First Aid Medical Needs and Medication Policy

Creative Makers CIC

Version 1.0 | Prepared 26 September 2026
Policy lead: Rebecca Knee, Director
Medication leads: Rebecca Knee and Ellen Vellacott
Next review: 26 September 2027, or sooner following a significant change or incident

1 Purpose and scope

This policy covers learners aged approximately 8–25, staff and visitors at Woodhayse Studio, Nunney Village Hall and The Quarry. It explains first-aid arrangements, medicines administered by staff and medicines taken independently or with support, including during outdoor activities.

We aim to enable participation through individual planning and reasonable adjustments. A medical condition alone must not lead to automatic exclusion. Support must reflect the learner's needs and the actual activity, with safe arrangements agreed before the placement or affected session. Where arrangements are not yet adequate, the Director will work with the learner, family, clinicians and commissioner to resolve them.

2 Responsibilities

Rebecca Knee oversees implementation, first-aid needs assessments, insurance, staffing, training records and incident review. Rebecca is the named first aider at Nunney and Woodhayse and holds Paediatric First Aid. Ellen Vellacott provides first aid for outdoor provision and holds Forest School First Aid and Paediatric First Aid. Record certificate scope, validity and expiry dates in the training register.

Rebecca and Ellen may administer agreed medication within their competence and the learner's written plan. First-aid qualifications do not themselves demonstrate competence for specialist medication procedures. Any necessary individual training and competence confirmation must be obtained from an appropriate healthcare professional.

The Director must check adequate first-aid provision for adult learners and employees as well as children; paediatric certificates alone do not establish this. Cover must account for staff absence and a first aider accompanying a casualty. No session may proceed without the support required by its assessment.

3 Framework and records

This organisation-specific policy draws on DfE, HSE, NHS and local council material. School guidance is a good-practice reference; school-specific duties, council indemnities and council reporting systems are not automatically applicable to this CIC. Read alongside safeguarding, lone working, health and safety, activity risk assessments and privacy/records policies.

The appendices provide site emergency sheets and forms for healthcare planning, consent, self-administration, dose recording and implementation checks. Forms may be completed securely in Google Workspace or on paper and digitised after checking completeness and readability.

First aid and emergency arrangements

4 Assessing needs and preparing sessions

Record a first-aid needs assessment for each venue and activity, considering learner ages, health needs, group size, activity hazards, remoteness, access and staff competence. Review annually and after a material change or incident. Assess additional training needed for outdoor or higher-risk activities.

Each venue has an accessible first-aid kit in a cupboard near, but separate from, medication storage. Ellen has a portable kit for outdoor sessions. Staff check supplies and expiry dates and replace used items. Use appropriate gloves and infection-control measures, and arrange safe disposal of contaminated materials and sharps where relevant.

All venues have reported good mobile signal and Wi-Fi calling. Before sessions, check a charged working phone, essential medical information and required medicines. Check the actual outdoor area. If emergency communication is not reliable, relocate or suspend the affected activity.

5 Staffing for groups and one-to-one work

Group sessions have another adult available to summon help and supervise other learners. One-to-one staffing is assessed for each learner before commissioning, using referral information and discussions with the learner, parents/carers and relevant school or council. Where medical or behavioural risks require it, another staff member must be available on site, even if working elsewhere.

For sessions with only one adult, the written plan must show how help will be summoned while supporting the learner. A phone is not a substitute for another adult where the assessment requires one. Agree and resource changes before the affected session.

6 Emergency response

Make the immediate area safe, summon the first aider and call 999 or 112 without delay for a life-threatening emergency. Follow the call handler's instructions. Do not wait for parent permission. Give the venue address, exact casualty location, symptoms and access barriers; at the Quarry describe the approximately ten steps down.

Provide first aid within training and follow the learner's prescribed emergency plan. Do not move an injured person unless necessary to avoid immediate danger or directed by emergency professionals. Where another adult is available, send them to meet responders and supervise the group. Do not leave a casualty unsupported to fetch distant equipment; follow dispatcher advice when alone.

Inform parents/carers or the adult learner's agreed contact as soon as practicable. Support the learner until appropriate handover, arranging accompaniment where feasible without leaving others unsafe. Give responders medication details and record the event.

No on-site defibrillator is confirmed. Community locations are listed for planning only. In an emergency the ambulance service can advise on access and retrieval. Do not delay emergency calls or necessary resuscitation to search online.

Healthcare plans consent and self administration

7 Planning before placement

Gather medical needs, allergies, emergency contacts, current medicines and support requirements at enrolment. Agree an individual healthcare plan for ongoing, complex or emergency needs with the learner, appropriate family members and healthcare professionals. Include the commissioner where relevant. A referral or EHCP does not replace clear medication directions.

The plan must identify triggers, warning signs, routine and emergency actions, medicines, storage/carriage, staff competence, supervision, communication needs and when to call emergency services. Plan outdoor sessions and transfers between sites explicitly. Review at least annually, following an incident or when treatment changes.

8 Consent and capacity

Involve the learner using accessible communication. For children, obtain written parental consent where appropriate and verify parental responsibility or authority for children in care. A carer's involvement alone does not establish authority.

Young people aged 16–17 and adults are presumed able to consent unless there is evidence otherwise. Some under-16s can also consent to their treatment. Seek appropriate healthcare advice where competence, capacity, confidentiality or disagreement needs assessment. Where an adult cannot decide, follow a documented capacity and best-interests process with relevant professionals and any legally authorised representative; routine parental consent is not a substitute. Never force or conceal medicines.

9 Supported self administration

Supported self-administration is preferred when safe, agreed and recorded. Assess understanding of the medicine, timing and dose, ability to use it, remembering doses, safe storage, risks to others and ability to ask for help. Do not assume independence from age or diagnosis.

Specify whether the learner carries medicines, retrieves them from storage, needs prompting or requires observation. Record how doses are logged, missed doses identified and concerns escalated. Distinguish observed doses from learner-reported doses. Reassess after an error, changed treatment or difficulty. Preserve immediate access to prescribed emergency medicines.

10 Accepting medication

Use a separate consent/instruction record for each medicine. Prescribed medicines must carry the learner's dispensing label; non-prescription medicines must be in original packaging with manufacturer instructions and the learner's name added. Check identity, expiry, condition, allergies, storage and last dose. Do not accept loose or unidentified tablets.

Agree the reason, dose, route, timing and duration. For as-required medicines, specify symptoms, minimum interval, maximum in 24 hours and escalation. Resolve discrepancies with the pharmacist or prescriber before routine administration; do not guess or change treatment on informal verbal instructions. For emergencies seek clinical help immediately.

Medication administration and storage

11 Staff administration

Only named, authorised and competent staff may administer agreed medicines. Check the learner, medicine and strength, dose, route, time, written authority, expiry and healthcare plan. Check previous doses, including at home, and relevant other medicines to avoid duplication.

Use the correct measuring device, prepare for one learner at a time and do not leave medicines unattended. Explain the procedure. Do not crush tablets, open capsules or mix medicines with food without specific pharmacist or prescriber authorisation. Use any independent check required by the individual plan or specialist procedure.

Record immediately afterwards: actual date/time, medicine, strength, dose, route, staff member and outcome. Never sign before administration. Record refusals and omissions with reasons and action.

12 Non-prescription medicines and limits

Non-prescription medicines are accepted only under an agreed written arrangement explaining the need, appropriate consent and clear instructions. Check age restrictions, manufacturer directions, last dose and possible duplication. Ask a pharmacist or clinician where suitability is uncertain. Aspirin must not be given to under-16s unless prescribed by a doctor. Never share medicines between learners.

Specialist procedures require a specific healthcare plan and confirmed staff competence. Parental directions or first-aid training alone are insufficient. This policy does not authorise unprescribed stock emergency medicines under arrangements restricted to eligible schools.

13 Storage custody and emergency access

Routine medicines are kept in individually labelled containers in a small locked medication box within a cupboard at each venue. Access is restricted to authorised staff, with cover arrangements. Keep medicines separate from first-aid supplies and food. Record receipt, transfers, returns and quantities where relevant; check expiry dates.

Emergency medicines must be protected from misuse but immediately accessible; locks must not delay treatment. Prescribed adrenaline auto-injectors should remain with the learner or responsible adult during activities, including outdoors, normally with two prescribed devices available in accordance with clinical advice. A nearby cupboard alone is not a sufficient anaphylaxis arrangement. Other rescue medicines must follow the individual plan.

Refrigerated medicines require suitable secure storage and temperature monitoring according to instructions; this must be confirmed before acceptance as no fridge arrangement is established here. Controlled medicines require secure custody, recorded quantities and running balances, with explicit arrangements for any permitted self-carrying.

14 Problems and disposal

Do not force a refused dose. Record refusal, omission, spillage or vomiting and follow the plan; seek clinical advice before repeating a dose. For an error, overdose or reaction seek prompt clinical advice, calling 999 for serious or rapidly worsening symptoms. Inform the Director and appropriate contact, retain packaging and record facts.

If essential medication is missing, expired or inaccessible, obtain replacement or clinical advice before the affected activity. Return unused or expired medicines to the learner or authorised adult with a recorded handover and advice to use a pharmacy for disposal. Do not put medicines in ordinary waste.

Incidents recording and implementation

15 Medical incidents

Individual plans must cover relevant conditions such as asthma, epilepsy, diabetes and allergies without staff inventing doses. For suspected anaphylaxis follow training and the prescribed plan, use the available prescribed adrenaline device promptly and call 999. Antihistamines do not replace adrenaline for anaphylaxis. Follow clinical instructions and dispatcher advice about further treatment.

Assess head injuries promptly, record them and communicate directly with the appropriate parent/carer or adult learner. Give current approved follow-up advice and escalate concerns. A sticker or message alone is not a substitute for assessment and handover. Staff do not diagnose concussion or authorise return to risk contrary to medical advice.

Provide a suitable supervised area for an unwell learner, protecting dignity and infection control. Agree collection or clinical assessment. Involve an adult learner's chosen contact with consent unless emergency or safeguarding grounds justify necessary disclosure.

16 Records and reporting

Record first aid, medical incidents, medicines and significant self-administration concerns: person, venue, date/time, circumstances, action, medicines, staff, advice, notifications and handover. Record near misses for review. Communicate doses and incidents before departure or sooner when needed, to avoid duplicate dosing.

Store records in restricted Google Workspace folders. Essential emergency information must remain accessible during sessions if a connection fails. Protect working paper copies and digitise them accurately before secure disposal, unless originals must be preserved. The Director must set justified retention periods with regard to age, commissioning, insurance and claims; no blanket period is invented here.

The Director assesses external reporting, including RIDDOR where applicable, safeguarding, commissioner and insurer requirements. Not every first-aid event requires external reporting. Preserve evidence and disclose only necessary information.

17 Training and review

Induction must cover this policy, medicine custody, emergency calls, site access and learner plans. Keep certificates, competence evidence and refresher dates. Review annually and following significant changes or incidents. Complete the readiness form before adoption, especially adult first-aid coverage, certificate expiry, medicine access and site directions.

Verify Nunney's emergency address with the hall manager: the supplied address differs from one public directory. Use a locally checked entrance/location. Complaints follow Creative Makers' complaints procedure; immediate safeguarding concerns follow safeguarding arrangements.

Approval

Policy owner: Rebecca Knee, Director
Prepared: 26 September 2026
Approval signature: _____RKNEE_____ Date: ____26.09.2026_____
Complete operational checks before recording approval.

Site emergency sheet — Woodhayse Studio

Emergency: 999 or 112 | Give exact location and callback number

Venue and first aider

Woodhayse, Millards Hill, Trudoxhill, BA11 5DW
One-to-one mentoring and group work
Rebecca Knee — Paediatric First Aid

Equipment and medicine access

First-aid kit: accessible cupboard near, but separate from, medicine storage. Routine medication: locked box in cupboard. Emergency medication: immediate access according to the individual plan; prescribed adrenaline pens with learner/responsible adult during activities. Check full-age-range first-aid coverage and staff availability.

Ambulance access

Ambulances can drive up to the building. Confirm entrance signs and any gate arrangements.

Communication and staffing

Good mobile signal and Wi-Fi calling reported. Check a charged phone before each session. Identify who calls and meets responders and supervises others; apply individual staffing arrangements for one-to-one work.

Community defibrillator

White Hart Inn, Trudoxhill: wall of the pub, listed in Postlebury Annual Guide 2023. Older listing; verify locally. This is not an on-site device or guaranteed availability. Follow ambulance service advice; do not delay essential first aid or leave the casualty unsupported to fetch it.

_____

Site emergency sheet — Nunney Village Hall

Emergency: 999 or 112 | Give exact location and callback number

Venue and first aider

Berry Hill, Nunney, BA11 4NR — supplied address, pending local verification
One-to-one mentoring and group work
Rebecca Knee — Paediatric First Aid

Equipment and medicine access

First-aid kit: accessible cupboard near, but separate from, medicine storage. Routine medication: locked box in cupboard. Emergency medication: immediate access according to the individual plan; prescribed adrenaline pens with learner/responsible adult during activities. Check full-age-range first-aid coverage and staff availability.

Ambulance access

Ambulances can drive up to the building. A Somerset directory instead lists Ridgeway Lane, BA11 4NS. Confirm the actual emergency entrance and postcode with the hall manager.

Communication and staffing

Good mobile signal and Wi-Fi calling reported. Check a charged phone before each session. Identify who calls and meets responders and supervises others; apply individual staffing arrangements for one-to-one work.

Community defibrillator

George Inn, Nunney: passageway/tunnel to car park, listed by Nunney Parish Council. Verify access and route. This is not an on-site device or guaranteed availability. Follow ambulance service advice; do not delay essential first aid or leave the casualty unsupported to fetch it.

_____

Site emergency sheet — The Quarry

Emergency: 999 or 112 | Give exact location and callback number

Venue and first aider

The Quarry, Witham Friary, Frome, BA11 5HD
Outdoor education
Ellen Vellacott — Forest School First Aid and Paediatric First Aid

Equipment and medicine access

First-aid kit: accessible cupboard near, but separate from, medicine storage. Routine medication: locked box in cupboard. Emergency medication: immediate access according to the individual plan; prescribed adrenaline pens with learner/responsible adult during activities. Check full-age-range first-aid coverage and staff availability.

Ellen carries a portable first-aid kit for outdoor sessions. Check rescue-medicine carriage and access before moving away from base.

Ambulance access

Ambulances can drive to the venue. Approximately ten steps lead down into the quarry. Tell the call handler; meet responders and explain the access. Do not attempt unsafe casualty lifting.

Communication and staffing

Good mobile signal and Wi-Fi calling reported. Check a charged phone before each session. Identify who calls and meets responders and supervises others; apply individual staffing arrangements for one-to-one work.

Community defibrillator

Witham Friary Village Hall: installation confirmed in parish council minutes, 14 April 2026. Confirm exact cabinet position and access. This is not an on-site device or guaranteed availability. Follow ambulance service advice; do not delay essential first aid or leave the casualty unsupported to fetch it.

Appendix A Individual healthcare plan

Complete with the learner, appropriate family members and relevant clinician. Attach condition-specific clinical instructions. This form does not prescribe treatment. All form are digitised Google forms

Learner name, date of birth and communication needs

_____

Venues, placement dates, plan date and review date

_____

Conditions, allergies, triggers and relevant risks

_____

Routine support and medicines; attached instructions

_____

Warning signs, emergency actions and when to call 999

_____

Medicine location/carrier and outdoor arrangements

_____

Self-administration level and consent/capacity/authority basis

_____

Staff competence, backup and lone-working restrictions

_____

Healthcare professional and emergency contacts

_____

Learner/family/staff agreement, signatures and dates

_____

Appendix B Medicine consent and instructions

Use one form per medicine. Check against the dispensing label or packaging and professional advice. Consent does not authorise staff to change a prescribed dose. All form are digitised Google forms

Learner, DOB, venue and allergies

_____

Medicine, formulation, strength and reason

_____

Prescribed/non-prescription; prescriber/pharmacist if relevant

_____

Dose, route, time, start date and end/review date

_____

As required: symptoms, interval, maximum in 24 hours and escalation

_____

Last dose/other medicines and duplication precautions

_____

Storage, expiry, measuring device and training needs

_____

Method: independent / prompted / observed / staff administered

_____

I confirm the information is accurate, agree to these arrangements and will report changes promptly.

Consent: name, signature, date and lawful authority where relevant

_____

Staff acceptance, date and healthcare-plan reference

_____

Appendix C Self administration agreement

All form are digitised Google forms

Learner, medicines, venues, date and review date

_____

Understanding of purpose, dose, timing and use

_____

Ability to remember, measure/use, recognise difficulties and ask for help

_____

Storage/carriage and protection of other learners

_____

Support required: none / prompts / observation / assistance

_____

How doses are recorded and shared to prevent duplication

_____

Action if a dose is missed, refused, lost or a problem occurs

_____

Emergency access and adult responsible if learner cannot act

_____

Learner agreement and relevant parent/representative authority

_____

Staff assessment/approval and clinician input where needed

_____

Never share medicines. Record whether a dose was observed or learner-reported. Reassess after changes or errors without removing independence solely because of age or diagnosis.

Appendix D Medication administration record

Use one sheet per learner/medicine and additional sheets as required. Complete after each event, never in advance. Record omissions/refusals and action, not unexplained blanks. All form are digitised Google forms

Learner, DOB, venue and allergies

_____

Medicine, strength, route, agreed dose and plan reference

_____

Entry 1

Date/time: _____ Dose: _____ Route: _____
Given by staff / observed self-dose / learner-reported / not given: _____
Reason if not given, action and outcome: _____
Staff name/signature: _____
Parent/carer/learner notification and time: _____

Entry 2

Date/time: _____ Dose: _____ Route: _____
Given by staff / observed self-dose / learner-reported / not given: _____
Reason if not given, action and outcome: _____
Staff name/signature: _____
Parent/carer/learner notification and time: _____

Entry 3

Date/time: _____ Dose: _____ Route: _____
Given by staff / observed self-dose / learner-reported / not given: _____
Reason if not given, action and outcome: _____
Staff name/signature: _____
Parent/carer/learner notification and time: _____

Receipt transfer or return

Date/time: _____ Medicine/quantity: _____
Received / transferred / returned: _____ Balance if required: _____
From/to and signatures: _____

Appendix E First aid and medication readiness check

All form are digitised Google forms

Complete for each venue/activity before adoption and after changes. Attach certificates and individual training evidence. Record actions and completion dates rather than assume controls exist.

Venue/activity, assessor/date and review date

_____

Learner ages/numbers, needs and activity hazards

_____

Required qualifications/staff numbers and adult/workplace coverage

_____

Named staff, course/provider, certificate expiry and evidence

_____

Medication-specific procedure, trainer and competence confirmation

_____

Absence cover, supervision and one-to-one emergency arrangements

_____

Kit supplies, facilities and last check

_____

Medicine keys/access/carriage/refrigeration if needed

_____

Emergency address/entrance, communication and AED verification

_____

Actions, owners, deadlines and approval

_____

Appendix F First aid and medical incident record

All form are digitised Google forms

Record facts and advice received, not an unsupported diagnosis. For medicine errors also complete the medication record. Store securely.

Person, date of birth/identifier and venue

_____

Date/time, location, activity and witnesses

_____

Event and symptoms/injury observed

_____

First aid and medicines given; exact times and staff

_____

999/111/clinical advice: source, time, instructions and response

_____

Family/agreed contact: who, when and information shared

_____

Handover, collection/hospital arrangements and person receiving care

_____

Follow-up advice, monitoring and restrictions

_____

Director review, external reporting decision/reason and actions

_____

Completed by, signature/date and related record references

_____

Reference guidance

Sources checked 26 September 2026. Local details require operational verification. Blank forms are tailored to Creative Makers and are not council approval documents.

DfE medical conditions guidance and editable templates
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

DfE first-aid guidance
https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education

HSE first-aid needs assessment
https://www.hse.gov.uk/simple-health-safety/firstaid/assess-business-need.htm

Wiltshire Medication for Pupils Policy HS027s, April 2021
https://rightchoice.wiltshire.gov.uk/Pages/Download/b3a0c727-2af8-4b0d-a289-5cc94aebfc4a/PageSectionDocuments

Somerset medical conditions/head injury guidance, April 2026
https://www.supportservicesforeducation.co.uk/Article/187084

NHS consent for children and young people
https://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/

NHS consent and capacity
https://www.nhs.uk/tests-and-treatments/consent-to-treatment/capacity/

NHS anaphylaxis
https://www.nhs.uk/conditions/anaphylaxis/

NHS SPS self-administration assessment
https://sps.nhs.uk/articles/assessment-and-storage-of-medicines-for-self-administration/

Nunney community defibrillator
https://nunneyparishcouncil.com/contact-information

Witham Friary defibrillator confirmation
https://withamfriary-pc.gov.uk/documents/minutes-14-04-2026/

Trudoxhill defibrillator listing, 2023
https://www.postleburychurches.org/wp-content/uploads/Low-res-Postlebury-Annual-Guide-2023.pdf