



Prime8 Education

First Aid Policy & Management of Medical Conditions

All staff are expected to use their best endeavours in the event of a first aid emergency. All staff will have undergone first aid training which is at minimum Educare First Aid Essentials (Level 2). Staff are also advised to undertake the Educare courses - *Administration of Medications in School*, *Anaphalaxis* and *Concussion Awareness*

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.
2. The location of the nearest first aid box

Staff are not expected to carry out any intimate care of learners.

Basic first aid equipment - (see annex C)

Appointed Persons are responsible for: Taking charge when someone is injured or becomes ill; Ensuring that an ambulance or other professional medical help is summoned if appropriate; Looking after and restocking the first aid box and any other first aid equipment in their area of responsibility.

Training for First Aiders, which should to be Health and Safety Executive (HSE) approved, would include:

- What to do in an emergency;
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt
- Dealing with Anaphylaxis

Appointed Persons may undertake basic and/or advanced HSE approved first aid training.

First Aiders are responsible for giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School; where necessary, ensuring that an ambulance or other professional medical help is called. First Aiders must complete a training course approved by the HSE. Refresher training is required every three years.

The responsibility of the provision of first aid at Prime8 Education is Julie Townsend the Director.

The number of Appointed Persons and First Aiders is reviewed annually or more frequently when required, for example following an accident or emergency. This is recorded on the First Aid Risk Assessment.

When determining the appropriate number of Appointed Persons and First Aiders, Prime8 Education will take into account many key points including the number of staff (and pupils) present at any one time; whether there are travelling, remote or lone staff; the types of activity undertaken; the proximity of professional medical and emergency services; and Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff to be an Appointed Person or First Aider, the Director of Prime8 Education will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the recruitment, selection and training of First Aiders; the responsibility and accountability of First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

Reporting accidents and record keeping.

All members of the Prime8 Education should report any accident or incident, however minor, as soon as possible after it has occurred, in the accident book. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

Reports must contain:

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

The Directors should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital, if one pupil has caused deliberate damage to another or where negligence might be suggested. Parents must be informed when any learner requires hospital treatment as the result of an accident. If an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager and directors must report all serious accidents to the HSE as required by RIDDOR.

In an emergency the Director, has contact details of pupils' parents and guardians and details of employees and their next of kin.

A trained First Aider must be available on-site at all times, and in the case of a medical emergency, will attend to offer any assistance that they are qualified to do. They will assess the situation and whether it requires emergency medical treatment in the form of a hospital visit or contacting emergency services. First aiders will be required to refer to a learner's parental consent form for medical history and information. In the case of a known previous condition, this information will be passed on to relevant medical personnel.

If a learner is required to attend hospital or off-site medical services, a member of staff will attend until the parents/carers are in attendance.

In all cases, the learner's referring body must be contacted and made aware of the situation. Parents/carers will be contacted accordingly.

Chart of responsibilities for Prime8 Education staff regarding medication/treatments

Medication	Notes
Paracetamol	If parent/carers consent given at that time and time of previous dose checked
Ibuprofen	If parent/carers consent given at that time and time of previous dose checked (recommended for over 16 years only)
Aspirin	For Heart Attack in Emergency
Anti-histamine tablet	If parent/carers consent has been given on visit form

Non-Prescribed medication or treatment	If medication form has been completed by parent/carers
Prescribed medication drug	If medication form has been completed by parent/carers - 2 staff members unless emergency
EpiPen	To named child only in an emergency situation
Students aged over 16 should be responsible for their own prescribed medication and self-administer	
Epilepsy - Staff who have done BUCCAL training will work with students with epilepsy (none at present)	

Administering Prescribed Medication/Drugs

It is expected that students administer their own medication whenever possible.

Some students with complex needs may require support to administer prescribed drugs. This should be done by a designated person following the prescriber's instructions for administration. We cannot accept changes to the prescribed dosage. The designated member of staff must keep a written record of when medication is administered.

Training should be offered to staff if it is required for specific medication.

In some cases, students will be prescribed controlled drugs which should be kept in a secure locked cabinet. This should be recorded and when administered should be done by 2 staff.

Medication needs to be in its ORIGINAL packaging as received from the pharmacy with the name and date of birth of the student, the prescribed dose and the date it was prescribed on the pharmacy label.

Prescribed medication should only be administered to the student named on the pharmacy label.

A written medication consent form must be completed by the parent/carers.

Student consent forms will contain details of any long-term medical issues.

The student will bring with them enough medication required to cover their session at Prime8 Education. In agreement between staff and parent/carers they may bring in a week, month or half term supply. This medication will be locked in the office until the specified time of administration with the exception of reliever inhalers or other emergency medication. The learner will take the medication in the presence of a member of staff, and it will be recorded on the medication record sheet. The expiry date should be checked regularly – at least half termly.

Administering Non-Prescribed Medication/Drugs

No persons under the age of 16 should be given medicines without their parent's consent either prior written or by telephone.

Storage of Medication/Drugs

Drugs/Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration and student's name. They should be stored in a locked non-portable cabinet unless they are emergency medications to be kept with the student. Access to the cabinet should be for staff only. Medication should never be stored in first aid boxes.

Prime8 should keep controlled drugs in a locked non-portable cabinet and only named staff should have access. A record should be kept for audit and safety purposes.

Staff should only store, supervise and administer medicine that has been prescribed for an individual student. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature)

Wherever possible students should be responsible for their own emergency medication, which should be readily available.

Disposal of Medication/Drugs

Staff should not dispose of medicines. Parents/carers/students are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. If a student leaves suddenly then staff can take medication to the local pharmacy with Prime8 ID. Sharps boxes should always be used for the disposal of needles and other sharps.

Supporting Pupils at school with medical conditions

Prime8 have a responsibility for looking after the wellbeing of all pupils in their care. The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions.

In respect of children with identified medical needs, the school takes advice and guidance from a range of sources, including the School Nurse, Health Professionals and the child's GP in addition to the information provided by parent/carer in the first instance. This enables us to ensure we can fully manage the child's medical needs.

In the case of identified infectious conditions, teachers and other school staff in charge of pupils have a duty to safeguard all pupils in their care and exercise the right to refuse admittance to the school premise to any child or to certain activities where there is an identified risk posed to others through transmission of the defined infectious condition and therefore any medicines required for such conditions do not fall under this policy, unless as directed by a medical professional after the condition has ceased to be considered as infectious to others.

To summarise, we will:

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
 - To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a trained healthcare professional in order to administer support or prescribed medication.
 - To write, in association with healthcare professionals, parents and where appropriate pupils' Individual Care Plans where necessary.
 - To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
 - To keep, monitor and review records appropriately. Refer to Appendix 1 for the recording proforma.
- Ensure staff have been assessed as competent to administer
Communicate regularly with parents/carers and any other involved professionals

We will not:

- Prevent children from accessing their medication.
 - Assume every child with the same condition requires the same treatment.
 - Ignore the views of the child or their parents/carers; ignore medical advice.
 - Prevent children with medical conditions accessing the full curriculum, unless specified in their IMP.
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- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Require parents to administer medicine where this interrupts their working day.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Monitoring and Review

The policy will be reviewed every year unless a legislative change occurs.

References

- a) Education Regulations (Independent School Standards) (England) 2010 (SI 2010/1997) Regulation 3 (14)
- b) DfEE Guidance on First Aid for Schools
- c) Health and Safety (First Aid) Regulations 1981 September 2014
To be revised January 2015

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Date of Ratification	1.9.2025	Signed:  Julie Townsend (Director)
Date of Review	July 2026	
Next Review Date	August 2027	

Annex A

First aid boxes

- Office at SR Base
- Portacabin at Forest School - Wetlands
- All staff cars
- Grab Bags x 3

Annex B

Basic first aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives.

Keep calm.

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.

Monitor the injured person's condition until the emergency services arrive.

Unconsciousness

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.

Bleeding

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.

Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings. Keep the patient warm and call an ambulance.

Broken bones

Try to avoid as much movement as possible. Keep the patient warm and call an ambulance.

Annex C

Contents of first aid boxes on site

- General first aid guidance leaflet
- 20 individually wrapped sterile adhesive dressings/plasters (assorted size)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins (do not use for children's slings - use tape)
- 6 medium sized (approx 12x12cm) individually wrapped sterile non-medicated wound dressings and 2 large ones (18x18cm)
- 1 pair of disposable gloves

- A separate burns kit is available at Forest School

Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops.

Please do not include known allergenic materials, ie Elastoplast or any creams or otherwise.

Prescription medication such as inhalers must not be kept in first aid boxes.

Annex D

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 (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg 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 pupil would necessarily experience all of these symptoms at the same time.

Medication and control

It is important that key staff at Prime8 Education are aware of pupil's condition and of where the pupil's medication is kept, if it is likely to be needed urgently. The referral should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have knowledge of what to do if a pupil has an anaphylactic reaction.

Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

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 pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon assistance immediately

Annex E: Asthma

What is Asthma?

Pupils 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 pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue. Asthma still causes deaths in the UK every year so it should not be underestimated.

Medication and control

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 pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature 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 pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School 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 pupil's name and stored in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, eg a nebuliser, a health care plan must be completed.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and parent/carer, individual decisions should be made as to whether to provide basic information on the pupil's condition to peer group so that they are made aware of their classmate's needs.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have knowledge of what to do if a pupil has an asthma attack.

Away trips

Please refer to the Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, 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 pupil has an asthmatic attack

Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.

Summon assistance. Try not to leave the pupil alone unless absolutely necessary.
Make sure that any medicines and /or inhalers are use promptly
Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax,
Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.
Contact parent or carer

Annex F

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 particular, in stopping the blood glucose level from rising too high.

Pupils 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 pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

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 (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school, he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils 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 pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time.

These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil 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 the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

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

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils 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 knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.

Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil 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 pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

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

Common symptoms:

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

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

Give fast acting sugar immediately (the pupil should have this), eg: Lucozade, Fresh orange juice, Sugary drink, eg Coke, Fanta, Glucose tablets, Honey or jam

Recovery usually takes ten to fifteen minutes.

Upon recovery give the pupil some starchy food, eg couple of biscuits, a sandwich.

Inform Schools/parents of the hypoglycaemic episode.

In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high.

Pupils may display the following symptoms:

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

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet

- Contact parents if concerned.