



Khalsa Secondary Academy First Aid COVID-19 Addendum

September 2020

All staff have a statutory obligation to follow and co-operate with the First Aid Policy requirements unless amended in this COVID-19 addendum.

First aid cover and qualifications during the COVID-19 Pandemic

A first aider will be available at all times during the school day. If staff hold a first aid certificate that expires on or after 16 March 2020 and we are unable to access requalification training because of COVID-19 the Health & Safety Agency (HSA) have confirmed that such staff will qualify for a 3 month extension - If requalification training has been prevented for reasons associated directly with Covid-19

Personal hygiene

Extra measures to further safeguard staff that provide first aid is now necessary in light of the COVID-19 Pandemic. Staff must follow the normal school procedure as well as the following:

Clean your hands more often than usual and thoroughly for 20 seconds with running water and soap and dry them thoroughly with paper towels, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered, particularly after arriving at school, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

Children and young people will be told to wash their hands frequently during the school day.

Personal protective equipment (PPE)

Khalsa Secondary Academy have decided that a range of PPE will be worn, if a child needs to have first aid. This should include, at the least, apron and gloves.

Full PPE should be worn by staff caring for a child that is displaying COVID-19 symptoms if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

Symptoms of COVID-19

If anyone in school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell, they must be sent home and advised to follow the Government guidance for households with possible COVID-19 infection.

If a child is awaiting collection, they will be moved to a room where they can be isolated, behind a closed door, with appropriate adult supervision if required depending on the age

of the child or young person. A window, where possible will be opened for ventilation. If it is not possible to isolate the child or young person, they will move to an area which is at least 2 metres away from other people, for example, the library. The room that a suspected case of COVID-19 has been reported will be deep cleaned by the cleaning staff.

If a child or young person need to use the toilet facilities whilst waiting to be collected, they should use a separate toilet, if possible. The toilet facilities will receive a deep clean after the child has left by the cleaning staff.

Member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Additional control measures include:

Symptoms reported by a child or an adult:

- All of the bubble is sent home
- All parents are informed
- Symptomatic person to be tested
- The whole bubble remains at home until the test comes back negative

If the test comes back positive:

- The school is closed immediately
- The school remains closed for at least 3 days; including a deep clean

CPR updated advice in relation to COVID-19

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 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 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.
- PPE 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.**

Paediatric advice for cardiac arrest

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, 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.

Administering medicine in school

All children's medication will now be kept in the vicinity that they are based. Universal medication for asthma and auto-injectors will remain in the medical room. Staff must, at the least, wear a PPE minimum of gloves and apron if supporting a child taking medication and both child and adult must wash their hands thoroughly afterwards.

Calling an ambulance and notifying parent /carers

The school will call an ambulance before contacting parents if a child becomes seriously ill or has a significant injury. We must safeguard our staff to exposure of COVID-19 and will want to eliminate travel and being asked to attend hospitals as much as possible. Therefore, it is imperative that contact numbers are up to date and that parents/carers have a named person who will be close to the vicinity of the school, in order to travel with the child to hospital if required. If the named person does not arrive before the ambulance takes the child/young person to the hospital a member of staff will travel to the hospital in their own vehicle, so that they can travel back. They will be provided with PPE and stay with the child at the hospital until the parent/carer or named person arrives.

Serious Accident

- In the event of a serious incident an ambulance is always called and parents/carers are then contacted.
- We will follow the actions for notification of parent/carer in this addendum.
- For all incidents the school's 'critical incidents' plan as outlined in every risk assessment will be followed.

Monitoring and review

This addendum will be reviewed and updated in light of new government guidance as and when it is published.

Appendix 1

Khalsa Secondary Academy First aid risk assessment

School/Service	Khalsa Secondary Academy
Location	Stoke Poges
Head of School/Service	Mr Chris Drew
School/Service Safety Advisor	Mr Manjit Kaley
Date	15/06/2020
Assessors	

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The current number of first aiders and level of training:	<u>15 in total - 15...First Aiders</u> <u>15.. First Aiders</u> <u>0....Diabetic First Aiders</u>
The approximate number of people working between 8.30 am and 6.30 pm:	<u>50.people</u>
The approximate number of staff in an area outside work hours (incl. weekends):	<u>None</u>

Lone working carried out in the School/Service?	<u>2 - Caretakers</u>	
The approximate number of students in working hours:	<u>Secondary Students – 534....Covid period (8 – 3)</u>	
The approximate number of students outside working hours:	<u>None</u>	
Is the School/Service spread out, e.g. are there several buildings on the site or multi-floor buildings?	<u>1 Multi-floor building</u> <u>Secondary –1, ground floor, First floor</u>	
Distance to Nearest major hospital: Travel time:	<u>By Car- ...2.1 miles</u> <u>By Foot 33 mins 1.7 miles</u>	
Maximum distance to the location of existing first aid kits:	<u>Science labs have a First Aid Kit</u> <u>DT rooms have a First Aid Kit</u> <u>Send department have a First Aid Kit</u> <u>Medical room has a First Aid Kit</u> <u>PE department has a First Aid Kit</u>	
Summary of major incidents over the last 12mths:	0	
Do you have any work experience trainees, volunteers or honorary staff?	None	
List specific hazards in the area. E.g. slips & trips, work at height, plant or machinery, moving objects, electricity, radiation, chemicals, dust, manual handling.	Hazard: None	None
Are there hazards or health concerns for which an extra first aid kit or specialised treatment is required. E.g. chemicals, potential for burn, eye injuries, field trips.	Details: None	

Recommendations;

Contents of kit	<p><u>First Aid Kit: in Main reception/Covid Hub</u> Medium/Large Sterile wipes Triangular Bandage Safety pins Eye pad Sterile Dressing Plasters Adhesive tape</p>
	<p>Disposable gloves Finger sterile dressing Resuscitation face shield Foil blanket Burn dressing First Aid Shears Confirming Bandage Elastic Strip Dressings Sterile Skin Closures Eyewash pods Forehead Thermometer Sick bowls Body Fluid Granules</p>
Number and location of kits	<p>First Aid rooms - 1 Covid Hub -1 Main reception -1 Kitchen-1 +Burn Kit Send department 1 Science department 5 +5 burn kits Staff room -1 Caretaker room 1</p>
Number and names of first aider at work agreed	<p><u>First Aiders:</u> Mrs S Jasser, Mrs R Ghandial, Mrs J Jackson, Mrs D Bains, Mrs G Bhanot, Mr A Kilbane, Mr J Mangan, Mrs S Khambe Miss T John, Mr D Miller (Care Taker), Mr B Momi, Mr R Grewal, Mrs P Sandhu, Mrs R Kaur</p>
Number and names of emergency first aider agreed	

Number and names of first aid administrator agreed	
Additional recommendations	

Action list;

Items for Action	Completion Date	Date Signed Off	Initials

Guidance on the first aid risk assessment

Numbers of first aiders

For low-risk areas such as offices, the minimum requirement is for a first aid administrator and a suitably stocked first aid box.

For more significant numbers of employees, consider providing EFAW or FAW, suitably placed first aid boxes.

Number of staff	Recommended minimum provision

<25	first aid administrator
25 – 50	first aider (EFAW)
>50	a first aider (FAW), plus one more for every 100 employed

For higher-risk activities, the recommended numbers of first aiders will need to be increased.

This figure is based on members of staff and does not take into consideration students or members of the public. Although there is no legal requirement to provide first aiders for nonemployees, it is the Academy's policy that provision is made. The number of additional first aiders will depend on what activities the students are undertaking. For classroom-based activities, the current number of first aiders for staff may be sufficient. The school where students are undertaking higher risk activities; for example, laboratory work, there may be a need to increase the number or competence of first aiders. The KAT will be happy to provide further advice where necessary.