

This Addendum must be read in conjunction with the School's own First Aid procedures and Supporting Pupils with Medical Conditions Policy and procedures, brought to the attention of those currently employed or volunteering in the school and shared with those individuals upon induction to the setting.

LEVENS CE SCHOOL

FIRST AID PROCEDURES AND SUPPORTING CHILDREN WITH MEDICAL CONDITIONS COVID 19 ADDENDUM

JUNE 2020

Approved by ¹	
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Signed:	
Date:	11 th June 2020
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REVIEW SHEET

The information in the table below provides details of the earlier versions of this document and brief details of reviews and, where appropriate amendments which have been made to later versions.

Version Number	Version Description	Date of Revision
1	Original	June 2020

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1. Introduction

This addendum should not be used as a stand-alone document and must be read in conjunction with the existing **First Aid procedures** and **Supporting Pupils with Medical Conditions Policy and procedures**. It sets out the expectations of delivering first aid and supporting pupils with medical needs at our school in light of the COVID-19 pandemic. It describes the additional measures put in place to minimise risk to pupils and staff and specific details on handling a suspected case of COVID-19.

This addendum follows the advice and guidelines provided by the DfE.

Overarching this Addendum and our Policy and procedures on supporting pupils with medical conditions is the request to parents to keep their child/children at home if they are feeling unwell (whatever the reason) or they have a medical condition which deteriorates.

If a pupil who has attended or is attending the school or anyone else in the household is experiencing symptoms of COVID-19: fever (temperature of 37.8°C or higher), new continuous cough, loss of or change in normal sense of taste or smell, they should remain at home and the parent must inform the school as soon as possible.

2. Administering first aid

In order to keep the children in their 'bubble' as much as possible each group has their own First Aid supplies including items such as plasters. These temporary kits or boxes must not be shared with another bubble. If staff do not feel comfortable administering first aid or need a trained first aider / paediatric first aider then they must speak to a senior member of staff immediately and support will be given.

Wherever possible and depending on the age and understanding of the child, children are expected to wipe any wounds themselves with a disposable towel or cloth wipe. Should they need a 'plaster, many children will be able to put them on themselves and should be encouraged to do so. Staff must ensure that they are aware of any child in their bubble who is known to be allergic to plasters or other first aid item.

When delivering first aid, PPE is available and staff are asked to wear what is appropriate to deal with the situation. PPE is disposable and includes aprons, masks and gloves. If there is a significant amount of blood, staff should use a fluid resistant mask. All equipment used must be disposed of in the correct manner and in line with our risk assessment control measures. Goggles are available for members of staff to use and are personal to them once provided. These can be cleaned after each use, but should only be used if there is a significant risk of bodily fluids entering the eyes, nose or mouth.

Each 'bubble' is responsible for checking and replenishing First Aid supplies on the days that the 'bubble' is not operational. Should emergency replenishment of first aid supplies be needed whilst the 'bubble' is operational, please speak to the member of staff allocated to 'floating' duties that day in the first instance, and either the School Business Manager or the Headteacher as a reserve option.

In the event of an emergency situation with a child or a member of staff (i.e. serious risk of injury or ill-health), first aiders can and may be redeployed to a different bubble either to provide the first aid themselves or to guide another member of staff in the procedure. In such cases, immediate help will be sought from the emergency services by dialling 999 and following normal school procedures.

A first aider/paediatric first aider is scheduled to be available on site at any particular time, a risk assessment and appropriate control measures for the eventuality of staff becoming ill has been undertaken.

Foyer signage ensures that all staff and other adults working in school at a particular time are aware of who paediatric first aid staff are. All other staff are first aid trained. This practice will continue until staff are informed otherwise.

3. Children with auto-injector pens or inhalers

Staff must ensure that children who have been issued with an auto-injector pen and/or an inhaler have them in their correct bubble and that they are easily accessible to those who need them. As staff may

have unfamiliar children with them, the School Business Manager will ensure that they have any additional information that they may need in order to support the children correctly and in an emergency situation. Anyone who requires additional training in the administration of auto-injector pens/inhalers must inform a senior member of staff immediately so that arrangements may be made to assist with this training need.

4. Administration of medication to children

As per the existing Policy, the school will only accept prescribed medicines that are:

- in-date;
- labelled with the child's name;
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

If they have not already done so, parents will be required to complete and sign the administering medicine form (Appendix C1/C2 of our existing Supporting Pupils with Medical Conditions Policy and procedures), the form will be emailed to parents and needs to be received in school with the medication on the first day of administration. Practical arrangements for handover will have been pre-determined with senior staff. Once received by school, a staff member will collect and store the medicine correctly, handing it into the school office, or placing it in the Reprographics Room fridge. (Children will be unable to access the secure storage locations).

Careful consideration must be given by parents to a situation where the child or young person is prescribed antibiotics or steroids, as their resilience will be lowered due to infection or medication. Parents are advised to discuss such cases with the Head teacher/senior leader.

A member of staff will take the medication to the child rather than the child coming to the office. If two members of staff were needed to administer medicine this will be carried out by members of staff to be determined by the Headteacher.

Wherever possible and depending on the age and understanding of the child, children will be provided with the appropriate spoon, the medication poured and then the child will self-administer. In the case of tablet/capsule medication, children will be given the tablet from the bottle/strip and then asked to take it themselves with their own water bottle.

Where staff have to administer medication in the form of liquid (for young children or those with SEND), they will wear disposable gloves which can be disposed of immediately after use in the manner outlined in the school risk assessment. Any spoon used must then be appropriately cleaned in warm soapy water.

5. Emergency pain-relief

We will continue to offer emergency pain-relief in situations, such as residential trips; parents have already been provided with the opportunity to consent to this.

As in normal situations, we will always attempt to contact the parent to inform them the situation and to gain verbal consent for the administration of emergency pain-relief. We may also seek confirmation that a previous dose has not been given to the child in the preceding 4 hours. Where contact with parents cannot be made, emergency pain-relief will not be administered before 12.00 noon.

6. Children with Individual Healthcare Plans (IHCP)

In line with our existing Policy and procedures, Debbie Coker is responsible for ensuring the development of IHCPs. As a child returns to school we will check if they have an IHCP and advise individual staff in charge of the various bubbles where this is the case. The senior leadership team will then review the plan with the family remotely to see if any adaptations or changes are required in light of the current COVID-19 pandemic.

Where children require intimate care, reference must be made to our Intimate care procedures which have been updated to take into account the COVID-19 pandemic.

7. Children with underlying health conditions

Children and young people who have been identified as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield. We do not expect these children to be attending school and we will continue to support them at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from COVID-19. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

As part of our overall risk assessment, children who are defined as clinically vulnerable or have an underlying health condition, such as an immunity deficiency or a respiratory condition, must have an individual risk assessment carried out prior to them returning to school. This is likely to be an expansion on the risk assessment undertaken earlier on during the pandemic when it was felt that some children would be safer remaining at home. As part of this risk assessment the child's parent(s) will be required to obtain medical proof that it is appropriate and safe for the child to be in school during the pandemic. This could be in writing or via a phone call from a medical professional to the Head teacher or other senior leader.

Staff dealing with children with some complex medical needs have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the PHE guidance [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE which is:

- a FFP2/3 respirator (which must be fit-tested)
- gloves
- a long-sleeved fluid repellent gown
- eye protection

8. Supporting children who present with COVID-19 symptoms

If a child becomes unwell with symptoms of COVID-19 whilst at school they will be moved to the previously identified isolation room/area as soon as possible to avoid contact with others. We will contact the parents and ask them to collect their child as soon as possible.

If the child needs the toilet they will use the disabled toilet and have sole use of it.

If the child needs direct personal care until they can return home and a distance between the child and supervising adult of 2 metres cannot be maintained, a disposable fluid-resistant surgical face mask, apron and gloves must be worn by the member of staff. All items will be disposed of following the procedures in the school risk assessment.

When a child or staff member develops symptoms compatible with COVID-19, they will be sent home and advised to self-isolate for 7 days and arrange to have a test to see if they have COVID-19. They can do this by visiting NHS.UK to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus (COVID-19), and are encouraged to get tested in this scenario. The Head teacher or other senior manager will alert the Public Health Call centre on **0800 783 1968**. Further guidance on the procedures to follow in the event of an individual displaying symptoms is available in the Public Health Resource Pack for Educational Settings in Cumbria available on the KAHSC website.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child or staff member tests positive, the rest of their bubble within the school will be sent home including the teacher and supporting staff and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or school, Public Health England's local health protection teams will conduct a rapid investigation and will advise the school on the most appropriate action to take. In some cases, a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group.

Once a child or adult with COVID-19 symptoms has left the premises arrangements will be made to take the isolation room/area out of use until appropriate cleaning can be carried out.