is the view of the Local Authority that putting in place a risk assessment is unacceptable. We require schools and settings to maintain their current position. Planned training is still in place and we have a number of trained 12 hour Paediatric First Aiders who can support your school or setting if required. The only exemption could be if you have someone with a full First Aid at Work and an Emergency Paediatric First Aider, both on site at all times when you are caring for early years children.

Personal Protective Equipment (PPE) – to support previous guidance

Storing PPE - PPE should be kept in a labelled box or bag with First Aid kits so that it is readily available and can be accessed quickly.

Using PPE - Schools and settings might want to designate particular staff to support children with suspected symptoms but it is vital that any member of staff who uses PPE reads the national guidance ([COVID-19 Personal Protective Equipment Guidance](#)) and takes the time to familiarise themselves with the instructions for donning and doffing PPE. We would ask that staff watch [this video](#), and read the [guidance note](#) prepared by our Public Health Team, in readiness for responding to a first aid event.

Removal of PPE - Remove PPE when close contact is no longer required by following the sequence for removal included within the [guidance note](#). It is critical that you do this in order to avoid self-contamination. You should not walk through the premises whilst wearing this.

You can use hand washing facilities after you have followed the PPE removal sequence, or hand sanitizer, where hand washing facilities are not in close proximity.

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 must ensure that:

- The requirements relating to the management of first aid outlined in [COVID-19 Guidance for all education settings](#) have been implemented.
- The additional equipment that is specified within the 'Safer Working Arrangements' section is provided.
- 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-asphyxial 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 (asphyxial arrest), therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation in asphyxial 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.