POLICY NUMBER E16a

READING SCHOOL BOARDING – ADMINISTRATION OF MEDICINES POLICY

Aim: To ensure safe storage and administration of prescribed and non-prescribed medication to students and staff by Matrons and other named staff in boarding.

1. ADMINISTRATION OF MEDICATION PROCEDURE:

All staff must be aware of the administration of medication procedure (see appendix 1).
The medications must be kept in locked cupboards in the boarding houses
All medication is governed by the non-prescription protocol see (appendix 2).

PROCEDURE

1. The reason for giving the medication must be established.
2. Check the student's identity.
3. Check whether that student is allergic to any medication
4. Check whether or not the student has taken any medication recently and, if so, what.
5. Check the medicine packet to see how often the medicine may be administered.
6. Check whether or not the student has taken that particular medication before and, if so, whether there were any problems.
7. Check the expiry or 'use by' date on the medication package or container.
8. The student should take the medication under the supervision of the person issuing it – send the student to get a glass of water so they can take it in front of you
9. Record the details using the REACH software.
10. Drug errors and any adverse reactions to a drug must be reported at once to the Matron on duty or Housemaster. If it is the duty Matron that has made the error, they should inform the Housemaster and they should contact 111 for advice.
11. In the event of any drug errors or adverse reactions outside of normal working hours when no matron is available, staff will ring the housemaster for advice or ring 111.

THE ADMINISTRATION OF ANY MEDICATION MUST BE RECORDED AS DETAILED ABOVE.

Signatures must be kept of every person who is authorised to administer medication in order to aid recognition at a later date. (see Appendix 3).

A record of stock received must be added to REACH by the responsible person (currently KA, NB). The record of stock used is automatically updated on REACH.

2. OVER THE COUNTER MEDICATION

ADMINISTRATION OF HOUSEHOLD NON-PRESCRIPTION MEDICINES BY NAMED UNQUALIFIED TRAINED STAFF

1. These are available for boarding students and staff.
2. Staff are designated to administer the attached list of medications. (**See Appendix 2-** medications, indications for use, contraindications, dosages, side effects, and duration of treatment before nursing or medical advice is sought).
3. The designated named staff signs an 'Administration of Medicines' procedure as an agreement. **(See Appendix 3)**
4. All staff must record any medication given using REACH. If this is not possible the matrons should be informed via e-mail.

3. ADMINISTRATION OF PRESCRIBED MEDICINES

MEDICATION PRESCRIBED BY A DOCTOR

1. These should be administered according to the instructions on the individual medication.
2. These should only be given to the named student for whom it has been prescribed.
3. All medication must be kept in its original container which should be childproof.
4. The original dispensing label must not be altered.
5. The students name and date of birth must be checked against the medication.
6. The consent form must be checked.
7. An allergy history must be obtained.
8. The dose and expiry date will be checked.
9. A record of administration will be made via REACH.
10. If a student refuses medication, staff have no power of enforcement, but refusal should be recorded via REACH.
11. Emergency services will be called if refusal compromises a student's safety. The Head of Boarding or the Assistant Head Teacher responsible for pastoral care, as appropriate, will be informed.
12. A Boarding Medical Form must be completed by the parents/carers (appendix 8).

4. ADMINISTRATION TO SAVE A LIFE

This section outlines specific responsibilities, storage protocols and emergency procedures required within our boarding houses to protect boys with diagnosed severe allergies. Boarding environments present unique risks due to shared living spaces, communal snacking and outside of school activities.

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. In an extreme emergency medication e.g., Adrenalin (Epipen) may be given. (Article 7 of the Prescription Only Medicines (Human Use) Order 1997).

Allergy Action Plan
Every boarder with a known severe allergy must have an Individual allergy action plan signed by their parents/guardian.

An easily accessible photo of all boarders with severe allergies detailing their specific triggers and symptoms must be held in the Housemaster/Matrons office.

All house staff will be made aware of any student with a severe allergy and what allergens they are allergic to.

All house staff has relevant training for Anaphylaxis.

Medication and storage
All Adrenaline Auto-Injectors must never be locked away in a medical cabinet or student safe. They must be immediately accessible at all times.
Students should carry their own AAIs at all times.
A second AAI should be provided by parents where possible and kept in an unlocked centrally located position designated within the boarding house.

Spare House AAIs
Both boarding houses hold one non-specific spare emergency AAI

Expiry Audit
The Matron will conduct monthly checks to verify that all stored AAIs are in date and undamaged.

Food delivery and snacks
Boarders are strictly prohibited from bringing nut products or high-risk allergens into the boarding house.
Students with severe allergies must check with staff before ordering any food deliveries.

Overnight Emergency Response
If a boarder shows any signs of anaphylaxis staff must immediately administer the students AAI if they are unable to do it themselves. Call for an ambulance stating ANAPHYLAXIS.

5. CONSENT

1. All parents are asked to give consent for their son to receive simple over the counter remedies for minor complaints and for first aid.
2. All parents are asked to give consent for surgical emergency procedures and the arrangement of medical and dental appointments.
3. No treatment will be given without this consent.

6. PROTOCOL FOR THE SELF-ADMINISTRATION OF MEDICINES

Rationale

To promote and maintain student independence.

To provide students with information regarding their own medicines.

To enable the student to take medications at times most convenient to them wherever possible.

To provide a safe storage system.

To carry out a non-biased risk assessment.

Principles

To obtain consent from the student.

To obtain a risk assessment by the completion of a risk assessment form with the student.

To provide the student with a written record, including names of medicines and time to be taken.

Staff may withdraw the student from self-administration if their safety or that of another is deemed to be at risk.

Students in years 10-13 can be assessed to self-administer all medication.

Procedure

A risk assessment is to be completed on all students who will be self-Administering medication

Following completion of the risk assessment of the student:

The risk assessment will be placed in the student file and added to their REACH profile.

If self-administration is declined an explanation of why will be given to the student and where possible the reason to be declined will be rectified to enable the student to self-administer. House staff will be informed.

The risk assessment will be carried out yearly if medication is still required.

What 'Gillick Competency' Refer To/Do

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether Doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. But since then, it has been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local authority (West Norfolk and Wisbech Are Health Authority) and the department of Health and Social Security to court in an attempt to stop Doctors from giving contraceptive advice or treatment to under 16-year olds without parental consent.

The case went to the high court where Mr Justice Woolf dismissed Mrs Gillick's claims. The court of Appeal reversed this decision, but in 1985 it went to the house of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Woolf.

"whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent"

How are the Fraser Guideline applied?

The Fraser guideline refer to the guideline set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice:
"a doctor could proceed to give advice and treatment provided he is satisfied in the following criteria"

1) That the girls (although under the age of 16 years of age) will understand his advice;
2) That he cannot persuade her to inform her parents or allow him to inform the parents that she is seeking contraceptive advice;
3) That she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4) That unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5) That her best interest requires him to give her contraceptive advice, treatment or both without parental consent;

How is Gillick competency assessed?

Lord Scarman's comments in his judgement of the Gillick case in the House of Lords (1985) are often referred to as the test of "Gillick Competency":

"It is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved"

Applying the Fraser guidelines in relation to sexual health/contraception advice, information or treatment to a person under 16 without parental consent.

7. STUDENTS' OWN MEDICATION BROUGHT FROM HOME

1. Any medication brought from home must be declared to the Matron in the Boarding House and parents must complete the Boarding Medical Form (see appendix 8).

2. If a student takes their own medication and its contents are unknown then no other treatment will be given by house staff for at least 8 hours after their own medication has been taken.

3. It is preferred that students do not keep their own medication in their rooms but if they do it should be securely locked and unavailable to other students

4. No medication should be brought from overseas without it being

    - In the original packaging
    - With instructions clearly written in English stating what the medication is
    - What the medication is used for

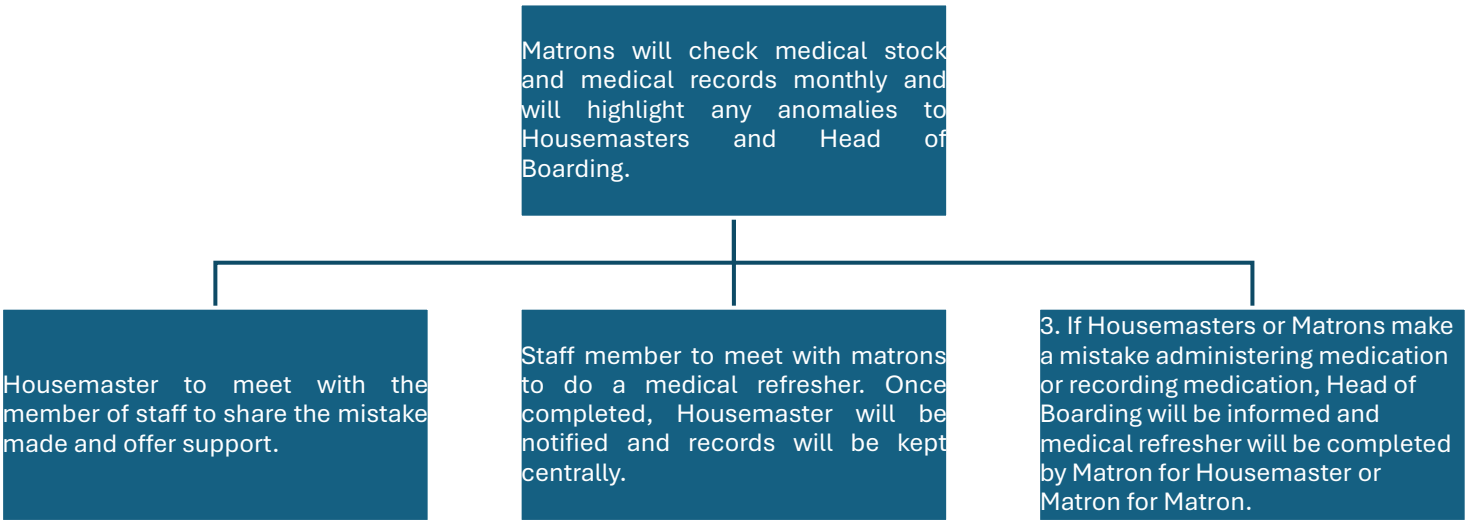
8. MEDICINES GIVEN IN ERROR

If an error is made with any medication advice must be sought immediately.

- During the day contact the Matron on duty who will seek advice from 111. **the school doctor- telephone 01189874551. No longer valid boys not registered.**
- If at night contact NHS 24 –telephone 111

An incident report should be completed explaining the error and any action taken.

9. PROTOCOL TO FOLLOW WHEN THERE IS AN ERROR ADMINISTERING MEDICATION OR RECORDING MEDICAL INFORMATION ON REACH



10. SIDE EFFECTS

Drugs can cause side-effects in some people.

If a student experiences side-effect to a medication

1. Do not give any further doses unless instructed to do so by the doctor.
2. A medical incident report should be made.
3. If a serious reaction occurs, medical attention should be sought immediately.

11. DISPOSAL OF MEDICINES

1. Any unused prescribed medications and any out-of-date OTC medications must be returned to the pharmacy for disposal.
2. A record of returned medication must be kept by the staff returning the medication, recording date/ name of student/quantity and strength of medication in student records. (Appendix 6)

12. STORAGE

All medications must be kept in a locked cupboard in a room not normally accessible to students. In the boarding houses medicines that require refrigeration are kept in the Matron's own fridge.

13. MEDICINE CUPBOARDS

1. Stock should be checked on a termly basis by the Matrons against the records on REACH

14.RECORD KEEPING

1. Records should be properly completed, legible and current.
2. Signatures are kept of every person who administers medication. (Appendix 3)
3. The records are checked by the Housemaster and Headmaster.
4. In the boarding houses all medication given is recorded on REACH.
5. Records need to be kept for 7 years.
6. All medicines brought into the house must be recorded including OTC and Complementary Medication.
7. A record must be kept of any medication sent home or on residential trips. (Appendix 7)

Policy approved by the Governing Body on 9th November 2026
For review (by EXPC Committee): November 2028

APPENDICES

APPENDIX 1 – Administration of medication procedure

1. The reason for giving the medication must be established.

2. Check the student's identity.

3. Check whether that student is allergic to any medication

4. Check whether or not the student has taken any medication recently and, if so, what.

5. Check the medicine packet to see how often the medicine may be administered.

6. Check whether or not the student has taken that particular medication before and, if so, whether there were any problems.

7. Check the expiry or 'use by' date on the medication package or container.

8. The student should take the medication under the supervision of the person issuing it – send the student to get a glass of water so they can take it in front of you

9. Record the details using the REACH software.

10. Drug errors and any adverse reactions to a drug must be reported at once to the Matron on duty or Housemaster. If it is the duty Matron that has made the error, they should inform the Housemaster and they should contact 111 for advice.

11. In the event of any drug errors or adverse reactions outside of normal working hours when no matron is available Staff will ring the housemaster for advice or ring 111.

APPENDIX 2 - Guidelines to Non-prescription

DRUG	INDICATION OF USE	DOSE AND USAGE	CONTRA-INDICATIONS	SIDE EFFECTS
Cetirizine	Allergic reactions, hayfever, skin rashes, insect bites, urticaria	<6-12 years 5mg twice a day <12 years:10mg tablet once a day	Not recommended for people with renal impairment or Epileptics	Drowsiness, Headache, dizziness, dry mouth, diarrhoea
Glycerin Lemon and Honey	To relieve symptoms of coughs and sore throats	<10-12 years 5mls <12 and over 10mls To be taken every 4 hours if required	Diabetic – should be given sugar free version Known allergy to any listed ingredients	None
Ibuprofen	For analgesia (headaches, dysmenorrhea, toothaches, muscular injuries etc) and anti-inflammatory properties	<12 years:200mg To be taken 6 hourly (3 x day) with or after food	Patients with asthma, known allergy to Aspirin, stomach ulcers or stomach disorders Children with chickenpox	Hypersensitivity reactions. Stomach pain, nausea, indigestion. Skin rashes, itch. Blood disorders, kidney/liver disorders. Dizziness, headaches, hearing disturbances.
Paracetamol Tablets	Mild to moderate pain Pyrexia (Temperature)	<10-15 years 500mg (1 tablet) <16 years and adults 1000mg (2 tablets) Every 4-6 hours max 4 doses in 24 hours	Alcohol dependency Liver and kidney impairment	Rare – rashes and blood disorders
Anthisan cream	Itching skin, bites, stings, nettle rash	Apply directly to site 2-3 x daily	Eczema broken skin	None
E45 cream	Dry, itching, flaking chapped, rough skin and sunburn	Apply to affected skin 2-3 times daily	Known allergy to E45 cream.	None
Petroleum Jelly	For hydration of lips and skin	Topically as required		
Radian b	Minor sports injuries, Muscle sprains, bruises and backache	<10 years to adults To be used 3 times daily	Known allergy to any listed ingredients	Skin irritation

Appendix 3- Reading School - Signature Bank for Administration of Medication

Signatures must be kept of every person who is authorised to administer medication in order to aid recognition at a later date.

A record of stock received and used should be documented by the Day/Boarding Matrons in the REACH software). All unused and out of date medication must be sent back to the Medical Centre/Boarding Houses, so this can be returned to the Pharmacy.

Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Title	

I confirm that the staff member has received the training detailed above and is competent to carry
out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the house matrons.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.
Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

APPENDIX 4- Protocol for the Self-Administration of Medicines

Rationale

To promote and maintain student independence.

To provide students with information regarding their own medicines.

To enable the student to take medications at times most convenient to them wherever possible.

To provide a safe storage system.

To carry out a non-biased risk assessment.

Principles

To obtain consent from the student.

To obtain a risk assessment by the completion of a risk assessment form with the student.

To provide the student with a written record, including names of medicines and time to be taken.

Staff may withdraw the student from self-administration if their safety or that of another is deemed to be at risk.

Students in years 10-13 can be assessed to self-administer all medication.

Procedure

A risk assessment is to be completed on all students who will be self-Administering medication

Following completion of the risk assessment of the student:

The risk assessment will be placed in the student file and added to their REACH profile.

If self-administration is declined an explanation of why will be given to the student and where possible the reason to be declined will be rectified to enable the student to self-administer. House staff will be informed.

The risk assessment will be carried out yearly if medication is still required.

APPENDIX 5- Risk Assessment for Self-Administration of Medication

Name……. D.O. B……Age……

House……. Date of assessment……

	Initial Assessment	**Yes**	**No**	**N/A**
1	Does the student have a history of overdose, in the last 5 years?			
2	If yes to question 1 was this intentional?			
3	Does the student have an unstable mental state or history of drug or alcohol abuse?			
4	Is the student motivated to commence self-administration?			
5	Have they a suitable locked storage area in their room?			

	Knowledge of medication	**Yes**	**No**	**N/A**
6	Does the student know the names and dose of the medication they are taking?			
7	Does the student know why they are taking the medication?			
8	Is the student able to recognise potential side effects?			

	Ability to administer medication	**Yes**	**No**	**N/A**
9	Is the student able to identify the correct time the medication is prescribed for?			
10	Does the student know the correct route of administration?			
11	Does the student know the administration instructions e.g. before/after food and maximum dose in 24hrs?			
12	Is the student able to use inhalers, spacers, eye or ear drops, and creams correctly?			

	Storage of prescribed medication	**Yes**	**No**	**N/A**
13	Does the student know they need to keep medicines locked away at all times?			
14	Does the student understand that have must not share medication with anybody else?			

	Ability to monitor stock of medication	**Yes**	**No**	**N/A**
15	Is the student able to inform staff when stock is running low?			
16	Is the student able to recognise out of date medication?			
17	Is the student able to know who to return unused or out of date medicines to??			

Question 1

No = Low risk

Yes 0-3 years ago = High 3-5 years ago = Med Over 5 years ago = Low

Question 2

Yes = High No = Med N/A = Low

Question 3

No = Low

Yes 0 – 3 years ago = High 3-5 years ago = Med Over 5 years ago = Low

Questions 4-17

Yes, or N/A = Low

Total number of
High…… Med…… Low…… (Total must = 17 responses)

Risk rating

High risk = 1 or more high risks or 8 or more medium risks

Medium risks = 1-7 medium risks

Low risk = all low risks.

Students risk rating

High risk score – self- medication declined, except in the case of inhalers or Adrenaline auto-injectors

Medium risk score- Can self-administer topical creams, inhalers and carry Adrenaline auto-injectors.

Low risk – Students in years 9-13 can self-administer all medications.

If a student has been assessed as being at medium risk, is it possible to reduce the risk rating by giving some training? If so give appropriate training and reassess.

The student has been denied self-administration for the following reasons:

Reasons:

The student can self-administer the following medication;

Name of medication	Dose	Route	Date	Sign

I _____ agree to the following;

1. Keeping any medication administered by myself safe by locking it away when not in use.
2. Not sharing my medication with anyone else.

Signature _____

Matron	Signature
Housemaster	Signature
Date	

Actions completed – initial appropriate boxes

Risk assessment		Staff aware		Parents informed if appropriate	

Appendix 6

MEDICATION RETURNED TO PHARMACY
READING SCHOOL
RECORD OF MEDICATION RETURNED TO PHARMACY FOR DISPOSAL
This form must always be completed when school staff are either returning a student's unwanted or discontinued medication or school stock medication to a pharmacy for destruction.

School stock:

Address: _____

DATE	MEDICATION (Name and strength)	QUANTITY (If known)	REASON (e.g. out of date)

I understand that the above medication is either out of date or no longer required.

A member of staff will dispose of it at the Pharmacy on my behalf.

SIGNATURE OF STAFF _____

SIGNATURE OF HEAD MASTER_____

DATE _____

For completion by the Community Pharmacy

I …….. Confirm receipt of the medication listed above, which has been returned to me for safe destruction.

Signature of Community Pharmacist/ Technician: ……..

DATE:
……..

Pharmacy stamp

APPENDIX 7 - MEDICATION GIVEN TO A PUPIL TO TAKE HOME

GENERIC DRUG NAME (Brand Name)	Strength	Label has correct instruction	Label has patient's name on it	Medication in date	Packaging appears ok	Checked by	Quantity Given to pupil

Date Given to pupil: …….
Pupil's name: ….....
Member of staff …….
Staff position ……

Signature……..
Signature……..

APPENDIX 8 – Boarding Medical Form

Boarding Medical Form

To be completed by parents/carers when sending their son back to boarding with medication.

Boarder's Details

Name of Boarder	
Date of Birth	
Boarding House	
Medical condition or illness	

Medication

Name/type of medicine and quantity	
Expiry date	
Dosage and method	
When to give medication and how frequently	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	

NB: Medicines must be in the original container and prescription medication must be as dispensed by the pharmacy with the pharmacy label fully legible.

Parent/Carer Contact Details

Name	
Phone Number	
Relationship to child	

Please ensure that a completed copy of this form is either emailed or given to the Matron, Housemaster/Housemistress or Deputy Housemistress/Housemaster, together with the medication.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Please right click in the box below and sign:

Parent/Carer Signature:

X _____