



## FIRST AID & ADMINISTRATION OF MEDICATION POLICY

Date Approved by Board	February 2024
Next Review Due	October 2024

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of learners.
- [The Children & Families Act 2014 Section 100](#) places a duty on governing boards/Trustees to make arrangements for supporting learners at APTCOO with medical conditions. This includes having clear processes in place for the administration of medication.

## Key points

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

1. How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.

The location of first aid boxes at each APTCOO site is as follows:

- North Farm House: First aid room
- Cameleon Lodge: First aid room
- Sandy Lane: Office
- Meden Cottage: Utility kitchen
- Tall Trees: Main kitchen

- APTCOO Vehicles have a first aid kit in each vehicle.
2. APTCOO staff access the following First Aid Training:
- Paediatric First Aid Training (Renewed every 3 years) – Nominated staff.
  - 2-Day Forest Schools First Aid (Renewed every 3 years) – Nominated staff.
  - 1-Day Emergency First Aid at Work (Renewed every 3 years) - All staff
  - Epilepsy awareness – All delivery staff
3. The Business Support staff who manage resources for each base is responsible for ensuring the First Aid box is well equipped. Any member of staff may call an ambulance or other professional medical help if appropriate.

**Mandatory First Aid Essentials Induction Training** - the EduCare online First Aid Essentials training module is undertaken by all staff and volunteers as part of their induction training.

**Mandatory Administration of Medication in Schools Training** – the EduCare online Administration of Medication in Schools training to be undertaken by all delivery team staff as part of their induction training; refresher training is to be accessed within the advised time periods. Relevant training on internal recording processes relating to the administration of medication to be undertaken as part of an individual's induction.

**Accident statistics and near misses** - are monitored by central administration and a report is tabled at all Board meetings and trends are reviewed to establish the type of injury, personnel cohort, and trends over periods of time.

**Reporting accidents and record keeping** - all members of APTCOO should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then another member of staff may do it on their behalf.

A complete Accident Report should be kept of any accident.

**Reports must contain:**

1. The date, time, and place of the event.
2. Details of those involved.
3. A brief description of the accident/illness and any first aid treatment given.
4. Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to session.

The Senior Manager on duty should be informed about any incident that is deemed to be serious or particularly sensitive. For example, when a child or young person has had to go to hospital or if one child or young person has caused deliberate damage to another or where negligence might be suggested.

Parents/carers must be informed when any learner is injured or requires hospital treatment as the result of an accident.

Where an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager/and senior managers must report all serious accidents to the HSE as required by RIDDOR.

If people are seriously injured call 999 immediately; contact the Appointed Person and First Aider.

Make sure you and the injured person are not in danger. Assess the injured person carefully and act on your findings using the basic first aid steps below.

- Keep an eye on the injured person's condition until the emergency services arrive.
- If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.
- Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.
- For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.
- Try to avoid as much movement as possible.

### Contents of first aid boxes

#### First Aid Boxes Onsite

1. A leaflet giving general advice on first aid.
2. 20 individually wrapped sterile adhesive dressings (assorted sizes)
3. 2 Sterile Eye Pads
4. 2 individually wrapped triangular bandages (preferably sterile)
5. 6 Safety Pins
6. 6 Medium sized (12cm x12cm) individually wrapped sterile unmedicated wound dressing.
7. 2 Large (18cm x 18cm) sterile unmedicated wound dressing
8. 3 pairs of disposable gloves

#### Travel First Aid Boxes

9. A leaflet giving general advice on first aid
10. 6 individually wrapped sterile adhesive dressings (assorted sizes)
11. 1 Large (18cm x 18cm) sterile unmedicated wound dressing
12. 2 individually wrapped triangular bandages (preferably sterile)

- 13.2 Safety Pins
- 14. individually wrapped sterile unmedicated wound dressing
- 15.3 pairs of disposable gloves

#### School Vehicles – Minibuses etc First Aid Boxes

- 16.10 antiseptic wipes, foil packed.
- 17.1 conforming disposable bandage (not less than 7.5cm)
- 18.2 Triangular Bandages
- 19.1 packet of 24 adhesive dressings
- 20.3 Large sterile unmedicated ambulance dressings (not less than 15 cm x 20cm)
- 21.2 sterile eye pads
- 22.12 assorted safety pins
- 23.1 pair of rustless blunt ended scissors

Please note that, for instance, eyewash will be necessary in identified areas.

Known allergenic materials, i.e. Elastoplast, any creams or otherwise will not be used.

Prescription medication such as inhalers are not kept in first aid boxes. Any prescribed medication and health issues should be highlighted by commissioners during the placement and induction process and a relevant risk assessment in place.

### **Anaphylaxis**

#### **What is Anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form, the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse, and unconsciousness. No learner would necessarily experience all these symptoms at the same time.

#### **Medication and control of Anaphylaxis**

It is important that key staff in APTCOO are aware of child/ young person's condition and of where the child or young person's medication is kept, if it is likely to be needed urgently. The health care plan should indicate whether in some circumstances the learner should be allowed to carry medication on his/her person around APTCOO, dependent on the outcome of risk assessment to determine this.

Following discussion with the children or young person and/or parents/carers, individual decisions should be made as to whether to provide basic information on

the learner's condition to his/her peer group so that they are aware of their peer's needs and of the requirement for urgent action should an allergic reaction occur. Fellow children or young people should also be advised not to share food or drink with a learner who is likely to experience an anaphylactic reaction.

### **Managing learners/children with Anaphylaxis**

Staff should be aware of those children and young people under their supervision who have a severe allergy resulting in anaphylaxis. This information is held on the front sheet of a learner's file.

Staff should ensure that all children and young people who have an **EpiPen** prescribed to them have their medication on them at all times.

Staff should ensure that they have some knowledge of what to do if a child or young person has an anaphylactic reaction. Staff should ensure that all children and young people who are going on away trips carry their medication with them, if the Risk Assessment deems this to be necessary. Staff members trained in the administration of medication must be identified. Staff must consider the safe storage of medication. Staff supervising the trip must be aware of the children and young people's condition and of any relevant emergency procedures.

#### **What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

#### **What to do if a child or young person has an Anaphylactic reaction**

Ensure that a paramedic/ambulance has been called.  
Stay calm and reassure the learner.  
Encourage the learner to administer their own medication as taught, where applicable.

### **Asthma**

#### **What is Asthma?**

Children and young people with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The children or young person may become distressed and anxious and in very severe attacks the children or young person's skin and lips may turn blue.

### **Medication and control of Asthma**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most children or young people with asthma will take charge of and use their inhalers from an early age and it is good practice to allow them to carry their inhalers with them at all times, particularly during physical activity. If a child or young person is too young or has learning difficulties/disabilities to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the child's name. Children or young people with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents/carers to provide APTCOO with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the children's or young person's name and stored in a locked cabinet in accordance with the APTCOO's Health and Safety Policy. It is the parent's/carer's responsibility to ensure that any medication retained at APTCOO is within its expiry date.

Where children or young people are unable to use an inhaler by themselves or where a child requires additional medication, e.g., a nebuliser, a Health Care Plan must be completed. For children or young people whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the child or young person's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a child or young person tries out another child or young person's inhaler there are unlikely to be serious side effects, although clearly children should never take medication which has not been prescribed for their own personal use. Following discussion with the child or young person and his/her parents' individual decisions should be made as to whether to provide basic information on the children's condition to his/her peer group so that they are made aware of their session mate's needs.

## **Managing learners with asthma**

Staff should be aware of those children under their supervision who have asthma. Staff delivering activities that are physical should ensure that all children and young people with asthma have their salbutamol inhaler prior to commencement of a session.

Staff should ensure that they have some knowledge of what to do if a child has an asthma attack.

Staff should ensure that all children going on away trips carry their medication with them.

Staff members trained in the administration of medication must be identified. Staff must ensure the safe storage of medication. Staff supervising the trip must be aware of the children's condition and of any relevant emergency procedures. Physical activity will benefit children with asthma in the same way as other children. They may need to take precautionary measures and use their inhaler before any physical exertion.

As with all children or young people, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

### **What are the main symptoms?**

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

### **What to do if a child or young person has an asthmatic attack**

- Stay calm and reassure the other learners. Speak calmly and listen to what the individual who is having the attack is saying.
- Try not to leave the individual alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly.
- Help the individual to breathe by encouraging them to breathe slowly and deeply and relax.
- Help the individual to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the individual does not respond to medication or his/her condition deteriorates call an ambulance dialling 999.

## **Diabetes**

### **What is diabetes?**



Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and in stopping the blood glucose level from rising too high.

Children with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a child may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a learner may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control of Diabetes**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycemia) nor too low (hypoglycemia). All learners with diabetes will require an individual health care plan.

In most cases children will have their insulin injections before and after school but some learners may require an injection at lunchtime. If a child needs to be injected whilst at school, he/she will know how to undertake the procedure without adult supervision.

However, the child may require privacy in which to administer the injection. Some children may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A child with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most children with diabetes will also need to eat snacks between meals and occasionally during session time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a learner with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that APTCOO should establish with the child and his/her parent/carer where supplies of fast acting sugar can be kept in case of a hypoglycemic episode.

The issue of close communication between parents and APTCOO is fundamental to the care of learners with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents/carers responsibility to ensure that any medication retained at APTCOO is within its expiry date.

### **Managing children or young person with diabetes**

- Staff should be aware of those children or young person under their supervision who have diabetes.
- Staff delivering physical activity should ensure that all children with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a learner has a hypoglycaemic episode or a hyperglycemic episode. Training specific to each individual child can be sourced via the professional healthcare teams supporting that child.
- Staff should ensure that all learners going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must ensure the safe storage of medication.
- Staff supervising the trip must be aware of the children's condition and of any relevant emergency procedures.
- Encourage the learner to eat or drink some extra sugary food before physical activity.
- Have glucose tablets or a sugary drink readily available in case the learner displays symptoms of hypoglycaemia.
- After the activity is concluded, encourage the children to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

**What do in an emergency if a child has a hypoglycemic (low blood sugar) episode.**

**Common causes:**

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The learner is unwell.
- The learner has experienced an episode of vomiting.

**Common symptoms:**

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

Get someone to stay with the child - call for nursing staff/ambulance (if they are hypo, do not send them out of session on their own, their blood sugar may drop further, and they may collapse).

Give fast acting sugar immediately (the learner should have this), e.g., Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, Glucose tablets, honey, or jam. Recovery usually takes ten to fifteen minutes. Upon recovery give the child some starchy food, e.g., a couple of biscuits or a sandwich.

Inform the child's parents of the hypoglycemic episode. In some instance it may be appropriate for the child or young person to be taken home from school.

In the unlikely event of a child or young person losing consciousness, call an ambulance dialing 999.

### **A Hyperglycemic episode (high blood sugar)**

Hyperglycemic episodes occur when the blood glucose level is too high. The following symptoms may be displayed:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

### **Care of child or young person in a Hyperglycemic episode**

- Do not restrict fluid intake or access to the toilet.
- Cleaning up body fluids from floor surfaces
- Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.
- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
- Put all used paper towel and cloths into a yellow bag for incineration.
- The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag **must** be changed after use.

- Non- carpeted areas: Sanitize the area using 1:10 bleach solution (instructions follow). Because of the level of contamination, the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
- Carpeted areas: The area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contact the affected area for at least ten minutes. The area should then be shampooed, or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with a bleach solution.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

## **Epilepsy**

If a child or young person has a seizure in school a record is made and kept in their personal learner file. This information is available to families and professionals as a means of monitoring the type and frequency of seizures or identifying possible patterns. Families also need to be informed if a child has had a seizure during the school day.

The individuals EHCP/IHCP will state whether the learner requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. Only staff trained in administering this medication must do so.

Medicine is stored in the allocated storage facility at each base, medication should be clearly named, in the original pharmacy packaging. Administered medicine is recorded in the file. Parents must inform staff if buccal midazolam has been given in the previous 24 hours.

## **First Aid Support**

First aid support for a learner's seizure type will be included on their care plan and all staff receive basic training in administering first aid and the administration of medication training.

If a child or young person is showing signs of a seizure:

1. Stay Calm
2. If the individual is convulsing then put something soft under their head.
3. Protect them from injury (remove harmful object from nearby)
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts – if it lasts longer than usual for that individual or continues for more than five minutes then call medical assistance.
6. Keep the individual calm and reassured and allow them time and space to recover.

Parents will be informed by telephone of seizures. Sometimes a child or young person may become incontinent during their seizure. Staff must ensure the individual's dignity at all times.

**Appendix 1**

**APTCOO – Medication Administration Record (MAR) Form**

**Name:**

**D.O.B:**

**Staff Instructions:**

Medically trained staff member to administer medication ONLY. Second staff member required to witness the administration of medication and sign accordingly.

Both staff to sign in the white boxes if/when medication has not been administered.

Medication	Time	Date	Date	Date	Date	Date
Name of Medication:	8.00					
	9.00					
Strength:	10.00					
	11.00					
Dose/Frequency:	12.00					
	13.00					
Route:	14.00					
	15.00					
Additional Directions:	16.00					
	Codes to be used to indicate why a medication was not administered. A: absent N: Nausea H: Hospitalised D: Destroyed R: Refused O: Other, see staff notes on MAR further information sheet.					

Medication	Time	Date	Date	Date	Date	Date
Name of Medication:	8.00					
	9.00					
Strength:	10.00					
	11.00					
Dose/Frequency:	12.00					
	13.00					
Route:	14.00					
	15.00					
Additional Directions:	16.00					
	Codes to be used to indicate why a medication was not administered. A: absent N: Nausea H: Hospitalised D: Destroyed R: Refused O: Other, see staff notes on MAR further information sheet.					

**Signing IN of Medications**

Date	Date/time last administered (within 24 hours general meds/ 5 days emergency seizures)	Amount	Expiry date	Sign 1	Sign 2

**Signing OUT of Medications**

Date	Date/time last administered (within	Amount	Expiry date	Sign 1	Sign 2

	24 hours general meds/ 5 days emergency seizures)				

**MEDICATION ADMINISTRATION RECORD (MAR) -FURTHER INFORMATION**

**Date:**

**Any additional information concerning medication:**

E.g incorrect medication dose on label. Please provide updated information confirming any dose changes.

.....  
 .....  
 .....  
 .....  
 .....  
 .....

**Any known marks/ bruises and cause if known:**

.....  
 .....  
 .....  
 .....  
 .....  
 .....

**Staff Signature 1:**  
**Date:**

**Print Name:**

**Staff Signature 2:**  
**Date:**

**Print Name:**

<b>For staff use only</b>
---------------------------

Date and Time	Details of any contact made to Parents/ carers and information regarding the circumstances of medication not administered during session. Include whether additional advice sought (NHS 111 or other) and detail the advice given.	Signature



**Policy/Procedure for: First Aid & Administration of Medicines**

**RECORD OF CHANGES**

<b>DATE</b>	<b>AUTHOR</b>	<b>DETAILS OF CHANGE</b>
October 2021	James Wilson	V2 Update
October 2023	Compliance Lead	V3 Review and update on Key Leaders template. <ul style="list-style-type: none"> <li>• Update of first Aid training for staff</li> <li>• Update of location of first aid boxes across all sites</li> </ul>
February 2024	Compliance Lead	V3 update of first aid box contents
March 2024	Compliance Lead	V4 update to include administration of medicines details and addition of Appendix (MAR form)

**Appendix 2**

**EMPLOYEE RECORD OF HAVING READ THE POLICY**

**Title of Policy:** First Aid

I have read and understand the principles contained in the named policy.

<b>PRINT FULL NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
