



Schools Covid-19 Risk Assessment v01.14a 2021 - 2022

The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome pupils back to school for the Autumn term 2021.

The LA advises settings to follow current government guidance:

<https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings>
[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings)

[Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings)

This is a generic risk assessment based on the [Schools COVID-19 Operational Guidance](#) and [Contingency Framework](#). Establishments that are [early years and childcare settings](#), [further education colleges and providers](#), [special schools](#), [special post-16 providers and alternative provision](#) should also refer to guidance specific to their sector. Where schools wish to maintain proportionate control, measures established earlier in the pandemic, these should be included in the appropriate section(s) of the school risk assessment.

It is a legal requirement that schools should revisit and update their risk assessments (building on the learning to date and the practices they have already developed). It is good practice to treat risk assessments as a “living document” which is kept under review, especially having regard to changing circumstances.

All other policies, procedures or risk assessments which will be impacted by the response to Covid-19 (e.g. fire safety, mental health and wellbeing for pupils and staff, lockdown, behaviour policy etc.) should be reviewed also.

Please ensure that your Fire Evacuation arrangements are reviewed and updated to reflect the current protective measures in place in school.

Adults includes staff who work at the setting, visiting staff, contractors, parents, volunteers, visitors and essential maintenance workers.

Title / Activity: Lotus School

Date completed: 16/03/2022

Completed by: K Naylor, Operations Manager

Control measures

You should:

1. [Ensure good hygiene for everyone;](#)
2. [Maintain appropriate cleaning regimes;](#)
3. [Keep occupied spaces well ventilated;](#)
4. [Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.](#)

Additional sections

5. [Use of PPE](#)
6. [Vulnerable groups within the school community](#)
7. [Educational visits](#)
8. [Wraparound care and extracurricular activities](#)
9. [Other considerations](#)
10. [Monitoring](#)

Outbreak Management step up measures

- 1.1) [In the first instance](#)
- 1.2) [Face Coverings](#)
- 1.3) [Bubbles](#)
- 1.4) [Secondary schools](#)
- 1.5) [Primary schools](#)
- 1.6) [Shielding](#)
- 1.7) [Restricted Attendance](#)
- 1.8) [Other measures](#)

| What is the hazard? | Who might be harmed? | What are you doing about it? | RAG | Comment | Complete? |
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| | Pupils | Adults | | | |
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| 1) Insufficient hygiene | ✓ | ✓ | <p>1.1) Hand hygiene</p> <p>a) Ensure that pupils and staff clean their hands frequently and thoroughly using a combination of washing and/or sanitising. See free resources on the e-Bug COVID-19 website;</p> <p>b) Follow established patterns of hand cleaning such as when they arrive at school, when they go and return from breaks, when they use the bathroom, when they change rooms and before and after eating etc.</p> <p>c) Ensure access to liquid soap, warm water, paper towels and/or hand driers and hand sanitizer/skin friendly sanitizer wipes if appropriate in classrooms, social areas and bathrooms.</p> <p>d) Staff to help small children and those with complex needs to wash their hands thoroughly.</p> <p>e) Have prominently displayed hand washing posters throughout the setting in order to maintain the regular hand washing culture of the school.</p> <p>f) Ensure hand-sanitizing stations in school are maintained and filled as necessary. Correct way to use hand sanitizer poster available here</p> <p>g) Ensure hand sanitizer stations are located away from light switches, lift buttons and well clear of Bunsen burners in labs.</p> <p>h) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion.</p> <p>i) Increase the frequency at which bins are emptied regularly throughout the day if necessary.</p> <p>j) Incorporate time for hand washing/sanitising in timetables or lesson plans if necessary.</p> <p>k) Ensure that staff working with pupils who spit uncontrollably to have more opportunities to wash their hands than other staff.</p> <p>l) Ensure that pupils who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' have more</p> | | <p>There are adequate supplies of hand sanitiser in place in every classroom. There are also sinks available for Handwashing all around the school and in several classrooms.</p> <p>Staff supervise regular hand sanitising and hand washing. Pupils are frequently reminded about hand hygiene and there are handwashing posters in all toilet areas.</p> <p>Hand sanitiser provided in all key locations including at entrance, pupils are supervised using sanitiser.</p> |

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| | | | <p>opportunities to wash their hands and risk assess individually.</p> <p>1.2) Respiratory Hygiene</p> <p>a) Promote the catch it, kill it, bin it approach – display posters prominently in classrooms and around school to continue to embed this into the culture of the school;</p> <p>b) Ensure all rooms are well ventilated and that a comfortable teaching environment is maintained.</p> <p>c) Ensure there are sufficient stocks of tissues in place for pupils and staff to use.</p> <p>d) Ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day.</p> <p>e) Schools should ensure young children and those with complex needs receive appropriate support to be able to effectively “catch it, bin it, kill it”.</p> <p style="text-align: center;">Back to top</p> | | <p>Bins are emptied at the start and end of the day. Posters are in place in strategic locations in the school. Tissues are in every room. Lidded bins are in every room in School.</p> <p>Rooms are well ventilated. With windows and doors opened frequently. Co2 monitors are in classrooms.</p> | |
| 2) Transmission of virus through insufficient cleaning of surfaces | ✓ | ✓ | <p>a) Follow the Covid-19: cleaning in non-healthcare settings guidance;</p> <p>b) Keep surfaces clutter free to facilitate regular cleaning.</p> <p>c) Identify and clean frequently touched surfaces in the setting at least twice a day using standard cleaning products and document. One of these times should be at the beginning or the end of the working day.</p> <p>d) Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and how often they access handwashing and hand-sanitising facilities.</p> <p>e) Clean bathrooms regularly throughout the day and document.</p> <p>f) Clean communal kitchens regularly throughout the day and document; avoid sharing crockery or cutlery.</p> <p>g) Clean, soft toys and furnishings frequently and according to manufacturer’s instructions.</p> <p>h) Bins used to dispose of cleaning materials such as sanitizing wipes and paper towels should be lidded. Dispose of</p> | | <p>Cleaning contractors are following the PHE guidance as with the necessary grade of cleaning materials. Additional cleaning is to be continued with staff wiping down touch points as well as cleaning taking place every day after School.</p> <p>Staff room kitchen cleaned by all staff members after use.</p> <p>Lidded bins in every room. School monitors</p> | |

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| | | | <p>routine waste as normal, placing any used cloths or wipes 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.</p> <p>i) Cleaning materials supplies should be monitored and ordered in good time.</p> <p>j) Consider identifying the most frequently touched surfaces such as door release buttons, door plates, handles etc. with coloured stickers as a visual reminder for frequent cleaning.</p> <p style="text-align: center;">Back to top</p> | | <p>levels of cleaning supplies and has sufficient stock for the spring term and beyond.</p> |
| 3) Transmission of virus through insufficient ventilation | | | <p>a) Ensure all rooms and buildings in school are used within the occupancy limits specified in the building design.</p> <p>b) Ensure all rooms and buildings in school have a sufficient fresh air supply to meet the current minimum building standard. Schools can get advice from a competent ventilation engineer or, as a precautionary approach, operate your system on the maximum air flow rate.</p> <p>c) Ensure higher rates of ventilation where activities such as singing and aerobic exercise take place.</p> <p>d) Identify any poorly ventilated spaces (making use of CO2 meters provided by DfE in the Autumn Term 2021 as well as following guidance from HSE). Take regular readings and record them. Take steps to improve airflow and quality in these areas, which could include purchasing HEPA filter air purifiers. See Ventilation Google drive for more details Give particular consideration when holding events where visitors such as parents are on site, e.g. award assemblies. Information to help with this is available from the HSE and CIBSE;</p> <p>e) Adjust mechanical ventilation systems to increase the ventilation rate wherever possible. Maintain in accordance with the manufacturer's recommendations.</p> <p>f) Check to confirm that their normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated</p> | | <p>All spaces are well ventilated Co2 meters are installed in each classroom.</p> <p>All teaching staff will open windows to allow more ventilation, when possible doors will be left open providing they are not Fire doors.</p> <p>Staff can open the windows when required.</p> <p>School have applied to the DfE for additional co2 monitors and air ventilation units. Additional ventilation units have been approved due to arrive w/c 21st March. School does not qualify for additional co2 monitors.</p> |

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| | | | <p>as normal as long as they are within a single room and supplemented by an outdoor air supply).</p> <ul style="list-style-type: none"> g) If school has a centralised ventilation system that removes and circulates air to different rooms, it is recommended that the recirculation function is turned off and a fresh air supply is used. h) Air conditioning systems that mix some of the extracted air with fresh air and return it to the room do not need to be adjusted as this increases the fresh air ventilation rate. i) Systems in individual rooms or portable units do not need to be adjusted as these operate on 100% recirculation. You should still however maintain a good supply of fresh air ventilation in the room. j) In cooler weather, open windows enough to provide constant background ventilation at all times when classrooms are in use. k) Open windows more fully during all breaks to purge the air in the space. l) Wedge internal doors open (with the exception of fire doors) to create a throughput of air but ensure they can't slam shut and cause injury to staff or children. m) External opening doors may also be used (as long as they are not fire doors and where safe to do so); n) Ensure internal office spaces are well ventilated at all times. Keep doors open to allow air flow. Do not use fan heaters or desk fans when the office is occupied. Review occupancy levels with H&s provider. o) Open high-level windows to reduce draughts where possible; p) Balance the need for increased ventilation while maintaining a comfortable temperature. q) Use fan heaters only when rooms are unoccupied, switch off when children and staff are in. <p style="text-align: center;">Back to top</p> | | |
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| <p>4) Transmission of virus through contact between individuals</p> <p>The PPE that should be used when caring for someone with symptoms of coronavirus (COVID-19) is:</p> <ul style="list-style-type: none"> • IIR Face mask if a distance of 2 metres cannot be maintained. • Disposable gloves, disposable plastic apron and IIR face mask if contact is necessary. • Eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from coughing, spitting or vomiting. <p>N.B. A cloth face covering is NOT regarded as PPE.</p> | | | <p>4.1) Symptomatic children or adults</p> <ol style="list-style-type: none"> Follow guidance for people with COVID-19 and their contacts Ensure all staff and parents/carers are aware of the main and other symptoms linked (but not exclusive to) with COVID-19: Main symptoms: <ul style="list-style-type: none"> • a new continuous cough • a high temperature • a loss of, or change in, your normal sense of taste or smell (anosmia) Anyone with the main symptoms should be sent home and advised to get a PCR test; In exceptional circumstances where a parent/carer/family member is unable to collect the pupil, consider allowing them to cycle or scoot home if age-appropriate, safe to do so, and with the consent of parents/carers; Staff, children and young people with COVID-19 should not attend school/work while they are infectious. They should take an LFD test from 5 days after their symptoms started (or the day their test was taken if they did not have symptoms) followed by another one the next day. If both these test results are negative, they should return to school/work as long as they feel well enough to do so and do not have a temperature; If a parent or carer insists on a pupil attending your school where they have a confirmed or suspected case of COVID-19, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Special schools and residential schools contact the HPT directly at lancashirecontacttracing@phe.gov.uk. on notification of the first positive case. <p>4.2) Asymptomatic testing</p> <ol style="list-style-type: none"> Staff and pupils in mainstream secondary schools are not expected to continue taking part in regular asymptomatic | | <p>Updated guidance shared with Staff at staff briefings and via email. A letter is sent out to parents of close contacts in the event of a positive case. Symptomatic children and adults are asked to go for a PCR test.</p> <p>Any positive cases are required to stay at home and not attend school while they are infectious. See point F around guidance of their return date.</p> <p>As a send provision PHE will be informed of positive cases. Return also sent to Bwd.</p> <p>Twice weekly testing to continue.</p> | |
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| | | | <p>testing. Follow asymptomatic testing advice for the general population. See Get tested for coronavirus (COVID-19) - NHS (www.nhs.uk);</p> <p>b) Have contingency plans in place to step up testing of staff and pupils in secondary setting on the advice of the DPH or HPT. See Outbreak Management Section 1.9;</p> <p>c) Staff and pupils in specialist SEND settings, Alternative Provision, and SEND units in mainstream schools are advised to continue regular twice weekly testing. See Special schools and other specialist settings: coronavirus (COVID-19).</p> <p>4.4) Transport</p> <p>a) Transport operators are free to set their own requirements for wearing face coverings. Advise staff and pupils to check this with the operator of the service they are using before travelling. See Coronavirus (COVID-19): safer travel guidance for passengers - GOV.UK (www.gov.uk)</p> <p style="text-align: center;">Back to top</p> <p>4.5) Self-Isolation and testing for close contact</p> <p>a) People who are contacts of someone who has tested positive for COVID-19 should follow COVID-19: people with COVID-19 and their contacts - GOV.UK (www.gov.uk)</p> <p>4.6 Travel and Quarantine</p> <p>a) All children and staff travelling to England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19).</p> <p>4.7 Close contact</p> <p>a) Staff who are concerned that they may be carrying out duties that may put them at increased risk should seek advice from their line manager.</p> <p style="text-align: center;">Back to top</p> | | <p>Not applicable to the majority of pupils as they are exempt.</p> <p>Regular reminders sent out to staff and pupils to request they continue to test twice a week. Reminder set out to staff and families to remind them to test over the holidays. Any staff/students identified as a close contact will be requested to take a LFT test daily for 7 days.</p> | |
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| <p>5) Transmission of virus due ineffective use of PPE</p> <p>The PPE that should be used when caring for someone with symptoms of coronavirus (COVID-19) is:</p> <ul style="list-style-type: none"> • IIR Face mask if a distance of 2 metres cannot be maintained. • Disposable gloves, disposable plastic apron and IIR face mask if contact is necessary. • Eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from coughing, spitting or vomiting. <p>N.B. A cloth face covering is NOT regarded as PPE.</p> | ✓ | ✓ | <p>a) All staff should know how to safely put on and take off PPE (refresh regularly and document), please see PHE links to donning and doffing of PPE.</p> <p>b) All staff should complete the Me Learning course ‘Infection Prevention Control for Frontline Workers’. Refresh regularly and document;</p> <p>c) How much PPE staff need to wear when caring for someone with symptoms of COVID-19 depends on how much contact they have:</p> <ul style="list-style-type: none"> • A face mask should be worn if you are in face-to-face contact. • If physical contact is necessary, then gloves, an apron and a face mask should be worn. • Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting. <p>d) Face masks (type IIR) should:</p> <ul style="list-style-type: none"> • cover both nose and mouth. • not be allowed to dangle around the neck. • not be touched once put on, except when carefully removed before disposal. • be changed when they become moist or damaged. • be worn once and then discarded - hands should be cleaned after disposal. <p>e) Staff should wear PPE where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.</p> <p>f) Staff should wear PPE as per guidance for First Aiders. See Appendix A or contact: health.safety@blackpool.gov.uk</p> <p>g) For more specific guidance on the use of PPE in education, click here.</p> <p>h) When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only any PPE that would be routinely worn, should be worn.</p> | | <p>staff have completed the course as required and have had a demonstration about donning and doffing PPE. A refresher video can be viewed at: COVID-19: Donning and doffing of Personal Protective Equipment in Health and Social Care Settings</p> <p>YouTube Donning and doffing posters displayed in School.</p> <p>PPE boxes are available with all necessary PPE items</p> | |
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| | | | <p>i) Additional PPE is needed if aerosol generating procedures (AGPs) are carried out in school.</p> <p style="text-align: center;">Back to top</p> | | |
| 6) Risks to vulnerable groups within the school population | ✓ | ✓ | <p>Blackpool Council in line with Government guidance are advising those who have received a letter from the NHS advising them they are clinically extremely vulnerable to follow the advice set out in the letter.</p> <p>Employees and pupils who are clinically extremely vulnerable are required to share the letter they have received with the Head Teacher, so appropriate action can be taken.</p> <p>a) School should be aware of any pupil, staff or family member with a serious underlying health condition.</p> <p>6.1) Pupils who were previously considered to be clinically extremely vulnerable (CEV)</p> <p>a) Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population unless they are under paediatric or other NHS care and have been advised by their GP or clinician not to attend an education setting.</p> <p>b) Communicate Covid-19 control measures in place in school to provide reassurance to families where pupils relatives are CEV.</p> <p>c) Risk assess all pupils previously considered to be CEV to be able to access provision individually.</p> <p>d) Further information is available in the guidance on supporting pupils at school with medical conditions</p> <p>e) Children with a weakened immune system should follow guidance for people with a weakened immune system.</p> <p>6.2) Staff who were previously considered to be clinically extremely vulnerable</p> <p>a) Staff who were previously considered to be Clinically Extremely Vulnerable (CEV) should follow current government advice available here;</p> | | <p>School aware of CEV pupils. CEV families were all contacted and can view up to date risk assessments on the school website.</p> <p>Risk assessments have been completed for CEV staff.</p> |

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| | | | <p>b) Staff with a weakened immune system should follow Guidance for people whose immune system means they are at higher risk from COVID-19;</p> <p>c) A robust risk assessment must be carried out using the Covid 19 People Risk Assessment – Education (Appendix 1). Contact: health.safety@blackpool.gov.uk for the latest version.</p> <p>d) The risk assessment will inform the Managers/Head Teachers if it is appropriate for the staff member to return to the workplace and if so, what control measure are required.</p> <p>e) Following completion of a robust risk assessment, arrangements can be made to return to the workplace using a phased approach if appropriate to the individual. This may mean some days at home and some based in the setting where the job role allows;</p> <p>f) If after a robust risk assessment has been carried out and Covid secure measures and reasonable adjustments cannot be made to facilitate a safe return to the workplace, consideration needs to be taken to continue working from home and or an alternative roles/redeployment – the employee should continue to be paid as normal.</p> <p>g) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p> <p>h) Where staff have characteristics that put them more at risk (see Covid-19: review of disparities in risks and outcomes report) and are concerned about returning to work, discuss concerns and risk assess individually;</p> <p>i) Where there are concerns about the mental wellbeing of those staff who are being advised to stay at home and we would recommend that you share the EAP support that is available to them through your school.</p> <p>6.3) Pregnant staff and pupils (classed as clinically vulnerable)</p> | | <p>Staff encouraged to discuss concerns.</p> <p>Staff signposted to Employee Assistance programme which provides a counselling support service.</p> | |
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| | | | <p>a) All pregnant employees and must undertake a workplace risk assessment with their line manager/Head Teacher and occupational health team as per the Covid 19 People Risk Assessment –Education (Appendix 2). Contact: health.safety@blackpool.gov.uk for the latest version.</p> <p>b) Risk assess all pregnant students in conjunction with their midwife.</p> <p style="text-align: center;">Back to top</p> | | <p>Workplace and Covid Risk assessments completed for pregnant staff/pupils. Guidance sought from GP/midwife and OH team.</p> | |
| 7) Educational Visits | ✓ | ✓ | <p>a) Follow all Covid secure measures established in school whilst on a visit plus any in operation at the venue. Ensure this is included in the visit RA.</p> <p>b) When considering booking a new visit, whether domestic or international, you are advised to ensure that there is adequate financial protection in place.</p> <p>c) Consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK.</p> <p>d) Refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling.</p> <p>e) Be aware of the entry requirements of the destination if travelling abroad.</p> <p>f) Travel rules may change during a visit and schools must comply with international travel legislation. Contingency plans should be in place to account for these changes.</p> <p>g) Check travel insurance in the event of a cancellation – some policies may not provide cover if a visit is booked at a time when the FCO advise against travel to the destination.</p> | | <p>RA will include covid measures and covid risk assessment. Prior to bookings, checks will be made to ensure that there is adequate financial protection in place.</p> | |

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| | | | h) Ensure staff and students aged 11 years and over wear face coverings in places defined in government guidance when on a visit unless exempt . Back to top | | |
| 8) Wraparound provision and extra-curricular activity | ✓ | ✓ | a) Follow Covid 19: Actions for Out Of School Settings and risk assess separately according to activities offered. Back to top | | |
| 9) Other considerations | ✓ | ✓ | 9.1) Welcoming children back to school a) Where a parent or carer insists on a pupil attending school, HTs can take the decision to refuse the pupil if, in their reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. This decision needs to be carefully considered considering all the circumstances and current public health advice. Back to top | | Cases considered where necessary. Due to setting caution will be exercised at all times. |
| 10) Monitoring | ✓ | ✓ | a) The HT should have mechanisms in place to ensure regular monitoring of the implementation of control measures in this risk assessment. b) Where schools have purchased the Health and Safety SLA from the LA, please contact health.safety@blackpool.gov.uk for any support required. If not, please contact your Health and Safety provider. Back to top | | All suspected and confirmed cases are tracked and reported. Regular monitoring of cleaning and practices in School. |

Head Teacher Signature:

Date:

Date of Review:

Chair of Governors/Trust CEO:

Date:

Date of Review:

Local Authority/Trust CEO:

Date:

Date of Review:

Appendix A

Advice for First Aiders in Schools / Early Years Settings during Covid-19

The ability to provide adequate first aid remains a legal requirement throughout the COVID-19 pandemic. The advice below will support first aiders in keeping themselves safe.

Government guidance on first aid response during Covid-19 can be found [here](#).

Keep yourself safe

During the Covid-19 pandemic, first aiders should wear gloves and facemasks for all first aid incidents. Eye protection and an apron may also be required, especially where there is a risk of coming into contact with bodily fluids. PPE can be found with or within first aid kits.

Public Health guidance is available on how to safely put on ([don](#)) and take off ([doff](#)) PPE. Employees with first aid responsibilities should already be familiar with the donning and doffing process to save time during the actual incident. In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Always avoid touching your mouth, eyes and/or nose, as these can provide pathways for infection into your body.

Ensure that you do not cough or sneeze over a casualty when you are treating them. If you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination hazards that could occur, which are unrelated to COVID-19.
- Wear gloves at all times
- Ensure cuts and grazes on your hands are covered with waterproof dressing ahead of tending to a casualty.
- Dispose of all waste safely – double bag and place in a bin
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound

Cardiopulmonary resuscitation (CPR) – Adults

Full statement from the Resuscitation Council can be found [here](#)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” i.e. it is very often conducted within your head at the time of the incident) and adopt appropriate precautions for infection control.

Do not put your face close to the casualty to check breathing. Instead, observe the chest and abdomen for movement. Ring 999, put onto speakerphone to allow the receipt of advice and guidance, ensure you are wearing a mask and begin compressions.

For adult casualties, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; **perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes where cardiac arrest has not occurred due to lack of oxygen (asphyxial arrest).

If a decision is made to perform mouth-to-mouth ventilation, a resuscitation face shield or mask from your first aid kit should be used.

If mouth-to-mouth ventilation is provided, 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 must follow the advice on isolation and testing. If the patient is subsequently diagnosed with COVID-19 you may be contacted by NHS Test and Trace and asked to self-isolate.

If you develop symptoms of COVID-19 following such contact, however mild, you should arrange to have a PCR test, inform your employer and follow the [stay at home guidance](#).

Cardiopulmonary resuscitation (CPR) – 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, call 999 immediately.**

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.

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 may increase the risk of transmitting the COVID-19 virus, either to the rescuer or to 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.

Paediatric First Aid Ratios and Validity

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A of the [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](#) Childminders, and any assistant who might be in sole charge of the children for any period of time, must hold a full

current PFA certificate. PFA training must be renewed every three years and be relevant for workers caring for young children and where relevant, babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate **within** three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

Providers remain responsible for ensuring all children in their care are kept safe at all times.