

Covid-19 Policy addendum for:

- First Aid
- Intimate Care
- SEND
- Asthma
- Medical

Refer also to the school and NAAT risk assessments in conjunction with this addendum

Overview

Some children in our school require additional support as part on regular or intermittent care plans, SEND needs or as part of medical care plans. Children who require this support are identified by the SEND Leader and all staff know who these children are.

We acknowledge that wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings (to protect other people) may be beneficial for short periods indoors where there is a risk of close social contact with people and where social distancing and other measures cannot be maintained. This does not apply to schools or other education settings.

We acknowledge safe changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Staff supporting pupils with SEND

Some children with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

The government have published guidance for special schools, specialist colleges, local authorities and any other settings managing children and young people with education, health and care plans, including those with complex needs. This covers recommendations for educational settings, working with local areas and families, on how to assess risks in supporting children and young people.

Ultimately good respiratory hygiene (catch it, bin it, kill it) and hand hygiene are the key behaviours to reduce it spreading between people and school will regularly educate children on good hygiene.

Handwashing

Staff, children, young people and families are reminded to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.

Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent handwashing distressing. Staff will know where this is likely to be the case, and how they can best support individual children and young people.

Asthma

Some children and young people have been identified as having asthma. These children have inhalers in school and these are monitored by the SEND coordinator to ensure they are up to date and accessible. School holds two emergency inhalers. These are only used as a last resort and help support emergency breathing support. If a child needs to use the emergency inhaler;

- The spacer device must be used with the Salbutamol inhaler at all times
- Children should not hold the blue casing but may hold the spacer- an adult will support the administration using appropriate PPE if required- if child is coughing in addition to the compromise of breath.
- The casing of the Salbutamol inhaler and the spacer must be thoroughly washed and sterilised after use. The device must be completely dry before it is stored back in the case
- Parents must be informed that the emergency inhaler has been administered in line with current policy and child sent home to recover

First Aid

As in any school and educational setting, First Aid administration may be necessary. All additional safety precautions will take place in accordance with the NAAT and School risk assessment.

- All minor First Aid will be administered by trained First Aiders in bubbles or outside in the first instance. Lunchtime supervisors and staff have access to small First Aid packs- these are monitored by the First Aider in the office
- Bumps to head and injuries involving bodily fluids will be sent to the school office for higher-level first aider to attend wearing PPE if appropriate. Usual First Aid measures will be taken from this point.
- All first aid will be reported to parents in the usual way.