

Accessible Education Provision for Neurodivergent Children
through graduated interventions and academic support.



*An organisation that aims to improve every child's life
by being closer to nature,
providing equality in learning
and promoting well-being*

FIRST AID POLICY FOR RAW LEARNING

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1. Policy Statement

All facilitators are required to undertake First Aid training and hold a current First Aid Certificate. Training is updated as required to keep our certificates current, and refresher training is undertaken every three years. All facilitators are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one facilitator within current first aid training is **always** on the premises or on an outing at any one time.

2. Procedures

We will:

- Carry out a First Aid Needs Assessment to decide where, how many and what type of First Aiders are needed
- Ensure that first aiders receive training and re-qualifying training.
- Provide sufficient first aid kits and equipment for the workplace.
- Ensure that all facilitators are aware of how and where to get first aid treatment.

Our first aid boxes comply with the Health and Safety (first aid) Regulations 1981 and contains the following items:

- Gloves
- Eye wash
- Sterile dressings
- Crepe bandage
- Triangular bandage
- Thermometer
- Alcohol free wipes
- Various sized plasters
- Dressing pads
- Safety pins
- Microporous tape
- Scissors

First aid kits are replenished regularly and equipment replaced if used.

First aid kits are checked twice termly to ensure all items are within date. A record is kept of this check inside the first aid box. Any out-of-date items are replaced immediately.

3. Administering Medicines Procedures

While it is not in our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for a child's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before it is advised that the parent/carer keeps the child at home for the first 48 hours to ensure no adverse side effect occurs, as well as to give time for the medication to take effect.

The following procedures are written in line with current guidance in Supporting Pupils with Medical Needs:

<https://www.education-ni.gov.uk/sites/default/files/publications/de/supporting-pupils-with-medical-needs.pdf>

- Children taking prescribed medication must be well enough to attend the setting.
- If a child has a temperature of over 38°C the child's parent/carer will be contacted before any medicine is administered to him/her.
- If a parent wishes facilitators to administer any medication to their child, they must first complete an administration of medication form.
- The medication document records the following:
 - The name of the child.
 - The name of the medication.
 - The date and time of the dosage.
 - The dose given.
 - Signed by the administrator and witness.
 - Verified and signed by the parent/carer at the end of the day.
- The administration of medication is recorded accurately each time it is given and is signed by facilitators. Parents/carers sign the document to acknowledge the administration of a medicine.
- If the administration of medication requires medical knowledge, e.g. Epi pen, individual training is provided for the relevant facilitator by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to a facilitator what they need.
- However, facilitators need to be vigilant and respond when a child requires medication.

For children who have long term medical conditions and who may require ongoing medication:

- A Health Care Plan is completed by the child's parents.
- A risk assessment is also carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person.
- The child's parent/carer will also contribute to risk assessments. They should be shown around the setting and know of activities to highlight any risks for the child.
- For some medical conditions key facilitators will need to have training in a basic understanding of the condition as well as how to administer medication effectively.
- The risk assessment includes vigorous activities and any other activities that may give cause of concern regarding the individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan should include measures to take in an emergency.
- The health care plan is reviewed every three months or more if necessary.

4. Legal framework

- Medicines Act (1968)

This policy was adopted by	Raw Learning
On	20 th May 2024
Date to be reviewed	20 th May 2025
Signed on behalf of the provider	<i>Rachel King</i>
Name of signatory	Rachel King
Role of signatory	Director