

Addition to Attendance Policy Wider School Reopening

Date of last review	01/09/2020
Date Shared with Staff	01/09/2020

Context

From 8th September 2020, the beginning of the Autumn Term 2020, all pupils will return, full time, to Oyster Park Primary Academy.

This addendum of Oyster Park Primary Academy’s Medical Conditions and First Aid Policy contains details of the procedures and arrangements that have been implemented for the Autumn Term 2020 in response to the COVID 19 pandemic. The following addendum should be read alongside the Medical Conditions and First Aid Policy 2020 – 2021.

Illness

What is the procedure if a child or member of staff presents at school or at home with symptoms?

- If anyone in the 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 (anosmia), they must be sent home and advised to follow ‘[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)’, which sets out that they must self-isolate for at least 7 days and should [arrange to have a test](#) to see if they have coronavirus (COVID-19).
- Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms.
- If a child is awaiting collection, they will be moved, to our **identified isolation room** where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. They will be at least 2m away from others. **Staff supervising will wear PPE.**
- If their symptoms deteriorate, 999 will be contacted and advised protocols followed.
- A contact log will be created in the eventuality that the child tests positive.
- If anyone in the bubble presents with symptoms within the 14 days they can apply for a test via the NHS website.
- If the child tests negative, they may then return to the setting, providing they feel well (We will require proof of a negative test).
- Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people.
- If a child tests positive then School will contact the local health protection team (HPT)
- School will work with the HPT to carry out a risk assessment and take guidance on the action we should take.
- Based on the advice from the health protection team, school will send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:
 - *direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)*
 - *proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual*
 - *travelling in a small vehicle, like a car, with an infected person*
- Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow ‘[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)’. They should get a test, and:
 - if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days.

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- if the test result is positive, school should be informed immediately, and the individual isolate for at least 7 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'

If a child presents as unwell but is not displaying COVID 19 symptoms the usual procedure as detailed in the Medical Conditions and First Aid Policy is to be followed.

Administering First Aid

- Wherever possible First Aid will be administered by staff within year group bubbles
- Where appropriate children to be encouraged to independently take care of first aid needs, with adult support. For example, using a wipe to clean a graze, holding a cold compress on a bump
- Where it is necessary for an adult to administer first aid, for example if a child is bleeding or has been sick the first aider must wear appropriate PPE including a face mask, gloves and a disposable apron
- Staff to ensure the area where first aid has been administered is thoroughly cleaned after treatment has been administered

Cardiopulmonary Resuscitation

In the event that cardiopulmonary resuscitation (CPR) is required the following guidance should be followed.

Adults

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).

- 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 victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast
- If the rescuer has access to any form of personal protective equipment (PPE) this 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 or medical adviser

Children

Paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

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.

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Therefore, if there is any doubt about what to do, this statement issued by the Resuscitation Council UK should be used:

'It is likely that the child 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. 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.'

<https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>

The CPR techniques used for children are generally the same as what is recommended for adults. Due to the smaller frame of a child's chest and the fact that their bones are more flexible, there are some differences that need to be accounted for when providing CPR to a paediatric patient:

- Start CPR before calling for help- Unlike an unresponsive adult, if you are alone with a child that is unresponsive and not breathing, you must give a minute's worth of CPR before calling 999 for help to keep the child's circulation going.
- Chest compressions- Depending on the size of the child, you can use one or both hands to give compressions. The depth of these compressions should only be one and a half inches although the compression and breath rate remains the same, 30 compressions and 2 breaths.
- Rescue breaths- Children's airways are more fragile so it is important to not tilt the head back too far and to breathe more gently than you would with an adult. **A resuscitation face shield should be worn whenever possible.**
- It is vital that children receive CPR immediately to increase their chance of survival. By learning this skill, you could save a life.

Should you 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. Should you develop such symptoms you should follow the advice on what to do on the NHS website.