NATIONAL YOUTH MUSIC THEATRE

IN TUNE WITH YOU

FIRST AID & MEDICAL POLICY

P-FA-2611/1

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DEFINITIONS

First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack for anyone over 16.

FAW means First Aid at Work (three-day course).

EFAW means Emergency First Aid at Work (one-day course).

Primary First Aiders are members of Staff who have an in-date first aid qualification, and may have additional experience, and have been identified by the Head of Pastoral Care as a Primary First Aider.

First Aiders are members of Staff who have completed an approved First Aid course and hold a valid certificate of competency in FAW or EFAW or an approved alternative qualification.

Pastoral Staff refers to those who have the responsibility of looking after Young Company Members at NYMT activities, and who may or may not be trained in First Aid. Pastoral Staff are authorised to dispense certain medication, including paracetamol, as defined in this policy.

Pastoral Lead refers to the Staff member designated as the person responsible for a group of Young Company Members and other pastoral Staff, such as in a boarding house or other residency.

Staff refers to all those working for or on behalf of NYMT, full time or part time, in either a paid or voluntary capacity.

Young Company Members are NYMT participants (students), and which are generally between the ages of 10 and 23.

DSL is the Designated Safeguarding Lead.

Medical Log is the record kept by NYMT of accidents and illnesses relating to Young Company Members at NYMT activities. This is held on CPOMS.

POLICY AIMS

The aims of this policy are:

- to ensure that NYMT provides adequate, safe and effective First Aid provision in order for every Young Company Member, member of Staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor;
- to ensure that all Staff and Young Company Members are aware of the procedures in the event of any illness, accident or injury;
- to ensure that First Aid provision is appropriate.

ROLES & RESPONSIBILITIES

The NYMT Board of Trustees has ultimate responsibility for health and safety on activities arranged by NYMT. In order to help them discharge their duties, the Trustees have appointed the CEO to oversee and supervise health and safety at NYMT on their behalf and delegate full authority to the CEO to do so.

These duties include ensuring that:

- there is adequate and appropriate First Aid equipment, facilities and qualified First-Aid Personnel on NYMT sites and for ensuring that the correct First Aid procedures are followed;
- suitable and sufficient risk assessments of the Staff, Young Company Members and visitors to NYMT activities are carried out.

The CEO delegates day-to-day First Aid arrangements to the Head of Pastoral Care and oversees a needs assessment as part of each activity's general risk assessment.

It is the responsibility of **all Staff** to be aware of the First Aid procedures and know who to contact in the event of any illness, accident or injury. All Staff will always use their best endeavours to secure the well-being and welfare of the Young Company Members.

Pastoral Staff are required to know how to identify the locations of all the activities for which they are providing supervision, or to know how to access this information quickly, in order that an ambulance can be called, if necessary, without delay.

All Staff in direct contact with Young Company Members are required to know how to use an Adrenaline Auto Injector and to know how to recognise an asthma attack, anaphylactic reaction, or any other illnesses as deemed relevant. Pastoral Staff should also know how to care for a person suffering an epileptic seizure or suffering from a head injury. Information relating to these are included in Appendices to this Policy and the Pastoral Staff Handbook.

PRIMARY FIRST AIDERS

There will always be at least one on-call Primary First Aider at NYMT residential projects. The Primary First Aiders, all of whom will have an in-date first aid qualification, will be identified to Pastoral Staff at the start of each project.

AVAILABILITY OF FIRST AID

First aid kits are available in all locations used by NYMT, whether kits owned by NYMT or by trusted venues used by NYMT; this includes all boarding residences used by NYMT. It is the responsibility of the Primary First Aiders and the Pastoral Leads to ensure that First Aid provisions supplied are used and stored appropriately. Before each activity, the Pastoral Lead identifies the nearest defibrillator (AED) and records its location in the staff briefing. Where a venue holds spare adrenaline auto-injectors or salbutamol inhalers, the Pastoral Lead confirms where they are kept.

Welfare packs are also available to Pastoral Staff, which include spillage kits and authorised medication.

The Head of Pastoral Care or, if delegated, the Pastoral Lead or a Primary First Aider, will take responsibility for any individual medical requirements for Young Company Members in their charge, such as adrenaline auto-injectors and inhalers, where the Young Company Member is under 18.

MEDICAL INFORMATION AND HEALTHCARE PLANS

Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication on the course Personal Information Forms. This requirement will not prevent a Young Company Member of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

For any Young Company Member with a condition that may need emergency treatment or daily management – for example anaphylaxis, asthma, epilepsy, diabetes or a significant mental health need – the Head of Pastoral Care agrees an individual healthcare plan with the parents and the young person before the project. The plan sets out the condition, triggers, signs to watch for, daily care, emergency action, medication and who to contact. Where a young person has an allergy action plan from their doctor, it forms part of their healthcare plan.

NYMT shares allergies and dietary needs with the venue's catering team before each residential and confirms how allergens will be managed.

For Young Company Members aged 18 and over, medical information is shared with parents only with the young person's consent, except in an emergency.

The Head of Pastoral Care will be responsible for reviewing confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a Young Company Member's functioning at NYMT to other Staff on a 'need to know' basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of members of the NYMT community.

MINOR AILMENTS

Pastoral Staff (and Pastoral Staff only) are authorised to treat minor ailments as follows:

- headaches or backaches with drinks of water and rest, with paracetamol (tablets or liquid) only as a last resort;
- wasp stings and insect bites with over-the counter antihistamine cream;
- hay fever, where there is no prescribed remedy, with over-the counter antihistamine;
- cuts and scrapes with an antiseptic wipe and a plaster;
- indigestion with over-the counter indigestion tablets.

Parents of children under 16, or Young Company Members aged 16 or over, may opt out of any of the above by indicating this on their Personal Information Form.

Any dispensing of medication must be logged in the Medical Log, which must be consulted prior to dispensing in order that the previous time of dispense can be checked, and that any opt-outs for any of the above medications can be checked.

MEDICINES MANAGEMENT

All medication brought to an NYMT activity must be listed on the Personal Information Form and be in its original packaging; prescribed medication must carry the pharmacy label showing the young person's name and dose.

Young Company Members prescribed adrenaline are asked to bring two in-date devices to every NYMT activity. Older Young Company Members carry both. For younger Young Company Members, the healthcare plan may provide for the young person to carry one device while a member of Pastoral Staff carries the second in a designated orange pouch; the pouch stays with the young person's group at all times, including at mealtimes and overnight, and handover between staff is recorded on the duty rota. Young Company Members carry their own asthma inhalers and, where agreed in their healthcare plan, diabetes supplies.

Other medication for under-18s is handed to the Pastoral Lead on arrival and stored securely. It is given by Pastoral Staff, or taken by the young person under supervision where agreed with parents. Young Company Members aged 18 and over may keep their own medication, stored securely and not shared.

Controlled drugs are prescription medicines controlled under the Misuse of Drugs Act 1971 because of their potential for misuse – for example, stimulant ADHD medications such as methylphenidate and lisdexamfetamine, and some strong painkillers. Parents identify any controlled drugs on the Personal Information Form; if unsure, staff check with a pharmacist. Controlled drugs are always kept securely, in a locked container or, when working across multiple locations, held on their person by a named member of Pastoral Staff. Only named staff have access. Controlled drugs are counted in on arrival and out on departure, and every dose is recorded on the Medical Log. Young Company Members aged 16 and over may carry their own controlled medication where their parents agree and the Pastoral Lead is satisfied they can keep it safe; passing it to anyone else is an offence.

Every dose given or supervised is recorded in the Medical Log, with the name, medication, dose, time and staff member. Missed or refused doses are recorded and parents of under-18s are informed.

Medication is returned to the young person or parent at the end of the activity. Staff never give a young person medication prescribed for someone else, except adrenaline where directed by a 999 call handler (Appendix B).

PROCEDURE IN THE EVENT OF ILLNESS

Young company members will be instructed to visit a member of Pastoral Staff at any time should they feel unwell. During residential projects, all Young Company Members will be made aware of the location of Pastoral Staff overnight. The Head of Pastoral Care or, if unavailable, the Pastoral Lead will assess the situation and decide on the next course of action. The Primary First Aider or, if unavailable, a First Aider will provide First Aid as required.

The Head of Pastoral Care, in consultation with colleagues, will discuss with parents the procedures for Young Company Member who may become ill or infectious and take necessary

steps to prevent the spread of infection and illnesses. Where a Young Company Member is aged 18 or older, these discussions will take place with the Young Company Member.

PROCEDURE IN THE EVENT OF A MEDICAL EMERGENCY

If someone is unresponsive and not breathing normally, call 999, start CPR and send someone for the nearest defibrillator.

If in doubt as to whether something is a medical emergency, it should be treated as such. The Pastoral Staff member will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. All Pastoral Staff are trained in the use of Adrenaline Auto Injectors (AAI), but all NYMT Staff are authorised to use an AAI if necessary.

A First Aider, if not already present, should be called for. If the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance.

Staff should not drive unwell Young Company Members in their own cars, and should always use a taxi, ambulance or another driver with appropriate insurance.

Arrangements should be made to ensure that any Young Company Member under the age of 18 is accompanied in the ambulance or followed to hospital by a member of Pastoral Staff unless or until a parent or carer is present.

When a Young Company Member goes to hospital, the accompanying staff member takes their healthcare plan and any medication, as well as a digital device that allows them to access the Young Company Member's medical information.

The Head of Pastoral Care should always be informed as soon as practicable if an ambulance has been called.

MENTAL HEALTH EMERGENCIES

Panic attacks, self-harm and suicidal thoughts are both medical and safeguarding matters. If a young person has seriously injured themselves, may have taken an overdose or other substance, or is at immediate risk, call 999 and do not leave them alone. A suspected overdose is always an emergency, even if the young person appears well. In all cases, staff give first aid as needed and inform the DSL immediately.

INTIMATE CARE

Defined as the application of care or medical treatment other than to arms, face or legs below the knee, intimate care of Young Company Members is not expected of NYMT Staff; as such, NYMT does not have a separate intimate care policy. In the rare instance that such care may be necessary, permission must be sought from the Young Company Members, their parent or carer (where they are under 18), and the Head of Pastoral Care. At all times must the Safeguarding

Policy be followed. A second adult should be present, and any intimate care administered must be reported in writing to the DSL.

Where intimate care is needed urgently, the requirements above should not prevent a willing member of Staff administering intimate care to prevent harm to the Young Company Member. In this situation, the member of Staff must make a full written report as soon as possible to the DSL.

CONTROL OF INFECTIOUS DISEASE

All NYMT Staff are expected to promote general good practice among all company members in the prevention of the spread of disease. Where additional measures are deemed to be required by the Head of Pastoral Care, these will be communicated to Young Company Members, Staff and, if necessary, parents and carers.

Specific scenarios may require a separate risk assessment, with control measures communicated to Young Company Members, Staff, parents and carers. All members of the NYMT community are required to abide by these measures and any others set down by government or other relevant authority.

REPORTING & MONITORING

All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the NYMT Medical Log. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. Any First Aid treatment given should also be noted, with the name of the person dealing with the accident. What happened to the injured or ill person immediately afterwards should also be recorded. Medical Log records are kept at least until the Young Company Member reaches the age of 25, or for three years after the incident if later.

All such events (unless very minor) should be reported to the parents of a Young Company Member involved where they are under 18. This would usually be undertaken by the Head of Pastoral Care or the Pastoral Lead.

Where a Young Company Member, visitor or member of the public is taken directly to hospital for treatment following an accident connected with an NYMT activity, or a member of staff is seriously injured or unable to work for more than seven days, the incident may be reportable to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The Pastoral Lead informs the CEO the same day; the CEO decides on reporting, liaising with the venue where the incident happened on its premises. Serious incidents are also considered for reporting to the Charity Commission (Safeguarding Policy 6.2.6).

The CEO will regularly review the systems and management of medical welfare including the Medical Log to take note of trends in accidents, injuries, and illnesses to identify whether a review or change in welfare practice is needed. The information may help identify training or other needs and be useful for investigative or insurance purposes.

APPENDIX A: ASTHMA ATTACKS

The signs are:

- worsening symptoms (cough, breathlessness, wheezing or tight chest);
- reliever (blue) inhaler is not helping;
- too breathless to speak, eat or sleep;
- breathing getting faster – unable to catch breath;
- unable to talk or complete sentences;
- tummy or chest ache, particularly in younger children.

Always consider anaphylaxis in someone with a known food allergy who has sudden breathing difficulty. If they are wheezy, give adrenaline first, then their asthma reliever. If in doubt, give adrenaline.

Call 999 if the person:

- is worried that it is a severe attack (they may ask you to call 999);
- is not getting better after 10 puffs of their inhaler;
- appears exhausted;
- has collapsed.

If the person uses a blue reliever inhaler:

1. Keep calm and sit up straight. Use a spacer if they have one. Do not let them lie down.
2. Take one puff of the reliever (blue) inhaler every 30 to 60 seconds, up to 10 puffs.
3. If the person feels worse at any point, or does not feel better after 10 puffs, call 999.
4. After 10 minutes, if the ambulance has not arrived, repeat step 2.

If the young person uses a MART inhaler (ages 12 and over):

1. Help them sit up and keep calm. Do not let them lie down.
2. Give one puff every 1 to 3 minutes, up to 6 puffs.
3. Call 999 if they do not have their inhaler, it is not helping after 6 puffs, or you are worried at any time.
4. If the ambulance has not arrived after 10 minutes and they are not improving, repeat step 2.
5. If they are still not better and no ambulance has arrived, call 999 again.

A young person who normally uses a MART or anti-inflammatory reliever (AIR) inhaler can safely use a blue reliever in an emergency. Always follow the young person's own asthma action plan where they have one.

Any person experiencing an asthma attack should see a GP or asthma nurse, ideally on the same day if they do not need hospital treatment.

APPENDIX B: ANAPHYLAXIS

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings.

Call 999 and say 'anaphylaxis' if:

- the person's lips, mouth or tongue suddenly become swollen;
- they're breathing very fast or struggling to breathe (they may become very wheezy or feel like they're choking or gasping for air);
- their throat feels tight or they're struggling to swallow;
- their skin, tongue or lips turn blue, grey or pale (if they have black or brown skin, this may be easier to see on the palms of their hands or soles of their feet);
- they suddenly become very confused, drowsy or dizzy;
- someone faints and cannot be woken up;
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face).

Procedure in the event of suspected anaphylaxis:

1. Use an adrenaline auto-injector (e.g EpiPen) if the person has one.
2. Call 999 and say 'anaphylaxis'.
3. Lie the person down and raise their legs. If they are struggling to breath, you can raise their shoulders or sit them up slowly.
4. In the case of a sting, try to remove it if it is still in the skin.
5. After 5 minutes, use a second adrenaline auto-injector if symptoms have not improved.

Do not allow the person to stand or walk at any time, even if they feel better.

How to use an adrenaline auto-injector:

Adrenaline auto-injectors (e.g. EpiPen, Jext) are injected into the outer thigh and can be given through clothing. Some young people are prescribed an adrenaline nasal spray instead. Follow the instructions printed on the device; staff training covers the devices in use.

Anaphylaxis may occur without skin symptoms. Always consider anaphylaxis in someone with a known food allergy who has sudden breathing difficulty. If they are wheezy, give adrenaline first, then their asthma reliever. **If in doubt, give adrenaline.**

Young Company Members prescribed adrenaline must bring two in-date devices to every NYMT activity.

Use the young person's own device. If it is unavailable or fails, call 999 immediately and follow the call handler's advice. A spare device held by a venue may be used to save life. Staff do not use a device prescribed for another person unless directed to by the 999 call handler.

APPENDIX C: EPILEPTIC SEIZURES

If you see someone having a seizure or fit, there are some simple things you can do to help.

It might be scary to witness, but do not panic.

If the young person's healthcare plan includes emergency rescue medication, trained staff give it as the plan states.

1. **Stay calm** – ask others to leave the area and summon additional adult assistance.
2. **Look around** – is the person in a dangerous place? If not, do not move them. Move objects such as furniture away from them.
3. **Note the time** the seizure starts.
4. **Stay with them.** If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Do not hold them down** or restrain their limbs.
7. **Do not put anything in their mouth.**
8. **Check the time again.** If a convulsive (shaking) seizure does not stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped,** put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or vomit. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
10. **Stay with them until they are fully recovered.** The Head of Pastoral Care will call the Young Company Member's parents if they are under 18 years old.

Call 999 if:

- The seizure does not stop after 5 minutes
- The person is having difficulty breathing or is seriously injured
- You are not aware that they have a history of seizures
- They have another seizure without recovering fully from the first seizure

APPENDIX D: HEAD INJURIES

Most head injuries are not serious, but some symptoms require urgent medical help. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks. All head injuries must be reported and logged.

Call 999 if someone has hit their head and has:

- been knocked out and has not woken up;
- difficulty staying awake or keeping their eyes open;
- a fit (seizure);
- fallen from a height more than 1 metre or 5 stairs;
- problems with their vision or hearing;
- a black eye without direct injury to the eye; [continues next page]

- clear fluid coming from their ears or nose;
- bleeding from their ears or bruising behind their ears;
- numbness or weakness in part of their body;
- problems with walking, balance, understanding, speaking or writing;
- hit their head at speed, such as in a car crash, or being hit by a vehicle;
- a head wound with something inside it or a dent to the head.

Take the person to A&E if someone has hit their head and has:

- been knocked out but has now woken up;
- vomited (been sick) since the injury;
- a headache that does not go away with painkillers;
- a change in behaviour, like being more irritable or losing interest in things around them;
- been crying more than usual (especially in young children);
- problems with memory;
- been drinking alcohol or taking drugs just before the injury;
- a blood clotting disorder (like haemophilia) or they take medicine to thin their blood;
- had brain surgery in the past.

Caring for a minor head injury

If the person does not need to go to hospital, they can usually be looked after as follows:

- Hold an ice pack to the area regularly for short periods in the first few days to reduce swelling.
- Rest.
- Paracetamol to treat a slight headache.
- Monitoring by an adult.

In all instances of head injury to Young Company Members, a record should be made in the medical log and the Pastoral Lead must be informed. Parents of children should also be informed in writing about the injury by the Head of Pastoral Care.

APPENDIX E: POLICY UPDATES & REVIEW

This version dated 1 November 2026.

Date of next review: November 2027.

The following updates were made since the previous version:

- Added a first aid needs assessment to activity planning, and defibrillator locations to staff briefings
- Added individual healthcare plans, allergy information for caterers, and confidentiality for participants aged 18+
- Added a Medicines Management section, including controlled drugs
- Added a Mental Health Emergencies section, linked to the Safeguarding Policy
- Extended Medical Log retention, and added RIDDOR and Charity Commission reporting

- Updated Appendix A (asthma) for MART and AIR inhalers
- Updated Appendix B (anaphylaxis): current devices, adrenaline first, two devices, what to do if a device is unavailable or fails
- Added rescue medication to Appendix C (epilepsy)
- Corrections to definitions, first aid qualifications and role titles

