

Clewer Green CE Aided First School

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'Inspiring Children'

Vision: Every child has been blessed by God with unique potential. Our vision for Clewer Green is to inspire and nurture children in a safe, happy and caring Christian community, where everyone is valued and enjoys learning.

'I can do all things through him who strengthens me'

Philippians 4:13

FIRST AID COVID-19: First Aid Procedure

For the duration of the COVID-19 pandemic this overarching annex document will be in place as an amendment to the School's First Aid Policy and Appendices. The document will be updated and recirculated as necessary. The COVID-19 First Aid Procedure will ensure First Aiders are confident that they can provide First Aid to someone who sustains an injury or becomes unwell during the COVID-19 pandemic; including specific guidance on giving cardiopulmonary resuscitation (CPR).

Background

COVID-19 is the infectious disease (virus) caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a global pandemic. As this is a novel disease, knowledge about COVID-19 is constantly being updated.

The main symptoms of COVID-19 are currently

- a high temperature – this means feeling hot to the touch on the chest or back or a temperature of 37.8C or higher.
- a new, continuous cough – this means coughing more than once an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- loss or change to the sense of smell (anosmia) – this means having noticed the inability to smell or things smelling differently to normal

Most people with coronavirus have at least one of these symptoms, however some people may be pre-symptomatic (have not yet developed symptoms) or be asymptomatic (have no symptoms) but be infectious and capable of infecting others.

How COVID-19 is spread

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, door handles, handrails, telephones and light switches. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is essential to wash your hands regularly with soap and water or clean them with an alcohol-based hand gel.

First Aid in the context of COVID-19

The following universal precautions must be taken to ensure the safety of the First Aider and Casualty.

The COVID-19 First Aid Procedure

The First Aider collects a First Aid Kit (containing hand gel) and the attached PPE Kit before attending the casualty. If not possible a helper will collect.

The First Aider uses their training to assess the risk from the immediate environment to self and others present.

The First Aider remains at a 2-metre safe distance to assess hazards and the casualty, if possible.

If the casualty is conscious and can communicate, they should self-treat if this is appropriate by following instructions given by the First Aider at a 2-metre distance.

The First Aider transfers the First Aid equipment required to the casualty by sliding or another appropriate method.

If the casualty is unresponsive for the primary and secondary survey or is not able to self-treat then the following PPE must be put on in the following order by the First Aider BEFORE approaching the casualty within 2 metres:

1. First remove any jewellery
2. Tie hair up if necessary
3. Gel hands as per WHO guidelines
4. Put on Apron and tie at back
5. Apply a facemask (ensuring this is correctly positioned to completely cover the mouth and nose and then pinch over the nose to ensure a tight fit)
6. Apply a visor*
7. Apply gloves

*If the risk assessment of the casualty determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection (a visor) should also be worn and is put on after applying the facemask.

At all times the First Aider must keep their hands away from own face.

When assessing the casualty's breathing, the First Aider does not place their ear or cheek close to the casualty's face and does not listen or feel for breathing for 10 seconds. The First Aider instead looks at the chest to assess breathing; recognizing cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

The First Aider shouts for help.

If there is any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

The helper calls 999 for emergency help while CPR is commenced.

The helper brings the AED (and spare First Aid Kit with PPE attached) and transfers the AED to the First Aider.

The helper puts the phone on speaker and hold it out towards First Aider, so they can maintain at 2-metre distance.

If the First Aider is on their own, they use the hands-free speaker on their own phone so they can start CPR while speaking to ambulance control.

Ambulance control are informed the casualty is potentially COVID-19 positive as appropriate.

Cardiopulmonary Resuscitation (CPR)

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 set against the

inevitability that a person in cardiac arrest will die if no assistance is given. If there is a perceived risk of infection, the First Aider should place a cloth/towel/clothing over the casualty's mouth and nose BEFORE COMMENCING CPR and attempt compression-only CPR and ensure the early attachment of the AED until help arrives.

DO NOT GIVE RESCUE BREATHS

Ensure mouth and nose of casualty is covered.

Start CPR - Kneel by the casualty and put the heel of one hand on the middle of the person's chest. Putting other hand on top of the first. Interlock the fingers, making sure not to touch the ribs.

Keeping arms straight, lean over casualty, press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up. The beat of the song "Staying Alive" can help keep to the right speed.

THE HELPER REMINDS THE FIRST AIDER NOT TO GIVE RESCUE BREATHS

The First Aider continues with Chest Compressions only pausing to attach the AED pads to the chest of the casualty and following the verbal AED automated instructions, but ignoring the command to provide rescue breaths.

An AED significantly increases the chances of a casualty's survival.

The First Aider applies a shock, if prompted by the AED.

The helper keeps a 2-metre distance. However, the First Aider is likely to become rapidly exhausted.

If the helper is needed to take over CPR from the First Aider the helper puts on PPE as above.

At all times the helper keeps their hands away from their face.

Disposal of PPE

When the casualty has been treated or the Ambulance Service have arrived and taken over the care of the casualty, the First Aider must remove their PPE carefully in the correct order into a lidded pedal bin as follows:

1. Remove gloves and drop into bin
2. Gel hands as per WHO guidelines
3. Remove apron by breaking the tie at the back. Pull apron away from the neck and shoulders by only touching the inside of the apron and fold and roll it in on itself and drop into bin
4. Gel hands
5. If wearing a visor do not bend forwards as this brings the bottom of the visor into contact with the clean upper body. Remove by holding the band at the back of the visor and lift over head and drop into bin without touching the front of the visor*
6. Gel hands
7. Remove facemask by unfastening bottom tie and then top tie. Do not bend the neck forward as this allows the facemask to touch the clean upper body. Pull the facemask away from face holding ties without touching the front of the facemask and drop into bin
8. Gel hands

Follow-up

All reusable First Aid equipment and the AED are thoroughly cleaned and disinfected using appropriate wipes and then restocked by the School Nurses.

The member of staff with oversight for First Aid or the Line Manager will ensure the First Aider and helper have an opportunity to debrief following the incident.

References

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>

https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>