

ADMINISTRATION & STORAGE OF MEDICINES POLICY

Last reviewed:	October 2024
Next review due:	October 2025
Reviewed by:	School Nurse
	Pastoral Director

d'Overbroeck's undertakes to ensure compliance with the relevant legislation and guidance concerning procedures for supporting students with medical needs, including managing medicines. This policy is drawn up with regard to the following documents:

- 'Managing Medicines in Schools March 2015' (DfE)
- 'Guidance on First Aid for School' (DfE, 2000)
- 'Medical Protocols and Practice 2005' (BSA)
- 'Administration of Medication from Overseas' (MOSA, 2023)
- 'Boarding Schools: National Minimum Standards 2022' (DfE)
- Supporting pupils at school with medical conditions (DfE, 2014)
- 'Supporting pupils with medical conditions: links to other useful resources' (DfE, 2017)

Aims and objectives

Our administration and storage of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management, storage and administration of:
 - Prescribed medication
 - o Non-prescribed medication
 - Maintenance drugs
 - Emergency medicine;
- Providing clear guidance to all staff on the administration of medicines;
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer 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 of administration and storage of medicines.

1. ADMINISTRATION OF MEDICINES

1.1 Responsibility

- The administration of medicines is the overall responsibility of the parents.
- The Principal and appointed staff are responsible for ensuring students are supported with their medical needs while on site and this may include managing medicines where appropriate and agreed with parents. Medication is administered by the School Nurse or by other staff who have completed medication administration training (eg,, Boarding staff and Reception staff). Medication administration will be updated every 3 years. In the meantime, if any major changes to medicine administration arise the School Nurse will inform all trained personnel of these changes.
- It is school policy to manage **prescribed medicines** (eg, antibiotic, inhaler, etc) where appropriate following consultation and agreement with, and written consent from the parents (**APPENDIX 1:** Medication Administration and Consent Form).
- It is our general policy not to take responsibility for the administration of non-prescribed medicines to day students as this responsibility rests with the parents/guardians. On occasions when students require over the counter medication the following medication can be given, providing that written consent from the parents has been received in advance: Paracetamol, Ibuprofen, Strepsils, Chlorphenamine (antihistamine), Cough syrup, Gaviscon. Consent can be found on ISAMS.
- It is our policy that boarding students should not be given any over the counter medication apart from Paracetamol, Ibuprofen, Strepsils, Chlorphenamine (antihistamine), Cough syrup, Gaviscon, Difflam mouth wash and Doralyte only if parental consent for each individual medication has been given. Parental consent is recorded on ISAMS.
 - The only situation where a Boarding student may be allowed to use another over the counter medication is if they have been unable to get a GP appointment within 48 hours and the School Nurse has advised it as an appropriate step. Students from The International School may obtain appropriate advice from a Pharmacist but must be accompanied by a member of staff. Sixth Form boarders may consult a Pharmacist alone. In each case, students must inform their Boarding House and the School Nurse of the medication purchased.
- It is our policy to manage the administration of **maintenance drugs** (eg, insulin), as appropriate and following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the students concerned.
- It is our policy to manage the administration of **emergency medicines** (eg, Adrenaline). In all cases, professional training and guidance will be received before commitment to such administration is accepted.

1.2 Procedure for staff with training in the administration of medicines

- a) Confirm the student's identity ask their name.
- b) Check on ISAMS for parental consent, with particular attention to any drug allergies or interactions reported by parents.

- c) In the case of 'as required' medication, check when the student last had a dose of the drug. Accurate record keeping and communication should prevent over-frequent use of medication.
- d) Medication can only be dispensed from Medication in its original packaging. If medication has been brought to the school from abroad there must be an English translation by the manufacturer on the packaging or in the manufacturers enclosed information leaflet.
- e) Select the correct medicine container, and check the name of the drug, the dose and the expiry date. If the packaging or the medication is damaged, or if the label is not legible, it may be inappropriate to administer the drug and an alternative should be sourced. Students should be offered medicines in a suitable form: tablets, liquid.
- f) Prepare the dose and administer. Students must be offered a glass of water to aid in swallowing. Ensure the whole dose is swallowed. Medicines should not be handled, and should be prepared using a 'clean' technique pushing the tablet from the blister pack into a medicine pot.
- g) Record the administration of the medication in CPOMS and ISAMS immediately in the correct documentation.
- h) In the case of prescribed medicines, note the administration of the medication on the student's personalised Prescription Record Sheet (APPENDIX 2).
- i) Medicines taken from the container but not used should not be replaced but should be safely disposed of.

1.3 Procedure for administering controlled drugs

Controlled drugs must be stored in a double locked drugs cupboard. There must be two different keys which should not be stored together.

- a) The drug should be removed from the safe and the pharmacy label checked to confirm the drug, dose and student name.
- b) Two members of staff should verify the quantity of the drug against the running balance total in the Controlled Drugs register. If two members of staff are not available the student can act as one checker. If a student has acted as a checker the control drugs stock must be checked and recorded weekly by two members of staff.
- c) The correct dose will be administered to the student as per drug administration procedure above.
- d) Details of date, student name and dose should be entered in the Controlled Drugs register and the entry signed (not initialled) by the two members of staff.
- e) The medicine administration should be entered on ISAMS immediately.
- f) The controlled drugs stock must be checked monthly by two members of staff and recorded in the control drugs register.

1.4 Invasive treatment

If a student is prescribed medication in the form of a suppository, pessary or injection it should be administered only by the student themself or by a registered nurse.

1.5 Refusal

Should a student refuse a prescribed dose of medication the School Nurse will be notified, and they will then discuss with the student the reasons for refusal. If the student still refuses to take the dose the parent/guardian should be notified. A written report will be recorded in CPOMS.

1.6 Adverse reaction

When a student is receiving medication which is new to them, eg, a course of antibiotics, staff must be aware of the possibility of adverse reactions and should check the Patient Information Leaflet for details. If there is, or if staff suspect there is, an adverse reaction, the treatment must be stopped and the prescribing doctor (or out of hours service) notified. If necessary, emergency treatment will be commenced. A written report will be completed and uploaded to CPOMS.

1.7 Errors of administration

Errors of administration include miscalculating a dose, omitting a dose or repeating a dose. If an error occurs the following procedure should ensue:

- the prescribing doctor should be notified and/or urgent medical advice sought if required (eg, A & E Dept, NHS Direct, GP on call service);
- the School Nurse should be notified immediately;
- any appropriate treatment commenced;
- a full report should be made in the student records and an accident form completed;
- the student and parents/guardians will be notified.

1.8 Inhalers

Inhalers are supplied by parents (or via the GP for boarders). An inhaler prescribed for one student should not be used for another. All inhalers must be labelled with the student's name and be in date. The School Nurse is happy to assist in checking a student's inhaler technique to ensure that the correct dose is delivered. Where a spacer device is required this will be kept with the inhaler.

- All students must carry a named inhaler with them at all times.
- All students must have a second named inhaler kept at the Reception of their teaching site (d'Overbroeck's Senior, d'Overbroeck's International or d'Overbroeck's Sixth Form). These will remain accessible throughout the day and the expiry date will be monitored by the reception team.
- All boarders must have a third named inhaler kept in their boarding house (or given to their host family). These will remain accessible when students are in boarding. The Head of House will be responsible for monitoring expiry dates.
- Emergency inhalers: Under updated regulations 2014 schools are permitted to hold an unprescribed inhaler for use by students who have mislaid or broken their own inhaler. These
 inhalers are stored securely and contain a list of students with asthma, a Salbutamol inhaler,
 a spacer device, and instructions for use.

They are stored as follows:

- d'Overbroeck's Senior at Reception
- o d'Overbroeck's International— at Reception
- d'Overbroeck's Sixth Form site at Reception
- Milford Arts Centre in coffee room second floor
- All boarding houses

Emergency inhalers are not allowed off school property. Students must take their own named inhaler for school trips or sports fixtures off site. Staff accompanying the student must check that students have their medication on them and also take the student's named spare medication from school (and return it as soon as the student is back in school).

1.9 Adrenaline auto-injectors (AAI)

- Students at risk of anaphylactic reactions should carry a labelled adrenaline auto-injector
 (AAI) in an easily accessible place. In an extreme emergency, certain medications, including
 adrenaline auto-injection, can be given without the direction of a medical practitioner in
 order to save life.
- An adrenaline auto-injector can <u>be administered only</u> to students who have been prescribed them. A list of students, with photographs, to whom the AAI can be administered will be placed in each Emergency AAI Kit along with a record of administration.
- Students must carry their AAI with them, in an accessible place, at all times.
- All students must have a second named AAI kept at the Reception of their teaching site
 (Senior, International, Sixth Form, Milford). These will remain accessible throughout the day
 and the expiry date will be monitored by the reception team.
- All boarders must have a third named AAI kept in their boarding house (or given to their host family). These will remain accessible when students are in boarding. The Head of House will be responsible for monitoring expiry dates.
- Emergency AAIs. Due to a worldwide shortage of AAIs it is increasingly difficult to obtain them. When they become readily available they will be stored as follows:
 - d'Overbroeck's Senior at Reception
 - o d'Overbroeck's International— at Reception
 - d'Overbroeck's Sixth Form site at Reception
 - Milford Arts Centre in coffee room second floor
 - All boarding houses

1.10 Supply, storage and care of the emergency anaphylaxis kit

- Two members of staff at each d'Overbroeck's teaching site will be nominated for maintaining the emergency anaphylaxis kit.
- The emergency anaphylaxis kit will be stored centrally and securely in Reception in each school site.
- The kit(s) are not located more than 5 minutes away from where they may be needed.
- For children aged 6-11 years: a dose of 300 micrograms (0.3 milligrams) of adrenaline is used (ie, using an Emerade 300 microgram device).

- For children aged 12 years and over: a dose of 500 micrograms (0.5milligrams) of adrenaline is used (ie, using an Emerade 500 microgram device).
- The emergency anaphylaxis kit will include:
 - An adrenaline auto-injector (300 micrograms or 500 micrograms). Each kit will be clearly labelled with the age group for which it should be used;
 - Instructions on how to use the Emerade AAI(s);
 - Manufacturer's product information leaflet;
 - An emergency anaphylaxis kit monitoring log (checklist of expiry date/batch number and kit location);
 - A list of students to whom the AAI can be administered. Each kit will have a list of specific students for whom it can be used, ie, a kit containing Emerade 500 micrograms will be stored with an Emergency AAI Allergy Register noting students aged 12 years and over).
- The emergency anaphylaxis kit must not be locked away.
- The emergency anaphylaxis kit must be out of the reach and sight of children.
- The emergency anaphylaxis kit must be stored below 25°C and protected from extremes in temperature and direct sunlight (do not store close to radiators).
- The emergency anaphylaxis kit must be stored separately from the student's own AAI, which might be stored nearby.
- On a monthly basis, one of the nominated members of staff must ensure the emergency anaphylaxis kit(s) is present, in date and located in its designated place in Reception. If the AAI is nearing its expiry date a replacement should be ordered.
- Replacement adrenaline auto-injectors must be obtained when expiry dates approach.
- Emergency anaphylaxis kits are not allowed off school property. Students must provide their own named AAI for school trips or sports fixtures off site. Staff must check that students have their medication on them and also take the student's named spare medication from school (and return it as soon as the student is back in school).

1.11 Disposal of the adrenaline auto-injector (AAI)

Expired AAIs must be returned to a pharmacy for destruction. The School Nurse will facilitate this.

2. SELF-ADMINISTRATION

A boarding student's ability to self-medicate both prescribed medicine and homely remedies will be assessed by the School Nurse (see documentation in **Appendix 3** for Self-Medication Assessment and Consent form). For residential boarders, the form will also be signed by the Head of House. For boarders living in Host Families, the Head of Non-Residential Boarding will inform the Host Family.

The following categories of medication may be suitable for self-administration:

- Regular long term prescriptions, eg, for the control of epilepsy
- Insulin

- Preventative asthma inhalers
- Topical lotions and ointments for skin conditions
- Antibiotics
- Regular antihistamines for hay fever
- Antimalarial medication
- Oral contraceptives

Any medication (with the exception of relieving asthma inhalers and adrenaline auto-injectors) should not be kept by students.

Students who self-administer medication should meet the following criteria:

- a) The student must be aged 16 or over (an exception may occasionally be made by the School Nurse and the safeguarding team, in the case of a student under 16 years who is deemed competent to understand the implication of self-medicating, the medication prescribed, and where there are particular reasons why self-medication is more appropriate than having the medication administered by a member of staff).
- b) **Either** the medication should be prescribed by a UK medical practitioner, and must be in a correctly labelled container dispensed from a UK pharmacy.
 - **Or**, if the medication is from overseas, the student should provide a copy of the original prescription if possible (with an English translation if necessary). The medicine should be in a correctly labelled container dispensed by a pharmacist.
- c) The student must hand in their medication to boarding staff to be stored in a lockable cupboard. The student should then inform the boarding staff when they need to take their medication so that the boarding staff can open the cupboard for them and then lock away any the medication after administration.
- d) If a student has permission to self-medicate, they may store their medication in the safe in their Boarding House bedroom. If medication is found out in their room, the student will receive one warning. For a second occurrence, the student's right to self-medication will be suspended for one month and they will meet with the School Nurse. If a student is also found to have medication in their room that has not been declared to Boarding staff, the student's right to self-medication will be removed.
- e) The appropriate documentation must be completed (see Student Self-Medication Assessment and Consent Form in **APPENDIX 3**)

Wherever possible, day students should take prescribed medication under the supervision of parents or guardians at home. If it is necessary for a day student to take medication while in school, the student's ability to self-medicate prescribed medicine will be assessed by the School Nurse and the student's parent/guardian. If agreed with parents and School Nurse, day students may carry a small quantity of medication on their person for administration as per the prescription.

Parents/Guardians must fill in a 'self-administration of medication consent form' (**Appendix 4**). The student must inform school staff when they have self-administered medication so that it can be updated on CPOMS.

3. EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES

Students with asthma and severe allergies should have the appropriate medical device (eg, inhaler, adrenaline auto-injector) in an easily accessible place. d'Overbroeck's students will carry their own device as the school's emergency devices are not allowed to be used offsite. This should be noted in the risk assessment. The trip leader must take the named spare inhaler/AAI (held at Reception) with them on the trip and ensure that it is held at all times by the member of staff accompanying the student for whom it is prescribed. The named inhaler/ epipen must be returned to Reception as soon as the trip returns.

For students taking a course of medication the teacher in charge must have written information from the parent, guardian or School Nurse detailing the name of the drug, dose and frequency. Sufficient medication must be provided for the duration of the visit.

Medication must be safely and securely stored for the duration of the visit. Responsibility and supervision of medication must be determined before the visit commences.

4. STORAGE OF MEDICINES

Key security is integral to the security of medicines. Keys should be retained by the
authorised person in a secure place. Keys for medicine storage should not be part of the
master key system. Duplication of keys should be kept to the minimum necessary to allow
efficient administration of medication.

• KEYS FOR MEDICINE STORAGE MUST NEVER BE GIVEN TO A STUDENT

- Controlled drugs should be stored in a locked cupboard within a locked cupboard. The two
 keys should not be held together.
- All medication is supplied with a Product Information Leaflet which gives information on appropriate storage. Medicines need to be stored safely to prevent damage by inappropriate temperatures or dampness.
- Medicines may be stored only in lockable immovable cupboards which have been assessed
 as suitable by the School Nurse, following advice from a pharmacist if necessary. Each
 teaching site has its own storage, as do the Boarding Houses.
- Only medicines may be stored in a medicines cupboard; it is not suitable to store other items in the same cupboard as medication. Shelf height must be adequate for bottles to be stored upright. Medicines/preparations for internal use should be stored separately (ie, on a separate shelf) from those for external use.
- Only medicines in current use should be stored. Out of date or discontinued medications should be disposed of using the procedure outlined in Section 6 below.
- Prescribed medicines for students should be stored separately from stock homely remedies, ie, on a different shelf in the cupboard and clearly labelled with the student's name.
- All medicines are stored in the original container as supplied. Staff must not tamper with packs of medicine, ie, decanting from one container to another for purposes of storage.
- **Refrigeration**. Some medication needs to be kept at low temperature. At the Senior School, the International site and Sixth Form this generally involves storage of oral liquid antibiotics and the temperature regulation is similar to that of a domestic refrigerator; daily temperature recordings are not required.

- O There is a refrigerator in the Clinic at the International site and in Room 17 at the Sixth Form site, solely for the storage of drugs. Additional preparations, such as eye drops and vaccinations, may be kept here. The temperature needs to be maintained between 2 8°C and it is checked and recorded daily.
- o In Boarding Houses medication needing refrigeration is usually oral liquid antibiotics and should be kept in a refrigerator to which students do not have general access, for example in the Head of House flat, in which case the drug should be in a sealed container (such as a 'Tupperware' box) to prevent contamination by foodstuffs. If larger quantities are to be held, eg, insulin, the balance of the stock may be kept in the Clinic.
- Staff Medication Staff medication must be stored away out of the reach of students.

5. DISPOSAL OF MEDICINES

It is not the responsibility of the staff at d'Overbroeck's to dispose of medicines. It is the responsibility of the parents/guardians to ensure that all medicines no longer required, including those which are past their expiry date, are returned to a pharmacy for safe disposal. For this purpose, at the end of each academic year the school returns any unused medication to the student. If student medication is left in a boarding house at the end of an academic year the school retains it as stock (if appropriate and within date) or takes it to a pharmacy for disposal.

Sharps boxes will **always** be used for the disposal of needles. Collection and disposal of the boxes is locally arranged as required.

*



2.

3.

4.

5.

6.

MEDICATION ADMINISTRATION AND CONSENT FORM

Student's Name:					
Date of Birth: .		Year Group:			
To be completed by Parer	nt:				
Name of medication					
Preparation supplied eg tablet, ointment	3				
Dose					
Frequency					
Date medication comm	enced				
Date medication compl	eted				
I give permission for the	above named medication to be given to	my child as prescribed.			
Parent signature:					
Date:					
Staff safety check – staff me	mber to initial by each number below to cor	nfirm s/he has checked.			
1. Child resistant contain	er?				

Name and phone number of licensed health professional who order medication on container?

Pharmacy label and physical direction for use?

Name of child on container?

Current date on container? Expiration date checked?



PRESCRIPTION RECORD SHEET

Record of an individual student's drug administration for PRN (Prescription Required as Needed) (when required) doses only. This is NOT to be used for medication Controlled Drugs. Student name: Name and strength of drug: (only one drug/strength must be recorded per sheet) A member of staff responsible for medication administration (as above) must complete this form. When further supplies are received from the chemist the quantity must be added to this form and when drugs are **returned** to the chemist the total must be amended accordingly. The balance must be checked by the School Nurse on a regular basis. The School Nurse should indicate (by signature and date) when a check has taken place. Date and time of **Number of** Date supply Quantity Dose given Signature received from received administration tablets chemist remaining



SELF-MEDICATION ASSESSMENT AND CONSENT

Student name:				
Boarding House:			DoB:	
		<u> </u>		
Name and strength of medication				
Preparation eg, tablets, ointment				
Dose				
Frequency				
Date commenced				
Date completed				
		T		
Medication seen by Medical Centre		Yes /	Yes / No	
 especially if I am unable to take a I will complete the course of treat For residential boarding students: I will hand in my medication to be when I need access to my medication my room. 	ment. stored safel	y in a lockable		_
 If self-medicating, if medication is a second occurrence, my right to 	-			_
I am aware that the School Nurse will review my medications and my permission to self-medicate with me regularly, and may withdraw consent to self medicate if there are concerns.				
For non-residential boarding students I am aware that the Head of Non-Residand will inform my Host Family.		ding (Host Fam	ilies) will receive a c	opy of this form
Signed	Student	Signed		School Nurse
Signed			or residential boarde oarding (for student	



MEDICATION ADMINISTRATION AND CONSENT FORM

Student's Name:			
Date of Birth:			Year Group:
To be completed by Pa	ırent:		
Name of medication			
Preparation supplied tablet, ointment	l eg		
Dose			
Frequency			
Date medication con	nmenced		
Date medication con	npleted		
= -	-		medication when needed. I confirm hen they should self-administer this
	-	take this medication they shou it can be recorded on the sch	uld inform the school reception staff, ool's database.
Parent signature:			
Date:			