An alternative approach to education

Policy Reviewed:	**September 2026**
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First Aid & Administration of Medicines Policy

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1. Policy statement

Plan B believes that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the setting.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at setting, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing

mental health tools and support.

We will ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the setting is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to a quiet area. In order to manage their medical condition effectively. Plan B will not prevent students from eating, drinking or taking breaks whenever they need to.

Plan B also has a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant setting activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Health and Safety Representatives).

Distribution of copies

Copies of the policy and any amendments will be distributed to the Principal; Health and Safety Representatives; All Staff; and Administration office.

2. Roles and Responsibilities

2.1 The Directors

2.1.1. The Directors have ultimate responsibility for health and safety matters - including First Aid in the setting.

2.1.2. Ensure the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. Provide first aid materials, equipment and facilities according to the findings of the risk assessment.

2.1.4. Ensure that Plan B consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.2 The Principal

2.2.1. To carry out a first aid needs assessment for the school site, review annually and/or after any significant changes.

2.2.2. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the setting and that their names are prominently displayed throughout the setting.

2.2.3. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain

competent to perform their role.

2.2.4. Ensuring all staff are aware of first aid procedures.

2.2.5. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.6. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.

2.2.7. Ensuring that adequate space is available for catering to the medical needs of students.

2.2.8. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The Senior First Aider

2.3.1. Ensure that students with medical conditions are identified and properly supported in the setting, including supporting staff on implementing a student's Healthcare Plan.

2.3.2. Work with the Principal to determine the training needs of setting staff, including administration of medicines.

2.3.3. Administer first aid and medicines in line with current training and the requirements of this policy.

2.3.4. Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5. Assist with completing accident report forms and investigations.

2.3.6. Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 Appointed person(s) and first aiders

2.4.1. The appointed persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate

2.4.2. First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending students home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

2.5 Mental Health First Aider

2.5.1. The appointed persons are responsible for:

- Provide mental health first aid as needed, at their level of competence and training.
- Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
- Promoting the recovery of good mental health
- Providing comfort to an individual with a mental health issue
- also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- Escalate and document any matters if required within a suitable timeframe.
- Ensure they maintain confidentiality as appropriate.
- Be carried away from their normal duties at short notice
- Listen non-judgmentally

2.6 Staff Trained to Administer Medicines

2.6.1. Members of staff in the setting who have been trained to administer medicines must ensure that:

- Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- Records are kept of any medication given.

2.7 Other Staff

2.7.1. Ensuring they follow first aid procedures.
2.7.2. Ensuring they know who the first aiders are and contact them straight away.

2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4. Informing the Principal or their manager of any specific health conditions or first aid needs.

3. Arrangements

3.1 First Aid Boxes

3.1.1. The first aid posts are located in:

- Near the main office at Plan B HQ
- Upstairs dining room at Plan B HQ
- Carpentry workshop at Plan B HQ
- The Gatehouse
- No 10 The precinct

- In all Plan B vehicles
- In all offsite activity grab bags

3.2 Medication

3.2.1. Students' medication is stored in:

- Plan B HQ reception in locked Medicine box

3.3 First Aid Needs Risk Assessment

3.3.1. The setting will ensure a first aid needs risk assessment is completed to establish if there are adequate and appropriate first aid provisions in place.

3.3.2. The setting will ensure this assessment is reviewed when significant changes occur.

3.3.3. A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid At Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.

3.3.4. A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

3.4 First Aid Provision

3.4.1. In the case of a student accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is `work-related' then the accident is reported to the Directors
- If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Office Manager will arrange for this to be done.

3.6 Insurance Arrangements

3.6.1. Travelers Insurance Company Limited - Policy Number 07/11548200

3.7 Educational Visits

3.7.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.7.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

3.7.3. Where identified within an educational visits First Aid Needs Assessment, the Lead First Aider will arrange for additional equipment such as epi-pens, inhalers as relevant to health care plans.

3.8 Administering Medicines

3.8.1. Medicines will only be administered at Plan Bl when it would be detrimental to a child's health or attendance not to do so.

3.8.2. **Prescribed medicines** may be administered at Plan B where it is deemed essential. Most prescribed medicines can be taken outside of normal setting hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff.

3.8.3. If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.

3.8.4 In all cases, the setting must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the office.

3.8.5 Staff will ensure that records are kept of any medication given. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

3.8.6 Non-Prescribed medicines must not be taken in the setting.

3.9 Storage and Disposal of Medicines

3.9.1. Wherever possible, students will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the Plan B office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on setting trips. It is the responsibility of the setting to return medicines that are no longer required, to the parent for safe disposal.

3.9.2. Asthma inhalers / epi-pens will be held by the setting for emergency use, as per the Department of Health's protocol.

3.9.3. When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents

3.10 Accidents/Illnesses requiring Hospital Treatment

3.10.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, Plan B will be responsible for calling an ambulance in order for the student to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if required.

3.10.2. Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the setting with up-to-date contact names and telephone numbers.

3.11 Allergies

3.11.1. Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it

can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.11.2. Arrangements are in place for awareness training on allergies.

3.12 Defibrillators

3.12.1. Defibrillators are available within ¼ mile of the setting. First aiders are trained in the use of defibrillators.

3.13 Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

3.13.1. Some students have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

Such students are regarded as having special needs. Most students with special needs are able to attend setting regularly and, with support from the setting, can take part in most setting activities, unless evidence from a clinician/GP states that this is not possible.

3.13.2. The setting will consider what reasonable adjustments they might make to enable students with special needs to participate fully and safely on setting visits. A risk assessment will be used to take account of any steps needed to ensure that students with special needs are included.

3.13.3. The setting will not send students with special needs home frequently or create unnecessary barriers to students participating in any aspect of setting life. However, setting staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.13.4. Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help the setting to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The setting appreciates that students with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision. Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

3.13.5. Parents/carers have prime responsibility for their child's health and should provide the setting with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider may also provide additional background information and practical training for setting staff.

3.13.6 The procedure that will be followed when the setting is first notified of a student's medical condition or special educational needs:

- ➢ Student Important paperwork completed by parent/carer or guardian
- ➢ Medicine consent form completed if required

This will be in place in time for the start of the relevant term for a new student starting at the setting or no longer than two weeks after a new diagnosis or in the case of a new student moving to the setting mid-term.

3.13.7 The procedure that will be followed annually or when there is a significant change in a student's medical condition or special educational needs:

- ➢ New Student Important paperwork requested to be completed
- ➢ Discussions to be had with parent/carer or guardian

3.14 Emergency Procedures

3.14.1. Staff will follow Plan B's normal emergency procedures (for example, calling 999).

3.14.2. Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

3.14.3. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

3.15 Accident Recording and Reporting

3.15.1. First aid and accident record book/sheets

- A first aid administered form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when completing the form – which must be completed fully.
- A copy of the form will also be added to the Plan B secure Drive
- Records held in the first aid and accident book will be retained by the setting for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.15.2. Reporting to the HSE

- The Office Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- The Office Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
  - o Death
  - o Specified injuries, which are:
    - ○ Fractures, other than to fingers, thumbs and toes
    - ○ Amputations
    - ○ Any injury likely to lead to permanent loss of sight or reduction in sight
    - ○ Any crush injury to the head or torso causing damage to the brain or internal organs

- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have been done. Examples of near-miss events include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.

Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

3.15.3. Notifying parents

The first aider who has administered the first aid check will inform the office manager who will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

3.15.4. Reporting to Child protection agencies

The Principal will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the setting care.

3.16 Mental Health First Aid

3.16.1. Plan B is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. Plan B's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

3.16.2. Plan B's mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

3.16.3. Plan B recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

3.16.4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the setting's confidentiality policy.

3.16.5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.

3.16.6. All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

3.16.7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

3.16.8. The setting ensures all staff have access to supporting documentation and information. All staff are encouraged to access this information at any time.

4. Conclusions

4.1. This First Aid and Administration of Medicine policy reflects Plan B"s serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. Plan B carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the setting will keep under review to ensure links are current.

- HSE

  https://www.hse.gov.uk/

- The Health and Safety (First-Aid) Regulations 1981

  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made

- Department for Education and Skills

  www.dfes.gov.uk

- Department of Health

  www.dh.gov.uk

- Disability Rights Commission (DRC)

  www.drc.org.uk

- Health Education Trust

https://healtheducationtrust.org.uk/

- Council for Disabled Children

  www.ncb.org.uk/cdc

- Contact a Family

  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK

  https://www.allergyuk.org/

  https://www.allergyuk.org/information-and-advice/for-settings

- The Anaphylaxis Campaign

  www.anaphylaxis.org.uk

- SHINE - Spina Bifida and Hydrocephalus

  www.shinecharity.org.uk

- Asthma UK (formerly the National Asthma Campaign)

  www.asthma.org.uk

- Cystic Fibrosis Trust

  www.cftrust.org.uk

- Diabetes UK

  www.diabetes.org.uk

- Epilepsy Action

  www.epilepsy.org.uk

- National Society for Epilepsy

  www.epilepsysociety.org.uk

- Hyperactive Children's Support Group

  www.hacsg.org.uk

- MENCAP

www.mencap.org.uk

- National Eczema Society

  www.eczema.org

- Psoriasis Association

  www.psoriasis-association.org.uk/