FIRST AID AND MEDICAL NEEDS

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Version 2 Sept 24	Inclusion of medical needs and appendix 1 - supporting young people with medical needs, appendix 2 - managing medicines at overworld amp ltd, appendix 3 - overworld amp's arrangements for common conditions, form 1 - record of medicine administered to an individual, form 2 - consent to administer medication form and form 3 - use of emergency salbutamol inhaler. Added nearest Accident and Emergency hospital and nearest accessible defibrillators. Maming the virtual golf room as the First Aid room if needed space.
Version 4 Sept 25	New Legal Framework and Guidance and Scope. Expanded First Aid Needs Assessment and removed names. Annual review requirement by SLT, accident trend analysis, training record checks, equipment inspections, and feedback loops.
Version 5 Oct 25	Added sections on timely and competent administration of first aid, staff training and competence. Move to new locations and additional activities.
Version 6 Sep 26	Updated medical guidance, consent forms and EpiPen arrangements.

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1. INTRODUCTION

Overworld AMP Limited ("the Provision") recognises the importance of providing prompt and appropriate first aid and fulfilling its legal duties to provide adequate first aid arrangements for staff, young people, volunteers and visitors.

Under the Health and Safety (First Aid) Regulations 1981, employers are responsible for providing adequate and appropriate equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. Further guidance is published by the Health and Safety Executive First Aid guidance to help employers comply with the regulations and offers practical advice on what they need to do.

The Provision will ensure that our First Aid provision is available to all non-employees; young people, volunteers and visitors and make this document available on our website. This Policy also covers supporting young people and staff with medical conditions and medicine management within the Provision.

All staff working with young people, volunteers and visitors are expected to always use their best endeavours, particularly in emergencies, to support those who require assistance to the best of their abilities. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

2. SCOPE

This policy applies to any individuals accessing the Provision premises or services.

It covers all activities and environments where the Provision is responsible for the health, safety, and welfare of young people, staff, or visitors, including:

- Day-to-day activities on The Provision premises.
- Off-site visits, trips, and events.
- Sporting activities and physical education.
- Emergency situations occurring during operational hours.
- The administration and safe storage of medicines

3. LEGAL FRAMEWORK AND GUIDANCE

This policy is informed by and compliant with the following legislation, statutory guidance, and standards:

- Health and Safety at Work etc. Act 1974.
- Health and Safety (First Aid) Regulations 1981.
- Management of Health and Safety at Work Regulations 1999.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Children Act 1989 and Children Act 2004.
- Data Protection Act 2018 and UK GDPR.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Medicines Act 1968 and Misuse of Drugs Act 1971.
- Health and Safety Executive (HSE) – First Aid at Work: Guidance for Employers.
- DfE: Supporting Pupils with Medical Conditions at School (2015).
- DfE: Health and Safety Advice for Schools (updated 2018).
- UK Health Security Agency (UKHSA): Guidance on Infection Control in Schools and Other Childcare Settings (2016)

This policy should be read alongside the Provision's *Health and Safety, Fire Safety and Management, Safeguarding* and *Young Person Protection* Policies.

4. ROLES AND RESPONSIBILITIES

4.1. The Directors

- Maintain overall responsibility for the health, safety, and welfare of all staff, young people, and visitors across Overworld AMP sites.
- Ensure compliance with all statutory duties relating to first aid and medical needs.
- Ensure resources are available for appropriate first aid provision, including staffing, training, and equipment.
- Ensure the Provision holds adequate insurance for all medical and first aid provision.

4.2 Senior Leadership Team (SLT)

- Ensure effective implementation of this policy across all settings, including Tilford House, Redlands Lodge, and off-site activities.
- Oversee the provision of Mental Health First Aid and respond to safeguarding concerns linked to medical or emotional wellbeing.
- Ensure first aid arrangements are considered in all educational, enrichment, and off-site activity planning.
- Review incident trends and collaborate with Directors, Administrative Team, and First Aiders to implement improvements.

4.3 Administration Team

- Monitor and review first aid provision, training compliance, incident logs, and medical risk management.
- In collaboration with the SLT ensure that:
    - Staff are properly trained to provide the support an individual needs.
    - Sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support young people with medical conditions.
    - Staff are trained to recognise the symptoms of asthma and anaphylaxis, and that emergency kits (inhalers/EpiPens) are maintained and accessible.
    - Risk assessments for young people with medical conditions are undertaken for activities outside the centre.
    - All staff are aware that medical information must be treated confidentially.
- Maintain records of all first aid training, medical needs, risk assessments, and incident reports.
- Monitor the stocking and checking of first aid kits across all areas, including Tilford House and Redlands Lodge.
- Ensure first aid equipment is maintained and accessible.
- Support with coordinating emergency response and liaising with emergency services where necessary.
- The Site Manager – Redlands ensures that first aid arrangements, signage, and equipment are maintained across the site, including the swimming pool, gym, kitchen, and outdoor learning zones.

4.4 First Aiders and Appointed Persons

- Deliver immediate care in the event of injury or illness in line with training and Provisional procedures.
- Record incidents clearly and accurately, reporting concerns or patterns to the Administrative Team and SLT.
- Support colleagues in the safe management of medical needs, including storage and administration of medication where applicable.
- Must not administer any medication or undertake healthcare procedures without appropriate training unless it is an emergency and they are using their best endeavours.

4.5 All Staff

- Know the location of first aid kits, defibrillators, and emergency contact procedures.
- Follow individual young people's medical plans and risk assessments.

- Report any concerns, incidents, or near-misses in line with policy.
- Maintain awareness of known health or medical needs within their group and be prepared to respond in line with training.
- Although administering medicine is not part of their professional duties, staff should consider the needs of young people with medical conditions and respond accordingly if support is required.

4.6 Parents/Carers

- Have primary responsibility for their young person's health and safety.
- Must complete, sign, and return consent forms for any medications or specialist care their young person requires.
- Provide sufficient and up-to-date information about their young person's medical needs.
- Notify the Provision of any prescription changes with supporting documentation.
- Dispose of expired medication safely and ensure emergency contacts are always available.
- Ensure their young person:
    - Brings medication and equipment on the first day of sessions.
    - Does not attend if acutely unwell (e.g. 48 hours after last bout of vomiting/diarrhoea).
    - Takes antihistamines before sessions during high pollen periods (if prescribed).
    - Does not attend if this would put themselves or others at risk.

4.7 Young People

- Are encouraged and supported to be actively engaged in managing their medical needs where appropriate.
- May be assessed (with parent/carer and SLT) as competent to carry and administer their own medication including controlled drugs.
- Must not share their medication with others under any circumstances.

5. FIRST AID PROCEDURE

5.1 Any Staff Member or Volunteer

1. If an accident or incident occurs, the first person on the scene must ensure their own safety and provide initial First Aid only in accordance with their level of expertise and training

    Dial 999 in the event of an emergency

2. As soon as possible request the assistance of the appointed First Aider and wait for their arrival and remain with the appointed First Aider so to provide any assistance if needed

5.2 First Aider

3. Must be aware of the limits of their competency and when to call for an ambulance/assistance
4. Take charge of the casualty until a satisfactory level of recovery has been achieved or until the emergency services have arrived
5. Ensure that the condition of the casualty does not deteriorate as far as reasonably practicable by implementing their First Aid training
6. Refer the patient on to hospital or to their own GP as appropriate if they are in the opinion that further treatment/attention is required
    a. In this case, the person's next of kin must be notified immediately
7. Take the following action if a young people sustains a bump to the head that the first aiders deem does not require immediate escalation
    a. inform all members of staff to watch out for the signs of deterioration; dizziness, vomiting, fatigue
    b. and call the young people's parent/carer and email the named school if applicable as courtesy

8. Ensure an accident report is completed by the patient or on their behalf as appropriate for all events in the accident book
9. Inform the young person's parent/carer and named school if applicable, of any First Aid event
10. File and manage all reports in accordance with *Appendix 1 Data Retention and Disposal of Records Policy within the Data Protection, GDPR and IT Policy*

5.3 Timely and Competent Administration of First Aid

The Provision ensures that first aid is administered promptly, competently, and in accordance with the responder's level of training.

6. FIRST AID NEEDS ASSESSMENT

6.1 Tilford House

Tilford House operates across two floors and accommodates approximately 45 regular employees and 40 young people per day, with up to 10 members of the public at any one time.

Activities primarily include video gaming, streaming, video production, and movement of equipment. Staff may also undertake light cleaning duties involving the use of detergents and cleaning agents.

The main potential hazards include slips, trips and falls, sudden illness, and—though unlikely—electrocution.

In line with legal responsibilities, at least one appointed person or qualified First Aider will be present whenever the premises are open to staff or visitors. First aid kits are located in the kitchen on each floor and are checked monthly.

All first aid facilities and procedures are accessible to staff, young people, and visitors with disabilities. Reasonable adjustments are made as needed.

All SLT are trained in Mental Health First Aid to enable them to recognise and respond to emotional or psychological crises in both young people and adults, including following safeguarding procedures where appropriate.

Where staff or young people are present outside of normal operating hours, arrangements will be in place to ensure continued access to first aid provision, including a stocked first aid kit and a means of contacting emergency services.

6.2 Redlands Lodge

Redlands the outdoor and physical learning centre is set within 2 acres of land. The site includes indoor swimming pool, and various outdoor activity zones. A fully equipped gym is due for completion end 2026.

There are regular employees and up to 10 young people on site at any time with approximately 1:1 ratio of adults to young people. Visitors attend by appointment.

Activities include bushcraft, outdoor free play, swimming, horticulture, animal care and cooking. Main potential hazards include slips, trips and falls on uneven terrain, minor injuries from tool use or outdoor play, burns from fire-lighting, water-related incidents during swimming sessions, sudden illness, and environmental exposure (e.g. insect bites, heat/cold).

At least one appointed person or qualified First Aider will be present whenever the premises are in use. First aid kits are located in the pool area and outdoor learning area and are checked monthly.

All first aid provision is accessible to staff, young people, and visitors with disabilities, with reasonable adjustments made where necessary.

All SLT are trained in Mental Health First Aid to recognise and respond to emotional or psychological crises, including following safeguarding procedures.

Where staff or young people are on-site outside of normal operating hours, first aid access is ensured through a stocked kit and the ability to contact emergency services.

6.3 Off-Site Activities

Off-site activities may include visits to the cinema, bowling alley, trampoline park, gym, local parks, and other community-based venues.

All young people are accompanied by a member of staff who holds appropriate training and has access to a mobile phone in case of emergency.

A dynamic risk assessment is carried out for each trip, and staff ensure they are aware of the venue's evacuation procedures.

A travel first aid kit is carried for all off-site visits. Any known medical needs, allergies, or behavioural triggers are considered in advance using the young person's risk assessment and profile.

7. THE NEAREST ACCIDENT AND EMERGENCY

Tilford House:

Frimley Park Hospital,
Portsmouth Road
Camberley,
Surrey, GU16 7UJ
0300 6145000

Redlands Lodge:

Basingstoke and North Hampshire Hospital
Aldermaston Road
Basingstoke
Hampshire, RG24 9NA
01256 473202

8. THE NEAREST ACCESSIBLE DEFIBRILLATORS

www.defibfinder.uk

Tilford House:

- Biocompatibles UK Ltd. Chapman House Farnham Business Park, Weydon Lane, Farnham, GU9 8QL (200 meters)
- Waverley Borough Council. Farnham Memorial Hall, Babbs Mead, Farnham, GU9 7EE (700 meters)

Redlands Lodge:

- Sherfield Park Community Centre. Sherfield Park Community Centre, Sunwood Drive, Sherfield-On-Loddon, RG27 0FP (800 meters)
- Chineham Village Hall, Thornhill Way, Basingstoke, RG24 8YE (0.6 miles)

9. FIRST AID BOXES

First Aid boxes are located on the ground floor and first floor kitchen areas and in reception at Tilford House. At Redlands they are located in the outdoor learning area and the pool area. First aid supplies are inspected monthly by the appointed first aider and replenished immediately after any use.

10. FIRST AID ROOMS

A suitable private room will be made available whenever first aid treatment, medical care or observation requires privacy, dignity or comfort.

11. RECORDING FIRST AID TREATMENT

All accidents that have required First Aid treatment are logged in the Accident Record book at each site.

The information to be recorded should include:

- date, time, and place of the incident;
- name and job of the injured or ill person;
- details of the injury/illness and what First Aid was given;
- what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital);
- name and signature of the first-aider or person dealing with the incident.

Parents or carers will be informed of any first aid treatment provided to their young person as soon as practicable, and always on the same day where possible. For more serious incidents, or where hospital treatment is required, parents or carers will be contacted immediately by telephone.

Accident records provide valuable information for identifying trends, improving health and safety practices, and informing future first aid needs assessments. They may also be required for insurance or investigative purposes.

All records of accidental injury and near misses must be shared with the CEO for scrutiny as soon as possible.

Accident records relating to young people will be retained until they reach the age of 25 and in any case for a minimum of three years from the date of the incident.

12. REPORTABLE INCIDENTS

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents that occur, must be reported to the Health and Safety Executive (HSE), the body responsible for enforcing health and safety law.

Reportable injuries, diseases or dangerous occurrences from the list below, must be reported to the HSE:

- Death
- 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) which:
    - covers more than 10% of the body
    - causes 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
    - 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 done. Examples of near-miss events relevant to places of learning 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 significant injury or damage to health

- An electrical short circuit or overload causing a fire or explosion
- Acts of physical violence to employees

It is the responsibility of the Chief Operation Manager to carry out the reporting to the HSE in line with the Provision's *Business Continuity Plan*.

11. FIRST AID TRAINING AND COMPETENCE

The Provision ensures that all designated first aiders hold a current First Aid at Work or Emergency First Aid at Work qualification, renewed every three years.

A register of qualified first aiders, including the dates of training and renewal, is maintained by the Senior Leadership Team.

Termly reviews ensure that training remains up to date, and that sufficient cover is maintained for all operational hours and off-site activities.

Refresher and scenario-based training are used to maintain confidence and competence between formal requalification courses.

Additional training is available via BrightSafe e-learning modules, including First Aid Awareness and Medication in Education Awareness.

12. SUPPORTING YOUNG PEOPLE WITH MEDICAL NEEDS

The Provision will work collaboratively with parents, young people, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of young people with medical conditions are met effectively.

12.1 Staff Training and Support

- The SLT will ensure that all staff are aware of their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person does so voluntarily and will have appropriate training and guidance.
- Training will be provided for staff, as appropriate, to ensure that they are competent and have confidence in their ability to support young people with medical conditions. Training for new staff will be provided on induction, as required.
- Training will be provided by an appropriate healthcare provider so that staff understand the specific medical conditions they are being asked to deal with. This includes understanding implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

12.2 The Young Person's Role in Managing Their Own Medical Needs

- Young people should be encouraged and supported to be actively engaged in managing their medical needs.
- Young people will be assessed by the SLT and their parent/carer as competent or not to carry and administer their own medication including controlled drugs and inhalers.
- Some medicines prescribed for young people (e.g. methylphenidate for ADHD) are controlled by the Misuse of Drugs Act, 1971. A young person who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another person for use is an offence.
- Generally, under 12s will not be deemed competent to hold and administer controlled medication, please see 'Controlled Drugs' below.

13. EMPLOYEES AND ADULT VOLUNTEERS OR VISITORS WITH MEDICAL NEEDS

13.1 Employees with medical conditions such as Asthma, Diabetes, Severe Allergy, Epilepsy, Heart Condition or other, have a responsibility to carry and administer their own medication while at work.

They should, ideally, inform the First Aider of any medication they are using and where to find said medication. This will help the First Aider to assess a condition and what steps to take in the event of emergency should the employee be unable to administer their own medication.

Medication must be kept out of reach of young people and any therapy dogs at the centre. Failure to comply with this will result in disciplinary action.

13.2 Adult volunteers and visitors using the centre have responsibility for carrying and administrating their own medication while visiting.

Should a medical emergency arise relating to their medical condition they should notify a member of staff immediately and disclose any specific information, as appropriate for the best care. All information will be handled in the strictest of confidence

Medication must be kept out of reach of young people and any therapy dogs at the centre.

14. MANAGING MEDICINES AT THE PROVISION

Young people will only be given prescription or non-prescription medication after a parent/carer has completed a consent form (APPENDIX 2 - CONSENT TO ADMINISTER MEDICATION FORM)

- (Except in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parent/carer. In such cases The Provision will encourage the young person to involve their parent/carer while respecting their right to confidentiality).

Senior Leadership Team must be notified of any medication brought into the centre.

14.1 Prescribed Medication

- Medicines will only be administered by staff when it would be detrimental to a young person's health or cause them to miss their session to not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken before or after the session.
- The Provision will only accept medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage.
- Prescribed medicines must have the prescription label/pharmacy dispensing label that has the young person's name, the dosage and the instructions for administration.
- The expiry date and batch numbers must be clearly visible and not obscured
    - The exception to this is insulin which must still be in date but will be available inside an insulin pen or a pump, rather than in its original container.
- Parent/carers should note the expiry date so that they can provide a new prescription as and when required.
- Medication will only be administered if there is a consent form completed, signed and returned which matches the prescription label on the medication. There should be a separate consent form for each medicine.

14.2 Controlled Drugs

- The SLT and their parent/carer will determine if the young person is competent enough to hold and administer their own medication. Decisions will be made individually taking account of the young person's age, understanding, competence, medical advice and risk assessment. This will be recorded on the Student Profile and Risk Assessment.
- The Provision will keep controlled drugs in a locked non-portable container, to which only Senior staff have access.

  The Heads of Care may administer a controlled drug to the young person for whom it has been prescribed in accordance with the prescriber's instructions.

- FORM 1 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL will be kept tracking any doses used and the amount of the controlled drug held in the Provision for each young person, i.e. total number of doses (tablets) provided to The Provision, the dose given and the number of doses remaining.
- Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

14.3 Non-Prescription Medication Including Pain Relief

- Parents will be asked to sign a consent form (APPENDIX 2 - CONSENT TO ADMINISTER MEDICATION FORM) confirming that the medicine has been administered without adverse effect to their young person in the past and that they will inform Overworld AMP immediately if this changes.
- The medication must be brought into the Provision in the original packaging, with expiry date, batch number and manufacturer's instructions, and a consent form signed.
- Medications, such as eye drops that have instructions to use within a certain period should be received by the Provision unopened, wherever possible. Where this is not possible, parents should inform the Provision, in writing, the date that the medicine was opened.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- Staff must adhere to procedural practices when giving non-prescribed medicines

14.4 Record Keeping

- APPENDIX 1 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL will be used to record of all medicines administered to individual young person, stating what, how much was administered, when and by whom. Any side effects of the medication to be administered at the Provision will be noted
- A second person will witness the administration of all medicines.
- A second person will witness the administration of controlled drugs.
- A record of administration of medicine will not be recorded for asthma inhalers where the young person is responsible for their own medication, and take their medication, as and when it is required. However, a record will be kept of the administration of an Emergency Inhaler.

14.5 Safe Storage of Medicines

- Medicines will be stored strictly in accordance with product instructions - paying note to temperature and in the original container in which dispensed.
- Young people know where their medication is stored and can access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room refrigerator, which is not accessible to young people.
- An audit of Student's medication will be undertaken every term disposing of any medication that is no longer required.
- It is the parent/carer's responsibility to ensure their young person's medication remains in date.

14.6 Disposal Of Medicines

- Parent/Carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to a parent/carer will be recorded on APPENDIX 1 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL

- Parent/carers should also collect medicines held at the end of the young person's time with the Provision at the end of summer term. All uncollected medicines will be taken to a local pharmacy for safe disposal.
- Sharp boxes will always be used for the disposal of needles.

14.7 Off-Site Activities

- Some young people may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will review the young person's risk assessment.
- One member of staff accompanying the off-site activity will be asked to take on the lead role for administering medicines or healthcare procedures unless the parent/carer is accompanying their young person.

15. HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

15.1 Eight Step Hand Washing Techniques

15.2 Food Hygiene and Safety

In line with this provision, all staff involved in food-related activities are required to complete relevant food hygiene training. This ensures our commitment to maintaining high standards of food safety, allergy awareness, and nutrition.

The following courses are currently used to support staff competence:

- **Food Safety Awareness (80 mins)**: Covers food hazards, contamination risks, safe food handling practices, and personal hygiene.
- **Food Allergen Awareness (20 mins)**: Highlights allergen risks, legal responsibilities, and the importance of clear communication and control measures.
- **Fluids and Nutrition (20 mins)**: Supports understanding of hydration and nutritional needs, aligned with Care Certificate Standard 8.

All staff are expected to:

- Complete the required training before supporting food sessions.
- Promote and model good hand hygiene and cleanliness.

- Adhere to allergy and dietary risk management procedures.
- Ensure all food preparation areas are cleaned and maintained in accordance with guidance.

Learners are supported to engage in safe, supervised cooking activities that develop independence, self-care, and practical life skills.

16. THE PROVISION'S ARRANGEMENTS FOR COMMON CONDITIONS

16.2 Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. Common asthma triggers include: allergies (to house dust mites, animals or pollen, for example), smoke, pollution and cold air exercise, infections like colds or flu

16.2.1. If a young person has asthma, their condition, prescribed medication and any agreed support arrangements will be recorded within their Planner and risk assessment. Staff will be made aware of the arrangements necessary to support the young person safely.

16.2.2 All young people (S)MART [(Single-inhaler) Maintenance and Reliever Therapy] in asthma should have a personalised asthma self-management plan (e.g. asthma-self-management-plan) that sets out the maintenance dose, use of reliever doses and when to seek medical attention. An essential element of the personalised self-management plan is the action required in a severe acute attack. Additional medication may be required.

16.2.3 Young people who provide the Provision with inhalers are made aware where their inhalers are stored.

Symptoms of an asthma attack (reference https://www.nhs.uk/conditions/asthma/)

- Usual symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- Reliever inhaler (usually blue) is not helping
- Too breathless to speak
- Breathing is getting faster and it feels like they cannot catch their breath
- Peak flow score is lower than normal
- Young people may also complain of a tummy or chest ache
- The symptoms will not necessarily occur suddenly; they often come on slowly over a few hours or days.

If you think someone is having an asthma attack, you should :

1. Ask a colleague to alert a member of the Senior Leadership Team
2. Ask the person to sit up straight and support them to keep calm
3. Unless the person has a specific asthma self-management plan, they should take one puff of their reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs
4. If they feel worse at any point, or they do not feel better after 10 puffs, call 999 for an ambulance
    - If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 3.
    - If their symptoms are no better after repeating step 3, and the ambulance has still not arrived, contact 999 again immediately.
    - If their symptoms improve and you do not need to call 999, call their parent/carer to collect them

16.3 Anaphylaxis (Severe Allergic Reaction)

Anaphylaxis is a severe sudden allergic reaction when a person is exposed to an allergen. The most common allergens in are eggs, peanuts, cow's milk, fish, wheat, soy, certain insect stings and reactions to medication groups. Anaphylaxis is a potentially life-threatening condition.

16.2.1 If an enrolled young person is known to be at risk of anaphylaxis, this will be marked on their Planner and Risk Assessment(s), which includes the arrangements staff will make to control exposure to allergens.

16.2.2. Young people who have been prescribed adrenaline auto-injectors (AAIs) for the treatment of anaphylaxis are expected to bring both prescribed, in-date auto-injectors with them to every session.

Where appropriate, young people should keep their auto-injectors with them at all times, including during off-site activities, so that they are immediately accessible in an emergency.

Where this is not appropriate due to the young person's age, developmental stage or individual needs, we will work with their young person's parent/carer to establish safe storage during their sessions.

16.2.3 First aiders are trained on record keeping in the event of having to administer an auto-injector.

Symptoms of anaphylaxis as including one or more of the following (https://www.allergyuk.org/about-allergy/anaphylaxis/):

AIRWAY

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

BREATHING

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

CIRCULATION

- Feeling dizzy or faint
- Collapse
- Young children may suddenly become floppy
- Loss of consciousness (unresponsive)

If you think a person is in anaphylaxis, you should:

1. Ask a colleague to alert a First Aider or member of the Senior Leadership Team
2. A trained member of staff will administer adrenaline – WITHOUT DELAY – if an EpiPen is available
3. Call an ambulance (999) and tell the operator it is anaphylaxis
4. Lie the person flat (or sit them up if they are having breathing problems)
5. Avoid standing or moving someone having anaphylaxis
6. Stay with the person until medical help arrives
7. If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another EpiPen
8. Simultaneously ensure their next of kin is notified - a person who has a severe allergic reaction and/or is given adrenaline should always be taken to hospital for further observation and treatment
9. Sometimes anaphylaxis symptoms can re-occur after the first episode has been treated and appeared to have settled. This is called biphasic anaphylaxis.
10. A member of staff will travel to hospital with the young person until their parent/carer arrives.

The key to prevention of anaphylaxis is knowledge, awareness and planning. Staff will manage anaphylaxis by:

- Nuts and nut-based products will not be available in the Provision
- There should be no trading and sharing of food, food utensils and food containers.
- Ensure young people with severe food allergies ideally only eat food that has been prepared at home.
- Bottles and other drinks provided by the parent/carers for their young person should be clearly labelled with the name of the young person for whom they are intended.
- The risk of a life-threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low. On occasions casual skin contact will provoke urticarial reactions

(hives). Simple hygiene measures such as hand washing and bench-top washing are considered appropriate.

16.4 Epilepsy

Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms.

16.4.1 If a young person has epilepsy, staff will be made aware of their usual presentation, seizure type, triggers (where known), prescribed medication and emergency procedures in accordance with their Individual Healthcare Plan and risk assessment.

16.4.2 This will be marked on their Planner and Risk Assessment(s).

16.4.3. A member of the Senior Leadership Team will liaise fully with parents and health professionals but we cannot meet the needs of a young person who needs administration of rectal medications.

16.4.3 First aiders are trained on record keeping in the event of having to administer epilepsy medication.

Epileptic Seizure - An emergency would be if the person (reference https://www.nhs.uk/symptoms/what-to-do-if-someone-has-a-seizure-fit/):

1. had a single seizure or cluster of seizures that lasts for longer than five minutes, or longer than is usual for them;
2. were severely injured as the result of a seizure.

If you think a person is having a seizure, you should:

1. Immediately clear the surrounding area of all hazards which may injure the young person e.g. sharp objects, tables, chairs etc.
2. Ask a colleague to alert a First Aider or member of the Senior Leadership Team
3. Record the time immediately from the start of the seizure
   - over 5 mins please call an 999 for an ambulance immediately
   - If the person recovers within 5 mins and goes into a second seizure call 999 for an ambulance immediately;
4. Remain with the person until medical help arrives. Simultaneously ensure their next of kin is notified.
5. Arrange for an ambulance to be called as above.
6. Arrange for appropriate first aid, if they have been injured/severely injured. Contact parents/carers again, update them of the recovery and if the young person has been injured.
7. A member of staff will travel to hospital with a young person until their parent/carer arrives.
8. In the event we have a young person who has been diagnosed with epilepsy and they require medication to stabilise them due to a seizure we will receive training as a whole staff team

16.5 Diabetes

Diabetes is a condition that causes a person's blood sugar level to become too high. There are 2 main types of diabetes: type 1 diabetes – a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin and type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin properly.

16.5.1 If a young person has diabetes, arrangements will be made in partnership with the young person, parents/carers and relevant healthcare professionals to ensure they can safely manage their condition while attending the Provision.

16.5.2 This will be marked on their Planner and Risk Assessment(s).

16.5.3 Young people diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.

16.5.4 The First Aid room will be provided for people to carry out blood tests and administer doses.

16.5.5 Young people will not be prevented from eating drinking or taking toilet breaks whenever they need to.

Symptoms of a hypoglycaemic episode - low blood sugar, also known as a hypo (https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/)

- sweating
- being anxious or irritable
- feeling hungry
- difficulty concentrating
- blurred sight
- trembling and feeling shaky

If you think a person is having a hypo, you should:

1. Ask a colleague to alert a First Aider or member of the Senior Leadership Team
2. Offer the person a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink immediately. (Avoid sugary foods that contain fat like chocolate or cake – they do not work as well)
3. Remain with the person until they have stabilised and checked their blood sugar has gone above 3.5mmol/L
4. Once the young person has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.
5. You they become unconscious: put them into the recovery position
6. A trained member of staff administers their glucagon injection if applicable
7. Call an ambulance – if they don't have a glucagon injection to administer or if they haven't recovered 10 minutes after the injection.

16.6. Self-Harm (to be read alongside the Provisions Safeguarding and Young Person Protection Policies)

Self-harm refers to behaviours where a person intentionally causes harm to themselves. It is often an indicator of emotional distress and should always be responded to with compassion, curiosity and appropriate safeguarding action. It can include behaviours such as:

- Cutting
- Over-dosing
- Hitting
- Burning or scalding
- Picking or scratching skin
- Pulling hair
- Ingesting toxic substances
- Eating disorders

Why do people self-harm?

People self-harm for lots of different reasons. Sometimes this is because they feel bad about something that has happened to them but often there is no known cause. Self-harming behaviours may have the following functions:

- To communicate distress to others
- To relieve unbearable feelings
- To provide soothing and comfort by releasing tension and gaining care from others
- To feel alive if they feel numb due to life experiences
- To punish themselves as they feel shame and self-blame
- To control things in their life when everything feels out of control

Student shows signs and symptoms of self-harming:

- Stay calm – try not to panic or show you feel shocked, even though you may be.
- Ensure all physical wounds are treated by a First Aider before any conversations around the non-physical aspects of self-harm.
- Keep calm and give reassurance to the young person and others who may have witnessed the self-harm

- **Duty of care** Tell the young person that The Provision staff are responsible for their well-being and safety while they are in their care.
- **Confidentiality** Explain their situation will be kept private and only shared with professionals who can help them. It's important to reassure them that they are not alone and that there is support available
- Do not ignore, punish or criticise the behaviour.
- You may want the young person to stop but telling them to stop is not helpful and can be dangerous as it takes away their coping strategy
- Listen to them non-judgmentally and try to understand
- If medical attention was not needed, ensure you informed the Safeguarding Leads immediately – time is of the essence in the case it's a safeguarding event
- Ensure the concern is recorded in MyConcern following our Young Person Protection procedure
- Have an awareness of your own feelings and need for safe support
- Be aware of 'social contagion' – self-harm spreading between members of a group

Undertake a risk assessment:

The Safeguarding Leads will

1. work with available information to review the young person's risk assessment and develop a safety plan
2. Inform parents/carers unless clear reason not to e.g. safeguarding concern.
3. Think about circumstances and potential risks
    - Risk of mental health problems, e.g. depression and anxiety
    - Risk of potential abuse
    - Risk of other young people self-harming
    - Risk of further self-harm
    - Risk of suicide
4. Relevant course of action will depend on level of risk
    - Refer to Multi-Agency Safeguarding Hub if there is immediate risk of harm
5. Seeking support from other agencies
6. Document concerns on MyConcern including actions to be taken – within whole company approach/procedures

Low/ medium risk

- Review the key adult who is assigned to work with the young person, change or increase support
- Support young people to stay safe if they continue to self-harm. Help them to minimise risks such as infection.
- Support them to develop new coping strategies. Other strategies include distraction, flicking a band on their wrist, putting cold ice on their skin, going for a walk
- Seek further advice from other agencies
- Ensure there is support for yourself.
- Add risk to their Planner and Risk Assessment(s)

High risk/Crisis

- Seek immediate medical attention and administer first aid if required
- If the young person is taken to hospital, a member of staff will travel to hospital with them until their parent/carer arrives (unless there is a safeguarding concern)

the Safeguarding Leads will

- Refer to Multi-Agency Safeguarding Hub as per our Young Person Protection Procedures
- Log incident in MyConcern and follow to completion

- will decide whether the young person is safe enough to continue with their placement
- will call for a multi-disciplinary team meeting
- This will be marked on their EduKey profile and Risk Assessment(s)

Risk of self-harm and suicidal behaviour is likely to increase in the rare event that a young person takes their life. If a suicide occurs, it is very important that the wellbeing and safety of other young people is considered. Guidance is available on the UK Health Security Agency (UKHSA) website at: Suicide prevention in schools

Resources

Young people who self-harm: guide for schools

Childline Tel: 0800 1111

Papyrus www.papyrus-uk.org

Young Minds www.youngminds.org.uk

17. MONITORING AND REVIEW

The Senior Leadership Team will review this policy annually, or sooner if there are significant changes to legislation, guidance, or Provisional arrangements.

Effectiveness will be monitored through:

- Analysis of accident/incident and near-miss reports to identify patterns or areas for improvement.
- Reviewing staff first aid training records to ensure qualifications remain in date.
- Checking first aid equipment and facilities for compliance with legal requirements.
- Seeking feedback from staff, young people, and parents/carers after incidents.

Findings from monitoring activities will inform updates to this policy, staff training, and the annual health and safety review.

APPENDIX 1 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL

Name and strength of medication_____Dosage_____

Date	Time	Dosage	Tablets In	Tablets out	Tablets Remaining	Staff signature	Witness signature	Student's signature

Note any reactions observed:

_____

_____

_____

_____

Returned medication:

Name and strength of medication_____ Quantity _____

Parent/Carer signature _____Date _____

APPENDIX 2 - CONSENT TO ADMINISTER MEDICATION FORMS

Introduction

- Overworld AMP will not give a young person medicine unless these forms are completed in full and signed.
- The completion of these forms does not act as a guarantee that the Overworld-AMP staff will administer medication, and they may refuse to administer medication at any time.
- Medication must have been administered previously by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication.
- All medication must be stored in its original container.
- Prescribed medication must have the pharmacy dispensing label clearly printed.
- All medicines should be clearly named, and the batch number and expiry date left unobscured.
- If more than one medicine is required, a separate form should be completed for each one.
- If medication dosage changes, you will be asked to complete a new consent form.
- Please advise if you require additional forms.
- As part of our personalised programmes, young people may access our rural Redlands Lodge site and participate in outdoor learning. Please tell us about any allergies, asthma triggers or other medical needs that could be affected by outdoor environments or contact with animals.

Declarations

- The information below is to the best of my knowledge, accurate at the time of writing and I give consent to Overworld AMP staff administering medicine in accordance with their policy. **The medication does not contain Aspirin.**
- **Prescribed Medication:** I will inform Overworld AMP immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- **Non-prescription medication:** I confirm that I have administered this non-prescription medication, without adverse effect, to my chid in the past. I will inform Overworld AMP immediately, in writing, if my young person subsequently is adversely affected by the above medication.
- I confirm that I am happy for a responsible member of Overworld AMP staff to support my young person with their medication when they are attending an offsite activity.

Details of Medication

Name of Young person	
Date of Birth	
Medical condition / illness	
Name of medicine as described on container	
Is the medication prescribed?	YES / NO
Dosage and method	
Self-administration	YES / NO
Timing(s)	
Special precautions / other instructions	
Duration of course	
Are there any side effects that you know of?	
Parent/carer name	
Parent/carer daytime telephone number	
Signed by Parent/Carer	
Counter signed by Young Person aged 18 or over	
Date	

Non-Prescription Pain Relief

From time to time, a young person may develop minor pain or discomfort whilst attending Overworld AMP.

Please indicate whether you give permission for a trained member of staff to administer age-appropriate paracetamol in accordance with our Medication Policy.

☐ Yes, I give permission.

☐ No, please contact me before any medication is given.

Name of Young person	
Date of Birth	
Parent/carer name	
Parent/carer daytime telephone number	
Signed by Parent/Carer	
Counter signed by Young Person aged 18 or over	
Date	

Use of Emergency Salbutamol Inhaler

Young person showing signs of asthma or experiencing an asthma attack

Please note: Without this section completed and signed, Overworld AMP staff are unable to administer salbutamol from an emergency inhaler.

Please confirm the following:

- Young person has been diagnosed with asthma.
- Young person will bring their own in-date, clearly labelled inhaler with them to every Overworld AMP session.
- Young person can carry and manage their own inhaler where appropriate.

Whilst Overworld AMP staff will support them as needed, staff cannot continuously monitor whether an inhaler is being carried or remains in working order.

- Overworld AMP with be provided with a spare, in-date inhaler, clearly labelled with young person's name, to be kept on site for use should their personal inhaler be unavailable, lost or unusable.
- In the event young person displays symptoms of asthma or is experiencing an asthma attack, and their own inhaler is unavailable or unusable, I give permission for trained Overworld AMP staff to administer salbutamol from the emergency inhaler held by Overworld AMP, in accordance with our *First Aid and Medical Needs* policy and current asthma guidance.

Known asthma triggers (if applicable):

Any additional information staff should be aware of:

Young person's Name	
Parent/Carer Name	
Signed by Parent/Carer	
Counter signed by Young Person aged 18 or over	
Date	