FIRST AID AND MEDICATION POLICY

REFERENCE:	V01 – 09/2025
OWNERSHIP:	AP Lead
AUTHORISED BY:	Emma Draper (Director)
REVIEW:	Annually – September 2026

PURPOSE

The purpose of this policy is to outline the way Churchwood Forest School AP supports the health and physical safety of young people and staff in case of illness or injury. This includes approaches to existing medication needed whilst the young person is attending the provision. For significant incidents, Churchwood Forest School AP will inform parents/carers and the commissioner the same day and record actions/outcomes in the incident/first-aid log.

SCOPE

This policy applies to Churchwood Forest School AP, this includes all staff (employees, agency workers, contractors, casual staff and volunteers) who work within Churchwood Forest School AP. Visitors follow site safety instructions and do not administer first aid or medicines.

SAFEGUARDING COMMITMENT

As an organisation that prioritises the safeguarding of children and all vulnerable people, The Churchwood Forest School AP is committed to providing a safe environment across all we do by actively adopting strategies that embed a culture of zero tolerance for abuse of any kind.

RESPONVIBILITIES

* See Safeguarding and Child Protection Policy for responsibilities related to child protection.

Provision Lead

The Provision Lead is responsible for:

- overseeing the implementation of this policy
- monitoring and reviewing the policy
- ensuring that staff fulfil their roles effectively
- determining if short term medication may be administered in setting

- liaising with parents and support services
- monitoring first-aid/incident patterns and reporting themes to ELT each term
- ensuring staff are sufficiently trained
- ensuring confidentiality of medical records
- communicating policy and procedures to parents
- overseeing the drawing up Healthcare Plans for young people with medical needs
- ensuring staff are kept informed of medical issues related to young people in their care in conjunction with any other First Aid Staff, arranging relevant training for staff e.g. Epipen training
- Ensuring a documented first-aid needs assessment (staffing cover, kit locations, off-site activities, travel, lone working) is completed and reviewed at least annually.
- Ensuring same-day notification to parents/carers and the commissioner for significant injuries/illnesses and any ambulance call-out.
- Maintaining a central register of first-aiders (qualification, expiry dates, cover times) and kit/AED locations.
- training necessitated by any individual medical or health
- following up referral of pupils to other agencies such as speech and language therapy, occupational therapy and the LA special educational needs team.
- mapping setting provision for young people with visiting therapists including speech and language therapist where necessary
- providing staff with information about young people needing particular support where reports from medical personnel are available

First Aid Trained Staff

Are responsible for:

- providing First Aid to young people and adults within the setting during designated hours.
- ensuring medical records are up to date for every young person in the setting.
- ordering First Aid equipment, keeping it in good condition, and ensuring it follows HSE guidance and Churchwood Forest School AP standards
- safe storage of First Aid equipment and medication
- attending training on First Aid and medical issues, and ensuring that qualifications are kept up to date
- helping with the writing of individual Healthcare Plans and storage of these plans

- monitoring the Accident book and informing the Provision Lead of concerns
- informing parents of a young person's injuries/illnesses
- informing the LA, as required, of any serious accident or injury occurring at setting or on an educational visit
- in conjunction with the Health and Safety Co-ordinator, carrying out risk assessments before any young person with a serious injury returns to setting
- reporting child protection issues to the senior designated person for child protection
- keeping lists of high profile young people up to date and informing appropriate staff
- providing the First Aid kit and individual young people's medication for setting trips
- following setting procedures when administering medication and keeping records
- providing support and advice to young people relating to health and welfare
- providing support and advice to parents relating to their young people's health and welfare needs at setting
- reporting pastoral concerns to the Designated Safeguarding Lead
- Using PPE/infection-control measures (gloves, hand hygiene, cleaning of areas/equipment).
- Completing first-aid/incident records promptly and factual; escalating safeguarding concerns to the DSL the same day.

Teachers and Support Staff

Are responsible for:

- providing support and guidance to young people in their care
- reporting medical or health concerns to the Provision Lead
- reporting pastoral concerns to their team leader
- being aware of child protection issues and reporting child protection concerns immediately to the DSL (or deputy) immediately; inform the Provision Lead as appropriate.
- keeping abreast of information relating to the medical needs of young people in their teaching group, including any Healthcare Plan and seeking advice when necessary
- providing a secure learning environment in which all young people feel safe and valued

Parents/Carers

Parents/Carers are responsible for:

- providing necessary medical information to setting and ensuring it is kept up to date

- helping to draw up individual Healthcare Plans and being involved with their review
- providing necessary medication and written information, and ensuring that it is up to date and the setting is kept informed of changes to prescriptions or support needed
- informing the Provision Lead or group leaders any changes of circumstances/events that may affect their child in setting (e.g. accident, bereavement, separation etc.) so that appropriate support can be given.

DEFINITIONS

For the purpose of this First Aid Policy, First Aid refers to the immediate, temporary care given to a person who has been injured or suddenly becomes ill, before the arrival of professional medical assistance if required. A First Aider is a member of staff who holds a valid, recognised qualification in first aid, ensuring they have the necessary training and competence to administer care. An Appointed Person is someone designated to take charge of first aid arrangements, including looking after equipment and calling emergency services, but who does not necessarily hold a formal first aid qualification. An Accident is an unplanned event that results in injury or ill-health, while a First Aid Emergency signifies a serious situation requiring immediate first aid intervention and potentially the involvement of external emergency services. The Appointed Person role does not replace the need for trained first aiders where the needs assessment requires them.

POLICY

First Aid Procedures

First Aid trained staff

Qualified First Aid staff are on call throughout the day. Churchwood Forest School AP schedules cover to ensure at least one trained first aider is available at all times when learners are on site or on Churchwood Forest School AP-organised activities, including off-site visits.

If a young person is unable to walk or a serious injury is suspected, the young person must not be moved unless immediate movement is necessary to prevent further harm (e.g., fire). In this instance, adults should ensure a member of staff remains with the young person and summon a First Aider.

Recording and reporting First Aid treatment

- The First Aider must ensure that any young person reporting for First Aid is assessed.

Checking a young person's temperature forms part of this assessment when a child reports feeling unwell and a second check should be carried out if the temperature is initially normal but a young person continues to complain of illness later in the day.

- The First Aider must record all instances of young people, staff or visitors presenting for First Aid treatment in an First-Aid/Incident Log (paper or approved system). This must include:
  - name of person seeking treatment
  - date and time
  - description of illness/injury
  - note of treatment or action taken
  - initials of First Aider
- Parents/carers must be notified the same day for significant injury/illness, head injuries, ambulance call-outs or where medical review is advised. The commissioner is informed the same day where appropriate. Parents/carers should if necessary be advised to seek advice from their GP or to visit the Accident and Emergency Unit at the local Hospital.
- Details regarding minor head injuries must be reported to the Provision Lead who ensures same-day parent/carer contact and provision of head-injury advice. Head injury letters are given by the First Aider to be handed on to the parent or carer.

Accidents, diseases, dangerous occurrences (RIDDOR)

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and setting staff, this is normally the main employer at the setting. The Churchwood Forest School AP School maintains RIDDOR records and will report where thresholds are met (e.g., specified injuries, over-7-day worker incapacitation, dangerous occurrences).

You can report all incidents online and there is a telephone service for reporting fatal and specified injuries only.

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;
- all occupational injuries where a worker is away from work or incapacitated for more

than three consecutive days (record only). Over-seven-day incapacitation is reportable to HSE under RIDDOR. Employers can record these injuries in their accident book.

Reportable specified injuries

These include:

- 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), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- 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.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day

injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on setting premises. This is reportable, because it arises out of or in connection with work.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an ‘accident’ arising out of or in connection with work.

Activities

Injuries to pupils and visitors who are involved in an accident at setting or on an activity organised by the setting are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Sports

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how settings manage the risks from the activity.

Examples of reportable sporting/ PE incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event

Reporting to RIDDOR can be done at https://www.hse.gov.uk/riddor/report.htm. Any reports must be logged appropriately. All RIDDOR submissions are logged with date/time, reference and summary in the incident record.

First Aid kits

First-aid kits are located at [insert named rooms/locations]; a site plan listing locations and the Appointed Person/first-aiders is displayed at reception and staff areas. Kits are stock-checked termly (and after use) and restocked to Churchwood Forest School AP/HSE standards.

The First Aiders are jointly responsible for checking the contents of First Aid boxes, ensuring that they are kept stocked with LA approved items and reordering supplies as required. Single-use items only; follow **infection-control** (gloves/hand hygiene/cleaning/disposal) procedures. Consider an **AED** on site; where present, ensure staff induction and maintenance checks.

Injury or illness needing emergency hospital treatment

When an illness or accident requires urgent medical attention, EMERGENCY PROCEDURES will be followed:

The patient must not be moved unless a trained member of staff, with a First Aid certificate, is

absolutely certain this will not cause further injury. If in any doubt do not move the patient.

- The First Aider and the Provision Lead must be informed immediately.
- The DSL is informed where safeguarding factors are present; the commissioner is notified the same day.
- If necessary, the First Aider will ask the Provision Lead to dial 999 and call an ambulance. The emergency service will need to know the age of the patient and type of injury and whether or not the patient is conscious. (The time of the call will be recorded and subsequently logged with the date, name of patient and nature of injury/illness in the Accident Book).
- The Provision Lead will contact the parents/carers immediately after contacting the emergency service. (The time of this call should also be logged). Unless they can make their way quickly to meet the ambulance at setting, they should be directed to meet the patient at the hospital. (If an ambulance is not deemed necessary by the First Aider, the Provision Lead will contact parents/carers immediately to ask them to come and take the young person to hospital. If parents are unavailable, continued efforts should be made to contact them.
- The Provision Lead will instruct a member of the setting staff to wait at the entrance to the car park for the ambulance, note time of arrival and direct ambulance crew via the quickest route to the person.
- The patient must be kept warm and calm.
- If the patient is conscious they must not be given food or drink.
- The Provision Lead will identify the member of staff who will accompany the child to hospital and await the arrival of the parent/carer, if they have not arrived when the ambulance is ready to leave
- A member of the staff, will place the following documents in an envelope for the member of staff accompanying the young person to hospital:
    - A copy of the young person's emergency contact form.
    - A copy of any relevant medical information
- When the parent arrives at the hospital, the accompanying member of staff should give only the established facts of the young person's accident and not discuss details, giving the details of the Provision Lead.
- The accompanying member of staff must record the length of time spent at the hospital and the names of medical staff attending the young person and treatment given (if known). They

should telephone the setting and confirm arrangements for her/his return to the site.

- If the parent has not arrived within half an hour of the young person being discharged from the hospital, the accompanying member of staff must telephone the setting and take further direction from the Provision Lead.
- All accidents must be recorded in the First Aid day book at the time of the accident. This will aid the completion of the Incident Report later on. Any person assisting with an incident should make notes to aid the accurate completion of the report.

Accident requiring hospital treatment without the need for an ambulance

It may be appropriate in less severe cases to transport a young person to a casualty department without using an ambulance, but this should always be on a voluntary basis. When a parent/carer cannot quickly come and take the child to hospital, the Provision Lead may arrange for the young person to be transported in a car owned by a member of staff who has appropriate public liability insurance or taxi from a reputable taxi service. In any such cases, a member of staff, who supervises the young person and remains with her/him at the hospital until the parent arrives, must accompany the driver sitting in the back seat of the car with the patient to constantly monitor any changes, which could affect the patient's condition. The Provision Lead is responsible for checking the insurance of any staff car used for the transportation of young people. The setting will reimburse additional insurance premiums where necessary. Staff must not transport a learner alone; ensure two adults where possible (driver and escort). Obtain parent/carer consent where practicable; use licensed taxi if safer. Verify business insurance for any staff vehicle used and record details in the incident log.

No casualty should be allowed to travel to hospital unaccompanied. The Provision Lead will designate an accompanying adult in emergencies where parents/carers cannot be contacted or cannot reach setting quickly.

Monitoring

The Provision Lead monitors the Accident book for any cause for concern (e.g. young people who make frequent visits to the welfare/medical room, high incidences of injury at particular times or locations, or marked increase in types of injuries or illnesses). The Provision Lead investigates accidents reported via the Accident Forms to ensure that any unsafe practice is identified and remedial action is taken immediately. Themes and actions are reported to ELT termly; significant patterns are shared with the commissioner where relevant to learner welfare.

Medical Needs

Medical information

Parents/carers are asked to complete a form, giving basic medical information, when children start at a Churchwood Forest School AP and to keep staff updated as necessary.

Parents/Carers have prime responsibility for their young person's health and are requested to ensure that the information they provide the provision is up to date.

Medical needs

Most young people will, at some time, have a medical condition that may affect their participation in setting activities. Parents/carers are responsible for ensuring that a young person is well enough to attend the setting. Parents or carers who bring a young person to the setting when they are too unwell to attend will be asked to take them home. If any young person is brought into the setting with an injury that may be aggravated further by setting activities, e.g. when a limb has a plaster cast or protective bandage, the parent/carer must meet with the Provision Lead to confirm that the young person's condition can be managed under the setting's Health and Safety Policy.

For many young people, this will be short term, but some will have medical conditions that, if not properly managed, could limit their access to education. These children have medical needs. We aim to ensure that young people with medical needs receive proper care and support enabling them to participate as fully as possible in setting life. Most young people with medical needs can attend regularly, but staff need to take extra care in supervising some activities to make sure that these young people and others are not put at risk.

Young People identified as having medical needs which may pose a risk to their attendance on site will have an individual Individual Healthcare Plan (IHP) (with any risk assessment as needed) drawn up. This does not include those who are administered medication for long-term medical conditions such as ADHD as routine. The main purpose of the Individual Healthcare Plan (IHP) (with any risk assessment as needed) is to identify the level of support that is needed in the setting, and is a written agreement between parents/carers and the setting. Plans should be reviewed at least annually. Those involved in drawing up Individual Healthcare Plan (IHP) (with any risk assessment as needed) will be the parents/carers and Provision Lead with the involvement of the teacher as necessary. The Individual Healthcare Plan (IHP) (with any risk assessment as needed) will also include details of any medication and who is to administer it.

Risk Assessments for Medical Needs may cover the occasion of specific medical conditions or administration of medication, or in dealing with potential emergencies relating to a specific medical condition. The Provision Lead may provide appropriate training e.g. use of epipens, or it will be sourced via other medical professionals. Where there is concern about whether the setting can meet a young person's needs, the Provision Lead will seek advice from the LA.

The Provision Lead is responsible for keeping the list of young people with medical needs up to date.

The Provision Lead will ensure that all medical information is processed in line with GDPR/DPA 2018; access is role-based, minimal and recorded in the IHP and will reach agreement with individual parents about who will have access to this information.

Medication

Parents of young people with long term medical needs (e.g. diabetes, cystic fibrosis, ADHD) must provide details of medication so it can be included in a young person's individual Individual Healthcare Plan (IHP) (with any risk assessment as needed) and, if it is required that this is taken in setting hours, to complete the form to request the setting to administer medication. Medication will only be given when this form has been completed. Parents/carers are responsible for handing medication to the Provision Lead and for ensuring that it is within date and labelled with the pupil's name, dose of drug, and frequency of administration.

Many young people will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents/carers should try to ensure medication is prescribed in a frequency which enables it to be taken out of setting hours. Where this is impossible, parents/carers are asked to make arrangements for a parent/carer to administer the medication.

Members of staff giving medicine to a young person should check the young person's name, written instructions provided by the parents/carers or doctor, the prescribed dose, and the expiry date of the medication. Staff must complete and sign the Medication Record Log every time they administer medication. Two-person check & sign for controlled drugs or time-critical doses (record balance); keep in a locked medicines cabinet. The Provision Lead is responsible for ensuring that qualified First Aid staff are fully conversant with new cases, and procedures for the administration of any medication. All First Aiders are trained in administering medication using an epipen as young people requiring such medication in an emergency need immediate attention by the supervising adult. Training for named staff (e.g., AAI/Epipen, diabetes, seizure management) is

arranged and logged; competency is refreshed at agreed intervals.

Self-administration is recorded in the Medication Record Log; storage/access arrangements are set out in the IHP. A parental consent form must be completed before young people are allowed to administer their own medication. If a young person refuses to take medication, setting staff will not force them to do so. Record the refusal, notify parents/carers and the commissioner where clinically significant or persistent, and seek medical advice if required.

Staff will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Young people must not bring non-prescription medicines to setting. Aspirin-containing medicines are not given to anyone under 16 unless prescribed.

Storage of medication

When it has been agreed that the setting will administer or supervise a young people's medication, the parents should provide small doses (if possible daily doses). Medication must always be stored in a locked cupboard/drawer; with the exception of inhalers and epipens (see below). Fridge-stored medicines are kept in a dedicated, lockable unit with temperature checks; access is restricted to authorised staff. Young people are informed of where their medicine is kept.

Medicines such as asthma inhalers and epipens are not locked away but are kept in the child's a readily accessible, agreed location per the IHP. A clearly labelled **spare** may be held where prescribed for the learner. Epipens and inhalers are kept in a box clearly labelled with the young person's name. Young people may keep their own asthma inhalers with their parents' written permission.

The legal position of staff

There is no legal duty on setting staff to administer medication; it is a voluntary role. Staff who provide support for young people with medical needs will be given appropriate training, and have access to all necessary information. Staff are expected to do all they can to assist a young person in medical need. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Health Care

Referrals by staff

Staff who are concerned about a young person's health (e.g. weight, hearing, sight, mental health)

must refer the young person to the Provision Lead (depending on the severity of the concern and the impact in setting). Where health concerns indicate possible safeguarding (e.g., neglect, fabricated or induced illness), staff inform the DSL immediately and follow the Safeguarding Policy.

They will discuss the matter with the Provision Lead and other professionals through the multi-professional

planning meeting, as required. Following consultation with the young person's parent/carer and their agreement, arrangements can be made for the young person to be referred to the appropriate external agency or service.

Mental Health

The setting promotes positive mental health for both young people and adults. With awareness of the rise in mental health problems amongst young people, members of staff work hard to build resilience and report any concerns regarding individual young people. Concerns may be raised by parents/carers or staff, strategies are discussed together and referrals made to other professionals as appropriate. Causes of concern may include anxiety, depression, self-harm, eating disorder or attachment issues. Concerns suggesting risk of harm (e.g., self-harm, suicidal ideation) are referred to the DSL the same day and managed under safeguarding procedures.

Communicable diseases

If any member of staff suspects infectious diseases, contact the Provision Lead immediately.

The Provision Lead will:

- authorise exclusion from setting of young people/siblings in appropriate cases.
- seek advice from HSA/Public Health via local pathways and inform the commissioner as appropriate.
- inform the staff about cases of communicable diseases.
- Follow infection-control measures; where outbreaks occur, implement HSA advice (letters/templates) and keep records of actions taken.

Parents/carers will be informed of cases of communicable disease by letter with a brief description of symptoms to watch for.

The Provision Lead will carry out a risk assessment as to for any further action.

Health in the curriculum

Young people are taught about keeping healthy and encouraged to take responsibility for their own health through the setting's PSHE and science curricula. Young people are taught about emotional as well as physical health; PSHE/RSHE resources and local health promotion materials support this aspect of the curriculum. We are constantly striving to improve the health and well-being of our young people and staff.

POLICY CONTEXT

AP context (non-school AP): Churchwood Forest School AP operates as a non-school Alternative Provision (AP). Commissioning schools/LAs ("commissioners") retain statutory responsibilities for attendance registers/coding and exclusions. Churchwood Forest School AP provides same-day safeguarding and incident information to commissioners where first-aid incidents raise welfare or risk issues. We follow HSE first-aid requirements (needs assessment, competent first aiders, equipment and information), and adopt DfE 'first aid in schools' and 'supporting pupils with medical conditions' as good-practice benchmarks.

This policy relates to the following legislative requirements, standards and internal documents:

Legislation/Standards	• The Health and Safety at Work etc. Act 1974 (HSWA): • The Health and Safety (First-Aid) Regulations 1981: • The Management of Health and Safety at Work Regulations 1999: • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: • DfE guidance: First aid in schools; Supporting pupils with medical conditions — adopted as benchmarks for non-school AP • Guidance published by the Department for Education (DfE) on first aid in schools
Related Forms & Documents	• Health and Safety Policy

VERSION CONTROL

We will review our documentation regularly and we reserve the right to amend our policies and procedures at any time.

Version	Date	Change Summary	Author/ Reviewer	Approved by:
1	28/9/2025	Initial Version	Mark Wrangles	
2				
3				