



LIME HOUSE SCHOOL



First Aid and Administration of Medicines Policy

1 Introduction

1.1 First Aid can save lives and prevent minor injuries becoming major ones. The correct administration of medication can:

- Prevent illness or disease
- Control illness or disease
- Ease the signs and symptoms of illness or disease
- Cure an illness or disease.

1.2 This Policy sets out Lime House School's strategies for managing the effective delivery of First Aid and the Safe Administration of Medications to staff, students and visitors to the school, as and when there is an identified need to do so.

2 General Principles

2.1 The Governing Body is responsible for the health safety and welfare of its students, employees, and visitors to the school, and as such, will ensure that Policy and procedures for the provision of First Aid and the safe Administration of First Aid will be developed, published and reviewed on at least an annual basis. Where there are fundamental changes in legislation or good practice, the Policy and procedures will be reviewed and republished to take account of these changes.

2.2 The Governing Body accepts the responsibility to provide staff training, equipment, facilities and any other identified resources to enable First Aid and

medication to be administered in the most up to date, safe and effective way possible.

2.3 The Policy takes into account the requirements of those students who attend the School on a daily basis and those who are Boarders.

2.4 The School will always act in the best interest of any student or adult. Where the School has responsibility for a student in the absence of its parents/carers, staff will respect their wishes unless ordered by the authorities to do otherwise.

2.5 Staff are expected to use their best judgement at all times to secure the welfare of students at the school in the same way that parents might be expected to act towards their children.

2.6 The Head teacher will undertake a risk assessment to ensure the School has a **qualified* First Aider available to administer First Aid and or medication, to students, staff and visitors as and when the need arises. In respect of this provision, no person requiring attention should have to wait for assistance to be summoned from off the School's premises.

2.7 The Head teacher will make arrangement for the findings of the First Aid risk assessment to be actioned by:

- Ensuring ***accredited* First Aid training is provided and updated to the identified number of staff.
- That training is updated as per current legal requirements and good practice guidelines. (*The UK Resuscitation Council currently recommends that Basic Life Support training is updated on an annual basis regardless of whether or not an individual's First Aid certificate is within date*).
- Maintaining a register of First Aiders together with copies of their certificates. The register will be kept in the School office.

Where reasonably practicable, all members of staff will receive a basic level of First Aid and Basic Life Support training.

Qualified* means holding a current Emergency First Aid at Work certificate issued by an *accredited* OFQUAL or FAIB First Aid training provider.

2.8 Staff will receive the Safe Administration of Medication training to include the Administration *Emergency* Medication training. This includes the use of Adrenaline Auto Injectors, Inhalers for Asthma and treatment for those individuals with diabetes.

2.9 Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have an accredited Paediatric First Aid certificate.

2.10 Medication training will be provided by an MNC registered nurse or an HCPC registered paramedic.

2.11 All medical information will be treated as confidential and only shared with the child's parents or official carer, other health care professionals or the authorities who are in possession of the required legal permissions.

2.12 Parents/carers are responsible for informing the School of any medical conditions (including allergies), treatments, therapies and medication applicable to their child, and as such will be expected to fully complete the Admissions forms provided to them by the School in relation to the health, safety and welfare of their child.

2.3 *Every* student must be registered with a G.P. whether they are day students or boarders.

3 Duties of First Aiders

3.1 A qualified first aider must be on site at all times and is the primary recourse in the event of illness or accident; when necessary, they ensure that an ambulance or other professional medical help is called.

3.2 All staff undertaking First Aid duties will do so in accordance with the requirements of the School Policy and information received from their most recent First Aid training course.

3.3 It is the duty of all staff to inform other members of staff and the Head teacher of any changes made to treatment and First Aid management protocols as soon as

they become aware of such changes. This will enable consideration to be given to potential Policy review.

3.4 It is the duty of a nominated First Aider (or other identified person in their absence), to keep any first aid boxes correctly stocked and maintained as per current requirements issued by the Health and Safety Executive who state that:

“The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- A leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- Sterile eye pads;
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large sterile individually wrapped un-medicated wound dressings;
- Medium-sized sterile individually wrapped un-medicated wound dressings;
- Disposable gloves (preferably not latex, which may cause an allergic reaction to some users)”

3.5 First Aiders are responsible for the day to day maintenance of the School’s sanatorium although it will be the responsibility of the Head teacher to ensure the sanatorium is furnished and equipped to a standard suitable for the treatment of students, staff and visitors, should the need arise (see point 4 below).

3.6 It is the duty of the First Aider to make sure that a fully equipped First Aid kit is available on all school outings and within close proximity to all areas where an incident requiring First Aid attention may be more likely to occur e.g. science labs, sports halls/fields, and kitchens.

3.7 Where students or staff come into contact with substances which can cause burns, a special Burns First Aid kit will be checked and maintained by the nominated

First Aider or other identified person in their absence. It is the responsibility of the Head teacher to ensure such kits are provided.

3.7 First Aiders must be aware of any known life threatening circumstances which they may be called upon to attend e.g. being aware of students who may have Asthma, Diabetes, Epilepsy or Anaphylaxis. Each First Aider must know where emergency medication is kept and how to treat that student in the event of a life threatening episode occurring.

3.8 Where a First Aider has been called to an incident, they are responsible for the effective management of that incident and for completing the necessary hand-over of the casualty to the emergency services or other healthcare professional, and for completing the appropriate documentation in respect of such an incident.

3.9 When identifying potential Advanced First Aiders (holders of the First Aid at Work Certificate), and Paediatric First Aiders, consideration will be given to the more vulnerable areas of the school such as sports fields, science labs, kitchens and workshops where there may be a higher risk of injury, and to those staff most likely to accompany students on school trips and residential visit.

4 The Sanatorium

4.1 The School will provide a sanatorium for the treatment and rest of those who are ill or injured. The sanatorium will be equipped with the following as a minimum:

- Toilet and wash basin
- Two beds with some form of sheets or blankets and pillows
- First Aid supplies
- Lockable cabinet for storing medication and other treatments
- A chair
- Work top (table)
- Emergency call system
- Disposable gloves and aprons

- Cleaning equipment, such as antibacterial cleaner, wipes and a bucket and mop.
- Sharps bin
- Waste bin
- Paper towels
- Thermometer
- Record book
- Details of those students or staff known to be prone to life threatening conditions.
- Fridge for the storage of medication which needs to be stored away from sunlight or in refrigerated conditions
- Clinical waste bags and general waste bags.

5 Assessment of Need

5.1 The School is required to make First Aid provision for employees, students and all visitors to its premises. The assessment will be reviewed on an annual basis prior to the beginning of each new academic year.

5.2 The assessment of need will consider the following factors:

- The size and spatial arrangement of the school
- Any specific site hazards, for example in science laboratories
- The medical or disability needs of either staff or students
- The number of known students or staff who may have potentially life threatening conditions such as Diabetes, Epilepsy, Asthma or Anaphylaxis.
- Provision at lunchtimes, school trips, residential visits, and out of hours activities.

5.3 Following an assessment of need it will be the responsibility of the Head teacher to undertake the appropriate actions to ensure that the health, safety and welfare of staff, students and visitors are protected. However, this does not absolve

individuals from taking all reasonable precautions to protect their own health, safety and welfare and that of others, whilst on school premises.

5.4 An assessment of need will be undertaken on an annual basis prior to the commencement of each new academic year or sooner, should circumstances change to warrant such re assessment.

6 Hygiene and Infection Control

6.1 All staff are required to take precautions to avoid infection and cross contamination.

6.2 Staff will attend basic infection control training and thereafter must follow basic hygiene procedures for the safety of themselves, students, colleagues and visitors to the School.

6.3 Hand washing posters will be displayed in toilet areas, food preparation areas, the sanatorium and any other appropriate place as a reminder of the procedures to be followed to help control the spread of infections.

6.4 First Aiders must take specific precautions when dealing with blood and other body fluids, or disposing of dressings or equipment. This will normally include the wearing of disposable gloves and aprons and paying specific attention to their hand hygiene. All body fluids except those required for medical assessment (specimens), will be disposed of as per the current guidelines for the disposal of such substances.

6.5 Specimens must be placed in the appropriate clinical containers, correctly labelled and sent to the G.P., hospital or clinic without delay.

6.6 The Management of Health and Safety at Work Regulations 1999 (as amended), Control of Substances Hazardous to Health 2002 (as amended) requires contaminated substances, including body fluids to be disposed of in a responsible manner. Under this legislation it is acceptable for body fluids to be flushed down the toilet.

Body fluids include:

- Blood
- Urine and Faces
- Sputum
- Vomit
- Semen
- Phlegm and nasal fluids

6.7 Contaminated linen and clothing should either be burnt or washed at high temperature to kill any bacteria which may be present. The laundry staff MUST be informed of any such contaminated items which need to be separated from non contaminated laundry in sealed plastic bags which are clearly marked 'Contaminated Laundry'.

6.8 The office and Head Housekeeper must be informed of any contaminated laundry which is being processed and of any circumstances where special or deep cleaning may be required to prevent the spread of infection.

7 Staff Training

7.1 The School is responsible for ensuring staff achieve the competencies required to safely administer medication and First Aid to anyone on the premises who requires such attention, and to those students, staff and others who may be on school trips or residential visits.

7.2 Training will be provided by an accredited and qualified training provider in line with current legislative requirements and who is able to issue either OFQUAL or FAIB stamped First Aid certificates.

7.3 Those members of staff who undertake the basic half day First Aid course will also benefit from having a qualified and accredited training instructor, although their certificates will not carry the OFQUAL or FAIB stamp.

7.4 Staff attending medication training will be instructed either by a nurse registered with the NMC or a paramedic registered with the HCPC.

7.5 The School will hold copies or originals of all certificates achieved.

Those members of staff who hold an OFQUAL or FAIB certificate will need to renew their certification on a 33 month basis, whilst those who have attended the basic half day course should ideally refresh their course on an annual basis.

7.6 Whilst it is not a legal requirement, the School will endeavour to provide at least 50% of staff with Basic Life Support training on an annual basis.

7.7 Staff attending First Aid and medication training must attend for the whole duration of their course(s). Where they cannot attend a course they are required to inform the office so that alternative arrangements may be made.

8 First Aid Information

8.1 Information identifying the names of all First Aiders and the location of all First Aid boxes will be displayed in public areas around the school premises.

8.2 Each First Aid box will be clearly identifiable.

8.3 Posters in respect of Basic Life Support and Basic First Aid will be displayed around the School as a reminder of the procedures to be followed in the event of an incident occurring.

8.4 Parents/carers and others may request a copy of the First Aid and Medication Policy.

9 Reporting Accidents and Record Keeping

9.1 First Aiders must maintain detailed records of all incidents, illnesses and accidents which occur on School premises or when out on trips or residential visits.

The details must include:

- The date, time and place of incident
- The name of the injured or ill person
- Details of the injury or illness and the first aid, treatment or medication given
- What happened to the person immediately afterwards - for example, went back to class or emergency services called.
- Name and signature of the first aider dealing with the incident

9.2 The School will keep a copy of all accident reports for future reference.

9.3 Accident Report Records will be stored in the Accident File which can be located in the School office.

9.4 In the case of any serious or significant incident, the Bursar will report relevant incidents to Parents/Emergency contacts parents are contacted by telephone, or by letter if less urgent.

10 Life threatening Situations

10.1 The School accepts that from time to time there may be students or staff who will be particularly prone to life threatening situations such as those with diabetes, epilepsy, asthma or anaphylaxis.

10.2 Training will be provided for the effective management of these conditions and for the general administration of medication.

10.3 Should a child develop a chronic illness, such as a disability, diabetes or epilepsy a meeting will be arranged between the School, any appropriate healthcare practitioner and the parents to discuss a suitable management plan. Where it is deemed appropriate to do so, the student will be involved in these discussions. The outcome of which will be forwarded to relevant staff within the School.

10.4 *Ideally* it is the Advanced First Aiders who should administer any emergency medication. However, all staff will be trained to administer emergency medication on the spot in order to prevent a serious situation from becoming fatal.

11 Parental Consent

11.1 Parental consent is required not only for the administration of prescription medication but also for over the counter medicines and homeopathic treatments.

11.2 Parents/carers are required to provide the School with *written* consent prior to staff being able to administer any and all medications to their child/children.

11.3 Where parental/carer consent has not been obtained and the student's life is genuinely believed to be 'at risk', the School will take all reasonable steps to preserve the life of that student. The only exception to this being if there is a *written*

and expressed wish from the parents/cares NOT to do so and this decision has been supported with the appropriate legal documentation.

11.3 Where parental consent has not been obtained to administer any form of medication and the situation is *not life threatening*, the School will in the first instance attempt to gain parental/carer consent, thereafter the student will be referred to their nominated G.P.

12 The safe Administration of Medication

12.1 There are 5 standard checks which should be carried out prior to administering any type of medication. However, experts have now added a further 3 checks, making 8 in all. These checks have been either referred to and/or adapted to suit the emergency administration of medication for pupils.

1. Right pupil

- Check the name to make sure you have the right person.
- Use 2 identifiers.
- If possible, ask the person to identify himself/herself.
- Check for any Medi Alert identifiers.

The identity of a pupil may seem obvious. However, it is *possible* for there to be more than one pupil with the same name, who has been prescribed the same medication; especially when there is a familial condition.

2. Right medication

- Check the medication label. (all medication **must** be in **original** packaging)
- Check the name of the medication
- Check it is still within date
- Make sure it has been stored as per manufacturer's instructions.

3. Right dose

- Confirm that the drug dose is compatible with the pupil's medication records and that these records are up to date
- In the event of administering medication via an EpiPen, make sure the correct Pen is used (Junior or aged 6+).

4. Right route

- Only administer medication via the prescribed route
- Confirm that the pupil can take or receive the medication by the ordered route; do not attempt to administer oral medication to an unconscious pupil. However it is acceptable to rub glucose into the gums of a pupil who is unconscious.

5. Right time

- Check the frequency of the prescribed medication and that it has not already been given.
- Double-check that you are giving the prescribed dose at the correct time.
- Confirm when the last dose was given.

6. Right documentation

- Document the administration **AFTER** giving the prescribed medication.
- Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.
- Check that parental consent has been obtained for the administering of the medication.

7. Right reason

- Confirm the rationale for the prescribed medication. What is the pupil's history? Why is he/she taking this medication?

8. Right response

- Make sure that the medication is having the desired effect. For example, if adrenaline has been administered, has it had the desired effect or will a further dose be required?
- Be sure to document the monitoring of the pupil and any other interventions that have taken place e.g. placed in the recovery position.

12.2 Staff who attend Medication training will be instructed in the 8 Rights of Administration to ensure medication errors are kept to the lowest level possible.

12.3 Day pupils will be expected to bring any medication into school with them, together *with written parental/carer consent* (signed and dated), for staff to administer the medication. The student will be required to hand their medication to a member of staff when it will be stored in a safe place, such as the school office, or Sanatorium until such time as it is needed for administration. Upon receipt of the medication the staff member will complete a record of the medication detailing the name of the student, the medication name and type, dose to be administered, time of administration, route or method of administration, date of administration. Any contraindications or special instructions will also be recorded e.g. must be taken with food.

12.4 Medication will be returned to the student at the end of the school day and a record of the return made alongside the entry record. This record must be signed and dated by the staff member(s) making the entries.

12.5 The original written consent letter, signed and dated, must be maintained in the student's records for future reference with a copy kept alongside the medication receipts and returns log.

12.6 Boarders will be required to hand all medication to a member of staff who will then keep the same records as those for day students. However, medication will

not be returned at the end of the school day but retained in a safe place as agreed with the student's parents and the Head teacher.

12.7 The School is **not** responsible for the ordering or replenishing of medication for students unless this has been agreed by the School with a Boarder's parents/carers and the student's G.P.

12.8 Parents/carers of Day students must take full responsibility for their child's medication supplies.

12.9 Staff will be unable to administer any medication which is not in its original packaging or where instructions for its administration cannot be clearly read and understood.

12.10 Medication instructions not written in English cannot be administered to students by School staff.

12.11 Members of staff holding an accredited First Aid certificate will be allowed to administer non prescription medication such as pain killers and cough sweets, at an age appropriate dose, as long as there is written parental/carer consent, signed and dated, for them to do so.

13 Self Medicating Students

13.1 In the event that a student wishes to administer their own medication written parental/carer consent will need to be obtained; no student will be permitted to self medicate without such consent.

13.2 A risk assessment will be undertaken by the School to determine the competency of each student wishing to self medicate. Where there is some doubt as to the student's competency to self medicate safely, this will be brought to the attention of the parents/carers as soon as possible.

13.3 The self medication risk assessment will be conducted by a *qualified* First Aider who will determine the student's ability to:

- Understand the reasons for medicating
- Undertake the required pre medication checks as per the 8 rules for the safe administration of medication
- Administer their medication correctly and efficiently as per medical instructions. This may include the ability to use any medication devices such as inhalers, spacers, insulin syringes.
- Where applicable, measure their medication dose in line with the prescribed instructions e.g. measuring out insulin doses depending on their blood glucose levels.
- Record their self medication on the correct documentation
- Communicate any problems which may arise to a member of staff
- Alert staff when medication supplies are running low and may need to be re-ordered
- Store their medication safely and in line with the manufacturer's instructions
- Recognise when their medication is having an adverse effect or is not working to relieve their condition as expected, and report to a member of staff.

13.4 A copy of the risk assessment will be retained by the School for future reference, and will be made available to parents/carers and any healthcare practitioner concerned with the health, safety and welfare of that student.

13.5 Should any member of staff have concerns in respect of a student's ability to safely self medicate they are required to bring their concerns to the attention of a qualified First Aider and the Head teacher immediately. A reassessment of the student's ability to self medicate will then be undertaken to determine the way forward.

13.6 The school retains the right to withdraw permission for any student to self medicate, should concerns for the safety of that student or any other individual be

raised. The School will inform the parents/carers of the student outlining the steps being taken to address the concerns.

13.7 In the event that permission to self medicate is withdrawn, all medication must be placed in the care of the School for safe keeping and a qualified First Aider will then take responsibility for administering that student's medication until such time as they are deemed competent to resume self medicating.

14 Admission Records

14.1 Upon admission to the school, parents/carers will be required to provide information giving full details of:

- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Name of family doctor/consultants
- Special requirements (e.g. dietary)

At the beginning of each academic year, all parents will be required to up-date the medical form which must be signed and dated by them.

14.2 The School will keep a register of all students who have specific medical conditions or other requirements which may need emergency interventions. This register will be updated at the beginning of each academic year or sooner if circumstances change causing the original register to be out of date.

15 Life Threatening Conditions & Emergency Interventions

15.1 Certain students may be known to be at risk from various life threatening conditions such as:

- Asthma
- Anaphylaxis

- Diabetes
- Epilepsy

In the event of any student experiencing a life threatening episode or seizure, *all* staff must be aware of the correct and immediate management strategies for that individual. For example, staff must be aware of how to spot the signs for any known life threatening condition and be able to administer the student's prescribed medication to relieve the situation.

15.2 As life threatening conditions will require swift and accurate interventions, students will be supported to carry their emergency medication with them at all times. A risk assessment will be undertaken by the School to determine the specific management strategies to be adopted for each individual student. A copy of the risk assessment will be available to parents/carers and any healthcare practitioner involved with the care of that student.

15.3 The School will maintain supplies of emergency medication for each student who is known to be at risk from a life threatening condition such as those listed in 15.1 above, and any other such condition as identified by the parents/carers on the Admission Records. This medication will be maintained in a useable condition and replaced as and when it becomes out of date or damaged.

15.4 All emergency medication held by the School will be clearly identifiable as to what medication it is and the name of the student it is intended for, together with expiry dates and any other relevant information such as doses and specific administration instructions. This information must be held in the same location as the medication.

15.5 Students who have been prescribed emergency medication must have **immediate** access to that medication:

- It must be close by during sporting activities and **not** left in a locker or changing room.
- It must accompany students on school trips and residential visits

Any individual, who prevents immediate access to emergency medication, will face serious repercussions; the medication is prescribed to save the life of that student and as such they must not be denied access to it.

15.6 As it is impractical to constantly monitor whether or not each student who may require epinephrine is actually carrying it around with them, EpiPens (or similar epinephrine devices), will be located around the school so that staff may have quick access to this type of medication should the need arise.

16 Food Allergies

16.1 Where an allergy has been identified prior to the student being admitted to the School, the application form will provide the necessary details. At a later date to any member of staff a new medicines form must be completed. In the event of a parent communicating such information at a later date to any member of staff, a new medicines form must be completed.

16.2 As soon as the school is informed that a student has a serious food allergy this information will be passed to the Kitchen and also displayed in the staff room so that all staff are made aware of the situation.

16.3 In the event of an allergic reaction to foodstuffs resulting in an admission to hospital, the school has a duty to inform the parents/carers. In the event that an allergic reaction has resulted in a fatality, the school will also inform the Governors, the Local Authority and the Health and Safety executive.

16.4 In such circumstances, where possible, any foods eaten by the affected student will be retained for potential forensic examination.

17 Homely Medicines

17.1 Homely medicines (non-prescription medication including herbal remedies and vitamin tablets/liquids) can be taken by the students, provided there are no contraindications with prescribed medicines indicated on their form.

However parental/carer consent must be obtained giving permission for:

- i) School staff to administer such medication/remedies or
- ii) For the student to be self administering

17.2 Where students are permitted to administer their own homely medication they are advised to inform a member of staff when they have done so, so that their condition and the doses and the type(s) of medication taken may be effectively monitored.

17.3 Any self administered homely medication must be recorded for future reference and monitoring purposes. This requirement will be communicated to the student and their parents/carers. Details of self administered medication will be made available to parents/carers upon request.

17.4 All medication, including homely remedies, must be handed into the School for safe keeping unless there is an agreement between the School and the parents/carers to do otherwise.

17.5 Any homely medicines brought by overseas students (unless the writing is in English) cannot be administered by School staff.

18 Records of administered medicines

18.1 Advanced First Aiders and those staff who have completed the Safe Administration of Medication course are responsible for completing an entry in the daily log, *in every instance*. The log will contain:

- Name of the student
- Date and time of the administration
- Who supervised the administration
- Name of medication
- Type of medication (liquid/capsule etc)
- Dose
- Why the medication was taken/administered
- A note of any side effects

The School office will ensure that the medical record logs are filled in and checked regularly.

19 Hospital Admissions

19.1 If the Advanced First Aider/First Aider on site has undertaken an assessment of a student's condition and made the decision that the student needs to go to hospital, the School office will be informed immediately.

19.2 Appropriate transport will be arranged depending on the nature of the situation; an ambulance for emergencies or private or school transport for non emergency situations.

19.3 Any student who is transported to hospital will be accompanied by a member of staff. Where transportation is via private or school transport, every effort will be made for the escort to be a First Aider. The School office will sign out the First Aider/designated person and the student.

19.4 The student's medical information should accompany the student to the hospital together with any medication being held by the school or by the student themselves.

19.5 in the absence of a parent/carer the School has a signed consent form to act in Loco-parentis.

19.6 All hospital/doctor/dentist/clinic visits will be recorded and letters sent to parents/carers.

19.7 **Day students** - The School office will contact parents/carers so that they have an opportunity to meet their child at the hospital if this is possible. If the parents and emergency contact are not reachable, the First Aider or designated person will stay with the student and try to stay in contact with the school office so relevant information can eventually be passed to the parents/carers. The School office will be responsible for trying to establish contact with parents/carers.

19.8 **Boarding Students** - The school will attempt to contact parents/carers as soon as the decision has been made to transport the student to hospital. Thereafter, the School will keep the parents/carers informed as to their child's progress and to

provide them with an opportunity to make medical decisions relating to their child's health and wellbeing.

19.9 On returning from hospital the student will be encouraged to call home.

20 General Illness

20.1 During the school day, unwell students will be cared for by Mrs Paula Hetherington and Miss Judy Thomason, during residential time, boarding students will be cared for by Mrs Donna Alderman and Mrs Kathleen Knox (who are able to administer medication). During the weekend periods the duty team will consist of at least one member of staff who is First aid trained and who is able to administer medicines.

20.2 If a student reports as being unwell, this must be reported to Mrs Donna Alderman (or her replacement), who will assess the student and decide whether or not that student should be absent from lessons and moved to the sanatorium for the school day. An absence and illness, and moved to the sanatorium for the school day.

20.3 An absence and illness log will be completed detailing the history of the illness, any medication taken/administered, and signed. The illness log must then be placed in the front of the duty log and the School office informed. Illness and absences must be placed on the staff room board so that teachers are aware of who will not be attending lessons.

20.4 Students deemed ill enough to remain in the sanatorium all day will be encouraged to rest - lap tops and mobile phones will *not* be permitted in the sanatorium. Students who have missed lessons due to a minor illness will not be permitted to join in social activities for the remainder of the day, but will be encouraged to rest in their dormitory after supper.

20.5 Any student with an infectious disease i.e. Chickenpox, will remain in the sanatorium until given the all clear to return to their dormitory. During the school day the illness assessment sheet will be continued and signed. This will remain in the front of the duty log; any concerns will be passed on to Mrs Donna Alderman when she commences duty.

20.6 If a student is *under* 16 years of age they must be supervised throughout the day by the First Aiders on site. If a student is 16 years of age or older they can be periodically supervised (depending upon their illness and condition), and a record maintained of their condition and any treatments/medications taken or administered.

20.7 An emergency buzzer is situated by each of the beds in the sanatorium. Each student will be informed of how and when to use the buzzer so that they may call for help if they so need it. There is also a 'baby' monitor which will be plugged in to enable those student who are not fully supervised to be monitored.

20.8 The sanatorium buzzer and the 'baby' monitor will be checked by the school office staff before duty handovers to make sure they are working properly.

21 Wrongful administration of medication

21.1 In the event that any medication has been administered or taken which is contrary to the instructions accompanying that medication, the local G.P. or hospital will be informed immediately so that appropriate advice may be given on the management of that student.

21.2 Parents/carers will be informed of the situation using the speediest method of communication available to the School.

21.3 Full details surrounding the miss administration or taking of any medication will be recorded in the accident book and the student's personal medication record.

This will contain:

- Name of student
- Medication miss administered
- Date
- Time
- Dose
- If it was it self-administered or administered by a third party (if so, by whom)?
- Why it was administered or taken

- All other relevant details which may be required for the purposes of investigation.

21.4 All miss administered or taken medication will warrant a full investigation and the outcome communicated to the student's parents/carers and the Governors who may decide to take additional action.

This policy is applicable to all pupils in the School including boarders, day students and those in our EYFS setting. It is available to staff, students, parents and the parents of prospective students on the School's website, and paper copies are available on request from the school office.

Please make yourself aware of the following forms:

Homely Medicines Form

Staff Able to Administer Medicines

First Aiders on Site

Prescription/Non Prescription Medication Stock Check

Prescription Medication Form

Absence from School Form

Doctor/Dentist Appointments

Accident Log (in the office safe)

Medical Log

Confidential Medical List

Medical Form

Yearly Consent

Please refer to the lists of staff that are trained in first aid and administrations of medicines.

Please refer to the student's confidential medical booklet on illness/medication and diagnosis.

Refer to the Health and Safety Manual and government guidelines on RIDDOR.

You can visit their website on:

<http://www.hse.gov.uk/riddor>

Forms can be completed on line.

Further guidance can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

This policy was revised in October 2018 and will be reviewed in August 2019.

N A Rice MA

School Proprietor