

# CHRIST'S HOSPITAL

## ADMINISTRATION OF MEDICINES POLICY

### 1. POLICY STATEMENT

- This policy outlines the procedure by which Christ's Hospital (CH) makes provision for the safe administration of medicines to students.
- Parental consent for the administration of medication is obtained via the new entrant medical form. Any consent withheld is recorded on iSAMS.
- Staff that have received training in the administration of medicines are authorised by the school's Medical Officer to do so. Such staff will either be qualified nursing staff or other staff in a role where they may need to provide direct student healthcare, for example, house staff and trip staff.
- In this policy, the terms 'medicine' or 'medication' include all forms of medicine, such as over the counter, prescription only and controlled drugs.

### PROCEDURES

### 2. Overriding principles

- Anyone in a position to administer medication to students and who needs advice or support should not hesitate to contact the Medical Centre/duty nurse on 7440 at any time (24/7 in term time). The Senior Nurse is best contacted by email: [hcek@christs-hospital.org.uk](mailto:hcek@christs-hospital.org.uk)
- The age of the student, the dose amount and frequency, known allergies, incompatible health conditions, incompatible medications and the security of medication are key factors in the administration of all medicines.

### 3. Medication acquisition

- Initially, boarding students will need to come to CH with sufficient medication to last until their home GP records have transferred to, and they are registered with, the school doctor. After which time, the school is responsible for ensuring that a boarding student has sufficient medication at school.
- In the case of day students, it is the responsibility of parents/guardians to ensure that a student has sufficient medication at school.

### 4. Analgesia (pain relief)

- The stipulated paracetamol dose for 12 to 15-year-olds is 750mg but paracetamol tablets are always 500mg, so one tablet will need to be broken in half at the score line and the excess discarded safely. In boarding houses, matrons should use the red screw top pot provided and return this to the Medical Centre as necessary for disposal of contents.
- Ibuprofen must not be given to asthmatic individuals unless there is parental consent to do so (with confirmation received that the student has taken it previously with no ill effect) or, after a trial dose has been taken in the Medical Centre with no ill effect.
- Ibuprofen (every six hours) and paracetamol (every four hours) can be given together but best practice is to stagger the two. With different interval periods for each, taking

both together requires good records to keep track of timings. Wait one hour after a dose of one to see if it is effective, to judge if the other is required.

- Medicines containing codeine must not be given to a child below age 12, unless prescribed by a doctor. Codeine is not a routine school analgesia medication.
- Aspirin must not be given to a child below age 16, unless prescribed by a doctor. Aspirin is not a routine school analgesia medication.
- A very small number of parents have withheld consent for their child to receive standard analgesia. This information will be recorded on iSAMS and matrons or nursing staff must highlight this to a trip leader/first aider when student medical information is requested. This information will also be recorded on the trip leader student participant report issued by school Office.

#### **5. Over the counter medications (OTC) (home remedies):**

- A Standing Order Prescription of agreed OTC medication has been compiled and authorised by the school's Medical Officer and the Senior Nursing Officer. Only medicines on this list may be administered by authorised school staff without the need for additional parental consent or discussion with the Medical Centre.
- OTC medication must be kept securely in a locked cupboard, within a room which can be locked when a member of staff is not present.
- Any medication supplied from home must be age appropriate and in its original packaging.
- Matrons and the Medical Centre stock analgesia medication in various forms. Therefore, any medication containing analgesia (paracetamol, ibuprofen, aspirin etc) should not be supplied from home or purchased by the student to self-administer in school. This is due to the significant health risks that this medication poses if it is not taken as prescribed.

#### **6. Prescription only medication (POM):**

- POM must only be administered to the student for whom it has been prescribed. Thus, it should naturally be age appropriate.
- The student should be observed taking the POM unless it has been agreed that they can self-administer.
- POM must remain in the original packaging with original dispensing label and instruction leaflet. If supplied from home, it must be supplied in this state.
- Medication for use in emergency situations, such as insulin, asthma inhalers, adrenaline auto-injectors and antihistamines must remain with the student at all times and must be labelled with the student's name.
- Matrons should make sure all medication carried by a student has an expiry date sufficient to allow time for review and re-prescribing.
- Matrons must compile a list of all POM medications held by students and expiry dates. A copy of this should be given to the Senior Nurse no later than two weeks after the beginning of term.
- The medication must be prescribed by one of the following:
  - the school's Medical Officer
  - a UK home GP
  - an NHS hospital consultant or other NHS service
  - a private practitioner who is registered with a licence to practise in the UK and also works for an NHS service.
- When medication is prescribed outside of school and brought into school, matron or matron's assistants must inform the Medical Centre duty nurse of the medication and the prescribed dose, to check that this appears correct.

- Should a student refuse medication, the refusal/missed medication must be documented (in iSAMS). The duty nurse does not need to be informed of every individual missed dose of medication, but repeat doses missed must be reported.
- Records of the administration of POM must be made (in iSAMS).
- POM may require refrigeration. Where this applies the medication should be kept in a locked fridge kept solely for the storage of medication. The temperature should be checked and recorded daily and be maintained between 2° and 8°C. Any discrepancies should be reported to the Medical Centre.
- Best practice guidance is students with multiple medications should have these pre-dispensed in a dosette box which will be made up weekly by Medical Centre Nurses.

## 7. Controlled drugs

- Controlled drugs will be POM. POM must remain in the original packaging with original dispensing label and instruction leaflet. If supplied from home, it must be supplied in this state.
- The storage of controlled drugs is governed by the Misuse of Drugs (Safe Custody) Regulation 1973, as amended.
- All controlled drugs must be stored within a double locked cupboard, the key to which must be kept separate from the outer lock key and in a key safe.
- Only those with authorised access may hold the keys to a controlled drugs cupboard.
- Records of the administration of controlled drugs must be made and kept (in iSAMS) and the Controlled Drugs Record Book. The stock balance must be checked at each administration and signed by two people to witness that the dose has been given. It is acceptable for the student to act as the second person/witness. Grecians Tutors may call on duty SLT to act as the second person/witness (for stock control purposes).
- The stock balance should be checked weekly by two members of staff and documented that the balance is correct.
- Sample signatures and initials with full name of all staff who record administration should be listed at the front of the Controlled Drugs Record Book.
- To maintain an audit trail, all controlled drugs must be collected from the Medical Centre by an authorised matron or matron's assistant and a signature obtained to confirm receipt.
- All unused controlled drugs must be returned to the Medical Centre by an authorised matron or matron's assistant and a signature obtained to confirm deposit.
- **Controlled drugs issued from school stock to staff (e.g. trip staff) or parents/guardians must be signed out of the stock balance and signed for on receipt by the member of staff or parent/guardian, so that accurate stock records are maintained.**
- If a parent/guardian delivers controlled medication to school, this must be counted and signed in to the Controlled Drugs Record by the matron or matron's assistant and the parent/guardian. When counting, matron must be mindful to maintain medication hygiene.
- Matron should not accept any medication into school keeping if they are in any way unsure about what they are receiving. If there is no supporting prescription with the medication, or any discrepancies with dosage, the medication should not be accepted and the parent/guardian can/should be redirected to the Medical Centre duty nurse for review and an acceptance decision.

## 8. Alternative medication and supplements purchased in the UK

- A single, age-appropriate, multi-vitamin is acceptable.
- Targeted/high strength or multiple supplements require supporting medical evidence.
- Over the counter items which are prohibited at school are:
  1. smelling salts;
  2. CBD oil-based preparations;

3. caffeine tablets;
4. substances listed in the Nutritional Supplement Policy.

#### **9. Medication purchased abroad that does not have a UK product licence**

- All medication including homeopathic remedies and herbal preparations must be from a recognised and regulated manufacturer and have a full list of components and details of dose and use.
- For prescribed medication, a copy of the original prescription should be available to confirm authenticity.
- Where medication is not recognisable, a UK equivalent with similar properties that is licensed in UK must be prescribed or obtained.
- Consent from the student's parent or guardian should be obtained before issuing an alternative.
- Any unrecognisable medication will be retained by the matron, recorded and stored safely. Parents should be contacted to arrange return or disposal. Where there is no agreement for the medication to be returned at the end of the term, it will be safely disposed of.
- A student taking any alternative therapies must disclose a full list to the school doctor during any consultation. It must be noted that some alternative therapies can be contra-indicated and cause adverse interactions with prescription drugs.

#### **10. Students seeking to self-administer medication**

- On arrival at school, all medication must be handed to the matron for safe keeping. However, students must be allowed to carry emergency medication, such as insulin, asthma inhalers, epi-pens and antihistamines.
- If a student makes a request to self-administer medication the request form should be emailed to the nurse on duty, who will email their agreement for the matron to keep with house records. The Medical Centre will not keep a copy of these documents. The matron and houseparent should establish whether the student is deemed competent to take over the administration of their own medication.
- The student must be informed of the risk of exceeding the prescribed dose or allowing the medication to be used by others and must have a lockable drawer where the medication can be kept securely inaccessible by others.
- The amount of medication that the student will be allowed to have in their possession at any one time must be discussed with the Senior Nursing Officer. **At no time must a student be allowed to self-administer controlled drugs, antidepressant medication (SSRIs) or codeine-based analgesia.**
- Students in the LE and above can hold their own oral contraception to self-administer.
- At matron's discretion, without the need to consult with the Medical Centre, students in the GE and above (without associated safeguarding concerns) can be issued with one dose of paracetamol, ibuprofen, or mefenamic and tranexamic acid to self-administer overnight to manage breakthrough pain. If this is requested more than twice in a week, this should first be discussed with Medical Centre nurses. One day's prescribed dose of antibiotics, prescribed skin creams and over the counter vitamins can also be issued and be self-administered.
- For Grecian students, self-administration of any other medication should be discussed with Medical Centre link nurse first and where appropriate, students can be given evening medication by matron before they go off duty to self-administer before bedtime or hold up to a week's supply of medication to self-administer.
- Only when antibiotics are prescribed to be taken four times a day and before food, due to the logistics of achieving this, at matron's discretion, all students can be issued with a day's prescribed dose of antibiotics to self-administer.
- Medications carried by students to self-administer should be carried in a clearly labelled medication pouch.

- Students should have their eye drops and nasal sprays, inhalers and spacers in their rooms, labelled with their name. Matron should keep a note of issue to monitor use and check with students they are using them correctly.

## **11. Observing the consumption of medication**

- Staff must observe students taking controlled medication, antidepressant medication (SSRIs), codeine-based analgesia, or any medication if directed by medical staff.
- In general, students should be observed to take POM unless it has been agreed that they can self-administer. See Section 9 for additional details. Self-administration could be organised for a student in advance of a trip, to make administration easier on the trip. However, staff will still need to retain the medication if the student will not have a personal lockable drawer / individual lockable room available to them.
- Staff will need to do what is reasonably practicable in the circumstances; it is easy for a matron to observe a student taking medication in Matron's Office where it is issued to them. It may be less easy for trip staff to observe students taking medication, for example, soon after waking or just prior to going to bed. Any decision to not observe a student taking medication should be made based on the maturity of the student and the risk of (the quantity of and not consuming or consuming a stashed supply of) the medication.

## **12. School trips**

- Day trips – only staff trained in the administration of medicines may issue medication. Trip staff will need to risk assess if trained staff are needed on a day trip.
- Overnight trips - at least one school adult (likely a first aider) must be trained in the administration of medicines. This is because whilst there may be no students on the trip requiring the issue of regular medication, it may be necessary (and more likely with a longer trip) to issue ad-hoc medication like analgesia during the trip.
- Medication, in quantities appropriate for the trip length plus possible return delays, in the original packaging and with the original instruction leaflet, may be issued to the trip leader or a trip first aider by matrons or nursing staff. Whilst it may be prudent to travel with some general medications, it should not be overlooked that the majority of destinations will have local pharmacies available.
- Trip staff must ensure that medication is kept securely and/or refrigerated as necessary for all of the time it is under their control. This includes the return of medication to the MC or matron. If secure storage is not available, the medication will need to be kept with the dispensing member of staff at all times.
- Note that controlled medication requires additional secure storage controls; see Section 5. These storage requirements apply at all times; from when medication has been handed over to trip staff, at all times during the trip and post-trip, until the medication is handed back to nursing or matron staff.
- When staff are planning and risk assessing a school trip, if they identify any students with serious medical conditions, for example via intranet 'CH Reports' or by asking the Medical Centre, bespoke medical arrangements may be needed for these students. The trip leader should seek advice on necessary and suitable arrangements (control measures) from nursing staff and travel with a copy of any student Healthcare Plan detailing any medication regime.
- Students can, as appropriate, in a suitably labelled medication pouch, be given two doses of travel sickness tablets, one dose of mefenamic acid (period pain relief) and/or one day's dose of antibiotics, to self-administer on a day trip. Matron should make trip staff aware that the student has this medication with them. On overnight trips, the medication should be given to the trip leader/ trip first aider.
- Trip staff can and should determine the appropriate medication and first aid kit contents to take with them (and arrange collection of this) by:

1. consultation with nursing staff before travel; and
  2. contacting the relevant matrons before travel.
- Any regular medication needed by students on a trip should be discussed with nursing staff before travel.
  - If trip staff are aware they will need medication and contents beyond that which a normal first aid kit provides, or simply a first aid kit is required, this can be requested using the form found on the intranet > Departments > MC > Request for first aid kit. This request should be made at least a week in advance of travel.
  - Staff should not allow a student to take part in a trip if the student does not have their regular medication with them at the time of departure from school when this is medication that they should carry with them at all times, such as asthma inhalers and 2x adrenaline auto-injectors, or any medication that if not immediately to hand, could lead to a serious negative health outcome.
  - A third, spare, adrenaline auto injector should be obtained from matron for residential trips. – The spare pen should be wherever the student resides and so will need to be returned to matron when the student returns to school.
  - When a student departs for home after a school trip, they are permitted to take lower risk medication with them independently. Prior to student departure, trip staff must inform parents/guardians of any medication being sent home with a student. This must also be recorded in iSAMS. If it is not possible to make the iSAMS record on a trip, trip staff should make use of Annex B and on return to school, can scan a copy of the completed record to 'mcnurses' who will make the iSAMS entry for them. Once emailed to 'mcnurses' the written record must be securely destroyed.
  - However, the following higher risk medication cannot be given to students to take home with them independently and must be handed to a parent or guardian, and in the case of controlled medication, must be signed for by the parent or guardian:
    1. controlled medication;
    2. analgesia (pain relief);
    3. any medication prescribed for students who are considered at high risk by medical staff or the safeguarding team.
  - When handing over higher risk medication to a parent or guardian, if it is not possible to make the iSAMS record on a trip, trip staff should make use of Annex B and on return to school, can scan a copy of the completed record to 'mcnurses' who will make the iSAMS entry for them. Once emailed to 'mcnurses' the written record must be securely destroyed. This Annex B record is particularly important in the case of controlled drugs, if no Controlled Drugs Record Book is available.
  - Along with the extra secure storage controls required for controlled drugs, the issue of controlled drugs to students must be documented in a Controlled Drugs Record Book, which must be countersigned by a witness (which can be the student) and the transfer of any controlled drugs to a parent/guardian at the end of a trip must also be documented in the same book. Trip planning conversations with matron and nursing staff pre-travel will identify if a student participant requires controlled drug medication and where this is identified, the staff with designated responsibility for the administration of medication on the trip must travel with a Controlled Drugs Record Book. If a controlled drugs record is made, this book must be handed to nursing staff on return to school. Equally, return unused books.
  - Staff should be reassured that only a very small number of students require controlled medication, for example, ADHD medication.

### **13. Sporting activities**

- Students who need to take medication, such as asthma inhalers, before or during exercise must be allowed immediate access to their medication.

- Staff supervising sporting activities should obtain details of any relevant medical conditions from 'CH Reports'. Instructions on the use of any medication that may be required by a student and any emergency procedure are available from the Medical Centre. Particular attention must be paid to students who may have allergies to specific foods which could be served at match tea.

#### **14. Leave weekends and school holidays**

- When a student leaves school for a weekend or holiday period they are permitted to take lower risk medication home with them independently. Matrons must inform parents/guardians, prior to student departure, of any lower risk medication being sent home independently with a student. This must also be recorded in iSAMS.
- However, the following higher risk medication cannot be given to students and must be handed to a parent or guardian and in the case of controlled medication, must be signed for by the parent or guardian:
  1. controlled medication;
  2. analgesia (pain relief);
  3. any medication prescribed for students who are considered at high risk by medical staff or the safeguarding team.
- If it is not possible to arrange for the above higher risk medication to be handed to a parent or guardian, matrons can request a repeat prescription for the medication, which can be sent home electronically and dispensed by the student's local pharmacy.
- Parents/guardians must be informed by matrons that, if the student returns to school with any (unused) medication, their matron must be informed of this no later than the time of the student's arrival at school.

#### **15. General record keeping of medication**

- All medicines administered to students must be recorded in the medical section of iSAMS, entering the date, time, reason for administration and the initials of the individual administering. If it is more practical to first make a written record, use Annex A as a template. Once data is transferred into iSAMS, the written record must be securely destroyed.
- If away from school on a trip with no access to iSAMS, details of medicines administered must be kept in writing; use Annex A as a template. This information must be transferred into iSAMS promptly (as soon as reasonably possible) on return to school. Trip first aiders can scan a copy of the written record to 'mncurses' who will make the iSAMS entry for them. Once emailed to 'mncurses' the written record must be securely destroyed.
- All medicines issued from school stocks to staff (e.g. trip staff) or parents/guardians, must be recorded on iSAMS as 'signed out', NOT as 'given'.
- In any location where medication is being stored in term time, there must be a monthly check of medication expiry dates and a half termly stocktake. These checks must be recorded on the designated form which, on completion, is to be stored in the Medical Centre Nurses M drive.
- Matrons' medicine cupboards must be checked each term by a Medical Centre nurse. These checks must be recorded on the designated form which, on completion, is to be stored in the Medical Centre Nurses M drive.

#### **16. Maladministration of medication**

- If there has been an error in the use (intake or application) of medication, advice can and must be immediately sought from the duty nurse 24/7.

- All administration errors must be promptly reported to the Senior Nurse, who will inform and/or consult with the school's Medical Officer as necessary.
- If there has been an error in the recording of medication, authorisation from the Senior Nurse is needed to amend the school record.
- Administration errors should also be reported via the school's H&S Incident Report Form.

### **17. Disposal of medication**

- All out of date or unused medicines must be returned to the Medical Centre at the earliest possible opportunity. Sections 3 and 5 may also apply.
- A record must be kept of the date of return, name of the student and the name, strength and quantity of the medication and a copy emailed to Medical Centre Nurses for audit trail purposes.
- The name and electronic signature of the member of staff returning the medication must also be obtained.
- All medicines must be removed from labelled packaging by the Medical Centre staff and returned to the pharmacy as soon as possible.
- Medication a student has brought from overseas should be documented in iSAMS and stored separately in the Medical Centre and the parents contacted to confirm if they wish to arrange for it to be returned.

### **18. Communication of student medical conditions requiring regular medication**

- Staff must forward on any new student health or medication information they receive to Medical Centre nursing staff. It is the responsibility of nursing staff to receive student health and medication information, validate the information, record the information on iSAMS as appropriate and make the information known to school staff as necessary.
- Student health conditions and applicable medication regimes are detailed in the medical pages of iSAMS and are accessible to relevant staff.
- Students with complex medical needs will have an Individual Healthcare Plan which details any applicable medication regime. Healthcare Plans are distributed to relevant staff by the Senior Nurse.
- Student Healthcare Plans, Personal Health Condition Risk Assessments and students with an adrenalin auto-injector or asthma inhaler lists are posted under 'CH Reports' and are accessible to relevant staff.

### **19. Staff training to administer medication**

- Only staff in receipt of training can issue medication to students.
- First aid training alone is not sufficient to administer medication to students.
- In order for non-nursing staff to be considered trained to administer medication to students, the following conditions apply:
  1. Staff must complete a training course, which should be refreshed every three years. Training may be delivered by way of a classroom session but is also available as an on-line course. The on-line training course is the expected and acceptable approach for trip staff and for three-yearly refresher training. Request the on-line training course from the HR department.
  2. Staff must seek guidance/training from a MC nurse in the particulars of any medication needed by students in their care/on their trip, as necessary. A nurse must record the provision of this guidance.
    - Matrons are supported in the administration of medicines by their assigned house liaison nurse and should routinely liaise with this nurse, although any nurse can be contacted for emergency or maladministration advice.

- The member of trip staff that will administer medication on the trip must have completed the on-line course in advance of travel. They should also seek guidance from a nurse before travel when pre-travel planning identifies that students on the trip will require regular medication. Trip staff should book a meeting with a nurse sufficiently in advance of travel to receive guidance in the administration of this medication (and review trip general first aid needs).
- The Matron Manager is responsible for monitoring that house staff have completed a current training course.
- When trip staff seek administration of medication guidance from a nurse, the nurse should check that the individual has completed a current training course.
- Nursing staff will be trained to administer medication via their professional training to achieve qualified nurse status.

## 20. Monitoring the administration of medication

Monitoring to check the safe administration of medicines will be achieved by:

- training record checks made by nominated individuals;
- routine and regular liaison with nursing staff;
- checks made by nursing staff;
- Matron Manager oversight of matron staff activities;
- Senior Nurse oversight of nursing staff activities and Healthcare Plans;
- incident reporting procedures.

## 21. Type 1 diabetes medication

Students with type 1 diabetes require insulin. This is usually administered via injection using either an insulin pen and needle, or a small electronic insulin device attached to the body providing continuous therapy. For those requiring the use of a pen and needle the following risk assessment applies:

Hazard	At risk	Risk	Control measures	Residual risk
Use of hypodermic needles by a student for medical purposes.  This may be in combination with the storage of potentially harmful medication.	Other students sharing personal space with the affected student.  Cleaning staff.  Matron staff.  Porterage staff.	Others may accidentally come into contact with needles, which may give rise to contact with blood borne disease or a drug (residue).  Other students may seek to misuse needles in conjunction	Nursing staff to ensure that the student has a personal clinical waste bin.  Matron to organise a lockable personal space for the affected student (in their bedroom). Affected student must be advised that they should keep needles, medication and clinical waste bin locked away from others.  Nursing (and matron) staff to impress on the student the need to make use of the clinical waste bin provided and how to arrange for this to be replaced as needed (when full).  Matron to inform the cleaning team about any student that has hypodermic needles in their bedroom.  Unless undeclared, student medical	Low

		<p>with potentially harmful medication belonging to another (self-harm).</p>	<p>health is known and extra precautions to be taken if the affected student also suffers with blood borne disease.</p> <p>Where it is known that a student has self-harm tendencies, it may not be appropriate to room them with a student keeping potentially harmful medication in their room. For houseparent consideration.</p> <p>Nursing staff to make an assessment bespoke to a student as to the appropriate level of insulin that should be stored by the student in their bedroom and any excess is to be kept in Matrons Office or the Medical Centre.</p> <p>In the case of school trips, see section 8.</p> <p>In the event of any needlestick injury, staff should promptly seek medical advice, such as contacting their GP or NHS 111.</p>	
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Owner: EK

Author: AXP

Date of last review: July 2025

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Annex A – Medication Administration Record

Annex B - Medication Handover Record





