

Hanover Street School



First Aid Policy



Relevant Performance Indicators		
UNCRC	<p style="text-align: center;"><i>Article 3 – all adults should do what is best for you</i> <i>Article 19 –the right to be protected from being hurt or badly treated</i> <i>Article 24 –the right to the best health possible and to medical care and to information that will help you to stay well</i></p>	
HGIOELC (2016) & HGIOS4 (2015) Quality Indicators	<p>1.4 1.5 2.1 3.1</p>	<p style="text-align: center;"><i>Leadership and Management of Practitioners</i> <i>Management of Resources to Promote Equity</i> <i>Safeguarding and Child Protection</i> <i>Ensuring Wellbeing, Equality and Inclusion</i></p>
Health & Social Care Standards (2017)	<p>3.20 3.21 3.22 3.24 3.25</p>	<p>I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.</p> <p>I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.</p> <p>I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.</p> <p>If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.</p> <p>I am helped to feel safe and secure in my local community.</p>

Policy Written By	Gillian Forbes, Depute Head Teacher
In Consultation With	Alan Markey, PSAs and Nursery Team & Updated COVID 19 Guidance
Date(s) of Review & Changed Made	<ul style="list-style-type: none"> • Created December 2019 • January 2020 – Addition: Care Inspectorate guidance re choking • Addition of notification/duty of candour triggers on nursery incident forms • September 2020 – Addition re administering First Aid in COVID climate, and additional mental health info. • February 2021 – reference to UNCRC, updated HGIOS/HGIOELC links, direct links to videos
Date of Next Review	August 2021 or sooner if legislation/guidance dictates
Signature(s)	<i>Gillian Forbes</i>



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1. Introduction

Hanover Street School's First Aid policy has been written in consultation with Aberdeen City Council's First Aid Provision Policy and Procedure. This is available on request.

2. Aims

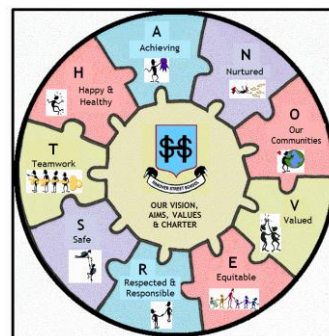
At Hanover Street, we aim to ensure that everyone in the school community (pupils, parents, staff and community partners) feels:

- happy and healthy, through developing and maintaining strong, positive relationships;
- nurtured and encouraged, promoting resilience and equitable use of support and resources;
- a valued part of the school team, modelling shared, mutual and individual respectful behaviours within the school environment, taking responsibility for actions of self;

and ultimately, are

- **safe and cared for in a secure, inclusive environment.**

These aims and rights can be summarised by the school's charter, which is shown below and displayed around the school.



First Aid is an important part of these aims. We define first aid as:

“The administration of treatment for the purpose of preserving life and minimising the consequences of injury and illness where a person will subsequently need help from a medical practitioner or nurse; and for the

treatment of minor injuries which would not need treatment by a medical practitioner or nurse.”

For our children to be happy, healthy, active, etc, Hanover Street School takes a positive benefits approach to play and learning, and associated risk. We are moving away from a traditional deficit model that takes a risk-averse approach, which can unnecessarily restrict children’s experiences to a more holistic risk-benefit model.

This is in line with current national guidance:

<https://www.careinspectorate.com/index.php/guidance/9-professional/2961-positive-approach-to-risk-in-play>

In a busy, happy school, children and staff may feel or become physical or mentally unwell, be sick or have an accident resulting in an injury. This policy aims to specify what we do to ensure that appropriate care is given if/when these situations arise.

3. Underlying guidance

Nurturing approach

As part of our nurturing culture in the school, the 6 principles of nurture are particularly relevant for First Aid.

- ***The importance of transition in children’s lives*** – changes in place, people and situations can affect mood, resilience, awareness of risk, etc, for young and old. Consequently, changes or transitions *may* increase the need for first aid support being required. Transitions and their potential impact must therefore be carefully considered.
- ***Children’s learning is understood developmentally*** – as a school, we understand that learning and development is emotional, psychological and physical, as well as academic. Children learn about risk, emotions and their own body and mind, at individual paces with different levels of understanding. This needs to be considered in the offering of first aid.





- **The school environment/classroom offers a safe base** – safety can be a physical aspect, as well as emotional. The school community needs to be physically safe to reduce risk from harm. It also needs to be a safe, trusted community where emotions can be heard, explored and understood, with dignity and respect.
- **Importance of nurture for the development of wellbeing** – being respected and cared for helps wellbeing and mental health. Being nurtured is one of the 8 wellbeing indicators, part of Scotland’s national GIRFEC approach in realising children’s potential: <https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>
- **Language is a vital means of communication** – language is vital in the treatment of first aid. We use language to explain feelings, symptoms, offering comfort, explaining treatment. Language should be adapted to suit the needs of the person and/or situation.
- **All behaviour is communication** – mood, body language, demeanour, etc, can all offer clues to supporting effective first aid treatment. Being mindful of behaviour/actions and what they may be communicating is pertinent for first aid.

Health and Social Care Standards

In June 2017, the Scottish Government published new health and social care standards – <http://www.newcarestandards.scot/>. The nursery staff use these in their evaluations, as the Care Inspectorate inspect using them. However, we also use these standards to guide our practices through the school, as a guideline for how to achieve high quality care and continuous improvement.

The principles from the care standards are particularly relevant in administering first aid. They are fully detailed in appendix 1.

Below is a summary:



- ◆ Dignity and respect
- ◆ Compassion
- ◆ Be included
- ◆ Responsive care and support
- ◆ Wellbeing

4. Mental Health First Aid & Wellbeing Champion

At Hanover Street, all staff are committed to supporting children, families and staff when they need help.

Specifically, Gillian Forbes, Depute Head Teacher is a trained Mental Health First Aider (January 2020). Natalie Stables, Class Teacher is a 'Wellbeing Champion'. Together, they provide support for emotional and mental wellbeing, and aim to raise awareness and help reduce the negative stigma that can surround mental health.

*It is important to remember that Mental Health First Aiders are not therapists or counsellors, but they can provide valuable non-judgemental support, help and comfort to a child, family or staff member in the school community.

Other resources/guidance:

- <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>
- <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-and-wellbeing>
- <http://www.smhfa.com/>

5. Assessment of First Aid Needs

SLT regularly consider the first aid and health and safety requirements for the school. We review the needs of children and staff, personnel, equipment and facilities, as appropriate. We may seek advice from other personnel in the Council, e.g. first aid trainers, health and safety officers, moving and handling team.



6. Making First Aid Procedures Known

New staff and families are made aware of first aid procedures on induction. The First Aid Policy and Procedures can also be viewed on the [school website](#).

First Aid notices (appendix 2) are clearly displayed giving information on the names and location of first aiders and the location of first aid equipment.

Health and Safety is a standard discussion point in staff meetings and support and supervision meetings. Issues regarding First Aid provision are addressed as appropriate during these.

7. First Aiders, Qualifications and Training

All qualified first aiders will be allowed to leave any current duties immediately, to be able to respond rapidly to an emergency.

Before taking up first-aid duties, relevant staff undertake training and have an HSE-approved qualification. This means that they hold a valid certificate of competence in either:

- (a)** first aid at work (FAW), issued by a training organisation approved by HSE: or
- (b)** emergency first aid at work (EFAW), issued by a training organisation approved by HSE or a recognised awarding body of Ofqual/Scottish Qualifications Authority.

Content of an emergency first aid at work course

On completion of training, successful candidates should be able to:

- (a)** understand the role of the first-aider including reference to:
 - the importance of preventing cross-infection;
 - the need for recording incidents and actions;
 - use of available equipment;
- (b)** assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- (c)** administer first aid to a casualty who is unconscious (including seizure);
- (d)** administer cardiopulmonary resuscitation;



- (e) administer first aid to a casualty who is choking;
- (f) administer first aid to a casualty who is wounded and bleeding;
- (g) administer first aid to a casualty who is suffering from shock;
- (h) provide appropriate first aid for minor injuries.

Refresher Training

Where staffing confidence and requirements demand, first-aiders may undertake annual refresher training during any three-year FAW/EFAW certification period. Although not mandatory, this will help qualified first-aiders maintain their basic skills and keep up to date with any changes to first-aid procedures. Furthermore, when staff attend any training/refreshers, it is expected that all staff will then pass this onto SLT, who will review the current policy.

Training Records

Training Records are kept by SLT. They can be viewed on the nursery notice board, HT and DHT offices.

8. First Aid Rooms, Boxes and Containers

Hanover Street School has a medical room on the first floor. Nevertheless, to support the Health and Social Care Standards/Principles above, first aid can take place in different places. First aid may take place in the classroom, playground, office, disabled toilet areas, etc.

First Aid boxes/equipment and facilities should contain essential first aid facilities and equipment, be easily accessible to stretchers and be clearly signposted and identified. They should have washable surfaces and adequate heating, ventilation and lighting and should display a notice on the door advising of the names, locations and, if appropriate, telephone extensions of first aiders and how to contact them. Hot and cold running water, soap, paper towels and drinking water should also be provided.

Suggested contents of first aid box is detailed in appendix 10. PSAs are tasked on Friday afternoons to check first aid boxes in the school and replenish as required. Nursery will monitor and check their own first aid boxes.



9. Recording, Informing Parents and Notifications

Recording of information

Recording information about incidents and treatment is incredibly important.

The information can help identify accident trends and possible areas for improvement in the control of health and safety risks. It can be used for reference in future **first-aid** needs assessments, and ultimately, can provide evidence if required for any further queries regarding treatment or investigation.

At Hanover Street School, the following recording forms are in use:

Appendix 3 – Minor Injury First Aid Log (School)

Appendix 4 – Accident Form (School)

Appendix 5 – Head Bump Letter (School)

Appendix 6 – Whole Class Minor Injury First Aid Log (Nursery)

Appendix 7 – Hanover Street School – Individual First Aid Record (Nursery)

Appendix 8 – Accident/Biting Incident Form (Nursery)

- All staff are also asked to complete and submit near miss/incident reporting using Council procedures – currently on <http://thezone/Home/Home.asp>..

Informing Parents

- In small injuries (e.g. things that require a drink of water, some time to relax, or a sticking plaster), there is no need for parents to be informed.
- In injuries that are small or larger and may have a visible injury or scar that could cause alarm on first viewing, it is both courtesy and common sense to call parents to inform them and pre-warn of any injury sustained.
- In case of slight head injuries, that first aid has treated with success, a head bump letter is necessary.
- In more severe injuries, and where a doctor/emergency treatment is thought required, parents should be called immediately, along with relevant accident forms and head bump letters.



Notifications

In the nursery, Care Inspectorate require to be informed for some accidents, injuries, infection outbreaks, etc. This is through the notifications option on the nursery's Care Inspectorate site. All details should be passed to the DHT immediately for notifying as detailed below:

Circumstances	Information Required	Timescale
Accidents, incidents or injuries to a person using a service	The Care Inspectorate regards accidents requiring notification as unforeseen events resulting in harm or injury to a person using the service which results in: <ul style="list-style-type: none"> • a GP visit • a visit or referral to hospital • an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Note: record all other accidents and make the information available for inspection. An incident is a serious unplanned event that had the potential to cause harm or loss, physical, financial or material. For example: • a young person absconding from a care home for children and young people. 	Report the incident within 24 hours.
Outbreak of infectious disease.	Providers must notify the Care Inspectorate of a suspected or known outbreak of infection. We define an outbreak as the occurrence of two or more, or a higher than expected number of cases of confirmed or suspected infection, affecting people using the service and/or staff in the same area. Cases of suspected infection include people with diarrhoea and/or vomiting, wound or skin infections, or respiratory illnesses such as flu. A higher than expected number of cases may be a single case if the confirmed or suspected infection is rare or the suspected or confirmed case poses or may pose a significant risk to public health, for example, E.coli 0157, tuberculosis or those described in Appendix A of the Public Health etc. (Scotland) Act 2008, Part 2.	Report immediately.

It must be noted that the above is a **selection** of notifications required, dated November 2019.

Full up-to-date guidance is available from: [Records that all registered care services \(except childminding\) must keep and guidance on notification reporting \(V6\).pdf](#) and <https://www.careinspectorate.com/index.php/notifications>

10. Parent Council Events

In the case of any organised events, it will be the responsibility of the Parent Council to ensure adequate first aid provision.



11. Links to Other Related Policies

This First Aid Policy links to the following Council and School policies, and national guidance.

Please ask to view these, if required:

- Dealing with Incidents of Biting
- [Good practice guidance: prevention and management of choking episodes in babies and children \(Care Inspectorate, December 2019\)](#)
- Health and Safety
- Eating Well/Food Matters Policy
- Infection Prevention and Control
- Nurture Statement
- Positive Relationships and Behaviour Policy
- Risk Assessment
- Staff Induction

12. COVID-19 Guidance

Administering First Aid in the current climate of COVID-19 is a key concern. At Hanover Street, we have made the following adjustments to promote reduced risk and positive health and wellbeing to both those administering and receiving first aid.

These adjustments have been made in referring to:

- a. <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>
and
- b. <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>
and
- c. <https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/> (see appendix 10)



General First Aid

- Disposable gloves and disposal plastic apron should be worn to administer all First Aid due to the need for physical contact.

First Aid Rooms/Isolation Spaces

- In the event that children are suspected of showing COVID-19 symptoms, two isolation spaces have been identified in the school: the medical room on the first floor, and the meeting room on the ground floor.

Administering CPR

- In adults, it is recommended that you do not perform 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).
- 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. During asphyxial arrest mouth-to-mouth compressions will be made, use a resuscitation face shield where available.
- First Aid trained staff who are not deemed as being ‘at greatest risk’ will perform CPR if required. The risk of cross infection is very small and set against the inevitability that a person in cardiac arrest will die if no assistance is given. First Aiders should always shout for help and dial 999 prior to beginning to perform CPR.
- Those who administer CPR require to carefully monitor themselves for symptoms of possible COVID-19 over the following 14 days, unless the individual had been confirmed to be positive for SARS-CoV-2 in the last 10 days. In this scenario of direct mouth-to-mouth contact with a known case, [advice on self-isolation](#) should be followed. Should you develop symptoms you should follow the advice on what to do on the [NHS website](#).
- 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.



COVID-19 Notifications

SLT are required to notify the Care Inspectorate regularly, to aid data gathering and future planning.

<https://www.careinspectorate.com/index.php/news/5825-covid-19-outbreak-notifications>

COVID-19 Reporting, Informing Parents, etc

In the event of a COVID-19 outbreak at Hanover Street School, the local Health Protection Unit will guide us and parents, ensuring accurate and relevant information is shared with the necessary people.



First Aid Policy

APPENDICES



Appendix 1 – Health and Social Care Standards Principles



What are the principles?

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.
-

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

Taken from: http://www.newcarestandards.scot/?page_id=15



Appendix 2 – First Aid Notices



Qualified First Aiders
(updated March 2019 by G FORBES)

Name	Role	Where/When to Find Them	Certificate and Date (Valid From/Until)
G [Redacted] es	Deputy	DHT Office, 1 st Floor Monday to Friday	Paediatric First Aid - 2-day course May 2018 - May 2021
[Redacted]	[Redacted]	Nursery, 1 st floor Monday to Friday	1 Day Emergency First Aid at Work Oct 2018 - Oct 2021
[Redacted]	[Redacted]	Nursery, 1 st floor Monday & Tuesday	1 Day Emergency First Aid at Work Nov 2018 - Nov 2021
[Redacted]	[Redacted]	Nursery, 1 st floor Wednesday to Friday	Paediatric First Aid - 2-day course May 2018 - May 2021
[Redacted]	[Redacted]	2 nd /3 rd Floor/ Playground Monday & Tuesday	1 Day Emergency First Aid at Work May 2017 – May 2020
[Redacted]	[Redacted]	Office/P1D/Playground Monday to Friday	1 Day Emergency First Aid at Work Dec 2017 – Dec 2020
[Redacted]	[Redacted]	P1M/Playground Monday to Friday	1 Day Emergency First Aid at Work Nov 2017 – Nov 2020
[Redacted]	[Redacted]	2 nd /3 rd Floor/ Playground Tues - Thurs	1 Day Emergency First Aid at Work Jan 2018 - Jan 2021
[Redacted]	[Redacted]	2 nd /3 rd Floor/ Playground Monday to Friday	1 Day Emergency First Aid at Work Feb 2018 - Feb 2021
B [Redacted] n	[Redacted]	2 nd /3 rd Floor/ Playground Monday to Thursday	1 Day Emergency First Aid at Work Oct 2018 - Oct 2021
A [Redacted] fi	Assistant	Morning - P1M Afternoon - Nursery	Paediatric First Aid - 2-day course April 2017 - April 2020

Your nearest first aid kit is:



Appendix 3 - Minor Injury First Aid Log (School)

HANOVER STREET SCHOOL MINOR INJURY LOG

*In all cases involving a head injury, a parent/guardian must be contacted and an information sheet issued

Date/Time	Pupil Name	Accident (detail injury, body part, left/right, etc)	Area (Location in school)	Treatment	Name/Signatu re of Staff Member	Letter to Parents/Paren ts contacted



Appendix 4 – Accident Form (School)



**Hanover Street School
ACCIDENT FORM**

Child's name: _____ Staff Member: _____

Date: _____ Time of incident _____

Accident Details:
Treatment:

**Please monitor your child as symptoms of
any injury do not always appear immediately**

The following guidelines are for children with head injuries:

IF ANY OF THE FOLLOWING OCCURS SEEK MEDICAL HELP AT ONCE

- Severe headache (not pain from the wound)
- Vomiting
- Drowsiness
- Becoming irritable or violent
- Neck stiffness
- Double vision
- Unconsciousness
- Young child crying continuously



Appendix 5 – Head Bump Letter (School)



Hanover Street School
Beach Boulevard
Aberdeen
AB24 5HN
Direct Dial: 01224 569880
hanover@aberdeencity.gov.uk



Integrated Children & Family Services
Operations
Marischal College
Broad Street
Aberdeen, AB10 1AB
Switchboard 03000 200 292
www.aberdeencity.gov.uk

Date: _____

Dear Parent/Guardian

I write to inform you that your child was involved in an incident today at school in which he/she suffered a knock to the head. This has been dealt with in school as far as we can but it may be that you would wish to seek further medical advice, particularly if your son/daughter shows any of the following symptoms:

- Vomiting
- Unusual drowsiness
- A bad headache
- Pressure in the head
- Sensitivity to light
- Any eyesight problems

Please note, that in line with Sports Scotland Concussion Guidance, for students under the age of 18 who have suffered or are suspected as having suffered from concussion, it is recommended that a rest period of 14 days is observed before the child restarts physical activity. After this point, the Graduated Return to Play protocol (GRTP) should be followed, and the child or young person monitored accordingly.

Please see overleaf for more information, regarding the GRTP Protocol. We would also ask parents/guardians to take this advice into account where out of school sporting activities are concerned.

Yours sincerely

Alan Markey
Head Teacher



Appendix 6 – Whole Class Minor Injury and Incident First Aid Log (Nursery)

HANOVER STREET SCHOOL MINOR INJURY LOG

*In all cases involving a head injury, a parent/guardian must be contacted and an information sheet issued

Date/Time	Pupil Name	Accident (detail injury, body part, left/right, etc)	Area (Location in nursery)	Treatment	Name/Signat ure of Staff Member	Letter to Parents/Pare nts contacted	Does this incident trigger: - Care Inspectorate Notification requirement? - Duty of Candour?



Appendix 7 - Hanover Street School – Individual First Aid Record (Nursery)

HANOVER STREET SCHOOL – INDIVIDUAL FIRST AID RECORD

*In all cases involving a head injury, a parent/guardian must be contacted and an information sheet issued

Date/Time	Nature of Injury	Details of First Aid	Name of Staff Member & Signature	Parent's Signature



Appendix 8 - Accident/Biting Incident Form (Nursery)



**Hanover Street School Nursery
ACCIDENT/BITING INCIDENT FORM**

Child's name: _____ Staff Member: _____

Date: _____ Time: _____

Accident Details:

Treatment:

**Please monitor your child as symptoms of
any injury do not always appear immediately**

The following guidelines are for children
with **head injuries:**
IF ANY OF THE FOLLOWING OCCURS
SEEK MEDICAL HELP AT ONCE

- Severe headache (not pain from the wound)
- Vomiting
- Drowsiness
- Becoming irritable or violent
- Neck stiffness
- Double vision
- Unconsciousness
- Young child crying continuously

The following guidelines are for children
with **biting injuries:**

Immediate first aid procedure:

- If the skin is broken encourage bleeding from wound, do not suck!
- Wash the area thoroughly with soap and water, do not scrub.
- Cover any wound with a waterproof dressing.



Appendix 9 – Suggested Contents of First Aid Box

This First Aid kit should be stocked with the recommended **minimum** HSE statutory contents at all times as shown below.

It is also important to check product expiry dates on a regular basis.

ITEM	QTY	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
First Aid Guidance Leaflet	1												
Scissors	1pr												
Moist Wipes	10												
Sterile eye pads, with bandages	2												
Triangular bandages	4												
Safety pins	6												
Sterile dressings with pad (medium)	6												
Sterile dressings with pad (large)	2												
Sterile Wash proof Plasters	20												
Disposable gloves	1 pr												
Eyewash Bottles	2												
Signature													



Appendix 10 - COVID 19: First Aid and CPR Advice

This guidance will ensure first aiders are confident that they can help someone injured or ill at work during the coronavirus (COVID-19) outbreak.

The symptoms of COVID-19 include loss of taste/smell, fever and/or persistent cough, with some people developing severe pneumonia causing breathing difficulties.

The spread of coronavirus is most likely to happen when there is close contact with an infected person and the risk increases the longer someone has close contact with them.

There are two routes that people could become infected:

- Directly transferred secretions into the mouths or noses of people who are nearby (within 2m) or possibly via inhalation into the lungs (e.g. droplets from coughing or sneezing)
- Through direct contact from touching a person, a surface, or an object that has been contaminated with respiratory secretions and then touching their own mouth, nose or eyes

There are two effective preventative measures:

- Practice physical distancing (more than 2m)
- Good hygiene practices – hand washing (or sanitising)

Providing First Aid

Where possible, try and get the casualty to administrate self-aid with your support.

It's important for you to remain aware of the risks to yourself and others during this time.

In the event that somebody needs emergency first aid at work, go through the normal triage process and call the emergency services if necessary.

1. Keeping yourself safe

- Wash your hands before and after treating a casualty
- Ensure you do not sneeze or cough over the casualty when you are treating them
- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely – in a hazardous waste bin, if available, or double bag and put in 'normal/black bag' waste or use sanitary bins (found in female toilets)



2. Give early treatment

The vast majority of incidents do not involve you getting close to the casualty, where you could come into contact with respiratory secretions. Sensible precautions will ensure you are able to treat a casualty effectively.

3. Information

Information about COVID-19 is being continually updated by the government and the NHS, keep yourself informed and updated.

4. Remember your own needs

Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.

What to do if you are required to provide CPR

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

- Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths
- 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
- 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, 1/3 of their chest size and a rate of 100 per minute
- 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 personal protective equipment (PPE) (e.g. FFP3 face mask, disposable gloves, eye protection), these 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.

This video provides a great visual aid for the explanation above.



If you are concerned about the casualty having Covid19 symptoms, you should seek advice from NHS 111 or a medical practitioner.

Delivering Cardiopulmonary Resuscitation (CPR) on a child

[Guidance](#) from Resuscitation Council UK states that it is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. A child is more likely to have respiratory and not a cardiac condition. Carry out a primary survey of the casualty, call an ambulance immediately, this 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. 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 without ventilation, the child will go into cardiac arrest and die.

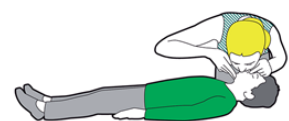
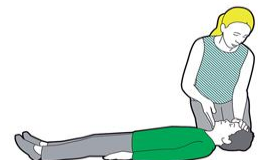
This video provides a great visual aid for the explanation below.



How to do child CPR



1. Call 999, put your phone on speaker and follow the advice of the call handler.
 - If you are on your own, you need to give one minute of CPR before calling on a speaker phone.
 - Do not leave the child to make the call or to look for a defibrillator
2. Start CPR. Place them on a firm surface and open their airway. To do this, place one hand on their forehead to tilt their head back and use two fingers from the other hand to gently lift the chin.
3. Give five initial rescue breaths.
 - Take the hand from the forehead and pinch the soft part of the nose closed, allowing the mouth to fall open.
 - With the head still tilted, take a breath and put your mouth around the child's, to make a seal.
 - Blow into their mouth gently and steadily for up to one second, until the chest rises.



- Remove your mouth and watch the chest fall.
- That's one rescue breath. Do this five times.

4. You will then need to give 30 chest compressions.

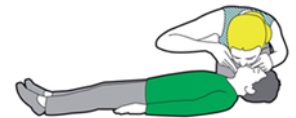
- Kneel by the child and put one hand in the centre of the child's chest.
- Push down a third of the depth of the chest.
- Release the pressure allowing the chest to come back up.
- Repeat this 30 times at a rate of 100 to 120 compressions per minute.



The beat of the song 'Nellie the Elephant' can help you keep the right rate.

5. After 30 compressions, open the airway and give two breaths.

- Keep alternating 30 compressions with two breaths (30:2) until emergency help arrives and takes over
- the child starts showing signs of life and starts to breathe normally a defibrillator is ready to be used.



Doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child if either has the virus. This may be mitigated by placing a faceshield or pocket mask over the child's mouth.

It is vital that you perform rescue breaths as cardiac arrest in a child is likely caused by a respiratory problem.

6. If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

7. If the child shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Continue to monitor their level of response and prepare to give CPR again if necessary.



If you have used a defibrillator, leave it attached