



QUEEN ETHELBURGA'S COLLEGIATE

MEDICAL POLICY

**Including Administration of Medication Policy and Procedures and Infection Control
To be read in conjunction with the FIRST AID POLICY**

<p>Reviewed: 30 June 2023</p> <p>Due for review: June 2024</p>	<p>This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:</p> <p>The Education (Independent School Standards) Regulations 2014</p> <p>Keeping children safe in education 2023</p> <p>Statutory framework for the Early Years Foundation Stage (DfE, 31 March 2014, updated 12 July 2023) Applies from 4 September 2023</p> <p>National minimum standards for boarding schools, in force from 5 September 2022</p> <p>Working Together to Safeguard Children 2018 (updated 1 July 2022)</p> <p>Supporting students with medical conditions at school updated Aug 2017</p> <p>SEND code of practice: 0 to 25 years updated April 2020</p> <p>Statutory framework for the early years foundation stage Sep 2023</p> <p>This policy has regard to the following guidance and advice:</p> <p>Spare Epi-pen in schools guidance</p> <p>Anaphylaxis UK</p> <p>Allergy UK</p> <p>Anaphylaxis allergy training for schools</p> <p>Asthma in schools</p> <p>Guidance on the use of emergency salbutamol inhalers in schools</p>	<p>To be viewed alongside the following related policies and documentation:</p> <p>Allergen Policy</p> <p>Child Protection and Safeguarding Policy</p> <p>First Aid Policy</p> <p>Major Incident Policy</p> <p>General Health and Safety Policy Statement</p> <p>Risk Assessment Policies</p> <p>Smoking, Alcohol, Drugs and Substances Policy</p> <p>Supporting Students with Medical Conditions Policy</p>	<p>Publication and availability for Staff, Parents, Carers and Prospective Parents:</p> <p>This policy is published on the QE website. It is available to staff on SharePoint.</p>
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	<p>Diabetes management in schools</p> <p>Epilepsy action</p> <p>Supporting young people with epilepsy: A guide for schools</p> <p>Professional guidance on the safe and secure handling of medicines (rpharms.com)</p> <p>Admin of Meds prof guidance.pdf (rpharms.com)</p> <p>Medicines Management: Subject Guide Library Royal College of Nursing (rcn.org.uk)</p> <p>UKHSA regions, local centres and emergency contacts - GOV.UK (www.gov.uk)</p> <p>Healthy Child Programme: 5 to 19 years old - GOV.UK (www.gov.uk)</p> <p>Promoting the health and wellbeing of looked-after children - GOV.UK (www.gov.uk)</p> <p>Consent to treatment - Children and young people - NHS (www.nhs.uk)</p> <p>Gillick competence and Fraser guidelines NSPCC Learning</p>		
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1. Introduction

- 1.1. This policy statement applies to Queen's Kindergarten and Chapter House Preparatory School, King's Magna Middle School, Queen Ethelburga's College, The Faculty of Queen Ethelburga's and Queen Ethelburga's Services (QES) - hereafter referred to as "**the Collegiate**". Staff from across the Collegiate are collectively known, and will be referred to, as "Team QE". This policy also applies to Queen Ethelburga's holiday programmes, including Holidays@QE; QE Summer Schools; and Camp QE.
- 1.2. The Collegiate's medical team of doctors, nurses and health care assistants are based in the Medical Centre adjacent to Greenacres. The Medical Centre offers care for students in a holistic and non-judgemental way. The Medical Centre is tailored to meet the needs of our school population.

2. Aims

- 2.1. To promote the health and welfare of all the students, as well as providing first aid to children, staff and visitors.
- 2.2. To work with the house and academic staff, to ensure that the students are cared for holistically.
- 2.3. To help to educate the students on how to take care of their own general health and well-being when they leave the Collegiate.
- 2.4. To be an integral part in delivering Health Education in the Collegiate.



- 2.5. To keep parents, house staff and the Head of School informed of a student's medical well-being within the context of the school doctors' and nurses' NMC professional code of conduct.
- 2.6. First Aid is administered on site to anyone who needs it. Further details pertaining to the location of first aid kits and emergency equipment can be found in the First Aid Policy and Emergency Medical Procedure policy.

3. Confidentiality and Record Keeping

- 3.1. This policy has been reviewed in accordance with the **Data Protection Act (2018)** and the UK **General Data Protection Regulation (UK GDPR, 1 January 2021)**. You can find out more about UK GDPR on the [Information Commissioner's Office \(ICO\)](https://ico.org.uk/) website.
- 3.2. The Collegiate accepts it has a duty of care to ensure individuals' data is kept safe and secure and the Collegiate privacy notices for staff, parents and students provide information regarding the personal information we collect and hold; what we do with it; who we can share it with; and how long we retain data. A privacy notice is available to view on the Collegiate website.
- 3.3. The Collegiate has a Data Protection officer (DPO) who can be contacted should you have any questions at dpo@qe.org. When sharing confidential information about a member of staff or student, the Collegiate has regard to its responsibilities under the **Data Protection Act (2018) and to the UKGDPR (1 January 2021)**, and where relevant, the **Education (Pupil Information) (England) Regulations (2005)**. Data Protection does not prevent the sharing of information for the purposes of keeping children safe.

4. Medical Cover

- 4.1. The Operations Manager oversees the medical provision for the Collegiate and works closely with the visiting GP's, nurses and Emergency Care and First Aid Manager.
- 4.2. The Medical Centre is open from 0800-1800 Monday to Friday. Visiting GP's hold a clinic every morning from 0830-1030.
- 4.3. The Medical Centre has provision for 10 in-patients. Nurse triage appointment slots are available to students between 8.40 am and 5pm Monday to Friday inclusive. These slots are available to be booked by the house parents or pastoral staff but are also available for students to book themselves using the online platform. Unless ill or injured in between these times, students should keep strictly to these times.
- 4.4. The FREC team support the medical facility when the Medical Centre is closed to provide care to students who may need medical attention. The Medical Centre has provision for 10 in-patients.



- 4.5. Boarders are required to register as National Health Service patients with the Priory Medical Group that supports the Collegiate. They will need to complete a GMS form to ensure there is no interruption to their care.
- 4.6. Day students living in the locality are expected to be registered with their own general practitioner, for routine matters their usual GP will be consulted, although emergency treatment will always be provided in school should it be required.
- 4.7. The GP appointments are held at the Collegiate five times a week and appointments for this are organised by the nursing team following a triage appointment with the Medical Centre.

5. Procedures

- 5.1. If a student is too unwell to continue with their normal school routine, they will be admitted to the Medical Centre for observation by the School Nurse on duty.
- 5.2. The names of those absent from school will be passed on to the qeregister@qe.org for distribution. The medical team will inform the appropriate house staff if a boarder is admitted to the Medical Centre as soon as possible, via the email system or verbally. This is a vital channel of communication, and everyone must endeavour to ensure that the information is passed to the appropriate person.
- 5.3. It is the Nurse's responsibility to inform parents if a student is admitted into the Medical Centre as soon as possible. If a student is over the age of 16 years and is deemed to be competent to make their own decisions, it is at their discretion as to whether parents are informed. Meals for those in the Medical Centre will be ordered and collected from the kitchen by the School Nurse on duty.
- 5.4. During the academic day, students are to report to the Student Reception or Pastoral with a note from the member of staff in whose class they have been. The relevant staff will book a nurse appointment slot for the student to be seen. In the event of an emergency or if there are serious concerns about the student's health, the member of staff assisting the student can telephone the Medical Centre requesting an urgent appointment.
- 5.5. There are additional procedures for children in Queen's Kindergarten and Chapter House set out in Annex A, paragraph 22. However, a senior member of staff will contact the Medical Centre before sending the student directly to the Medical Centre accompanied by a member of staff.
- 5.6. **In boarding time**, students are to speak to the member of boarding staff on duty, who will inform the nurse of their impending arrival at the Medical Centre.
- 5.7. Routine and emergency treatments off-site will be appropriately escorted. A list will then be passed to the Travel Co-ordinator or the Boarding Management Team who will



allocate drivers. If a student comes to a member of house staff with an appointment letter, this should be passed on to the School Nurse.

- 5.8. Boarders have access to local medical, dental, optometric and other specialist services. Where possible, routine dental, optician and orthodontic treatment, should be given in the holidays in order to avoid unnecessary loss of teaching time. When necessary, the medical staff will organise these.
- 5.9. Students can be referred to North Yorkshire specialist services for sexual abuse for victims over the age of 13. NSPCC and Barnardo's have workers for those in the younger years. Students can be referred by the welfare team where necessary.

6. Confidentiality and medical records

- 6.1. Parents are asked to complete a comprehensive Health History questionnaire before their child arrives at the Collegiate This enables the nursing staff to be aware of medical problems and thus to offer appropriate and continued care to the student.
- 6.2. Medical information about students, regardless of their age, is kept confidentially. However, in providing medical and nursing care for a student, it is recognised that on occasions the doctor and nurse may liaise with the Principal and other academic staff, house staff and parents or guardians on a "need to know" basis, in order to care for them e.g., in cases of allergies and when students are going on off-site trips.
- 6.3. Where possible, information passed on will be with the student's consent, unless the student or others are at risk. Parents and house staff must be aware that the Medical Centre staff will always work with the students, to try to persuade them to inform their parents and/or house staff of any problems.
- 6.4. It is important that the Medical Centre is informed if parents and/or guardians are going to be away from their normal place of contact.
- 6.5. Medical records will be kept electronically, accessible only by:
 - The Doctor
 - Medical Staff
 - Principal
- 6.6. The Medical Centre follows Gillick Fraser Competency guidelines when assessing whether a student is competent to make decisions. These balance the children's rights and wishes with our own responsibility to keep children safe from harm. In the instance of emergency contraception, confidentiality may be maintained under Fraser Guidelines unless there is a child protection or safeguarding concern. A student will be informed of the reasons when confidentiality cannot be maintained and what will happen next.
- 6.7. Accident reports should be sent to the Health, Safety and Environment Manager, to assess the need for follow-up investigation or RIDDOR reporting. These copies are then



kept in a confidential Accident Report file in school. Visits to the Medical Centre are recorded in the treatment book.

7. Chaperone

- 7.1. All students are entitled to have a chaperone present for any consultation, examination or procedure with medical staff. A Chaperone is present as a safeguard for all parties and is a witness to the conduct of the procedure. Please refer to the Nurses Handbook for more information on Chaperoning services.

8. Medication

- 8.1. Medication is provided on site by trained members of staff. Please see Annex A within this policy for more information on how this is provided.

9. ADDITIONAL INFORMATION

9.1. Head Lice Checks

- 9.1.1. The Medical Centre team advises that it is good practice to support head lice checks in boarding houses, namely Chapter house up to year 6. House staff carry out head lice checks at least every half-term within Chapter House and Year 6.

9.2. Allergies

- 9.2.1. Medical staff hold records of allergies and will disseminate information, as necessary. Please see the **Allergan Policy**.

9.3. Off Games and Excuse Notes

- 9.3.1. When these are necessary, Off Games notifications will be issued by the School Nurse. They are to be handed by the student concerned to a member of the PE Department. The medical team will also put a note on Medical Centre ISAMS off games which is shared with the PE staff. PE staff are also informed of any student who is marked as off games/physical activity for any medical reason.
- 9.3.2. Health and Safety may also request a student be placed off Games following an incident such as concussion, working in conjunction with the Medical Centre, GPs and parents and carers. Any notes re the need to wear trainers, or appointment notes for teachers, will similarly be issued by the school Nurse or relevant house staff.
- 9.3.3. Mouth shields are required for all contact sports and PE staff can offer advice on which are appropriate. The school shop also sells mouth guards.

9.4. Medical Centre contribution to wider Collegiate activities

- 9.4.1. The staff from the Medical Centre give advice on health education and promotion. The Medical Centre staff inform staff or invite specialists in to talk about topical medical conditions in the classroom and the house, as the need arises.

9.5. Drugs, alcohol and smoking

- 9.5.1. The Medical Centre team participates in Personal Development within the Collegiate, to make students aware of the dangers of drugs and smoking. If a



student presents with drug, alcohol or smoking issues, the nursing staff can provide support as there is a smoking cessation advisor trained nurse available. They will also liaise with outside agencies e.g., smoking cessation and drug and alcohol services.

9.6. Staff using medication

9.6.1. Staff taking medication must be aware of possible side-effects, and, where relevant to their ability to carry out their duties or to adhere to the Staff Code of Conduct, must report this to their line manager. Where there is any doubt, staff may be asked to obtain confirmation of fitness to work from a medical practitioner. Any personal medication must be securely stored, away from access by students or young children, and must be separate from medication to be dispensed to children in their care. As with storage instructions in the **Medical Policy**, medication must be in its original packaging, clearly labelled.



ANNEX A

Administration of Medication Policy

1. Introduction

- 1.1. This policy statement applies to Queen's Kindergarten and Chapter House Preparatory School, King's Magna Middle School, Queen Ethelburga's College, The Faculty of Queen Ethelburga's and Queen Ethelburga's Services (QES) - hereafter referred to as "**the Collegiate**". Staff from across the Collegiate are collectively known, and will be referred to, as "Team QE". This policy also applies to Queen Ethelburga's holiday programmes, including Holidays@QE; QE Summer Schools; and Camp QE.
- 1.2. This guidance is written in accordance with the Professional guidance on the safe and secure handling of medicines issued by the Royal Pharmaceutical society and Medicines Management by the Royal College of Nursing.
- 1.3. Queen Ethelburga's Collegiate follows the governance principles for the safe and secure handling of medicines as outlined by the Royal Pharmaceutical society. This focuses on four main areas: Establishing assurance arrangements, ensuring capacity and capability, seeking assurance and continually improving.

2. Roles and Responsibilities

- 2.1. The Principal has overall accountability for the safe and secure handling of medicines at Queen Ethelburga's. This area of the school is overseen by the Head of Student Welfare and Personal Development (DSL) who takes overall responsibility for the Medical Centre.
- 2.2. The Operations Manager and GP is responsible for the daily running of the Medical Centre and the overview for the medical provision throughout the Collegiate.
- 2.3. The nurses operate within the standards set by NMC guidelines, NICE guidelines and within the RCN Code of Conduct which includes appraisal and revalidation. This takes into account all national standards and guidelines for the safe administration of medication and medical provision.
- 2.4. **Emergency Care and First Aid Manager**
 - 2.4.1 The Emergency and First Aid Manager is responsible for the emergency care and First Aid across site, this includes but not limited to, overall responsibility for FREC Trained Staff, First Aid at Work and Emergency First Aid trained staff in an emergency response/first aid capacity and all emergency and first aid equipment and kit across site.
 - 2.4.2 The Emergency and First Aid Manager will support QE Academy with the provision of first aid and emergency medicine training on-site.

2.5. Nurses



Duties are listed below:

- 2.5.1. First aid emergency cover for whole site.
- 2.5.2. Nursing care of students in school Medical Centre.
- 2.5.3. Control and dispensing of prescription and non-prescription medication.
- 2.5.4. Stock control of medical supplies in the school.
- 2.5.5. Organising various medical appointments and liaising regarding appropriate transport (working within the Medical Team).
- 2.5.6. Ensuring accurate documentation of all medical information and maintaining accurate Medical Care Plans for each pupil.
- 2.5.7. Age-appropriate health screening/treatment.
- 2.5.8. Holding three triage clinics per day at agreed times for routine medical matters.
- 2.5.9. Promotion and organisation of healthy living initiatives within the school community.
- 2.5.10. Working with the Operations Manager and GP, the medical team engage with student discussion groups on a variety of health topics and health promotion.
- 2.5.11. Liaising with the teacher of PSHCE and leading sessions where necessary.

2.6. **Healthcare Assistant and Medical Receptionist**

- 2.6.1. To support the day to day running of the Medical Centre and to assist in the daily care of the students who attend the Medical Centre.
- 2.6.2. To support all the medical team
- 2.6.3. Assist Nurse with Triage clinics as level of training allows.
- 2.6.4. Assist with children attending the Medical Centre (As children come to reception take slips off children and get Blue Medical folder out in preparation for nurse.)
- 2.6.5. Assist with the escorting of students to and from the school to the Medical Centre.
- 2.6.6. Assist with First Aid when required.
- 2.6.7. Assist nurse, if trained, by taking pupil's observations, pulse, temperature, respirations, SPO₂, Peak flow if needed, and blood pressure. Document and pass to nurse.
- 2.6.8. Assist with admission of a child to the Medical Centre
- 2.6.9. If trained assist with GP clinic (When clinic has finished assist with emails etc, with nurse.)
- 2.6.10. To act as a chaperone if required.
- 2.6.11. Assist with administrative duties as needed.

2.7. **The Priory Medical Group**

- 2.7.1. The Priory Medical Group supply General Practitioners to cover the medical appointments prescription of medication for Queen Ethelburga's. They liaise closely with the medical team to provide support for students and medical staff of the school. They also provide support with medications queries.

2.8. **New Staff**

- 2.8.1. New staff receive a full induction training including access to all policies. A Collegiate handbook is available for staff to review procedures and policies.



3. Formal performance reporting mechanisms

- 3.1. Appraisals run annually with nursing staff. This contributes to their revalidation process. Revalidation interviews are performed by the Operations Manager and GP.

4. Medications Risk Assessment

- 4.1. A general medications risk assessment is in place to support the safe delivery of medications. This is reviewed annually as a minimum but also when there are new medications or medication changes.

5. Administration of prescribed and non-prescribed medication by house staff

- 5.1. House staff are all trained to administer in each boarding house. The procedure at Queen Ethelburga's for administration of prescribed medication is as follows:
 - 5.1.1. The identity of the pupil is checked.
 - 5.1.2. The administration sheet matches the label on the drug.
 - 5.1.3. Immediate initialling of the administration of the drug.
 - 5.1.4. Recording a student's refusal to take the medication.
- 5.2. Prescribed medication is administered by the house staff in house unless it is a controlled substance. House staff are provided with training and guidance on how to administer and log the use of prescribed medication. All prescribed medication is given in the dosage and timeslots stated on the packaging and all guidance given by a nurse or doctor is followed when prescribed medication is administered.
- 5.3. Staff must not give prescription medicines or undertake health care procedures without appropriate training, but staff are able to administer some medications, following the protocol agreed by the School Doctor.
- 5.4. Procedures:
 - 5.4.1. All prescribed medication administered within Boarding is done so under the supervision of house staff for students in Year 11 and under.
 - 5.4.2. Students in Year 12 and 13 may self-medicate, under advice of the Medical Centre.
 - 5.4.3. All medication is stored centrally in a locked cupboard within the Boarding House office which can only be accessed by a Staff Key Card.
 - 5.4.4. All students are made aware of the time they should attend for their medication and the frequency throughout the day.
 - 5.4.5. All medication administration is logged and stored in a central medication folder in the boarding house office. The only exception to this is if self-administration permission has been given explicitly by the school doctor or other medical professional.
 - 5.4.6. All medicines supplied by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.



- 5.4.7. Staff administering medication will check the student's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time / frequency of administration, any side effects and the written instructions on the container before providing the medicine to the students.
- 5.4.8. If a student refuses their medication, staff will record this and report to parents and Medical Centre as soon as possible.

6. Self-medication

- 6.1. The Collegiate recognises that students should be allowed to carry their own medicines and relevant devices (such as inhalers, AAI's), wherever possible or should be able to access such medicines quickly and easily.
- 6.2. Following consultation between the Collegiate, parents and the student, a student will be permitted to store and carry their own medication if in the opinion of the medical team they are sufficiently competent to do so. Where necessary, this will be reflected in a student's Individual Health Care Plan (IHCP). The Collegiate will consider the safety of other children and medical advice from the prescriber in respect of the student in reaching this decision. Only in exceptional circumstances medications will be permitted for self-administration. It is safest practice for all other medication to be locked safely and the student to have each dose recorded.
- 6.3. Students will be made aware the medication is strictly for their own personal use and it should not be passed to any other students under any circumstances and to do so is a breach of school rules.
- 6.4. If the pupil is taking contraception medication the parents may be unaware so a parental consent form would not need to be completed due to confidentiality.
- 6.5. Students who self-medicate should store their medication in their own lockable safe if they keep the medication.

7. Administration of prescription medication

- 7.1. Prescribed medication is normally administered by House Staff within the boarding environment. All staff receive training on how to correctly administer medication and also log that this has been done.
- 7.2. Staff may only administer certain non-prescription medication and/or household remedies such as pain and fever relief if the parents (and students over 16) have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so.
- 7.3. Where a member of house staff is administering prescribed analgesia, it can be administered from the house staff's locked medical cabinet. A prescribed medicine sheet



should be used along with the medicine. This will include the name of the child, the medicine, the dose to be given and the time of administration. The administration sheet should have the above details on.

- 7.4. The medical team advises House staff to collect prescriptions for students. This information will then be used by house staff to create a prescribed medication sheet for that student.
- 7.5. The person who dispenses the treatment initials the appropriate box. The person who dispenses the medication should initial as given. If House staff are unsure about anything, they must relay any concerns to the medical team.
- 7.6. The medication App is now live for all boarding houses. Students can obtain medication from house parents, and it is logged on the App, At the end of the week, a report is emailed to the Medical Centre so all information pertaining to drug administration is recorded.

8. Non-Prescribed Medication and household remedies

- 8.1. During the Collegiate day, all non-prescribed and prescribed medication must be administered from the treatment room in the Medical Centre and documented in the student's medical record. Day students' parents and guardians are contacted regarding any treatment given to them when necessary.
- 8.2. For boarders, there are also locked medical cupboards in the house staff office which contain some over-the-counter medicine, including various cough and cold remedies, plasters, cold packs etc. Instructions on the side of the box or bottle must be read, as sometimes they are unsuitable for some children, i.e., because of age, asthma, diabetes, or allergies. Children must be asked if they are any of the above.
- 8.3. If there is any doubt, the Nurse on duty should be contacted for advice. Any medication given out must be recorded on the Medication App which is returned to the Medical Centre.
- 8.4. Staff must follow the laminated protocol for administering non-prescribed medication, as recommended by the school doctors, which should be displayed beside each medical cabinet.
- 8.5. Staff who have any doubts about the health of a student in their care should contact the duty nurse, without reserve. If they require further support or advice, they can liaise with The Operations Manager Dr Emma Cunliffe who will link directly with the Priory Medical Centre (GP surgery) to obtain advice from the school doctor, or they can ring the NHS 111. If they feel that the student is acutely unwell, they should call an ambulance on 999.



9. Homely Remedy and Homeopathic Remedies

- 9.1. A homely remedy is a treatment to cure an illness or ailment that employs certain spices, vegetables, or other common items.
- 9.2. All students who board at Queen Ethelburga's who wish to take homeopathic or homely remedies must complete a Parental Consent Form which should be completed by parents prior to the child being able to self-administer the remedies they wish to take. All Homely remedies must be checked by the School GP prior to administration.
- 9.3. All house parents are advised that a parental consent form must be completed.
- 9.4. Taking this medication should preferably be done by direct observation by staff but when appropriate also by questioning the patient/parent/carer. The administration record should be initialled, and 'self-administration' documented.

10. Controlled drugs

- 10.1. It is permissible for boarding schools to store a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- 10.2. Within Queen Ethelburga's Collegiate Medical Centre all students prescribed controlled medications are logged and recorded in the Controlled Drug Medication Book which is locked away securely within the controlled medication cupboard.
- 10.3. If the pupil has been commenced on a controlled drug prescribed outside of the UK the school doctor will see the pupil, assess the history and care need of that pupil. They will then consent to the continuing of the prescribed controlled drug as long as there is supporting medical reports and supporting prescription of the controlled drug from the psychiatrist in the pupil's home country. Every case must be dealt with individually and with care and attention to detail.
- 10.4. The controlled medication is prescribed by the school doctor or by student's own GP (unless the medication is not prescribed in the United Kingdom).
- 10.5. The prescription is then sent to the pharmacy via electronic prescription (EPS) to Seacroft Pharmacy in Leeds. The controlled drugs arrive back at the Medical Centre via the pharmacy driver. The pharmacy driver will give the controlled medication to the Medical Centre staff. Two Medical Centre staff will then check and count the controlled drugs and enter totals into the controlled drug book. These are stored in a separate locked container within the locked medication cupboard. No other staff member has access to this locked medication cabinet, so drugs are stored securely. Regular auditing processes are in place to review administration records.



10.6. Procedure to check before administration

- 10.6.1. Correct name of the pupil
- 10.6.2. Formulation, dose and strength of the controlled drug to be administered
- 10.6.3. Expiry date of medication and clearly visible name of drug on the actual medication strips.

10.7. The two Medical Centre staff will sign for the amount received into the controlled book and also sign the pharmacy form to agree that the correct amount of medications have been received.

10.8. When the pupil attends to have their daily dose of controlled drug, two members of the Medical Centre staff must ensure records of administration for controlled drugs include the following:

- 10.8.1. Name of the person having the dose administered
- 10.8.2. Date and time of the dose
- 10.8.3. Name, formulation and strength of the controlled drug administered
- 10.8.4. Dose of the controlled drug administered
- 10.8.5. Name and signature or initials of the person who administered the dose
- 10.8.6. Name and signature or initials of any witness to administration.

10.9. Handling and recording controlled drugs

- 10.9.1. All records are kept providing an audit trail for the supply, administration and disposal of controlled drugs, and the movement of them from one location to another. A record is kept for audit and safety purposes.
- 10.9.2. A controlled drug, as with all medication, should be returned to the pharmacy or parent when no longer required to arrange for safe disposal (by returning unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

10.10. Processes and procedures for storage, stock checks and audits

10.10.1. When developing standard operating procedures for storing controlled drugs, ensure that they are in line with the Misuse of Drugs (Safe Custody) Regulations 1973, meet the needs of the service and take into account:

- The setting for use and whether the security setting is low, medium or high risk
- Staff access to controlled drugs
- The storage environment, including temperature and space in the controlled drugs cabinet storage of stock (including unwanted or expired stock) and patients' own controlled drugs
- Any additional storage needs for controlled drugs of different strengths with similar or 'lookalike' packaging.

10.11. Control Drugs fall under the same auditing processes as the other medications on site.



These medications are kept securely. Any incidents or errors involving control drugs are recorded in the CD special incident book and reported to the Priory Medical Group and the Pharmacy.

11. Emergency contraception

- 11.1. Contraception is provided by the Medical Centre on a confidential basis. Boarding students can book appointments with the Medical Centre independently or with support from a member of pastoral or house staff.
- 11.2. The student must be made aware that Medical In Confidence will be maintained at all times, unless there is a Child Protection issue or the student is at risk or has been at risk of being harmed, at which point the confidence will be broken.
- 11.3. There may be certain circumstances where informing parents would not be in the best interests of the parent or student. This will be discussed and agreed with the DSL.
- 11.4. Emergency contraception is not provided to day students but advice is provided on where to seek help through local and national organisations. Medical staff can organise private transport if required.

12. Medicines given in error

12.1. Reporting a drug error or adverse drug reaction

- 12.1.1. All drug errors must be reported to the Medical Centre staff who will complete an incident report form and report the incident to all relevant parties. Any adverse drug reaction must be reported to Medical Centre staff who will complete an incident report and report the incident to all relevant parties.
- 12.1.2. If a clinical error is reported, this is reported to the Priory Medical Group. Drug errors are reported to the pharmacy and the Priory Medical Group and Control Drugs are recorded in the CD return incident book and reported to the pharmacy and Priory Medical Group for review.

13. Recording, Auditing and Maintenance

13.1. Recording and Monitoring of records in the Medical Centre

- 13.1.1. Records should be properly completed, legible and current. They should provide a complete audit trail for all medications.
- 13.1.2. The Medicine Administration Record charts should include:
 - Date of receipt
 - Name and date of birth of Student
 - Name of drug, strength and dosage of drug.
 - Quantity of drug
 - Signature of member of staff issuing the drug to the student



- This document should be kept for all drugs administered for 15 years after last entry.
- The Medical Centre keeps a record of repeat medication requested.

13.2. There are weekly stock and equipment checks completed to ensure equipment is in good working order and records are correct. Routine checks of the medication each month to ensure that stock matches the administration records. Auditing will be completed termly.

13.3. Any equipment requiring repair is logged on SharePoint for Estates to check.

13.4. Recording and Monitoring of records in Boarding

13.4.1. Records should be properly completed, legible and current. They should provide a complete audit trail for all medications.

13.4.2. The designated person for each house should have up to date references on all current prescribed medication.

13.4.3. **ALL** medicines brought into house should be recorded for each pupil including over the counter and complementary medicines.

13.4.4. The boarding Medicine Administration Record charts should include:

- Date of receipt
- Name and date of birth of Student
- Name of drug, strength and dosage of drug.
- Quantity of drug
- Signature of member of staff issuing the drug to the student.

13.4.5. This document should be kept for all drugs administered for 15 years after last entry.

13.4.6. The Medical Centre keeps a record of repeat medication requested.

13.4.7. A record of all medications sent home or that go on residential trips with students is maintained.

13.4.8. Stock checks of Boarding medication are completed by both staff and the Health and Safety Team member with responsibility for Boarding.

13.4.9. At any consultation with the school doctor or nursing team, the pupil informs the GP or nurse if they are taking any homely remedies.

14. How to deal with unsolicited medication brought into school by a pupil

14.1. Advice must be sought from the Medical Centre if unsolicited medication is found in a student's possession. Any child or young person who states that the medication is prescribed must be reviewed by the Medical Centre team as soon as possible to ensure the student's care is not compromised.

15. Administration to save life

15.1. In extreme emergencies e.g., an anaphylactic reaction, certain medications can be given or supplied without the direction of a medical practitioner. Medications which may be used to save a life when at an immediate threat, include adrenalin auto injectors (AAI).



Nurses and Qualified First aiders are trained to administer these. **Guidance on administration of this medication** can be found in the appendix in the **First Aid Policy**.

16. Storage of medication

- 16.1. Medicines are always securely stored in accordance with individual product instructions.
- 16.2. The Collegiate will assess the risk to the health and safety of the Collegiate community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 16.3. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 16.4. Where emergency spare medication such as inhalers, adrenaline pens and blood glucose testing meters are not kept by the student, they will be kept in a clearly marked box.

17. Disposal of medicines

- 17.1. All unused medicines are returned to the Medical Centre. A record is kept of the pupil's name, date of return, name of drug, strength, and quantity of medication. The name of the member of staff returning the medication should be obtained.

18. Immunisations

- 18.1. Routine immunisations are kept up to date, in accordance with the schedules issued by the Department of Health, and the students who live abroad, or those who are due to travel, will have immunisation arranged. Necessary consent is always obtained from a parent prior to immunisation and where there is a cost implication.

19. Practice review

- 19.1. Incidents are reported by the nurses to the Head of Student Welfare. These are recorded centrally. Reports of any incidents are recorded. The main departments which may be involved are the Priory Medical Group for clinical errors, The Data Protection and Compliance Officer in the event of a personal data breach, and the principal along with HR and the Head of Student Welfare. If there are nursing staff concerns, these are reported these to the RCN.
- 19.2. Where examples of good practice are seen, these are kept in the positive/negative file and shared with the Team and as evidence for the Revalidation file and process.
- 19.3. An annual report is sent to the Health and Safety Team to review incidents and help provide an overall review of incidents on site.



20. Unacceptable practice

- 20.1. Staff should use their discretion and training with regards to each individual student's medical needs, by reference to the IHCP and/or Education Health and Care Plan (EHC) as appropriate.
- 20.2. However, staff should be aware that the following practices are generally unacceptable:
 - 20.2.1. Preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;
 - 20.2.2. Assuming that all students with the same conditions require the same treatment;
 - 20.2.3. Frequently sending students with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their IHCP / EHC or by their medical advisors;
 - 20.2.4. Penalising students for their attendance record, if their absences are related to their medical condition (e.g., hospital appointments);
 - 20.2.5. Preventing students from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
 - 20.2.6. Requiring parents, or otherwise making them feel obliged, to attend the schools to administer medication or otherwise provide medical support to a relevant student during the school day;
 - 20.2.7. Preventing students from participating in, or creating unnecessary barriers to student participating in, all aspects of Collegiate life.

21. Complaints

- 21.1. Any complaints received are dealt with by HR and Head of Student Welfare and Personal Development.

22. Queen's Kindergarten and Chapter House Medication Administration

- 22.1. It is the policy of Queen's Kindergarten and Chapter House that medicines will normally only be given to a child that has been prescribed by their medical practitioner (GP) or where a parent has given their written permission for that medicine to be administered.
- 22.2. The greatest care will be taken to see that these are administered according to the instructions; in EYFS the signed record of all medication administered shall be made on the 'Prescribed/Non-prescribed Medication Record' and witnessed by another member of staff. It is the responsibility of the staff member administering the medication to ensure that the 'Prescribed/Non-prescribed
- 22.3. A Medication Record sheet is fully and correctly completed, including a signed acknowledgement of such administration and for ensuring that parents informed on the same day or as soon as reasonably practicable.



- 22.4. In KS1 and KS2 medication should only be administered if accompanied by an Existing Illness/Injury form. The children are aided in taking the medication and a record kept on the 'Medication Taken' form kept in the staff kitchen. A note is made in the planner, to inform parents that the medication was taken.
- 22.5. All medication must be in the container as originally dispensed and include the prescriber's instructions for administration. These must be checked to ensure that they are for the child concerned, and that the method and dose of administration is understood. These instructions will not be changed except on receipt of a new prescription. If required on the labelling, the medicine will be stored in the refrigerator.
- 22.6. It must be made clear to parents/carers that they must keep staff informed of their child's medication requirements and any changes to it.
- 22.7. We recognise that there will be occasions, e.g., when teething, that it may be appropriate to administer a non-prescription item at the request of the parents/carer. In such circumstances, the Medication Record sheet must be fully completed before this begins.
- 22.8. It is the policy that any medication containing either Aspirin or Ibuprofen will not be given unless prescribed by a GP. Any non-prescription item, as above, will be in individual dose form and will be labelled and stored in the locked cupboard provided or the refrigerator if appropriate.
- 22.9. As set out in this policy, where the administration of medicine requires medical or technical knowledge, staff will be appropriately trained, or the School Nurse will administer the medication.



Appendix 1

Queen Ethelburga's Collegiate Medication In Possession Form

THIS FORM MUST BE COMPLETED BY PARENTS /GUARDIAN before students are given permission to have medications in their possession.

Date of Request.....

Pupil's Name.....Date of birth Year Group..

Name of Medicine.....

Procedures to be taken in an emergency:.....

.....

.....

Parents/Guardian Contact Information- Must be completed.

(USE Annex G information and parents' details on ISAMS)

Name :.....

Home Contact details

.....

Daytime Phone No:.....

Relationship to child.....

I would like my son/daughter to keep his/her medicine on his/her person for use as necessary. I would like my son /daughter to keep his /her medication in the boarding house in a secure place.

I take full responsibility for allowing my child to keep his / her medication in their possession.

Signed..... Date:.....



Annex B

INFECTION CONTROL PROCEDURES AT QUEEN ETHELBURGA'S

Procedure for responding to a child who is ill or infectious- Chapter House and Queens Kindergarten

It is the policy of Chapter House and Queens Kindergarten to encourage and promote good health care and hygiene for all the children in our care.

This includes monitoring the children for signs and symptoms of communicable diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting and fevers of 101°F / 38°C or over.

When a child attending the Kindergarten or Chapter House becomes unwell, it is our usual practice to contact the parent/carer and discuss the situation.

Should they request administration of medication to minimise the child's distress as an interim measure, and the medication is available, as above, then the staff will administer it, making the necessary entries in the Medication Record.

With the welfare of the sick child in mind, and in the interests of the remaining children in the school, if in the opinion of the Senior Staff a child is ill, then the parent/carer will be contacted and requested to collect him/her as soon as possible.

The staff must be convinced that the child has returned to good health before re-admitting them to the Kindergarten and school.

In the case of a serious accident or illness occurring, then the parent/carer will be contacted immediately, along with a medical professional, and the appropriate action taken. In the unlikely event of the parent/carer not being available, the Senior Staff member will assume charge and, if necessary, take the child to hospital along with the relevant details.

Further, it is requested of all parents/carers that, should their child be suffering from illness, such as conjunctivitis, diarrhoea and vomiting, etc., that they are kept away from the Collegiate for a minimum of 48 hours after the last episode, to avoid contamination of other children in the Collegiate.

Children given medication from their GP should have taken the medicine for 48 hours before returning to the Collegiate.

As a registered provider, Ofsted and the local Child Protection agency must be notified of any serious accident, illness or injury to, or death of, any child while in our care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.



Procedure for infection control in the boarding house

Plan for the care of infectious child/children within a boarding house

The Infection Disease Policy (Health Protection Agency) must be followed in conjunction with any decision made. (This holds vital information re incubation periods, and recommendation of how long a period of time a child needs to be isolated for).

Initial Actions:

1. Children will always be assessed and examined by the school doctor and a diagnosis of the infection made and documented.
2. Parents/guardians will be informed and encouraged to collect the child from school, to care for them at home, thus reducing any risk of infecting the other students in their boarding house.
3. If parents/guardians are unable to collect the child from school, plans must be put in place for the care of the isolated child until they are no longer infectious.
4. Guidance must be sought from Public Health England. The School GP will make the final diagnosis and call to Public Health England should there be an outbreak of an infectious, reportable disease.

Contact details: telephone number: 01904 687100

If, following discussion with the senior members of boarding staff, Housekeeping, Head of School, Head of Safeguarding and Complex Welfare and Medical Centre staff, it is decided to have an isolation boarding house, the following procedure should be followed.

Action to be taken:

- Ensure every child/young person's parent/guardian is aware that they will be resting in the isolated boarding house and is provided with contact numbers for the child and the staff caring for them.
- The staff allocated to the care of the isolated child / children to meet with a nurse, to be briefed about the care required and what they should do.
- Staff should carry out daily observations and monitoring of the pupil(s), with support from the medical team.
- If the staff have any concerns, they are to inform the Medical Centre immediately.
- Staff caring for the child to be given all **protective personal equipment (PPE)** (disposable gloves, disposable aprons) which will be provided by the Medical Centre.
- To ensure good hand hygiene, staff caring for the child to have access to **liquid soap, warm water and paper towels**, which will be provided by Housekeeping.
- All staff and students in the house to have access to **tissues** and to be encouraged to cover their mouth and nose with a tissue when in contact with the infectious child. Tissues need to be disposed of safely in the lined wastepaper bins provided. Spitting to be discouraged. Tissues to be provided by Medical Centre.



- Staff caring for the child to have access to **vomit bows and clinical yellow bags**, which should be used to dispose of any bodily fluids. These are to be provided by the Medical Centre.
- **Disposable laundry bags (Red bag)** to be used for soiled linen and safe management of these. To be provided by Housekeeping.
- **Cleaning supplies** to be supplied by Housekeeping to the boarding house.
- **Body fluid kits** in place in the boarding house in the event of a blood and /or body fluid spillage. To be provided by the Medical Centre.
- Catering to be contacted to arrange for food / supplies to be delivered to the house for those unable to leave.
- Housekeeping to ensure thorough cleaning of the house being used for isolation, to try to prevent the spread of the infection.

A daily update email should be sent by the Medical Centre to the following people, giving an update on the condition of the infectious pupil(s), any new cases (staff or students) and any additional action required:

Principal, Heads of Boarding, Head of School, Head of Safeguarding and Complex Welfare and nurse.

When the pupil is deemed not infectious anymore, the pupil(s) will be seen and assessed by the school doctor as fit to return to school.

Parents /guardians to be contacted by the nursing team, with the support of the Boarding Management Team if required, regarding the care of their child/young person following the GP consultation and advice.

At all times, the health and wellbeing of the child /young person is paramount. Each child will be assessed on an individual basis. The house staff will monitor each child's progress and care daily and report to the Medical Centre immediately if there are any concerns.

Contacting UK Health Security Agency (UKHSA)

UKHSA will need the following information:

- The diagnosis
- Who is affected?
- How many students affected?
- Age of infected child/young person
- History and duration of illness
- Where the child is living/recent contact of child
- Recent travel.

They will ask you for any additional information they need.

Advice about the infectious disease will be given by the UKHSA.



Examples of the advice given are below: -

- Does the pupil need to be isolated from school?
- If so for how long?
- Any particular precautions?
- Are members of staff affected?
- Advise on the use of PPE (Personal protective equipment).
- Is the infection a notifiable disease? If so, they will advise who to contact.
- Advice on informing parents of the pupil and other parents in the school.
- Advice for pregnant staff or vulnerable staff.
- Advise on what to watch out for, any red flags/concerning symptoms.

Throughout the outbreak, the Public Health nurses will be contacted regularly by QE nursing team, to give updates and support.

When all the above information is received and in place, the nurse team must liaise directly with Heads of Boarding and Heads of School, to put in place a plan for the safe isolation and care for the pupil / students.

If the plan is to have an isolation boarding house, **the** nurse team will assist and guide house staff on how to care for the children during this infectious phase.

Procedure if a Child is unwell with a General Medical Condition

Children and young people must be assessed by the Registered nurses, FREC team / or doctors if there is a question that they are not fit to return to house.

If the pupil is not well enough to return to house following being cared for in the Medical Centre by health care professionals, then the question should be asked is the condition severe enough to warrant sending the pupil to hospital for assessment.

Each pupil's medical condition is individual to that pupil, so the decision is individual to that pupil.

Questions for the nurse to ask following the pupil been assessed.

· Can the child/young person be cared for safely overnight by a house tutor or do they need a qualified Registered Nurse to care for them overnight.

· If the nurse decides that the child is too unwell to be cared for by a house tutor the child will be seen by the school doctor and/or admitted to the hospital.

· If the child is fit enough to return to house, then the house tutor will be given a detailed care plan to refer to which will advise what to do if the students symptoms should worsen.

At all times the Heads of Boarding / Head of Safeguarding and Complex Welfare must be advised of the diagnosis of the pupil.



Child who has Diarrhoea and/or vomiting.

A clear history must be obtained by the pupil and/or houseparent to define the history of the vomits and/or diarrhoea.

This is important to make a clear diagnosis of the child and to reduce any complications of an infective condition.

- If the pupil has diarrhoea a sample of the diarrhoea must be obtained and sent to pathology.
- The Registered nurse must clearly assess the child, if the diarrhoea is thought to be infective then the pupil must be seen by a Priory doctor.
- If the diarrhoea is thought to be infective then the pupil must not return to the boarding house until the child has no loose stools for 7 hours.
- After the 7 hours if the child has no further loose stools, they may return to house with a clear care plan from the Registered nurse. Safe hand hygiene must be stressed to both pupil and house parent.
- The nurse must ensure that the child/young person has tolerated food and diet over a period of 7 hours.

At all times the health of the child/young person is paramount.

Each child should be assessed on an individual basis. Each child will be clinically assessed by the Medical Professional re the time the child/young person should be excluded from school /and/or Boarding.



Annex C – Boarding medication administration guide

Boarding Medication Administration

Safely administering medications and maintaining accurate documentation is an extremely important aspect of the care we provide our students. It is also an important part of meeting the NMS standards, namely:

- ▶ 7.1 The school has, and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health, and emotional wellbeing of boarders is promoted, and prompt action is taken when health concerns are identified. The policies include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and **the use of both prescription and non-prescription medication (including controlled drugs)**.
- ▶ 7.6 **All medication is safely, and securely stored and accurate records are kept of its administration. Staff are properly trained to provide the support that students need when administering medication. Prescribed medicines are given only to the boarders to whom they are prescribed.** Boarders allowed to self-medicate are assessed as sufficiently responsible to do so. Where applicable, schools have regard to government guidance.

Getting it **RIGHT**

Whenever administering a medication, it is important to get it **RIGHT**.

- RIGHT** Child
- RIGHT** Drug
- RIGHT** Dose
- RIGHT** Expiry
- RIGHT** Documentation

Prescribed & Non-Prescribed Medication

Both are recorded on the **Multiple Medication Record**

- One child per sheet
- One week per sheet

At the start of the week the form will need to be filled out for each child. If a child takes more than 3 medications, they may need an additional sheet.



The sheet must be filled out as follows:

Individual Pupil – Multiple Regular Medications

Pupil Name: ↑	DOB: ↑	Boarding House: ↑	Week Commencing: ↑
Student's full name	Students DOB Or Year group	Boarding House	Week commencing Date

Medication name e.g., co-amoxiclav (not just antibiotics)	Medication Name
This box is for the indication. It is important that you know why you are giving medication. If in doubt, ask!	Reason: -----
State the dose. Where the dose is given in mg or mcg you must give it. Example 10ml for paracetamol is not appropriate, as it comes in different strengths.	Dose: End Date:-----
Use this box to record when a drug should end. E.g., an antibiotic	How Often
Record how often the medication should be given. OD (1xDaily) BD (2xDaily) TDS (3xDaily) QDS (4xDaily)	OD/BD/TDS/QDS

You should always keep abreast of which students are due medications and chase them if necessary. When they come you should check the RIGHTS above before giving the medication. For all homely remedies, the student must have a completed homely remedy form, even for simple remedies such as vitamins. This should also be recorded on the multiple medication record. **Be careful with antibiotics and when, regarding eating when they should be given.** You should add the date and sign in the box next to the appropriate time.

Date:		Date:		Date:		Date:	
Time:	Sign:	Time:	Sign:	Time:	Sign:	Time:	Sign:
08.00		08.00		08.00		08.00	
12.00		12.00		12.00		12.00	
16.00		16.00		16.00		16.00	
18.00		18.00		18.00		18.00	
20.00		20.00		20.00		20.00	
22.00		22.00		22.00		22.00	

Add the date in each column e.g., 4/5, 5/5, 6/5

Sign your initials in the appropriately timed box. This must match the signature specimen sheet.

As Required Medication

As required medication, also known as PRN (Pro re nata) is medication that is given when it is needed. An example of this is paracetamol.

This medication is logged on the form entitled **Incidental Medication**



Enter Date of Week
Commencing at the top



Student Medication Record

House Name:						Sheet Number
Date	Time	STUDENT NAME	Name of Medication	Dose/ Strength (ml/mg)	Reason	Staff Signature
				↑		

You may only give a dose of paracetamol in ml's if you also state the strength e.g.,

Please note it is important to check in 3 ways as to when the child last had this medication.

- Check the folder
- Check your email – (Have the Medical Centre given any- They will email)
- Ask the child (Have you had any medication today?) – Be aware, whilst they are not allowed to, some children sneak in medications such as Beechams cold remedy. They do not consider this to be a medication, but often they contain paracetamol or other drugs.

After you have done this, you need to check whether the child is allowed the medication.

- Are they allergic to anything?
- Are they asthmatic (Ibuprofen can cause a wheeze)
- Do they have a history of stomach ulcers, liver or kidney issues? – If yes speak to the Medical Centre before giving ibuprofen.

You can now give the medication. **PLEASE ENSURE THAT YOU SUPERVISE THE STUDENT TAKING THEIR MEDICATION.**

After giving any medication, you must record it in the medical folder.

If you give an as required medication in the morning and send the child to school, email nurse@qe.org, in case they present later that morning.



Medication record:

ph Styles



Record of Paracetamol and Ibuprofen in House

TO BE KEPT IN LOCKED MEDICATION CUPBOARD AT ALL TIMES

Date received from Medical Centre: _____

32 TABLETS X 500mg OF **PARACETAMOL** (Please cross off as administered)

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18
17	16	15	14	13	12	11	10	9	8	7	6	5	4	3
2	1													

Insert the date of when a box is collected from the Medical Centre

Please mark off each time a tablet is given so that we have an accurate

We are required by Standard 7 of NMS to keep accurate records of medications stored in house. This is done through the record of medication form for both Ibuprofen and paracetamol. Please follow the guidelines above.

Self-Administration

As per Standard 7.6 "Boarders allowed to self-medicate are assessed as being sufficiently responsible to do so. This means that older students in Year 12 and 13 may be given permission to self-administer medication.

In order to keep a record of who is self-medicating the following form must be complete: Student self-administration record.

Record of Students Self Administering medication

Student Name	Prescription Start date	Prescription end date	Student Spoken to about appropriate storage

Insert students name

Start and end date

Confirmation they know how to store



Student prescribed medication:

Our medical policy states that all medication being self-administered must be kept in their safe. This is to ensure that only they have access to it.

In order to ensure we are following the correct procedures within house and also to ensure that we are able to give accurate information in the event of an emergency the student self-administration record must be up to date.

When collecting a prescription for a student who is allowed to self-administer, from the Medical Centre please ensure you record the students name and when they start the prescription and when it is expected to finish.

You then need to instruct them that they need to store this medication correctly and locked in their safe. During room checks if any medication is not in a locked cupboard, then please do speak to the students about following the procedure correctly.

Any questions in relation to a specific student's health please email: nurse@qe.org