First Aid, Medical Conditions, Medicines and Allergies Policy

Wayland Stables Care Farm

Policy owner: Jake Payne, Business Manager

Approval date: 06/08/2026

Effective date: 01/09/2026

Next review: August 2027, or sooner after a serious medical incident or material change

> **Medical emergency:** Call 999 immediately for a life-threatening or potentially life-threatening illness or injury. Any staff member may call 999 without managerial permission. Give first aid only within competence, follow the person's emergency plan where available, send someone to control access and ensure the padlocked gate is opened for responders, then inform the manager/supervisor and relevant safeguarding lead.

1. Policy statement

Wayland Stables Care Farm (WSCF) will provide timely, competent and proportionate first aid; enable people with medical conditions and allergies to participate safely; and manage medicines lawfully, accurately and with dignity. Safety-critical information and emergency medication will be available to the people who need them without unnecessary delay, while confidentiality is protected.

No child or adult participant will be excluded automatically because of a diagnosis, disability, allergy or medicine. WSCF will seek relevant information, assess its actual activities and rural environment, agree reasonable adjustments and obtain competent advice. WSCF will decline or pause an activity or placement only where essential information, trained support or a critical control is missing and the risk cannot yet be managed safely.

> **Key distinction:** First aid is immediate assistance after injury or sudden illness. Ongoing medical support and administration of medicines require an agreed plan, consent, competence and records. A first-aid certificate does not by itself authorise every clinical or medicines task.

2. Scope and responsibility boundary

This policy applies to WSCF employees, workers, volunteers and contractors and covers children and young people, adult participants, staff, visitors and contractors on site, during WSCF-controlled transport, and on off-site activities. It covers injuries, sudden illness, long-term and fluctuating medical conditions, disability-related health needs, allergies, emergency medication and routine medicines accepted by WSCF.

WSCF is a non-school alternative provider. The registered school or local authority that commissions a child placement retains its education, placement and statutory school duties. Parents/carers retain parental responsibility and supply current information, consent, medicines and equipment. WSCF remains responsible for safe delivery on its site and activities, for following agreed plans, and for escalating gaps rather than assuming another party has acted.

The statutory school guidance on supporting pupils with medical conditions does not automatically make WSCF a school. WSCF adopts its person-centred planning, inclusion, training and medicines principles as proportionate good practice. Any school-specific power to purchase or hold spare emergency medicines will be used only after WSCF has verified that it lawfully applies to this setting.

3. Legal and guidance framework

1. Health and Safety at Work etc. Act 1974 and the Health and Safety (First-Aid) Regulations 1981;
2. Management of Health and Safety at Work Regulations 1999 and applicable RIDDOR duties;
3. Equality Act 2010, including disability discrimination and reasonable adjustments;
4. Human Medicines Regulations 2012, Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001, where applicable;
5. Mental Capacity Act 2005 for people aged 16 and over, Gillick competence principles for younger children, and lawful emergency treatment in a person's best interests;
6. UK GDPR and Data Protection Act 2018, safeguarding law and the common-law duty of confidentiality;
7. DfE Supporting Pupils at School with Medical Conditions guidance currently in force, used as good practice within WSCF's legal status; and
8. DfE Non-school Alternative Provision: Voluntary National Standards, adopted by WSCF as its operating benchmark while non-statutory.

The Department for Education consulted in 2026 on strengthened medical-conditions and allergy guidance. Until final replacement guidance is brought into force, WSCF will monitor developments but will not describe the March 2026 consultation draft as current statutory guidance.

4. Roles and responsibilities

Role	Required action
Business Owners	Approve resources and insurance; ensure a suitable first-aid needs assessment and competent cover; appoint oversight; review serious incidents and unresolved safety-critical gaps.
Jake Payne - Business Manager	Own this policy and controlled registers; arrange assessment, staffing, training, equipment and audits; verify lawful medicines arrangements; coordinate commissioners and parents/carers; restrict unsafe provision.
First-aid coordinator / appointed person	Maintain current kit, location, expiry and inspection records; display arrangements; arrange replenishment and emergency access. The named appointment is held in the controlled responsibility register and is not created by this policy.

Role	Required action
Qualified first aiders	Respond within current training and competence; use appropriate precautions; summon help; record treatment and handover; maintain confidentiality. They do not diagnose or exceed their role.
Designated medicines staff	Accept, store, administer, record and return medicines only when authorised, trained and competent for the specific task; escalate discrepancies or errors immediately.
All staff and volunteers	Know how to call 999 and obtain the first aider, kit, emergency medication and site access; follow plans; report symptoms, injury, errors, near misses and missing/expired supplies. Untrained staff may undertake only ordinary emergency assistance they are competent and willing to give.
Parents/carers and adult participants	Provide complete current information, written consent, properly labelled in-date medicines and equipment; report changes before attendance; collect discontinued or expired items; remain reachable under the agreed plan.
Commissioner / registered school	Provide placement, health, allergy, risk, consent and emergency-contact information before attendance; confirm responsibilities and funding/training; participate in plans and reviews; receive agreed incident information.
Healthcare professional	Provides diagnosis, prescriptions, clinical instructions and specialist training or advice. WSCF does not alter treatment or create clinical instructions in place of a qualified professional.

5. First-aid needs assessment and provision

Jake Payne will maintain a documented first-aid needs assessment and review it at least annually and after material change or incident. Although the First-Aid Regulations directly address employees, WSCF's assessment will include children, adult participants, visitors and contractors as recommended by HSE.

9. numbers, ages, disabilities, medical conditions and communication needs of people present;
10. farm hazards including animals, machinery, tools, vehicles, chemicals, dust, biological agents, water, weather, burns, serious bleeding and crushing;
11. site size, isolated areas, lone work, unreliable signal, ambulance travel time and the padlocked gate/access arrangements;
12. staffing patterns, absence cover, transport, off-site activities, events and contractors;
13. accident, near-miss and ill-health history, including mental-health emergencies and foreseeable violence or self-harm; and
14. required qualifications, numbers and distribution of first aiders; kits, eyewash or specialist equipment; communications; AED provision where assessed; and replenishment, inspection and training cycles.

The assessment determines the level of trained cover. An appointed person who looks after arrangements is not a substitute for a qualified first aider where the assessment identifies that trained first aid is required. Appropriate cover must be available whenever WSCF activities operate, including breaks, transport and visits.

6. First-aid equipment, location and hygiene

15. First-aid points and mobile kits are identified on the controlled site card and activity/vehicle checklists. Staff are told how to summon help and where equipment is held at induction.
16. Kits are sealed or otherwise visibly controlled, readily accessible, appropriate to the assessed hazards and checked on a recorded schedule and after use. Missing, damaged, contaminated or expired items are replaced promptly.
17. Medicines are not kept in a general first-aid kit. Tablets, creams and clinical equipment are included only for an identified, lawful purpose under this policy.
18. Staff use hand hygiene and suitable protective equipment, avoid direct contact with blood or bodily fluids, dispose of waste safely, and follow the cleaning, sharps, exposure and infection procedures.
19. An AED, if provided or relied upon, must have a recorded location, maintenance owner, consumable checks, access method and emergency instruction. The policy does not claim an AED is present until this is verified.
20. Emergency-service access information, exact location/What3Words, gate route and hazards are kept on the approved emergency card. A nominated person meets responders and opens/re-secures the gate; care is never delayed while waiting for the manager.

7. Medical information and Individual Healthcare Plans

Before first attendance, WSCF must receive enough current information to decide whether the placement and planned activities are safe. Safety-critical gaps are escalated to the commissioner and parent/carer or adult participant; the affected activity may be paused until controls are agreed.

An Individual Healthcare Plan (IHP), Allergy Action Plan or equivalent is required where a condition may require emergency action, regular or complex support, individual adjustment, staff training, monitoring, self-management arrangements or coordinated input. Existing clinician-approved plans should be used rather than rewritten unnecessarily.

Plan field	Minimum information
Identity and contacts	Person's name, date of birth, photograph where justified, emergency contacts, GP/clinical team and commissioner contact.
Condition and signs	Condition/allergy, usual presentation, early warning signs, communication or sensory needs, known triggers and risk of deterioration.
Daily support	Adjustments, food/environment/activity controls, monitoring, rest, hydration, toileting/personal care, attendance and self-management.
Medicines/equipment	Name, strength, dose, route, timing, indication, storage, expiry, access, side effects, consent, self-carry and stock/backup arrangements.
Emergency action	Exact recognition and response steps, when to give emergency medicine, when to call 999, positioning, monitoring, escort/handover and parent/carer contact.

Plan field	Minimum information
Delivery and review	Named trained roles, contingency for absence/off-site activity, information-sharing agreement, author/date, review triggers and signatures/confirmation.

Plans are reviewed at least annually and sooner after a change in diagnosis, prescription, symptoms, capacity, activity, staffing or placement; after emergency treatment or an administration error; or when the person, parent/carer, commissioner or clinician requests review.

8. Consent, capacity and confidentiality

21. Obtain written consent and instructions for routine administration and planned information sharing. Confirm who may amend or withdraw consent and who receives records. We do not administer medication directly
22. Involve children and young people in decisions according to understanding. A competent child may consent to aspects of care. For people aged 16 or over, presume capacity unless there is evidence otherwise and apply the Mental Capacity Act where relevant.
23. In an emergency, do not delay necessary first aid or 999 while seeking paperwork. Act within competence and in the person's best interests, following known wishes and emergency-service advice.
24. Share medical information on a need-to-know basis with staff who must keep the person safe, emergency responders and relevant safeguarding/commissioning contacts. Do not discuss it casually or transmit it through unapproved personal messaging.
25. Keep plans and records secure but operationally available. Emergency information and medication must not be made inaccessible by over-restrictive confidentiality arrangements.

9. Accepting and storing medicines

WSCF will accept only the quantity and type of medicine it can manage safely under an agreed arrangement. Medicines should normally be in the original dispensing container with a current pharmacy label matching the written instruction and person. WSCF will not accept loose tablets, unlabelled products, shared medicine, changed doses without written confirmation, or items that cannot be stored or administered safely.

Medicine/type	Control
Prescribed medicine	Check person, medicine, strength, dose, route, time, label, expiry, quantity, storage, written consent and plan before acceptance and each administration.
Non-prescription medicine	Use only under a documented WSCF arrangement with consent, clear indication, dose/maximum frequency, interaction/duplicate-dose checks and a time-limited review. Staff must not diagnose or supply routine medication informally.
Controlled drug	Accept only where necessary and lawful; store securely with access limited to authorised staff while maintaining emergency access where relevant; keep an auditable receipt, administration, count, return and discrepancy record.

Medicine/type	Control
Emergency medicine	Keep immediately accessible to authorised people, not locked where this would cause unsafe delay. Location travels with the person/activity under the plan, with expiry and backup arrangements checked.
Refrigerated medicine	Use a designated secure refrigerator or locked container as clinically instructed; monitor the required temperature and record/respond to excursions. Do not use a food refrigerator without an assessed, segregated arrangement.
Complementary/herbal/CBD product	Do not administer unless lawfully supplied, clearly labelled and supported by appropriate written clinical/prescribing information and consent. Escalate legal or interaction uncertainty before acceptance.

Medicine is stored in accordance with the label, protected from unauthorised access, heat, light, moisture, animals, food contamination and accidental disposal. Keys/access and out-of-hours arrangements are controlled. Stock is checked at receipt, before use, after use and on a scheduled audit.

10. Administration and self-management

Only a person authorised, trained and assessed as competent for the specific task may administer medicine. The number of staff involved and any witness check are set by the medicine risk assessment, plan, commissioning requirement and insurer; a second checker is not a substitute for individual accountability.

26. Prepare in a quiet area. Confirm the correct person using reliable identifiers; check allergy status, consent/plan, medicine, strength, dose, route, time, reason, label, expiry, previous dose and any maximum or PRN interval.
27. Check the person is willing, clinically able to take the medicine as trained, and has not already received it elsewhere. Resolve any discrepancy before administration; never guess, improvise, crush, mix, conceal or alter a medicine unless the written instruction authorises it.
28. Administer exactly as trained. Maintain dignity and infection control. Do not leave medicine unattended or prepare doses for unverified later administration.
29. Record immediately: date/time, medicine/strength/dose/route, reason where PRN, outcome/observation, remaining count where required, and the administrator's identifiable signature or electronic audit entry.
30. If refused, omitted, vomited/spat out, dropped, contaminated or only partly taken, do not repeat automatically. Record the facts, make the person safe and obtain plan/clinical advice; notify the parent/carer or relevant contact as agreed.

A person may carry and administer their own inhaler, adrenaline device, diabetes treatment or other medicine when the individual assessment supports this. The plan states competence, access, supervision, storage, sharing of dose information and backup arrangements. Staff must still know how to respond if the person cannot self-manage.

11. Medication errors, adverse effects and discrepancies

> **Do not conceal an error:** Make the person safe, identify exactly what happened, retain the packaging and call 999 for serious symptoms or credible life-threatening risk. Otherwise obtain prompt advice from NHS 111, the prescriber, pharmacist or relevant clinical team as appropriate. Follow the advice, inform the manager and agreed contacts, record the event and preserve evidence.

31. Treat a missing dose, wrong person/medicine/dose/route/time, duplicate dose, storage failure, expired medicine, incorrect count, lost key or unauthorised access as an incident requiring immediate assessment.
32. Do not induce vomiting or give food, drink or another medicine to counteract an error unless a qualified clinician or emergency service instructs this.
33. Report safeguarding concerns, suspected theft/diversion, deliberate misuse or unexplained controlled-drug discrepancy through the relevant safeguarding, police and regulatory routes.
34. Complete a factual incident and medicines record, notify the commissioner/parent/carer or adult contact under the plan, assess serious-incident and RIDDOR duties separately, and review training, staffing, storage and the person's plan.

12. Emergency response

Staff use the person's current emergency plan, their training and 999 call-handler instructions. The prompts below support recognition and safe escalation; they are not a substitute for clinical training or an individual plan.

Emergency	Immediate response
Unresponsive / not breathing normally	Call 999, start CPR and use the AED if available, following current training and call-handler/device prompts. Send someone for access, kit and emergency information.
Anaphylaxis	Give the person's prescribed adrenaline auto-injector immediately as trained and call 999, stating anaphylaxis. Position and monitor as trained; give a second prescribed device if the plan/training and emergency advice indicate. Never leave the person alone.
Asthma attack	Help the person use their prescribed reliever inhaler and spacer under the plan; sit them upright and reassure. Call 999 for severe/worsening symptoms, exhaustion, altered consciousness, no inhaler or inadequate response.
Seizure	Protect from injury, time the seizure, cushion the head, loosen restrictive clothing, do not restrain or put anything in the mouth, and place in the recovery position when safe. Follow the plan for rescue medicine. Call 999 for breathing difficulty, injury, first seizure, seizure longer than the plan/5 minutes, repeated seizures without recovery or other concern.
Hypoglycaemia / diabetes emergency	Follow the diabetes plan. If conscious and able to swallow, give the planned fast-acting treatment and recheck as trained. If altered, unconscious, fitting or unable to swallow, give prescribed emergency treatment only if trained, place safely, call 999 and give nothing by mouth.

Emergency	Immediate response
Serious bleeding / major injury	Call 999, use protective equipment, apply firm direct pressure with appropriate dressing and follow current first-aid training. Do not remove embedded objects. Control the wider farm hazard and preserve access.
Poisoning / chemical exposure	Stop exposure without endangering yourself, call 999 for serious symptoms and follow the safety data/emergency advice. Retain container/details. Do not induce vomiting or improvise treatment.

After any emergency, maintain supervision and dignity, provide responders with the plan, medicine/device and factual timeline, record the handover and notifications, preserve relevant equipment, and complete welfare and learning review. A child is not sent home or released on an unverified arrangement.

13. Allergies and anaphylaxis prevention

35. Identify food, animal, feed, bedding, medication, latex, insect-sting and environmental allergies before attendance and record the nature and severity of previous reactions.
36. Use a current clinician-approved Allergy Action Plan where anaphylaxis is possible; ensure prescribed adrenaline devices accompany the person and remain immediately accessible, with staff trained for that individual and contingencies for absence/off-site activity.
37. Assess exposure and cross-contact in kitchens, packed lunches, shared utensils, animal feed, craft materials, cleaning products and activities. Check labels every time and retain relevant packaging where an incident occurs.
38. WSCF will not advertise a blanket 'allergen-free' site it cannot guarantee. Controls will be specific, communicated, supervised and reviewed with the person and relevant adults/professionals.
39. Never delay adrenaline or 999 because symptoms began mildly, the trigger is uncertain or a manager is unavailable. Antihistamine is not a substitute for adrenaline in anaphylaxis.

14. Off-site activities, transport and handover

40. The activity/transport lead confirms the plan, trained cover, emergency contacts, medicine/equipment, expiry, storage temperature, mobile signal/access and nearest emergency arrangements before departure.
41. Emergency medicines travel with or remain immediately accessible to the person, not in inaccessible luggage or an unattended vehicle. A named adult holds responsibility and a backup is identified.
42. The receiving adult or service receives only the necessary health information and completes an explicit medicines/equipment handover. WSCF records transfer and does not assume responsibility has passed until it is accepted.
43. A delay, route change, breakdown or unexpected collection must not separate the person from essential medication or competent support. Apply the Minibus, Visitor, Attendance and Emergency Response procedures.

15. Records, reporting and review

44. Record first-aid treatment, injuries, illness, medicine receipt/administration/return/disposal, refusals/omissions, errors, adverse effects, emergency calls, handovers and advice promptly and factually.
45. Tell the parent/carer, adult contact and commissioner on the same day where an incident materially affects the person, unless a safeguarding or police decision requires a different route. Provide necessary facts without identifying others.
46. Assess safeguarding, serious-incident, RIDDOR, food-allergen, insurer and other reporting duties separately. Not every first-aid event is reportable, and completion of one record does not discharge another duty.
47. Retain records under the WSCF retention schedule and Data Protection Policy. Restrict access, but make safety-critical information available to authorised staff and emergency responders.
48. Jake Payne reviews first-aid needs, kit checks, qualification expiry, medical plans, medicine audits, errors, emergency events and action closure at least termly. Business Owners review the system annually.

16. Training, competency and assurance

All staff receive induction on summoning help, calling 999, site access, first-aid locations, infection control, emergency plans, medical confidentiality and incident reporting. Qualified first-aid training matches the needs assessment. Medicines and condition-specific training is provided by a suitably competent person, includes practical assessment where appropriate, and is refreshed before expiry and when plans or devices change.

WSCF records the learner, trainer/qualification, syllabus or task, assessment result, limitations and expiry/review date. Observation and supervision continue after training. No worker is pressured to perform a medical task beyond competence, but every worker must act promptly to summon appropriate help and undertake ordinary emergency action within their ability.

Appendix A - Staff immediate-action guide

Situation	Do now
Life-threatening illness or injury	Call 999; give first aid within competence; send for the plan/medicine/kit; assign gate access; notify the manager/supervisor and safeguarding lead after urgent action.
Symptoms under an individual plan	Stay with the person; follow the current plan exactly; use prescribed emergency medicine if trained; escalate at the plan threshold or whenever concerned.
Medicine discrepancy before a dose	Stop. Do not administer or guess. Keep the medicine secure, check the record/label and obtain authorised clinical/managerial clarification.

Situation	Do now
Medicine error or adverse reaction	Make safe; 999 for serious risk/symptoms, otherwise seek prompt clinical advice; retain packaging; inform agreed contacts; record and review. Do not conceal or repeat a dose automatically.
Missing/expired emergency medicine	Do not begin the affected activity or accept unsafe attendance. Escalate immediately to Jake Payne, the person/parent/carer and commissioner; agree safe replacement or alternative arrangements.
First-aid kit or access failure	Use the nearest safe alternative, replenish/isolate the defect, record it and reassess cover. Never allow a padlocked gate or absent key-holder to delay 999 or responder access.

Appendix B - Minimum medicines administration record

Field	Required information
Person and authority	Name and reliable identifier; plan/consent reference; self-administration status; authorised staff and training.
Medicine	Name, form, strength, dose, route, scheduled/PRN indication and minimum/maximum interval; prescription/label details.
Receipt/storage	Date, quantity/count, expiry, supplied by/received by, storage location/temperature, access/keys and return/disposal.
Administration	Date/time, dose/route, reason if PRN, pre-checks, outcome/observation and administrator identification; witness/count where required.
Exception	Refusal, omission, delay, vomiting/spitting, dropped dose, discrepancy, error or adverse effect; immediate action and clinical advice.
Communication/review	Parent/carer/adult/commissioner notification, emergency handover, linked incident reference, plan change and reviewer.

Appendix C - First-aid and medical readiness check

49. Today's trained first-aid and medicines cover is sufficient for the site, group, transport and off-site activities, with absence contingency.
50. Current attendance, emergency contacts, IHPs/Allergy Action Plans and safety-critical information are accessible to authorised staff.
51. Required medicines and equipment are present, correctly labelled, in date, stored correctly and immediately accessible where emergency use requires.
52. First-aid kits, protective equipment, communication, responder location/access card and gate key/opening arrangement are ready.
53. Known allergies, food/animal/environmental exposures, infection risks, weather and today's activities have been checked against individual plans.

54. Any gap is recorded, escalated and controlled before the affected person or activity proceeds; commissioner and parent/carer are involved where relevant.

Sources and related guidance

First Aid at Work: The Health and Safety (First-Aid) Regulations 1981 - Guidance on Regulations (L74, updated 2024) — Health and Safety Executive.

First Aid at Work: Legislation and Employer Guidance — Health and Safety Executive.

Supporting Pupils at School with Medical Conditions - statutory guidance currently in force — Department for Education.

Proposal on Support for Pupils with Medical Conditions at School - government response, July 2026 — Department for Education.

Non-school Alternative Provision: Voluntary National Standards — Department for Education, August 2025.

Emergency Treatment of Anaphylaxis — Resuscitation Council UK.

WSCF Health and Safety, Serious Incident, Emergency Response, Safeguarding, Data Protection, Visitor, Minibus and Whole-Site Risk Assessment policies — Wayland Stables Care Farm.

Approval record

Approved by	Role	Signature	Date
Jake Payne	Business Manager	Jake Payne	06/08/2026

Next review due: August 2027, or sooner under section 15.