



**Five
Rivers®**

First Aid Policy & Infection Control Guidance

'Five Rivers is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment'

Policy Owner	Health & Safety Consultant
Authoriser	Head of HR
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1. Policy

1.1 Policy Statement

- 1.1.1 First Aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid also includes the initial treatment of minor injuries, which will not need treatment of a medical practitioner.
- 1.1.2 The requirement of first aid is to offer assistance to anyone injured or suddenly taken ill before expert help is available, or before an ambulance arrives. The objectives of first aid are:
- Saving life by prompt and initial action
 - Preventing an injury or condition from deteriorating
 - Reassurance to the casualty helping recovery, and protection from further danger.
- 1.1.3 Under the Health and Safety First Aid Regulations 1981, employers must provide adequate equipment, facilities and personnel to enable first aid to be rendered to employees.
- 1.1.4 To ensure that first aid arrangements within the Company are provided relative to the risk of injury or ill health at work, and that these are clearly communicated throughout, the Company will:
- Evaluate the level of first aid provision
 - Provide adequate equipment, facilities and appropriate training for first aiders
 - Review this Policy at least annually or more frequently if significant changes occur.

1.2 Terms and Definitions

- 1.2.1 The below table sets out a number of terms and definitions used within this document:

Term	Definition
EFAW	Emergency First Aid at Work
FAW	First Aid at Work

1.3 Data Protection

- 1.3.1 Five Rivers Child Care supports the objectives of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and other legislation relating to Data Processing, including the Human Rights Act 1998, Regulation of Investigatory Powers Act 2000 and the Freedom of Information Act 2000. Five Rivers Child Care has a statutory obligation to process personal data in accordance with the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018
- 1.3.2 Every member of Five Rivers Child Care has an obligation to ensure that the information they process (use) is collected, maintained and disclosed in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and the Five Rivers Child Care Data Protection Policy.

1.4 Disclosure of Information

- 1.4.1 Any use or disclosure of information held within Five Rivers Child Care, without there being a legitimate purpose or legal basis, will be classed as unauthorised and is a criminal offence under Section 55 of the Act Right of Access (Subject Access Requests).

2. Responsibilities

2.1 Chief Executive Officer (CEO)

- 2.1.1 The Chief Executive Officer is accountable for compliance with the relevant legislation relating to first aid and the provision of sufficient resources to meet the requirements.

2.2 Learning and Development Manager

- 2.2.1 The Learning and Development Manager in cooperation with the Health and Safety Consultant is responsible for assessing the level of first aid provision relating to training.

2.3 Managers (Service Managers, Principals, Head/Senior Teachers)

- 2.3.1 Managers are responsible for carrying out the first aid risk assessment to ensure that adequate first aid can be provided during all work hours and for employees to know what to do in the event of an accident or illness.

2.5 First Aiders

- 2.5.1 First aiders are responsible for maintaining their skills and knowledge and assisting in recording accidents when they administered first aid.

2.6 Nominated Person

- 2.6.1 Nominated person(s) are responsible for maintaining stocks in first aid kits and appropriate signage is in place.

3. Procedure

- 3.1 At all Five Rivers Child Care Establishments, there must be adequate and appropriate provision of first aid equipment, facilities and appropriately trained staff to enable first aid to be administered to employees and non-employees if they become injured or ill.
- 3.2 The level of first aid provision will be assessed by the Learning & Development Manager and Health & Safety Consultant in consultation with the Heads respective departments. The level of first aid provision will be assessed according to the service provided within in these areas:
- Residential
 - Education
 - Fostering
 - Offices.
- 3.3 *First Aid Needs Assessment for Department* document will be used to assess the level of first aid provision.
- 3.4 As a minimum requirement, Five Rivers Child Care Establishments & Offices will provide a minimum of a suitably stocked first aid box, and an 'Emergency First Aid at Work' trained staff member nominated to look after first aid arrangements and take charge in emergencies.
- 3.5 However, where the work involves particular risks, for example work with hazardous substances or with dangerous tools or machinery, first aid needs may be greater and Managers may need to increase the number of first aiders.
- 3.6 It is important to ensure that first aid provision is adequate and appropriate during all working hours, so planned annual leave, maternity leave of first aiders must be covered.
- 3.7 All site Managers are responsible for undertaking first aid assessments, ensuring adequate first aid arrangements at individual premises. The *First Aid Needs Assessment for Establishment* form will be used to record their assessment.
- 3.8 The first aid arrangements include ensuring that:
- There are sufficient numbers of first aid trained personnel to meet the need identified in the assessment throughout the times that the premises are in use
 - There is adequate provision of first aid equipment which is stored in suitable containers
 - Sufficient notices are displayed at appropriate places indicating the location of first aid equipment and trained first aiders so that assistance can be quickly summoned. These should be reviewed and amended regularly
 - Adequate access to a telephone is always available to call emergency services when required
 - Managers inform employees of the local first aid arrangements at induction and whenever changes are made
 - Staff are made aware of the location of first aid equipment/facilities and personnel
 - A suitable first aid room is available when the need is identified

- Visitors and contractors are provided with information regarding first aid procedures and how to access first aid provision prior to commencing work, if this will be available to them whilst working on-site.

3.9 Records will be maintained of:

- Checking of first aid boxes by nominated person
- All first aid administered must be recorded on the appropriate accident form
- Location of equipment.

3.10 Managers are responsible for assessing the first aid requirements for off-site activities where there may be an increased risk of injury.

Levels of First Aid Provision & Roles

3.11 **A First Aider** (FAW) is someone who has undergone an approved training course in First Aid at Work and who holds a current First Aid at Work Certificate. Their role involves:

- Undertaking first aid treatment in accordance with their training
- Summoning an ambulance or other external medical services
- Ensuring a record of the accident and treatment given has been made on the Company accident form.

3.12 **An Emergency First Aider** (EFAW) is someone who has undergone an approved Emergency First Aid at Work training course (of minimum one-day duration) and who holds a current Emergency First Aid at Work Certificate. They are normally used in low hazard locations; their role involves:

- Undertaking basic emergency first aid in accordance with their training
- Summoning the assistance of a First Aider where available
- Summoning an ambulance or other medical services
- Ensuring a record of the accident and treatment given has been made on the Company accident form.

3.13 First Aid Materials and Equipment

3.13.1 Once the assessment of first aid provision has been undertaken, the necessary materials, equipment and facilities must be provided and maintained in accordance with the determined need. This will involve ensuring that first-aid equipment is suitably marked, easily accessible and available in all places identified by the assessment.

3.13.2 Each site should have at least one first aid box supplied with a sufficient quantity of first-aid materials suitable for the particular circumstances, and if necessary a body spills kit.

4.3.4 First-aid boxes should be easily accessible, and sited, if possible, near to hand washing facilities. First aid boxes must only be used to store first aid materials and nothing else. They must not contain tablets, medications, creams etc.

4.3.5 The nominated person must regularly inspect the contents of first-aid boxes and the contents must be restocked as soon as possible after use.

3.14 Paediatric First Aid

3.14.1 The Company recognises that children and young people of various ages are cared for, therefore paediatric first aid will be included in the EFAW training.

3.15 Training First Aid Personnel

3.15.1 All employees who undertake first aid duties must be competent to carry out their role. The content and duration of training necessary will depend on the role of an individual.

Course	Intended For	Duration of Course	Revalidation Required	Refresher Training	Revalidation Training
First Aid at Work Certificate	First Aiders	3 days	Before certificate expires (3 years from date of certificate)	Annual	2 day revalidation
Emergency First Aid at Work Certificate	Emergency First Aiders	1 day	Before certificate expires (3 years from date of certificate)	Annual	Repeat of original 1 day course

4. Infection Control

- 4.1 To minimise risk of infection whilst administering first aid (for example, from hepatitis B and HIV), first-aid personnel must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment.
- 4.2 They must also wash their hands before and after applying dressings. If the casualty is bleeding from the mouth the blood must be wiped away using a clean cloth or handkerchief.
- 4.3 Although mouthpieces are available for administering mouth-to-mouth resuscitation, they should only be used by trained personnel as incorrect use may cause bleeding.
- 4.4 Disposable nitrile/vinyl gloves and aprons must be worn whenever blood, or other body fluids are handled, and disposable materials, such as paper towels must be used to mop up any substances. Contaminated work areas must be suitably disinfected and soiled clothing should be washed on a hot cycle or advice given to this effect if washing sent home.
- 4.5 If contact is made with any other person's body fluids the area should be washed immediately and medical advice sought.

Individual Diseases - Exclusion from Work

The following table gives advice on the minimum period of exclusions from work for staff members:

- Suffering from infectious disease (cases); or
- Have had close contact with transmissible infection or communicable disease.

		Minimum Exclusion Period	
Disease	Ineffective Period	Case	Contact with Infection/Disease
Chicken Pox	From 2 days before until the last of the lesions are dry	6 days from onset of rash	None Special case - Pregnant women should seek medical advice
Conjunctivitis	While a purulent discharge is present	Until discharge stops	None
COVID-19	See the latest Five Rivers Risk Assessment for your area/team	See the latest Five Rivers Risk Assessment for your area/team	See the latest Five Rivers Risk Assessment for your area/team
Cryptosporidium	Whilst has diarrhoea	Until 48 hrs after first normal stool	None
Erythema Infectiosum (Slapped Cheek Syndrome)	4 days before until 4 days after onset of rash	Until clinically well	None Special case - Pregnant women should seek medical advice
Gastro Enteritis (including Salmonellosis and Shigellosis)	As long as organism is present in stools, but mainly whilst diarrhoea lasts	Until clinically well and 48 hrs without diarrhoea or vomiting, GP or EHO may advise a longer period of exclusion	EHO will advise on local policy
Glandular Fever	When symptomatic	Until clinically well	None
Giardia Lamblia	Whilst has diarrhoea	Until 48 hrs after first normal stool	None
Hand, Foot and Mouth Disease	As long as active ulcers are present	1 week or until open lesions are healed	None
Head Lice	As long as lice or live eggs are present	Exclude until treated	Exclude until treated
Hepatitis A	1 week before until 1 week after onset of jaundice	1 week after onset of jaundice	None Immunisation may be advised (through GP)
HIV	For life	None	None
Impetigo	As long as purulent lesions present	Until skin has healed or 48 hours after treatment started	None
Measles	Up to 4 days before	4 days from onset of rash	None
Meningitis	Varies with organism	Until clinical recovery	None

		Minimum Exclusion Period	
Disease	Ineffective Period	Case	Contact with Infection/Disease
Mumps	1 week before until 10 days after swelling appears	10 days after onset of swelling	None
Ringworm Tinea Capitis (Head)	As long as active lesions are present	Exclusion not always necessary unless an epidemic is suspected	None
Ringworm Tinea Corporis (Body)	As long as active lesions are present	None	None
Ringworm Tinea Pedis (Athletes Foot)	As long as active lesions are present	None	None
Rubella (German Measles)	1 week before until 5 days after onset of rash	5 days from onset of rash	None
Scabies	Until mites and eggs have been destroyed	Until day after treatment is given	None (GP should treat family)
Shingles	Until after the last of the lesions are dry	Until all lesions are dry – minimum 6 days from onset of rash	None
Streptococcal Sore Throat and Scarlet Fever	From up to 7 days before the symptoms start, until 24 hours after you take the first antibiotic tablet or 2 weeks after symptoms start - if you don't take antibiotics	Until clinically improved (usually 48 hours after antibiotic started)	None
Tuberculosis	Depends on part infected. Patients with open TB usually become non-infectious after 2 weeks treatment	In the case of open TB, until cleared by TB clinic. No exclusion necessary in other situations	None, but needs medical follow up
Threadworm	As long as eggs present on perianal skin	None but requires treatment	Treatment necessary
Typhoid Fever	As long as case harbours the organism	Seek advice from GP	Seek advice from GP
Verrucae (Plantar warts)	As long as wart is present	None (warts should be covered with waterproof dressing for swimming and barefoot activities)	None
Whooping Cough	1 week before until 3 weeks after onset of cough (or 5 days after start of antibiotic treatment)	Until clinically well, but check with GP	None

Infection Control

Isolation of Young People with Infectious Diseases

	Ringworm Scabies Lice & Fleas	Hepatitis B carrier Hepatitis C carrier HIV and Aids	Infected Wounds Impetigo Cold Sores	Food Poisoning Diarrhea infective Diarrhea unknown Hepatitis A	Flu and flu like illnesses Chicken pox Shingles, Measles MRSA, COVID-19
Is a single room necessary?	No	No, unless necessary because of other factors, e.g. infective diarrhea	Not normally required	Yes, if possible	Yes with the door closed
Can Young Person share toilet facilities?	Yes	Yes	Yes	No	No
Can Young Person mix and dine with other Young People?	Yes	Yes	Yes	No	No
Is special crockery or cutlery required?	No	No, unless there is obvious bleeding from the mouth	No	No – wash in dishwasher	No – wash in dishwasher
Is it necessary for staff to wear protective clothing?	Yes, for skin to skin contact in scabies	Yes, when handling body substances	Normal body substance precautions	Yes when handling excreta	Yes when handling body substances or to direct contact
Does linen require special treatment?	Hot wash	Body substance contaminated	Body substance contaminated linen must undergo hot wash	All linen must undergo a hot wash	All linen to undergo a hot wash
Comments	Precautions apply until effective treatment given	Label specimens – Danger of Infection, take special care with sharps	Special instructions may be given for antibiotic resistant organisms	n/a	n/a