



FIRST AID & MEDICAL POLICY

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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. A First Aider can assist an individual to take aspirin when an ambulance is on route.

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 at least completed an approved FAW course, or a comparable three-day alternative qualification, and may have additional experience, and have been identified by the CEO 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 which has been identified in place of FAW or EFAW which meets the requirements of the First Aid Guidance.

First Aid Guidance is the First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance (Health and Safety Executive, L74, 3rd Edition, 2013).

Pastoral Staff refers to those who have the responsibility of looking after participants 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 participants 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.

Medical Log is the record kept by NYMT of accidents and illnesses relating to participants at NYMT activities.

POLICY AIMS

The aims of this policy are:

- to ensure that NYMT adequate, safe and effective First Aid provision in order for every participant, 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 participants are aware of the procedures in the event of any illness, accident or injury;
- to ensure that First Aid provision is available at all times while people are on NYMT activities.

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, participants and visitors to NYMT activities are carried out.

The CEO delegates day-to-day health and First Aid arrangements to the Head of Pastoral Care. Some responsibilities may in turn be delegated to the Primary First Aiders.

It is the responsibility of **all staff** to be aware of the First Aid procedure and know who to contact in the event of any illness, accident or injury. All staff will use their best endeavours, at all times, to secure the well-being and welfare of the participants.

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.

Pastoral Staff are also 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 participant suffering an epileptic seizure. Information relating to these illnesses 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 activities. The Primary First Aiders, all of whom have undergone a 3-day First Aid at Work or Paediatric First Aid course, will be identified to Pastoral Staff at the start of each course.

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.

Welfare kits 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 participants in their charge, such as Adrenaline Auto Injectors (Epipen) and Inhalers, where the participant is under 18.

INFORMATION ON PARTICIPANTS

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 participant 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.

The Head of Pastoral Care will be responsible for reviewing participants' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a participant'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 a participant or other 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;
- bruises with arnica cream and/or cold pads;
- indigestion with over-the counter indigestion tablets.

Parents of children under 16, or participants aged 16 or over, may opt out of any of the above by indicating this on the course 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.

PROCEDURE IN THE EVENT OF ILLNESS

Participants will be instructed to visit a member of Pastoral Staff at any time should they feel unwell. During residential courses, all participants 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 CEO or Head of Pastoral Care will discuss with parents the procedures for participant who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses. Where a participant is aged 18 or older, these discussions will take place with the participant.

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.

PROCEDURE IN THE EVENT OF A SERIOUS ACCIDENT OR INJURY

If in doubt as to whether something is a medical emergency, it should be treated as such.

If an accident occurs, the Pastoral Staff member will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance.

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 or planning to transport the injured person to A&E or access other appropriate medical services.

Staff should not drive unwell participants 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 participant 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 legal guardian is present.

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

INTIMATE CARE

Defined as the application of care or medical treatment other than to arms, face or legs below the knee, intimate care of participants 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 participant, the participant's 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 further harm to the participant. 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 participants in the prevention of the spread of disease.

Where additional measures are deemed to be required by the CEO or Head of Pastoral Care, these will be communicated to participants, staff and, if necessary, parents and carers.

Specific scenarios may require a separate risk assessment, with control measures communicated to participants, 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 and signature of the First Aider or person dealing with the accident. What happened to the injured or ill person immediately afterwards should also be recorded.

Records should be stored for at least three years.

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: HOW TO RECOGNISE AN ASTHMA ATTACK

The signs are:

- Persistent cough (when at rest)
- Wheezing sound coming from the chest
- Difficulty breathing
- Nasal flaring
- Unable to talk or complete sentences; some participants will go very quiet
- Trying to tell you that their chest 'feels tight'

Call an ambulance immediately and commence the asthma attack procedure without delay if the participant:

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

Treatment:

- Keep calm and reassure the participant
- Encourage them to sit up and slightly forward
- Use the participant's own inhaler, if not available, use an emergency inhaler
- Shake inhaler and insert into spacer (if applicable)
- Have the participant take a first puff and breath in and out of the inhaler 5 times
- Then take a second puff and repeat *[continues on the following page]*

Then:

- Repeat 2 puffs after two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the participant
- If participant's condition is not improving or they exhibit any of the signs listed above, call 999 for an ambulance
- If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way as before

APPENDIX B: HOW TO RECOGNISE ANAPHYLAXIS

These are the six key things to look for:

1. Difficulty breathing (e.g. tight chest and wheezing)
2. Swelling of the tongue and throat
3. Itchy or puffy eyes
4. An outbreak of blotchy skin
5. Anxiety
6. Signs of [shock](#)

What you need to do:

If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).

Dial 999 or 112 for an ambulance straight away and say "anaphylaxis". Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).

If the person knows what their allergy is, they may have medication with them, like an auto-injector (for example Epipen, JEXT or Emerade). This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body's allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.

Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.

If they become unresponsive, open their airway and check breathing. Follow the First Aid procedure for treating someone who is unresponsive.

APPENDIX C: HOW TO CARE FOR SOMEONE HAVING AN EPILEPTIC SEIZURE

Although it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal.

1. **Stay calm** – ask other participants to leave the area and allocate one to 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 participant's parents if they are under 18 years old.

Call for an emergency ambulance if:

- The seizure does not stop after 5 minutes
- The participant is 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: POLICY UPDATES & REVIEW

This version dated 1 June 2023.

Date of next review: June 2024

The following updates were made since the previous version:

Addition of the section 'Intimate Care'