

ADMINISTRATION & STORAGE OF MEDICINES POLICY

Last reviewed:	September 2023
Next review due:	September 2024
Reviewed by:	School Nurse

d'Overbroeck's undertakes to ensure compliance with the relevant legislation and guidance concerning procedures for supporting students with medical requirements, 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)
- 'Medical Protocols and Practice 2005' (BSA)
- 'Administration of Medicines 2019' (MOSA)
- 'Boarding Schools: National Minimum Standards 2022' (DfE)

1. 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
 - 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.

2. ADMINISTRATION OF MEDICINES

2.1 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 (ie, 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.

2.2 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.

2.3 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) Controlled drugs must be stored in a double locked drugs cupboard. There must be two different keys which should not be stored together.
- b) The drug should be removed from the safe and the pharmacy label checked to confirm the drug, dose and student name.
- c) 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.
- d) The correct dose will be administered to the student as per drug administration procedure above.
- e) 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.
- f) The medicine administration should be entered on ISAMS immediately.
- g) The controlled drugs stock must be checked monthly by two members of staff and recorded in the control drugs register.

2.4 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 him/herself or by a registered nurse.

2.5 Refusal

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

2.6 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 PIL (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.

2.7 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.

2.8 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 (7-11, TIS or 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 un-prescribed 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:

- **7-11 site – in Reception**
- **Sixth Form site – in Reception**
- **The International School – in Reception**
- **Milford Arts Centre**
- **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).

2.9 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 be administered only 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 (7-11, TIS or 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 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:
 - **7-11 site – in Reception**
 - **Sixth Form site – in Reception**
 - **The International School – in Reception**
 - **Milford Arts Centre**
 - **All boarding houses**

2.10 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 (0.5 milligrams) 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).

2.11 Disposal of the adrenaline auto-injector (AAI)

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

3. SELF ADMINISTRATION

A boarding student's ability to self-medicate both prescribed medicine and homely remedies will be assessed by the School Nurse or Head of House.

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) should not be kept by students. By the very nature of these medicines, such as analgesics, students should be assessed by the Head of House or School Nurse to ensure appropriate administration and to monitor usage.

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

- a) The student **must be aged 16** or over, or be deemed competent to understand the implication of self-medicating and the medication prescribed.

- 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 is deemed able 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 Form in **APPENDIX 3**)

A day 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.

4. 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.

5. 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 (PIL) 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 7-11, The International School 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.

There is a refrigerator in the Clinic (at The International School) 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.

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.

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

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MEDICATION ADMINISTRATION AND CONSENT FORM

Student's Name:

Date of Birth: Year Group:

To be completed by Parent:

Name of medication	
Preparation supplied eg tablet, ointment	
Dose	
Frequency	
Date medication commenced	
Date medication completed	

I give permission for the above named medication to be given to my child as prescribed.

Parent signature:

Date:

Staff safety check – staff member to initial by each number below to confirm s/he has checked.

1. Child resistant container?
2. Pharmacy label and physical direction for use?
3. Name of child on container?
4. Current date on container?
5. Expiration date checked?
6. Name and phone number of licensed health professional who order medication on container?



SELF MEDICATION ASSESSMENT AND CONSENT

Student name:	
Boarding House:	DoB:

Name and strength of medication	
Preparation supplied eg, tablets, ointment	
Dose	
Frequency	
Date commenced	
Date completed	

Medication seen by Medical Centre	Yes / No
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- I confirm that the nurse in the Medical Centre has explained to me the nature of the medication that I have been prescribed, and the risks of either missing a dose, or taking a dose too many.
- I confirm that I will take the medication as prescribed by the doctor.
- I will inform the Medical Centre of any problems or potential side-effects that I may experience, especially if I am unable to take a prescribed dose.
- I will complete the course of treatment.
- I will hand in my medication to be stored safely in a lockable place and will inform boarding staff when I need access to my medication. If I am allowed to self-medicate, I will keep it in the safe in my room.
- If self-medicating, if medication is found in my room out of the safe I will receive a warning. After a second occurrence, my right to self-medicate will be suspended for one month.
- I am aware that a nurse will carry out random checks to ensure that I am taking my medication as prescribed.

Signed Student

Signed School Nurse

Signed Head of House



MEDICATION ADMINISTRATION AND CONSENT FORM

Student's Name:

Date of Birth: Year Group:

To be completed by Parent:

Name of medication	
Preparation supplied eg tablet, ointment	
Dose	
Frequency	
Date medication commenced	
Date medication completed	

I give permission for my child to carry and administer the above medication when needed. I confirm that my child understands the reason for this medication and when/he she should self-administer this medication. My child is aware that when they take this medication they should inform the school reception staff, School Nurse or their DoS, so that it can be recorded on the school's database.

Parent signature:

Date: