

COVID-19 Appendix to Wellesley Park Primary School Health and Safety Policy

This appendix is to be used in conjunction with and alongside, our Health and Safety Policy. The rationale behind its creation is to ensure that the pupils and staff of Wellesley Park Primary School act in a manner that fully supports the implementation of safety measures that have been put in place, by the DfE, during the Covid-19 pandemic.

Public Health have confirmed that PPE is not required for first aid for non symptomatic people. Wearing a face covering or face mask in schools or other education settings is not recommended. The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

Full PPE is only needed in a very small number of cases including:

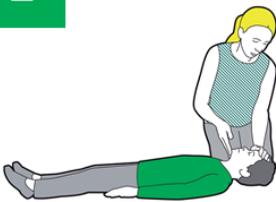
- children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.
- if a child becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

General measures for infection prevention

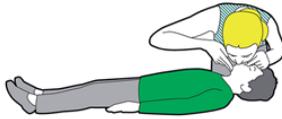
Preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). PPE is only one component of infection prevention and control and a range of approaches and actions should be employed. These include:

- **Self-isolation:** minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, self-isolate (7 days or 14 days for household contacts) and get tested.
- **Social distancing:** when face-to-face contact is essential, maintaining a 2-metre distance as much as possible.
- **Hand hygiene:** cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered. Hand hygiene must be performed immediately before every care episode and after any activity or contact that potentially results in hands becoming contaminated. This includes the removal of PPE, equipment decontamination and waste handling.
- **Respiratory hygiene:** reducing the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue in a bin immediately. Then wash hands or use a hand sanitising gel. Good respiratory hygiene includes avoiding touching the mouth, nose and eyes.
- **Premises:** cleaning frequently touched surfaces often using standard products, such as detergents and bleach. Keeping a rooms/offices ventilated by opening windows, whenever safe and appropriate. Minimising contact and mixing by altering, as much as possible, the environment (there are different ways to do this based on the setting, eg. cohorting, changing the layout, staggering start times, break times etc).

Safe Working Arrangements	
Administering First Aid	<ul style="list-style-type: none">• Public Health have confirmed that PPE is not required for first aid for non symptomatic people.• Avoid close contact in the first instance. Consider where you may be able to instruct a pupil 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.• Don't lose sight of cross contamination that could occur when administering basic first aid that isn't related to COVID-19.

	<p><i>Cover cuts and grazes on your hands with waterproof dressing</i> <i>Wear gloves or cover hands when dealing with open wounds</i> <i>Do not touch a wound with your bare hand</i> <i>Do not touch any part of a dressing that will come in contact with a wound.</i></p> <ul style="list-style-type: none"> Where close contact response is needed and there is a risk of bodily fluid being transferred to another individual, then the following equipment is required: Disposable gloves Plastic apron Fluid repellent surgical face mask (own personal one) Hand sanitiser Two bin liners Disinfectant wipes (for cleaning first aid box)
Suspected COVID-19	<p>If a person has suspected COVID-19, wherever possible, ask them to move to designated area, as specified in the guidance framework, 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.</p>
Personal Protective Equipment (PPE)	<p>Storing PPE – Each first aider, will take responsibility for ensuring that their PPE kit is kept in a labelled box or bag with First Aid kits so that it is readily available and can be accessed quickly. Please see list above.</p>
Safe Disposal of PPE	<p>To dispose of waste after direct contact with a child with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:</p> <ul style="list-style-type: none"> put it in a plastic rubbish bag and tie it when full place the plastic bag in a second bin bag and tie it put it in the outside shed, near the school bins, for storage for 72 hours. This will be labelled with date for disposal. <p>Waste will be stored safely and securely - kept away from children and staff. Waste not be put into the outside school refuse area, until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.</p>
Homemade non-disposable face coverings	<p>Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.</p>
CPR for children	<p>https://youtu.be/OaV9NS0ogiM</p> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 20px;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #008000; color: white; padding: 5px 10px; font-weight: bold; margin-right: 10px;">1</div>  </div> <div style="margin-left: 100px;"> <p>After you have performed a <u>primary survey</u>, if you find that the child is unresponsive and not breathing you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator if available.</p> <ul style="list-style-type: none"> ◦ 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. </div> </div> <div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #008000; color: white; padding: 5px 10px; font-weight: bold; margin-right: 10px;">2</div>  </div> <div style="margin-left: 100px;"> <p>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.</p> </div> </div> </div>

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.

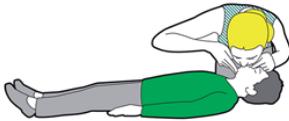
Push down a third of the depth of the chest.

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. 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. Monitor their level of response and prepare to give CPR again if necessary.

- If you have used a defibrillator, leave it attached.

CPR for
adults

<https://youtu.be/f4Zl1Pasmks>

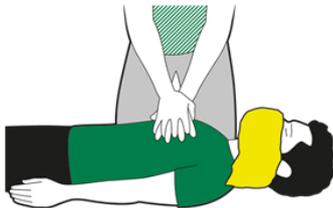
1



If you find someone collapsed, you should first perform a primary survey. **Do not place your face close to theirs.** If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

- **Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance**
- If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control
- Do not leave the casualty to look for a defibrillator yourself. The ambulance will bring one.

2



Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty.

Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.

Keep your arms straight and lean over the 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 you keep the right speed
- **Do not give rescue breaths.**

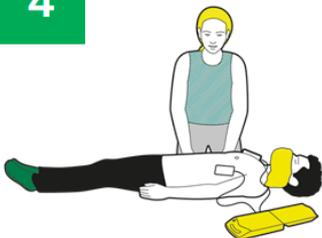
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Continue to perform CPR until:

- emergency help arrives and takes over
- the person starts showing signs of life and starts to breathe normally
- you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- a defibrillator is ready to be used.

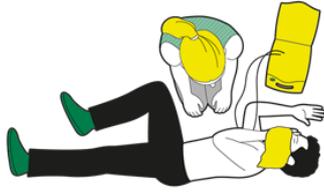
4



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

- **Wherever possible, the helper should keep a distance of 2m.**

5



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

- If you have used a defibrillator, leave it attached.