



This Addendum must be read in conjunction with the School's own First Aid procedures, Intimate Care & Toileting 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.

HAYTON CE PRIMARY SCHOOL

FIRST AID, INTIMATE CARE & TOILETING PROCEDURES AND SUPPORTING CHILDREN WITH MEDICAL CONDITIONS COVID 19 ADDENDUM

December 2020

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Signed:	
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Proposed review date:	As required

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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, Intimate Care and Toileting procedures** and **Supporting Pupils with Medical Conditions Policy and procedures** along with the **Code of Conduct for Staff and Other Adults** and the accompanying **Covid-19 Addendum**. It sets out the expectations of delivering first aid, intimate care 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 (refer to Section 10). Visors are available for members of staff to use and are personal to them. 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.

If you need any replenishment of first aid supplies please speak to Mrs Gosson-Low, Acting Head Teacher.

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.

Where a first aider/paediatric first aider is not available on site at any particular time, we have put in place a risk assessment and appropriate control measures for this eventuality.

First aid notices will be updated to ensure that all staff and other adults working in school at a particular time are aware of who is on first aid duty on any given day. This practice will continue until staff are informed otherwise.

3. Intimate Care and Toileting

- Pupils are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.
- Where staff are performing intimate care procedures and/or nappy changing, disposable aprons and disposable gloves will be worn.

- If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they will continue to receive care in the same way, including any existing routine use of PPE (disposable gloves and apron and a fluid resistant mask (FFP11R) or face-visor).
- All equipment used must be disposed of in the correct manner and in line with our risk assessment control measures.
- When changing children, and where the child can understand, we will ask the child to turn their head to the side during the changing process. A poster or bright picture at eye height can assist with this.

We will:

- update care plans in writing where appropriate e.g. because there are changes to staff rotas, etc.;
- ensure that, wherever possible, intimate/personal care is provided by staff known to the child;
- ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care;
- ensure that appropriate levels of personal protective equipment (PPE) and arrangements for safe disposal of that equipment are provided for those involved in delivering intimate/personal care.

Staff and other adults will not:

- allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity.

4. 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, Mrs Gosson-Low 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.

5. Administration of medicines to children

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

- In-date;
- labelled with the child's name;
- provided in the original container, as dispensed by the pharmacist or packaged by the manufacturer, 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) and leave the form and medicine on the shelf outside the main school office. A staff member will collect and store the medicine correctly (in a fridge children cannot access or an alternative secure area).

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 the effects of a medicine. Parents are advised to discuss such cases with the Head teacher/senior leader.

A member of staff will take the medicine to the child rather than the child coming to the office. Where two members of staff are needed to administer medicine this will be carried out by Mrs Gosson-Low and the class teacher.

Wherever possible and depending on the age and understanding of the child, children will be provided with the appropriate spoon, the medicine 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.

6. Emergency pain-relief

We do not offer emergency pain relief but will contact parents if needed as we may not be aware of allergies.

7. Children with Individual Healthcare Plans (IHP)

In line with our existing Policy and procedures, Mrs C Platton is responsible for ensuring the development of IHPs. As a child returns to school we will check if they have an IHP and advise individual staff in charge of the various bubbles where this is the case. The senior 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.

8. 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.

8.1 Aerosol generating procedures (AGPs)

There are some additional considerations to support children, young people and learners who require procedures that may generate aerosols. This is because aerosol generating procedures (AGPs) can increase the risk of coronavirus (COVID-19) transmission in the presence of a positive case between those giving and receiving care.

It is recognised that all settings, children, young people and learners will have individual needs. We will adapt the advice provided in the DfE guidance '[Safe working in education, childcare and children's social care settings, including the use of personal protective equipment](#)' which is replicated below. Collaboration between education, families and local agencies to find solutions is key.

The following principles for managing AGPs in education provide a framework for this collective approach to support the education, care and safety needs of the child and of the school.

AGPs that are commonly performed in education include:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BiPAP)
- continuous positive airway pressure ventilation (CPAP)
- respiratory tract suctioning beyond the oro-pharynx

Procedures that are not classed AGPs include:

- oral or nasal suction
- the administration of nebulised saline, medication or drugs
- chest compressions or defibrillation

- chest physiotherapy
- the administration of oxygen therapy
- suctioning as part of a closed system circuit
- nasogastric tube insertion and feeding

Schools, health providers and local teams should work together to build on existing processes in place when implementing coronavirus (COVID-19) adjustments.

In our school, we will lead on assessments for the pupils concerned. The child's lead health professional should oversee their care assessments. PHE local health protection teams can advise on infection prevention and control concerns about the child or the school. We will work with the lead health professional to coordinate any assessments required, with input from PHE local health protection teams as needed.

Our school is supported by local partners to review and build on existing individual risk assessments. This will allow us to consider any adaptations that may be needed e.g. designating a room for undertaking AGPs, or if within a classroom, making sure that all other staff and pupils are at least 2 metres distance away (as recommended by [infection prevention and control guidance](#)) and the system of controls set out in the general guidance on [safe working in education including the use of PPE](#) (sections 1 to 8) with a window opened for ventilation.

The Government expect children with complex health needs will be able to attend education without the school needing to make significant changes to their ways of work beyond required adherence to the system of controls (as set out in sections 1 to 8 of the general guidance on the [use of PPE](#)). It is not envisaged that schools will generally require specialist equipment, for example, tents or airflow systems.

Education, health and care plans

Along with health care professionals we will work with individual children and their families to identify and manage risks to support the care of the child or young person and the safety of the school. Where a child has an existing education, health and care (EHC) plan, we will work together to update it as necessary, building on current processes in place. For children who do not have an EHC plan, a health assessment will be undertaken to determine levels of potential need and risk. If an AGP may be needed when travelling to and from the setting, this will be included in any risk or needs assessment.

Personal protective equipment (PPE)

Staff performing AGPs in education should follow the [infection prevention and control guidance on aerosol generating procedures](#) which is based on [advice from the Health and Safety Executive](#) (HSE)). They should also wear the correct PPE, which is:

- a FFP2/3 respirator (face-fitting required)
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so. This is known as 'fit testing'. Staff in school who need support with fit testing should contact the appropriate health lead for the child. This could be through either the designated clinical officer for special educational needs and disabilities (SEND) for support from the local clinical commissioning group or the lead nursing team at the health provider.

Schools must be able to access the PPE they require for this purpose. For further information on sourcing PPE contact the Public Health call centre on 0800 783 1967.

Healthcare professionals and others visiting settings that provide care should follow the [infection prevention and control guidance](#), including the use of PPE. This describes the types of PPE that different groups undertaking different activities should use.

Principles

The following principles have been developed to support schools in their planning for routine AGPs.

Risk management

We will work collaboratively with the local authority, PHE local health protection team and others to consider current local context including current coronavirus (COVID-19) prevalence.

Pupils, as well as staff members and all other visiting professionals and persons, will follow [the guidance for households with possible coronavirus infection](#) (stay at home guidance) if they or a member of their household or social bubble experience coronavirus (Covid-19) symptoms, or if they have been notified by NHS Test and Trace to self-isolate. They should not attend the setting if they or someone in their household are showing symptoms or have tested positive for coronavirus (COVID-19).

Designating a room for AGPs

Children will ideally be taken from the classroom for any AGP to be carried out in a designated room. Wherever possible, the school should designate a room for undertaking AGPs that is adequate for the individual and carer. The room should be adequate in size for the individual and carer and should have all non-essential furniture or equipment removed. For the furniture that cannot be moved, a wipeable covering should be placed on top. The room should have a door which can be closed, and a window opened for ventilation.

If a designated room for AGPs is not possible

If a designated room is not possible or available, an AGP can be undertaken within a classroom if all other staff and pupils are at least 2 metres distance away as recommended by [infection prevention and control guidance](#) and the systems of controls set out in sections 1 to 8 of the guidance on [safe working in education including the use of PPE](#) with a window opened for ventilation. Where possible, all other pupils and persons should leave the room prior to undertaking an AGP. This ensures the privacy of the child receiving an AGP, and safety for all those within proximity.

If using a multi-purpose room to undertake AGPs

Dependent on local situations, a room may be identified as single or multi-use.

If using a multi-use room to undertake an AGP: there should be clear signage on the timing of the last AGP the room should be left for an hour for aerosol settle time post procedure the room must be cleaned before being used by another pupil or accessed without PPE.

Ventilation

We will ventilate the room for undertaking AGPs as much as reasonably possible. In some cases, it might be possible to seat the child close to a window to improve ventilation. A sensible and pragmatic approach is required for this, particularly when the weather is poor. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. Where possible, allow one hour for aerosol settle time post procedure with a window open before accessing without PPE or using again for an AGP.

Cleaning

Remove all non-essential items from the room and minimise clutter to make the process of cleaning the room following AGPs as straightforward as possible. All surfaces where particles may have settled should be cleaned as outlined in the guidance on [cleaning for non-healthcare settings](#).

9. 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 identified adult 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 10 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 10 days from the day after contact with the individual who tested positive. 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 10 days from the day after contact with the individual who tested positive. 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 – refer to [COVID-19: cleaning of non-healthcare settings guidance](#).

10. Removal and Disposal of PPE

10.1 To remove PPE safely

- Remove apron.
- If you have worn gloves, remove them next by turning them inside out in one single motion.
- Once removed, disposable gloves and aprons will be placed in the bin immediately.
- Waste will be double bagged, then stored securely for 72 hours then thrown away in the regular rubbish.
- Hands must be washed with soap and water for 20 seconds after all PPE has been removed.

A [poster](#) has been produced by Public Health England to support training in the removal of PPE safely.

10.2 To dispose of waste (including used PPE) safely where no-one has symptoms of/confirmed COVID-19

Dispose of routine waste as normal, placing any used cloths or wipes and used PPE/face coverings in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. Do not use recycling bins.

10.3 To dispose of waste (including used PPE) safely after an individual with symptoms of, or confirmed COVID-19 has left the setting or area

- Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including used PPE, disposable cloths and used tissues):
 - should be put in a plastic rubbish bag and tied when full
 - the plastic bag should then be placed in a second bin bag and tied

- this should be put in a suitable and secure place and marked for storage until the individual's test results are known
- This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours. If possible keep an area closed off and secure for 72 hours.
- If the individual tests negative, this can be disposed of immediately with the normal waste.
- If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.
- If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:
 - keep it separate from your other waste
 - arrange for collection by a specialist contractor as hazardous waste.