Sunninghill
PREP SCHOOL DORCHESTER

Date of Review: Sept 2021 **Approving Body:** **Date of Approval:**	**Review Due: Sept 2022**

First Aid Policy

Includes

Early Years Foundation Stage

Including

First Aiders (Appendix A)

First Aid Boxes (Appendix B)

Prescribed Medication Record (Appendix C)

Coronavirus procedure (November 20) (Appendix D)

Owner:	Bursar/Lydia Griffin

√	Policy required by ISI (inspection use)
√	ISI requirement for publication on website
☐	Internal decision to publish on website
☐	Internal only
√	Required reading for all staff

Aim of this document

It is the school policy to provide a healthy and safe environment for staff, pupils and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times.

- It is our intention to ensure that at all times there are sufficient qualified first aiders on the premises.
- There is an appointed person, currently Mrs Lydia Griffin, who has overall responsibility for First Aid. She will:
    - Take charge when someone is injured or becomes ill
    - Looks after the first aid equipment
    - Check and restock all first aid containers each term
    - Ensures medical help is summoned when appropriate

- There is always at least one member of staff who is appropriately qualified in first aid on each school site when the children are present (see Appendix A). Details of the qualified first aiders are posted in the Medical Room.
- These first aiders are required to have their training updated every 3 years.

- There are first aid boxes throughout the school (see Appendix B) and available for play areas
  and sports which are maintained by the appointed person.

- All accidents/incidents that occur on the school premises involving staff, pupils or persons not employed by the school, however minor and require First Aid treatment must be recorded on the First Aid Treatment record or for more serious head injuries, on the Head Injury Form. Supplies of both are held in the Medical Room. The information on the forms must also be entered on the 3sys database against the child's name. Copies of the forms are to be passed to the Bursar on completion.

- The Bursar will review and if necessary investigate accidents to ensure that there are no trends occurring or dangerous conditions / equipment in order to reduce the probability of a reoccurrence. The Bursar will report all accidents to the Health & Safety Committee each term.

- If a pupil becomes ill the school will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to cooperate with us by not permitting children to attend school if they have any infectious or contagious illness. Children should remain off school for 48 hours following a bout of sickness and/or diarrhoea.

- Any individual (either staff or child) who has head lice should be treated before returning to school.

- Pupils who have specific medical conditions such as diabetes, allergies, or another condition requiring special safety measures and medical treatments have medical emergency cards stored in a box file in the Medical Room. Specific first aid training for diabetes and anaphalaxis is provided for all relevant staff by specialist nurses annually.

Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident they will receive first aid from a qualified first aider.

- Gloves must be worn at all times when dealing with bodily fluids.

- Clinical waste is disposed of in the clinical waste bin situated in the Medical Room. This bin is emptied monthly by a certified disposal contractor.

- In the Nursery there is a medical bin lined with a yellow plastic sack for the disposal of nappies and materials contaminated with body fluids. At regular intervals the nursery staff change the bin liner and put the used bin into a locked wheeled bin outside. The wheeled bin is emptied regularly by a certified disposal contractor.

- The wound will be cleaned with sterile wipes or a cold compress applied.

- No ointments can be used and no internal medicines given without the permission of the parents.

- If the accident is in the form of a Head Injury, the parents will be contacted immediately and the appropriate Head Injury Form will be completed by the appointed person. A copy of this form must be given to the parents.

- If hospital attention is needed then the medical team or teacher in charge (if the accident occurs off-site), will make the decision to call an ambulance and/or will take the necessary action to get the pupil/member of staff to hospital and inform parents or next of kin immediately. This will usually mean that the injury requires immediate attention that goes beyond the competence and principles of a first aider. If there is any doubt that hospital may be required, then the principle should be safety first. If another child is involved in the incident and possibly traumatised by the event, the appointed person will contact the child's parents with an update of the injured child.

  Serious accidents will always be reported to the Head.

- RECORDING - Accidents/ injuries to pupils and adults are recorded on the First Aid Treatment Record form which are kept in the Medical Room or in EYFS. Where appropriate, a copy of the form is either given directly to the parent or scanned and emailed.
  Completed forms are retained by the Bursar and reported to the Health & Safety Committee.

RIDDOR reporting is required for the following:

- work related deaths
- specified injuries (including fractures)
- over-seven-day injuries
- work related diseases
- dangerous occurrences or near miss accidents

Reporting is carried out on line by the Bursar.

ADMINISTRATION OF MEDICATION

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines should only be given in school when it would be detrimental to the child's health not to do so.

No child in school should be given prescription or non-prescription medicines without written parental consent. Parents must complete the school's Medication Consent form available here, on the staff server and from the Medical Room.

For residential trips, a member of staff may give non-prescription medication ie: Calpol, if the consent part of the trip form is completed and signed.

All medicines must be kept safely in the medical room fridge, which is kept locked and the key is held securely in the wall mounted key safe nearby.

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

OVER THE COUNTER MEDICINES

- They must be kept securely in a locked cupboard
- There must be a list of those medications stocked, in the cupboard

PRESCRIPTION MEDICATION

Prescription medication may only come into school with written consent from the parent.

We must only accept prescribed medicines that are:

- in date
- labelled for that child's use
- in original containers as dispensed by the pharmacist
- include instructions for administration, dosage and storage
- The original dispensing label must not be altered
- The medication must not be left unattended.

The exception is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

RECORD KEEPING

We ensure that the pupil's confidentiality is protected and not on display.
We keep an accurate record of all medication that is administered, including dose, time, date and supervising staff.
All medical records are kept securely on the pupil's personal files.

Early Years Foundation Stage

First Aid Procedure

First Aid equipment is kept in Nursery and Reception, with additional first aid kits available in the Medical Room. If any items are becoming low, please contact Lydia Griffin who will see that it is replenished.

First Aid Procedure

- Following an incident or accident, assess the situation.
- Ensure that the area is safe and that you, the casualty and/or others around you are not in danger. Take action to protect them but do not put yourself at risk.
- Attend to the child's needs and offer comfort, change the child's clothes if necessary etc. Should you require assistance, ask a child to get help or another member of staff.
- The First Aider and/or Lydia Griffin will take the appropriate action and give first aid treatment as necessary. A decision will then be made as to whether the child may now stay at school, should go home with their main carer, or requires further medical assistance at hospital.
- Should medical assistance be required parents must be informed immediately. Emergency contact numbers for parents and carers are available on the registration forms, 3SYs or the main school office. These are confirmed at the beginning of each academic year, we ensure any changes are recorded.
- Should an ambulance be required, inform the main school office so that the gates can be unlocked for ambulance access and a member of staff can wait at the school entrance to direct the ambulance to the casualty.
- Any incident or accident and any treatment given should be recorded on the appropriate First Aid Treatment Record form, Head Injuries Form and 'I have hurt my head today' form.
- Once the incident has been dealt with and the casualty looked after, clear the area up, dispose of any used wipes or dressings in the yellow waste bag (from where it can be transferred to the Clinical Waste Bin), restock the first aid kit and care for others who may have been upset or distressed by the incident.

Recording Accidents

- An accident file is kept in Nursery and Reception.
- Any minor cuts, grazes or bumps requiring minor first aid must be reported to the parent or carer via the First Aid Treatment Form. The member of staff dealing with the incident must ensure that this form is cpmpleted. Where any accident/incident that we consider more serious should also be noted, e.g. severe cuts or bumps or any casualty that requires immediate hospital treatment.
- If a child bumps their head, a call will be made to the parents advising them of the accident/incident. If the child does not leave the Foundation Stage then they will be continued to be monitored for response levels. The 'I have bumped my head today' format will be completed (in conjunction with the Head Injury Form) and issued to the parent or carer at the end of the child's day.

- If a child experiences any injury to the head, then the 'I have bumped my head today' format will advise the child's parent or carer, of symptoms to look out for following an injury to the head.
- Staff are advised that when Reception children have an accident during play time, a copy of the First Aid Treatment Record form is to be given to the class teacher. First Aid Treatment Record forms for Reception children can be found in the medical room.

FIRST AID TRAINED STAFF

Paediatric First Aiders (attended 12 hours training):

- Laura Pitman
- Catherine Livesey
- Katie Beasley

Whole School

- Lydia Griffin

What goes into a First Aid Box?

Conforming bandages, 3 of each size plus finger dressing
Triangular bandage
Eye pad
Eye wash
Plasters-Waterproof and Hypoallergenic
Adhesive tape
Alcohol free wipes
Ice pack
Latex free disposable gloves

Administering Medicines Procedure

Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the Head/Bursar is responsible for ensuring all staff understand and follow these procedures.

The key person or class teacher is responsible for the correct administration of medication to children for which they are responsible. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key worker or teacher another member of staff may administer the medicine.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
- A call is made to parents before administering un-prescribed paracetamol (Calpol) to gain verbal consent in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children's prescribed medicines are kept in their original containers, are clearly labelled and are stored in the medical room fridge or the medical drawer in the fridge in Fledglings which is inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record form to acknowledge the administration of a medicine. The medication record form records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is
- signed by key person/teacher; and a witness
- verified by parent signature at the end of the day.

- The child's key person/teacher is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions which may require immediate attention, medication may be stored in the classrooms in a first aid box which is clearly labelled, out of reach of children but easily accessible to staff. This would include inhalers and Epipens. The key person or teacher must check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- A witness must be present when medication is administered to a child in the Early Years

- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Children who have long term medical conditions and who may require on ongoing medication
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Appointed First Aider or EYFS manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name, name of the medication, inside the bag is a Prescribed Medication Record consent form, detailing when medication was prescribed.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed bag clearly labelled with the child's name, name of the medication. Inside the bag is a copy of the Prescribed Medication (see Appendix D) consent form signed by the parent.

Further guidance

Managing Medicines in Schools and Early Years Settings (DfE 2005)

Infection Control Policy Early Years

The Foundation stage aim to maintain high standards of health, hygiene & safety, and the co-operation of parents is essential in this. We would ask that all children who are ill be kept away from the Foundation Stage until they have fully recovered.

We have trained paediatric first aiders on site in case of accidents. Please ensure your child has the necessary vaccinations & immunisations against childhood diseases at the correct ages.
Your child will not be accepted back into the Foundation Stage until they are fit & healthy, periods of exclusion maybe necessary.

Infectious diseases will be reported to the consultant in communicable disease control & Ofsted.

In the case of childhood infectious diseases we ask that you observe these minimum isolation periods (Information taken from Public Health England 2021):

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatmentis recommended.
Chicken pox	Five days from onset of rash and allthe lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold soresare generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hoursafter the last symptoms.	
Diphtheria *	Exclusion is essential. Alwaysconsult with your local HPT	Preventable by vaccination. Family contacts must beexcluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of childrenare affected. Exclusion may be considered in some circumstances

Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onsetof jaundice (or 7 days after symptomonset if no jaundice)	In an outbreak of hepatitis A, your local HPT willadvise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne virusesthat are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces theinfectious period.
Measles*	Four days from onset of rash andrecovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staffcontacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable byvaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimisespread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR forall pupils and staff.
Ringworm	Not usually required.	Treatment is needed.

Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (seenational schedule @ www.nhs.uk). Promote MMR forall pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriateantibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics arenot administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with theirGP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due toviruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others.Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymsand changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks.Your local HPT will organise any contact tracing

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.
Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Infection Control Policy for EYFS Staff

- Gloves must be worn at all times when dealing with bodily fluids.
- Aprons are provided to keep substances away from clothing and should be worn. This includes wearing a clean pair of gloves for each nappy change and washing your hands between each change.
- The changing mat must always be sprayed with anti-bacterial spray provided and wiped with a clean paper towel. Each child has their own nappy and cream supply which is labeled appropriately and staff/students must ensure that only these items are used for the particular child you are changing.
- A supply of clean tissues is provided to wipe children's noses, these should be put in the bin and then hands must be washed afterwards.
- Hand sanitizers are available to both staff and children.

Appendix A

First Aiders

Name	*Department*	*Attended*	*Course Expires*
2 day Paediatric Course			
Laura Pitman	Nursery	Feb-19	Feb-22
Katie Beasley	Nursery	Jun-19	Jun-22
3 day course			
Lydia Griffin	School Secretary	Dec-18	Dec-21
1 day course			
Sarah Baker	Learning Assistant	Sept 20	Sept 23
Nikki Ball	Kitchen	Feb 20	Feb 23
Joannie Culshaw	Learning Assistant	Sept 20	Sept 23
Kerry Davies	Catering Manager	Mar-19	Mar-22
Robbie Dennett	Bus driver	Sept 20	Sept 23
Sarah Hill	Learning Assistant	Sept 20	Sept 23
Stuart Holland	1:1 Assistant	Feb 21	Feb 24
Brenden Gabe-Fry	Kitchen	Feb 20	Feb 23
Gavin Jones	Bus driver	Sept 20	Sept 23
Mandy Jones	Registrar	Jun-19	Jun-22
Karen King	Teaching	Jan-19	Jan-22
Megan Lane	Receptionist	Jun-21	Jun-24
Lecca Moss	Teaching	Sept 20	Sept 23
Lesley Nolan-Stone	Teaching	Jan-19	Jan-22
Maurice Read	Bus Driver	Sept 20	Sept 23
Susan Saines	Teaching	Sep-20	Sep-23
Nathalie Shilliday	Teaching	Sept 20	Sept 23
Sarah Smith	Teaching	Jan-19	Jan-22
Ian Stazicker	Deputy Head	Jan-19	Jan-22
Claire Thomasson	Teaching	Jun-19	Jun-22
Jo Thorpe	Teaching	Sept 20	Sept 23
Jeanette Wedge	Receptionist	Feb 20	Feb 23
Kevin Willemse	Teaching	Jan-19	Jan-22
Sue Wilson	Teaching	Jan-19	Jan-22

APPENDIX B

First Aid Boxes in the School

Nursery
Reception
Form One
Form Two
Form Three
Form Four
History & RE
Mathematics
English
French
Geography
Computer Room
Science Lab
The Loft
Music Room
Kitchen
Cleaner's Cupboard
Staff Room
Medical Room
Art
Sunninghill Community Hall
Swimming Pool
Caretaker's Lock Up
Sports & Trips

Appendix C

Prescribed Medication Record

Childs Full Name:	**Time(s) at which the medication is to be administered:**
Doctors Name:	**Circumstances in which medication is to be administered (if for emergency use):**
Named Medication: **Expiry Date:**	**Has a risk assessment been completed?** **YES / N/A**
Dosage:	**I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer it.** **Parents/Carers Signature:**
Method of administration:	**Date:**

Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			

Use and attach a continuation sheet if necessary

Prescribed Medication record continuation sheet

Date and Time	Dosage administered	Signature of staff administering the dosage	Witness signature
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			

Appendix D

COVID -19 (Coronavirus)

If someone becomes unwell in school and believes they have been exposed to coronavirus

We will dial 111 or 999 if a person is seriously ill or their life is at risk.

Whilst waiting for advice or an ambulance to arrive, the person will be isolated in the medical room. The window must be opened for ventilation. The medical room will be deep be cleaned once they leave. If the number of casualties rises, separate rooms will need to be identified or moved to an area which is 2 metres away from other people, potentially outside.

If they have to use the bathroom whilst waiting, they should use the staff toilet on the first floor. Once used, it will be out of bounds to other users until it has been cleaned and disinfected.

PPE should be worn by staff caring for the pupil while they await collection, if a distance of 2 metres cannot be maintained.

Pupils must be told that they need to tell a member of staff if they feel unwell.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms (in which case they must get tested) or the person subsequently tests positive (in which case see below, if a case is confirmed)|. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

If a pupil or staff member develops symptoms compatible with COVID-19 (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste), they must be sent home immediately and follow the following NHS guidelines:

- get a test to check if you have coronavirus as soon as possible
- Follow instructions given to you by the test and trace system

<u>If a case of coronavirus is confirmed</u>

In the event that we have a reported positive COVID test we must take the following action **<u>before</u>** doing anything else:

Contact Jo Wilson Public Health Dorset on **01305 225 894**.
They will help to manage the response and liaison with Public Health England

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is beset against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

First responders should consult the latest advice on the NHS website - https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance- for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with- symptomatic-people-with-potential-2019-ncov

Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice

This guidance may change based on increasing experience in the care of patients with COVID- 19.

Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.

Resuscitation Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min^{-1})"

Because of the heightened awareness of the possibility that the victim may
have COVID-19, Resuscitation Council UK offers this advice:

- 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 victim's mouth and nose and attempt compression only 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.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- 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.

Paediatric advice

We are aware that 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. Therefore, if there is any doubt about what to do, the guidance in the **Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings** should be used.

It is likely that the child/infant 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/infant. 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.

Further reading:

- Public Health Wales statement on Novel Coronavirus (COVID-19) outbreak: https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/
- Coronavirus (Covid-19) updates for Northern Ireland: https://www.health-ni.gov.uk/coronavirus\
- COVID-19: guidance for health professionals [Public Health England]: https://www.gov.uk/government/collections/wuhan-novel-coronavirus
- Coronavirus (Covid-19) [Health Protection Scotland]: https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid- 19/