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Initial Policy date	September 2018	Next scheduled review	November 2023
Governor approved	16 November 2022	Key person/people	Business Manager
Model Policy		Model localised	Yes
Pupil leadership team review		Y / N	N/A

FIRST AID AND ADMINISTRATION OF MEDICINES - PUPILS

Policy Statement

Test Valley School (referred hereon in as TVS) will undertake to ensure compliance with the relevant legislation with regard to the provision of First Aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

TVS will further undertake to ensure compliance with the relevant legislation and guidance in [DfE Guidance "Supporting pupils at school with medical conditions"](#) – with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at TVS School is delegated to the Health & Safety Committee by the Headteacher, who is the Responsible Manager.

It is policy to ensure that all medical information will be treated confidentially by Test Valley colleagues. All administration of medicines is arranged and managed in accordance with the aforementioned *statutory guidance* document. All colleagues have a duty of care to follow and co-operate with the requirements of this policy. All first aid provision is arranged and managed in accordance with the Children’s Services Safety Guidance Procedure SGP 08-07 (First Aid).

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1. Administration of Medicines

1.1 Overview

The administration of medicines is the overall responsibility of the parents. The Business Manager has delegated responsibility for ensuring all children are supported with their medical needs in accordance with [DfE Guidance "Supporting pupils at school with medical conditions"](#) whilst on site or during off-site activities, led by TVS colleagues. This may include managing medicines where appropriate and as agreed with parents.

Administration of medicine requirements will be achieved by establishing principles for safe practice in the management and administration of:

- Prescribed medicines and non-prescribed medicines
- Emergency medicines including AAI (Adrenaline Auto-injectors/ Epi-pens) & Inhalers
- Providing clear guidance to all colleagues on the administration of medicines.
- Ensuring that there are sufficient numbers of appropriately trained colleagues to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

1.2 Prescribed and non-prescribed Medicines

In accordance with [DfE Guidance "Supporting pupils at school with medical conditions"](#), TVS pupils are encouraged to carry their own medication, with the exception of Controlled Medication which must be held by school.

Should parents wish TVS to hold prescribed medicines (e.g. antibiotics, insulin) and/or non-prescribed medication (e.g. over-the-counter drugs) on behalf of their child, then this can be done on completion of the **Administration of Medicines & Treatment Consent Form**. All medicines are to be handed to **School Main Reception** or via **Pupil Services** and must:

- Be provided in the original box showing:
 - the product name
 - expiry date
 - storage details
 - dosage
- Contain the patient information leaflet (PIL)
- Display the child's name (if prescribed)
- Display the name of the issuing pharmacy or GP (if prescribed)

The responsibility, decision and administration of all medicines will always be at the discretion of the Responsible Manager.

1.3 Emergency Medicine including AAI (Adrenaline Auto-injectors/ Epi-pens) & Inhalers

TVS manages the administration of emergency medicines such as (for example):

- Injections of adrenaline for acute allergic reactions.
- Midazdam Buccal liquid for major fits
- AAI (Adrenaline Auto-injectors)
- Salbutamol Inhalers

Emergency medicines and devices are located in the Admin Office for appointed colleagues or ambulance crews to use in such instances. They are held in accordance with [DfE Supporting Pupils at school with medical conditions](#) guidance, and specifically in relation to anaphylaxis and asthma [DH Guidance on the use of adrenaline auto-injectors in school](#) and [DH Guidance on the use of emergency salbutamol inhalers in school](#).

In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted.

1.4 Paracetamol

School hold a small supply of paracetamol for **emergencies only**, which is administered at the discretion of the Pupil Welfare Officer, and providing that written consent has been received in advance via the **Registration/Medical Form**, completed when a pupil joins TVS (at whatever stage of entry).

Should pupils require paracetamol during the day they are to bring their own, alternatively, school will hold paracetamol on behalf of a pupil in accordance with point 1.2 above.

1.5 Procedure for Administration

All medication received in school is recorded in the **Medication Tracker File** which is kept in the school Admin Office and in the online Medical tracker.

A copy of the **Administration of Medicines & Treatment Consent Form** is filed in the **Medication Tracker File** and the original form is kept with the medication held.

Medication is locked in the **School Medical Room**, with the exception of emergency medicines such as AAI, inhalers and hydrocortisone injections which need to be accessible at all times and are stored in the Admin Office.

When medicines are administered, the **Record of Administration** is completed in the online Medical Tracker.

1.6 Storage

The storage of medicines is the overall responsibility of the Business Manager, who will ensure that arrangements are in place to store medicines safely, including refrigerated storage when required.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of parents to ensure that the medicine container is clearly labelled and enclosed with a signed and fully completed **Administration of Medicines & Treatment Consent Form**.

It is the responsibility of the parents to provide medicine that is in date.

1.7 Disposal

It is not TVS's responsibility to dispose of medicines. Expired medication will be returned to parents in a sealed envelope for safe disposal.

2. First Aid Facilities

2.1 Medical Accommodation

The School Medical Room will be used for medicine administration/treatment purposes. The School Medical Room will be open during school hours.

2.2 Medical Rooms

The Business Manager has overall responsibility for ensuring that the School Medical Room has the following facilities:

- Hot and cold running water
- Several chairs
- Reclining bed
- Wheelchair
- Fully stocked, locked cabinet and accessible cupboard
- Fan
- Yellow soft clinical waste bin and clinical waste bags
- Residential Trips Portable First Aid bag
- Day Trips Portable First Aid bag
- Refrigerated drinking water

2.3 First Aid Kits

TVS First Aid Needs Assessment has identified the following first aid kit requirements:

First Aid Kits on the premises, situated as follows:

BOX #	AREA	LOCATION
1	PRACTICAL BLOCK	Room 22
2	PRACTICAL BLOCK	Office
3	SCIENCE (Lab)	Room 5
4	SCIENCE (Lab)	Room 6
5	SCIENCE (Prep Room)	Room 15/16
6	MAIN BUILDING	Medical Room
7	MAIN BUILDING	Staff Room/Repro
8	LANGUAGE BLOCK	Staff Office
9	DRAMA BLOCK	Office
10	ART BLOCK	Office
11	ROSLA BLOCK	Kitchen
12	PE	Sports Hall
13	PE	Sport Hall
14	PE	PE Office
15	DT	Room 23
16	Oasis	Room 31

There are 6 first aid kits for trips

The Business Manager has the responsibility of monitoring that the Pupil Welfare Officer updates medical supplies and contents of the first aid cabinets in the School Medical Room and all the locations listed above, including all mobile first aid kits. All contents are checked annually to ensure everything is in date. Each First Aid Box has a '(CSAF-003) First Aid Kit Checklist Form' inside to evidence the checking process.

The Responsible Manager and/or Business Manager checks this within the routine 'books check' Health & Safety monitoring which is reported to Health & Safety Committee termly.

2.4 Defibrillator

The school does not have its own defibrillator. The nearest one is in Stockbridge High Street in the River Dental practice.

2.5 Trip Arrangements

The school has a responsibility to ensure the health and safety of anyone taking part in off-site activities.

All colleagues, whether first aid trained or not, who are attending off-site visits should be aware of any pupils with medical conditions and the associated information about how to act in an emergency. This should be addressed in the risk assessment for off-site activities.

A medical report is produced for every trip which lists all attending pupils and highlights whether any of them have medical conditions, hold medication in school or have an Individual Health Care Plan.

A Trips First Aid Kit is provided for all trips – kits for residential trips include paracetamol and a medication log for use by colleagues when dispensing prescribed or non-prescribed medication.

It is the responsibility of the Trip Leader in conjunction with The Welfare Officer to ensure they are familiar with the pupils needs and that the pupil takes any required medication with them.

Where appropriate, the Trip Leader and Pupil Welfare Officer will review any IHCPs prior to the trip and make appropriate arrangements to support the pupil. Trip Leaders should discuss any issues with parents and the Pupil Welfare Officer in suitable time so that extra measures can be put in place prior to the visit. Pupils with medical needs should be included in educational visits as far as this is reasonably practicable.

3 Trained Persons

3.1 Training

Where colleagues are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional advice and guidance from a competent source will be sought before commitment to such administration is accepted.

First Aid certificates will be held by the colleagues required to dispense medicines. Refresher training will be scheduled as legislation requires.

TVS will carry out a First Aid Needs Assessment to determine the first aid provision requirements for our premises.

It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.

The Children's Services First Aid Needs Assessment Form (CSA-002) will be used to produce the First Aid Needs Assessment for our site. This review ensures that there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on the premises and that suitable and sufficient facilities and equipment are available to administer first aid.

The First Aid Committee will, with reference to appropriate risk assessments, agree and ensure that the appropriate numbers of qualified first aiders and appointed persons are appointed as identified by the completion of the First Aid Needs Assessment and that they have the appropriate level of training to meet their statutory obligations. The Pupil Welfare Officer will ensure that information regarding any changes in practice will be circulated to all First Aiders by email to ensure that their information is current.

3.2 Basic Advice on First Aid at Work

As part of the September induction colleagues will be asked to refer to the basic advice on First Aid which is held electronically on the Microsoft Teams Staff Area.

3.3 Appointed Persons (AP)

An Appointed Person is someone who has attended a 1 day Emergency First Aid at Work Course (renewed every 3 years). These colleagues are identified on all noticeboards

3.4 Qualified First Aiders (QFA)

A Qualified First Aider is someone who has attended a 2/3 day First Aid at Work Certificate (renewed every 3 years). These colleagues are identified on all noticeboards.

They will be responsible for administering first aid in accordance with their training when the Medical Room is unattended, on trips, or when presented with a situation where pupils or colleagues become injured or fall ill whilst at work or on the premises.

4. Emergency Arrangements

4.1 Emergency Arrangements – Medical Condition

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, or if in accordance with their IHCP or emergency action plan, an ambulance will be summoned at the earliest opportunity.

4.2 Emergency Arrangements - Accident

In the event of an accident, the QFA/AP is to take charge of the first aid administration/emergency treatment. Following their assessment of the injured person, they are to administer appropriate first aid. They must then make a speedy and balanced judgement as to whether there is a requirement to call an ambulance.

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if:

- *It is considered to be a serious (or more than minor) injury.* Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. An email will be sent if contact cannot be made by phone.

In the event that parents cannot be contacted and a message has been left and email sent, our policy will be to continue to attempt to make contact with parents every hour. In the interim, we will ensure that the QFA/AP or another colleague remains with the child until the parents can be contacted and arrive.

- *Requires attendance at hospital or external agency.* Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. An email will be sent if contact cannot be made by phone

In the event the pupil requires hospital treatment and the parents cannot be contacted prior to attendance, the QFA/AP or another colleague will accompany the child to the hospital and remain with them until the parents can be contacted and arrive at the hospital.

4.3 Records

All incidents requiring first aid are to be recorded on the medical tracker at the earliest opportunity with the following information as a minimum:

- Name of injured person
- Date and time of accident
- Type of accident (bump to the head etc)
- Treatment provided and action taken
- Persons informed

Reports from the medical tracker are reviewed at termly Health & Safety Committee meetings, as an agenda item to identify patterns and/or concerns.

As a HCC maintained School we have adopted new corporate procedure for recording and investigating all incidents (excludes minor child accidents – recorded in the medical tracker) which is now an on-line reporting system. The school will no longer be required to report accidents through to the Health & Safety Executive (HSE) under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as the Children's Services Health & Safety Team (CSHST) will be completing these.

The Pupil Welfare Team should immediately make the Business Manager and Head Teacher aware of any incident that has required emergency services/A&E attendance (for colleagues or adults) so that remedial actions can be identified and swiftly taken.

4.4 Crutches and/or Leg Braces

All pupils who attend school on crutches or using a leg brace, provided to them by their GP or Consultant, whether on a temporary or permanent basis will require an assessment to be completed prior to their start date or return after injury. The assessment is to ensure that the pupil's return will be safe with appropriate adjustments and that they will not injure themselves further or cause injury to others.

Parents of pupils using crutches should telephone the school, as soon as possible, either on admission or return after injury and agree a date with the Pupil Welfare Officer for an assessment to take place *before* the child returns.

5. Unacceptable Practice

We will not:

- Prevent children administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.