

First Aid Policy

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1. The Policy

- 1.1. This policy applies to the schools of The Stephen Perse Foundation (the 'Foundation') including Early Years and boarding.

2. Introduction

- 2.1. Unforeseen incidents are likely to occur from time to time in a school and boarding environment that may require first aid to be given to pupils, staff and/or visitors. These incidents may involve

illness, exacerbation of a known medical condition, or accidents causing injury.

3. Provisions for First Aid

- 3.1. Each site within the Foundation, including each boarding house, is risk assessed to ensure appropriate levels of first aid provision. These risk assessments are carried out by a competent person and reviewed annually and updated as necessary as a result of a statutory or other significant change.
- 3.2. As well as the minimum provision required, the risk assessments set out in detail any additional provision required specific to each boarding house and each School's needs.
- 3.3. The risk assessments identify needs for each of the sites, high risk areas and activities and (when required) individuals requiring specific or specialist provision. They also take into consideration out-of-hours activities and provision for those on site out of term time. Provision for first aid for expeditions is risk assessed separately by the Group Leader.

4. Qualifications and Training

- 4.1. The aim of training is to give staff sufficient understanding, confidence and expertise in first aid. Staff should not provide first aid treatment if they have not been trained to do so.

5. Responsibilities

5.1. The Foundation Healthcare Practitioner

- 5.1.1. The Foundation's Healthcare Practitioner, primarily based at the Senior School site, is responsible for overseeing health promotion and can provide first aid advice on a variety of different areas for pupils. The Foundation's Healthcare Practitioner, when on duty, can be contacted to deal with first aid emergencies and give advice over the telephone.

5.2. First Aiders

- 5.2.1. First Aiders must have completed a training course, and refresher training as required, approved by the Health and Safety Executive (HSE) and appropriate for the role. Their main duties will be to provide immediate care for common injuries or illnesses and those arising from specific hazards within the Foundation and its undertakings. A list of qualified First Aiders is available in the Health and Safety shared drive. All boarding staff complete a first aid qualification.
- 5.2.2. When necessary, First Aiders will be responsible for ensuring that an ambulance or other professional medical assistance (including the Healthcare Practitioner, if appropriate) is

contacted.

5.3. Paediatric First Aiders

- 5.3.1. Paediatric First Aiders will have the relevant First Aid Qualification which enables them to provide first aid to those pupils who fall within the Early Years age group. All staff who work directly with pupils in the Early Years hold a relevant and current paediatric First Aid qualification. At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when Early Years children are present, and must accompany Early Years children on outings.

5.4. Appointed Persons

- 5.4.1. The Foundation employs Appointed Persons in addition to First Aiders. Such persons will have received formal training and their duties include:
- taking charge when someone becomes ill or is injured;
 - looking after first aid equipment and provisions, e.g. restocking of supplies;
 - ensuring that an ambulance or other professional medical help is called when appropriate; and
 - reviewing pupil's confidential medical records and providing essential medical information regarding allergies, recent accidents or illness, or other medical conditions which may affect a pupil's functioning at the School to relevant staff on a need-to-know basis.
- 5.4.2. First Aiders, including paediatric First Aiders, and Appointed Person training, such as medication awareness, will be renewed at least every 3 years.

6. Boarding students

- 6.1. All boarding students are required to register with the local practice (Woodlands Surgery, Eden House, 48-49 Bateman Street, Cambridge, CB2 1LR Tel 01223 697600) unless their parents are resident in the UK and they prefer their child to remain where they are currently registered. Details of contact numbers for the surgery, NHS Direct (111), dentists, opticians and counselling services are available from the house staff.

7. Anaphylaxis training for staff

- 7.1. All staff are required to have training on anaphylaxis on induction to the Foundation and every three years, which includes:
- recognising the range of signs and symptoms of an allergic reaction;
 - understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild symptoms;

- appreciating the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse;
- awareness of the anaphylaxis procedures;
- how to check the allergies on SIMS;
- how to access the emergency AAls;
- who the appointed persons who have responsibility for helping to administer an emergency AAI are, and the policy and procedures on how to access their help; and
- practical instruction in how to use the different AAI devices available.

8. Access to First Aid

- 8.1. Information concerning first aid arrangements will be given to all staff and pupils during induction training and lists of First Aiders and Appointed Persons will be available both electronically and displayed in hard copy in various locations around the Foundation. The information displayed will be updated by the Appointed Persons each half term, as a minimum.

9. First Aid Equipment

- 9.1. The Foundation has made provision at each School site for first aid rooms/areas in line with the Education (School Premises) Regulations, which require every school to have a suitable room that can be used for medical treatment when required and for the care of pupils during school hours.
- 9.2. In respect of the boarding houses, boarding students either have their own individual en-suite room or there is an appropriate room in the boarding house which can be used for medical treatment when required.
- 9.3. There are First Aid Kits available throughout the Foundation, including on school vehicles. All First Aid Kits will be clearly marked FIRST AID. Nominated members of staff will check first aid equipment such as First Aid Kits on a termly basis and replenish them as necessary. A First Aid Kit will be taken when pupils leave the school on organised trips or participate in sports activities, away from the main sites.
- 9.4. All medicines are stored and administered within guidelines laid out in the Foundation's Medicines Policy. Nominated members of staff will also ensure that any medicine held in school for pupils with medical conditions is available to appropriate members of staff for trips and that they are competent in administering this medicine.

10. Emergency First Aid Equipment

10.1. Automated External Defibrillators

- 10.1.1. Automated External Defibrillators (**AEDs**) are located at Salisbury Villas, Shaftesbury, Madingley,

Rosedale House, next to the medical room, in the Sports Hall at the Senior School, the Sixth Form, Dame Bradbury's and Latham Road and in the offices at Scholars House and St Barnabas boarding houses. The AEDs are tested by the relevant Appointed Person on a weekly basis in accordance with the Department for Education's ["Automated external defibrillators \(AEDs\) - A Guide for Schools"](#) and the results recorded.

10.1.2. All qualified First Aiders have also been trained in the use of AEDs.

10.2. Emergency salbutamol inhalers

10.2.1. The Foundation has emergency salbutamol inhalers at the following Foundation sites which are located as follows:

- Dame Bradbury's (Front Office)
- Salisbury Villas (Reception)
- Madingley (Medical Room)
- Shaftesbury Road (Front office)
- Rosedale House (Medical Room and Brookside reception)
- Senior School (Medical Room and Staff Room)
- Bateman Street Campus (Reception)
- Latham Road pavilion (Staff Office)
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Scholars House (Staff Office)
- St Barnabas (Room 1)

10.3. Emergency adrenaline auto injectors

10.3.1. The Foundation has emergency adrenaline auto injectors (**AAIs**) at the following Foundation sites which are located as follows:

- Dame Bradbury's (Front Office)
- Madingley (Medical room)
- Salisbury Villas (Reception)
- Shaftesbury Road (Front Office)
- Rosedale House (Medical Room)
- Senior School (Staff Room)
- Latham Road pavilion (Staff Office) and
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Bateman Street Campus (Reception)
- Scholars House (Staff Office)
- St Barnabas (Room 1)

10.3.2. Please see the Foundation's Emergency Adrenaline Auto Injectors Protocol in Appendix 3 and

Emergency Asthma Inhaler Protocol in Appendix 4 of the Foundation's Supporting Pupils with Medical Conditions policy for further information. These protocols have been drafted by reference to the Department of Health 'Guidance on the use of emergency adrenaline auto-injectors in schools', September 2017 and 'Guidance on the use of emergency salbutamol inhalers in schools', March 2015.

- 10.3.3. Guidance on when to call an ambulance or access urgent medical care services can be found at Appendix 1 to this Policy below.

11. Accident Reporting

- 11.1. All accidents and incidents requiring first aid should be reported and recorded in SIMS, on MyConcern where there may be wider welfare concerns, on the Incident Report Form (IRF) where applicable, and a notification sent to parents via InTouch. In the nursery, parents are also informed via the Care Diary in Tapestry.
- 11.2. Accidents and incidents requiring first aid, relating to boarding students, should be notified to the relevant Appointed Person in boarding who will notify parents, as appropriate.
- 11.3. Incidents including those reportable under RIDDOR must also be logged through the management information system. Incidents reportable under RIDDOR also need to be reported through the IRF.
- 11.4. Please see the Foundation's Accident, Incident and Near Miss Reporting Policy and Procedures for further information.

12. Medical Care

- 12.1. This policy is limited to the provision of first aid, but the Foundation has arrangements in place for:
- dealing with pupils who have special educational needs or particular medical conditions (for example asthma, epilepsy, allergies and diabetes); and
 - dealing with medicines and treatments brought to school for pupils.

13. Related policies and procedures

- 13.1. Please also refer to the following Foundation policies and procedures:
- First Aid Procedures (Appendix 2 to this policy)
 - Head Injury Procedures

- Ill Health Procedures
- Medicines Policy
- Supporting Pupils with Medical Conditions Policy

Reviewed: October 2021

Review History

Date of adoption of this policy	20 October 2021
Date of last review of this policy	5 October 2021
Date for next review of this policy	Autumn Term 2022
Policy owner	Vice Principal
Authorised by	Principal and Heads of Schools

APPENDIX 1

Guidance on when to access urgent and emergency care services

NHS 111

Call NHS 111 if you are worried about an urgent medical concern.

NHS 111 advisers can also assess if an ambulance is required and will send one immediately if necessary.

999

Call 999 in a medical emergency. Medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that are not stopping
- persistent, severe chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions, including anaphylaxis or suspected anaphylaxis
- severe burns or scalds
- Choking

An ambulance must be called for any episode of anaphylaxis requiring treatment with an AAI, any asthma attack in which the initial use of the pupils inhaler does not relieve the symptoms, any diabetic coma, any seizure or any medical emergency/injury requiring paramedic support (eg. Immobilisation).

In the event of a student requiring treatment at a hospital a member of Foundation staff will accompany the student until a parent/carer, or a member of boarding staff where appropriate, can reach the hospital.

APPENDIX 2
Practical arrangements at point of need
Procedures

Accessing first aid

If you need to contact a first aider please call:

- **Madingley** (Ext 5003)
- **Salisbury Villas** (Ext 7100)
- **Shaftesbury Road** (7201)
- **Rosedale House** (Ext 2240)
- **Dame Bradbury's** (Ext 4005)
- **Senior School** (Healthcare Practitioner 07970852358/ Ext 1172) or the School Office (1156)
- **Sixth Form** (Ext 3432)
- **Scholars House** (Ext 7970)
- **St Barnabas House** (Ext 7980)

Pupil Illness

If a pupil feels unwell, it is the responsibility of the class teacher or member of staff on duty in the first instance to try to establish the cause. The member of staff (or a pupil if deemed appropriate) should escort the pupil to the Appointed Person who will inform the appropriate responsible adult. The nominated member of staff or member of the senior leadership team will decide whether to contact the child's parents and send the child home.

Boarding students

Procedures for dealing with boarding students who are sick during School/Sixth Form hours

If a boarding student is not well enough to attend School/Sixth Form they should speak to the house staff at the first welfare check each morning. The house staff will contact the Appointed Person to inform them of any boarding students who are not well enough to attend school/Sixth Form and the Appointed Person will notify the relevant School/Sixth form office of this.

Where reference is made to the Appointed Person below, these duties will be delegated, by the Head of Boarding to a member of boarding staff, as appropriate, where the Appointed Person is not on duty or available.

If a boarding student is reported absent from class, the office will ring the student and/or house staff and if they say they are sick, the Appointed Person will be informed and they will arrange to see the boarding student. The Appointed Person will communicate the outcome (e.g. coming into School/Sixth Form, boarding student ill in bed, boarding student going to doctors etc) to the School/Sixth Form office in due course and the information will be recorded in SIMS.

The Appointed Person will speak to the boarding student to assess his or her needs, treat the boarding student as appropriate and will monitor as necessary. The member of boarding staff will remind the boarding student to let house staff know if symptoms worsen. The boarding student will also be reminded to stay in the house that evening. If necessary the Appointed Person will make a doctor's appointment for the boarding student and, if they are too ill to go unaided, the Appointed Person will accompany them if requested. If a boarding student requires a GP appointment and they are aged 16 years or younger they will always be accompanied by the Appointed Person. Boarding students have access at the surgery to either a male or female doctor.

The house staff will update other house staff, as part of their handover, and the School/Sixth Form office staff, as appropriate. The Appointed Person and other House staff on duty will check on ill boarding students during the course of the day, in the evening and at curfew time, and will provide food and drink as necessary, depending on the severity of the illness. There is a designated medical room in St Barnabas boarding house and boarding students at Scholars are housed in single rooms with their own bathroom.

During School/Sixth Form hours, any boarding student who is told by the doctor to go to the hospital or who is involved in an accident will be taken by the Appointed Person/house staff or another designated member of staff by taxi, unless an ambulance is called. The member of staff will stay with the boarding student at least until they have been seen by the doctor, had x-rays or other assessments and been admitted to a ward. The member of staff accompanying the student will communicate with the Head of Boarding to determine who should ring parents and to decide who will visit during the evening/provide support to the boarding student during their stay in hospital.

Boarding students should never be told to make their own arrangements for emergency treatment and should always be accompanied by a member of Foundation staff.

Boarding students who become ill during the evening or weekends

If a boarding student is unwell during these times, they should let the house staff on duty know as soon as possible.

The doctor's surgery is open from Monday to Friday from 8.30 – 6.00 Monday to Friday and 8.30-12.00 on Saturday for pre-booked appointments only. Outside these times, if the house staff and student feel that the problem cannot wait they should call 111. NHS Direct Cambridge will usually get a doctor to call back and speak to the patient and then give advice on what to do next. If they advise hospital treatment the house staff should immediately speak to the Head of Boarding to decide which member of Foundation staff should accompany the boarding student to the hospital. Procedures then follow the pattern above.

If a student obviously needs emergency treatment, the house staff should ring 999 for an ambulance and ring the Head of Boarding as soon as possible. If a boarding student receives treatment at the hospital during the evenings or at weekends, house staff will be informed as part of the handover and a record will be created in SIMS.

“Gillick” competence

“Gillick competence” is used in medical law to determine whether a child (aged 15 or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge. A child will be deemed “Gillick competent” if they have sufficient age and understanding to make an informed decision, including both the nature and the implications of that decision. A student aged 16 years and above will be assumed to be competent and therefore Sixth Form students (i.e. those aged 16 or over) may give or withhold their own consent for medical treatment. Although there is no lower age limit for Gillick competence to be applied, it would rarely be appropriate or safe for parents not to be involved in decisions relating to a child of under 12. The Foundation will therefore assess the competence of any students aged under 16 on a case by case basis, with reference to the facts and in accordance with the test for Gillick competence. A student who is deemed to be “Gillick competent” may also give or withhold their own consent for medical treatment.

Spillage of Bodily Fluids

For any spillage of bodily fluids (eg bleeding, vomiting or other), the Maintenance Team is to be contacted immediately. They will arrange for the spillage to be cleaned up. Disposable gloves must be worn when dealing with such spillages.

Protecting from Blood-Borne Viruses

The Foundation aims to prevent or control the risks to staff from blood-borne viruses (BBVs) that they may encounter during the course of their work, the main viruses of concern being human immunodeficiency virus (HIV, which causes AIDS), Hepatitis B virus and Hepatitis C virus. BBVs are carried in the blood of infected people (it is possible for a person to be infected but be unaware of it). They are also carried in other body fluids. Some bodily fluids such as saliva and urine may contain one or more of the viruses but are unlikely to be an infection risk unless they contain visible blood.

Risk Assessment and Control

Tasks where staff could be exposed to BBVs will be assessed and controls introduced to eliminate or reduce the risks to the lowest reasonably practicable level. The findings of these risk assessments will be communicated to the staff concerned and training in the use of the control measures will be provided. The procedures that should be followed if a member of staff is exposed to blood that may contain a BBV will also be explained.

- Staff identified as being particularly at risk from Hepatitis B virus may be vaccinated.
- Where risks from BBVs cannot be reduced to acceptable levels by other means, staff will be provided with suitable personal protective equipment (PPE) and trained in its use.
- All potentially infected materials and equipment (e.g. clinical waste, soiled clothes, syringes and needles) will be identified and arrangements made for them to be handled and disposed of safely.
- All needle-stick injuries, puncture wounds and incidents involving exposure to blood or bodily fluids will be investigated by Management and the relevant risk assessments reviewed and, if necessary, amended.

All staff are responsible for using the control measures described in the risk assessments for tasks that they carry out.

Procedures

Where there is a risk of exposure to blood or bodily fluids, equipment or materials contaminated with these, the following precautions must be adopted:-

- cover all cuts, sores, chapped skin or other open wounds with a waterproof dressing;
- when collecting abandoned sharps always wear gloves;
- wherever possible, use litter tongs to pick up rubbish and abandoned sharps;
- when litter picking, wear safety boots; place discarded sharps in a yellow sharps box. When three-quarters full, yellow sharps boxes must be disposed of as contaminated waste by a licensed waste carrier;
- do not use teeth when putting on/removing gloves;
- wear disposable gloves when administering first aid;
- pull off gloves so that they are inside out;
- hands must be washed with soap before and after applying dressings;
- hands and other parts of the body must be washed immediately with soap and water after contact with blood, other bodily fluids and after removing gloves;
- blood and bodily fluids (except urine) should be cleaned up by using absorbent materials and a solution of one part bleach to ten parts water; N.B. DO NOT use bleach on urine spillages - use soap and water;
- when handling needles and other sharp equipment take care to avoid accidentally cutting or piercing the skin. Used needles must be placed immediately into a sharps container found in medical room and disposed of by incineration;
- if a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids that may contain a BBV, please seek advice from the Healthcare Practitioner in the first instance.

Needlestick or Sharps Injury Protocol

If a needlestick injury or puncture wound occurs or you come into contact with blood or bodily fluids, the procedure below should be followed:

- encourage cuts and wounds to bleed.
- wash the affected area thoroughly with soap and running water.
- after bleeding the wound and holding it under running water, if available, clean the affected area with a Mediswabs or medicated hand wash.
- if mucous membranes or eyes are affected, wash the affected area with copious quantities of running water.

Attend the nearest hospital Accident and Emergency Department immediately and advise the following information:

- the date, time and location of the incident;
- a description of the incident.

As soon as possible report the incident following the Incident Reporting Procedure.

APPENDIX 3 Additional COVID-19 First Aid Arrangements

This document supplements the existing first aid arrangements and staff should read this in conjunction with the Coronavirus (COVID-19) Policy and Procedures and associated risk assessments.

Specific considerations relating to management of first aid are covered in the [DfE Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#). This has also been written with reference to the [PHE COVID-19: cleaning in non-healthcare settings outside the home guidance](#).

Safe Working arrangements

If a person has any one of the COVID-19 symptoms (high temperature; new, continuous cough; loss or change to their sense of smell or taste), wherever possible, ask them to move to a location at least two metres away from others. Wherever possible, they should be moved to a room where they can be isolated behind a closed door and a window should ideally be opened for ventilation. 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.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

Staff administering first aid should 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 appropriate to their age and the circumstances age-appropriate.

Where a close contact response is needed (for symptomatic people), the following equipment is required:

- Disposable gloves
- Disposable plastic apron
- Fluid repellent surgical face mask
- Eye protection (for example, a face visor or goggles) (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield, if applicable
- 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 individuals e.g. when dealing with suspected or confirmed close contacts.

Personal Protective Equipment (PPE)

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

The appointed person at each site has been designated to support children with suspected COVID-19 symptoms but it is vital that any member of staff who uses PPE takes the time to familiarise themselves with the instructions for [donning](#) (putting on) and [doffing](#) (taking off) 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.

Remove PPE when close contact is no longer required by following the sequence for removal included within the above 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 must use hand washing facilities after you have followed the [PPE removal sequence](#), or hand sanitizer, where hand washing facilities are not in close proximity.

Waste

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable clothes and used tissues) must be stored safely and kept away from children until either a negative test result is known, or the waste has been stored for at least 72 hours (whichever is sooner). Further information can be found in the [PHE COVID-19: cleaning in non-healthcare settings outside the home guidance](#).

Cleaning

The minimum PPE to be worn for cleaning an area after a person with symptoms of, or a confirmed case of COVID-19, has left the setting is disposable gloves and an apron. Hands must be washed with soap and water for 20 seconds after all PPE has been removed. If a risk assessment indicates that higher levels of the virus may be present (for example, a student who is unwell has spent the night in a boarding room)

then additional PPE to protect the cleaner's eyes, mouth and nose may be necessary. 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. Please see the relevant risk assessments for further information on cleaning requirements. 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). Use the warmest water setting and dry items completely. Laundry that has been in contact with an unwell person can be washed with other people's items. To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing. Anything used for transporting laundry should be cleaned and disinfected, in line with the guidance above.

Staff Responsibilities

Heads of School must ensure that:

- The requirements relating to the management of first aid outlined in [COVID19 Guidance for all education settings](#) have been implemented.
- The additional equipment that is specified within the 'Safe 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 practise the use of PPE prior to needing to use it.
- First aiders do not fall into a clinically vulnerable group (unless a specific risk assessment has been carried out which sufficiently mitigates any risks).
- Discuss this guidance with first aiders and ensure that they understand the requirements included within it.
- The procedure for dispensing test kits to staff or students (via their parents, where appropriate) is adhered to.

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 dynamic 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.

Related documents

Coronavirus (COVID-19) Policy and Procedures

The site risk assessments

Procedure for dispensing COVID-19 home test kits