

**RADLEY**

**Medicines and Medical Conditions  
Management Policy**

**December 2022**

# Medicines Management Policy

**This Policy is applicable to all pupils and staff at Radley College and is relevant to Parents and Guardians of pupils at Radley College.**

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## **Policies and Procedures**

In accordance with the guidance laid down in the National Minimum Standards for Boarding Schools and National Care Standards Commission Children's Home regulations, all schools are required to have written policies and procedures on the administration and control of medicines. The Department of Education also give guidance for Supporting Pupils at School with Medical Conditions, that is referred to within this document.

Therefore, this policy must be easily accessible to all staff working in the school and should be complied with at all times.

Documents referred to and utilised in the development of this policy include:

- 1.) Administration and Control of Medicines in Care Homes and Children's Services - Royal Pharmaceutical Society of Great Britain superseded by The Handling of Medicines in Social Care (2007) RPSGB.
- 2.) Medicines for Children and Young People - NSF for Children Young People and Maternity services
- 3.) National Minimum Standards: Children's Home regulations  
Boarding School regulations
- 4.) Managing Medicines in Schools and Early Years Settings - Department of Health 2005
- 5.) Supporting Pupils at School with Medical Conditions – Department for Education 2015
- 6.) Children's Residential Standards Implementation Project Children's Residential Network - a development pack to support providers to meet the requirements of Standard 13
- 7.) A CRN response to the NCSC report 'The management of medication in care services 2002-03' London TSO
- 8.) Guidance on the Use of Emergency Salbutamol Inhalers in Schools – Department of Health, 2014
- 9.) Guidance on the use of Adrenaline auto-injectors in Schools – Department of Health, 2017
- 10.) MOSA Position statement: Use of Sport Supplements – MOSA, 2015

## **1. Roles and responsibilities**

### **Parents**

For definitions and legal terms see 'Managing Medicines in Schools and Early Years' Department of Health document.

It is important that professionals understand who has parental responsibility for a child.

Parents should provide the Medical Officer, via the Medical Centre, with sufficient information about their Son's medical needs. Ideally, a Doctor's letter listing treatment, special needs and current medication should be provided.

Any Specialist letters and documentation from external Healthcare providers must be provided to the Medical Centre by Parents as soon as possible, as outlined in Healthcare Arrangements paperwork (Appendix i)

They should, jointly, with the Medical Centre, reach agreement on the school's role in supporting their Son's medical needs, in accordance with the school's policy, and sign the appropriate spaces on the New Pupil consent form (Appendix iii)

It only requires one Parent to agree to or request that medicines be administered. As a matter of practicality, it is likely that this will be the Parent with whom the school or setting has day-to-day contact.

The Medical Centre staff will always seek Pupil's and/or Parental agreement before passing on information about the pupil's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a boy. See also Confidentiality and Information sharing Policy.

### **The School as Employer**

The school must have in place an acceptable Health and Safety Policy, incorporating the Management of Administration of Medicines.

Appropriate Employers Liability Insurance must be in place, plus insurance providing full cover in respect of actions that could be taken by staff in the course of their employment; Particularly staff who provide specific medical support, such as Nurses and Pastoral House Mistresses (PHMs).

It is the Employer's responsibility to make sure that proper procedures are in place, that staff are aware of the procedures and are fully trained to support the medical needs of the pupils.

The Employer should satisfy itself that training has given staff sufficient understanding, confidence and expertise and that arrangement is in place to up-date training on a regular basis (Appendix viii)

The Employer should also ensure there are appropriate systems for sharing information about boys' medical needs.

### **Lead Nurse**

The Lead Nurse will have overall responsibility for the day-to-day management of the Medical Centre and all activities connected with the administration of medicines to pupils of the school.

This will include the maintenance of records, communication with relevant staff and parents, and ensuring that working practice complies with the requirements of the school policies in order to satisfy relevant statutory obligations.

## **Nursing staff, Socials staff, Teaching and other staff**

All staff must be aware of the contents of this document and of their likely/possible role in the administration of medicines to pupils and must comply with its requirements at all times.

- Lead Nurse - Regular involvement and responsibility to work according to these guidelines and within professional code of conduct
- Medical Centre Nurses - Regular involvement and responsibility to work according to these guidelines and always within professional code of conduct
- Pastoral House Mistresses (PHM) - Regular involvement and responsibility to work according to these guidelines
- Tutors and Sub-Tutors - Occasional involvement and responsibility to work, according to these guidelines.
- Teaching staff - Occasional involvement and responsibility to work according to these guidelines, for example, in an emergency or when accompanying boys on a school excursion off the premises
- Other staff - Occasional involvement and responsibility to work according to these guidelines, for example, in an emergency or when accompanying boys on a school excursion off the premises.

## **Medical Officer**

The College Medical Officer has overall responsibility for advising the school on health care for pupils, including liaison with Nursing staff and authorising appropriate homely medication and its use within the terms of this policy (appendix iv)

## **2. Medical Centre Records**

The Lead Nurse will have overall responsibility of the Medical Centre. The Lead Nurse will be responsible for ensuring the appropriate maintenance of records. The Lead Nurse can appoint other members of staff to be the “designated person” to oversee medication procedures on a day-to-day basis. The “designated person” and other staff involved in medication management should be appropriately trained to undertake this role.

All records should be properly completed, legible and current and be available for inspection at all times. Records should provide a complete audit trail of medication. A list of specimen signatures should be kept by the Lead Nurse, of all staff who are deemed competent to be involved in the administration of medicines, and/or First Aid, following relevant training and/or induction.

Medicine Records should be kept for at least 15 years from the date of the last entry

There should be an individual Health Care Record for each pupil, containing relevant health and welfare information provided by parents and recording significant health and welfare needs and issues. This will be held as a paper file in the Medical Centre, with relevant and appropriate details added to the shared electronic School record, which can be accessed by Medical Centre staff, PHMs and Tutors.

This should include:

- Name and date of birth
- Significant known drug interactions
- Major allergies
- Chronic/notable medical conditions – see below
- Full details of all current medicines to include
- Name, date prescribed and by whom, quantity, dose, form, strength and route and times of administration. This also includes preparations for external use and homely remedies used by that pupil.
- Any information given by a pharmacist on foods which might react with the prescribed medicine
  - Parental permission; for the administration of First Aid and appropriate non-prescription medication to boarders, and to seek medical, dental or optical treatment when required.
  - All medicines brought into school are to be recorded - see below.

A Health Care Plan will be kept for each boy with a chronic/notable condition, whether or not regular medication is required, and it should be updated on at least an annual basis, or as appropriate if circumstances change as identified on their Individual Health Care Record. This will be held on the shared electronic record, which can be accessed by Medical Centre staff, PHMs and the pupil's Tutor.

There is a statutory requirement to record information on all medicines in boarding schools. Records of current medication must be kept for each pupil. The following records relating to all medicines must be kept:

- All medicines received by the school
- All medicines prescribed for pupils
- All medicines administered by the school
- All medicines transferred out of the school or returned to the pharmacy for disposal

Receipt of medicines - All medicines brought into school from whatever source should be formally received by a Medical Centre Nurse or PHM and the following information recorded on the pupils shared electronic health record.

The records should show:

- Date of receipt
- Name and strength of medicine
- Quantity received
- Pupil for who prescribed and administered to
- Signature of staff receiving the medicine

Use books held in the socials or Medical Centre, depending where medicine is received, for ongoing administration of the medicine.

### **Medicines Administered to Pupils**

Medication Administration Record books are working documents signed to record the administration of medication. They will include prescribed medication and non-prescribed medication administered by PHMs or Nursing staff.

All records relating to an individual pupil are held electronically on a shared record system, which can be accessed by the Medical Centre staff, PHMs and the pupil's Tutor.

The record should be consulted at the time of administering the medication.

Make a record in the appropriate medicine record book held in the social or Medical Centre, depending where the administration takes place, which should include all medication administered and the reason for it, any medication refused, missed doses, date discontinued and reason.

A medicine record sheet will also be issued to staff in charge for use when out of school on a trip or sports fixture etc. (Appendix vi)

Details of any medication errors should be recorded, and an Incident Form completed.

### **Self-administration assessment**

A risk assessment will be undertaken by a Nurse to ensure that an individual pupil can self-medicate without risk to self or possible risk to other pupils (Appendix xiii), as long as there is Parental consent for this

### **Self-administration by pupils of medicines**

When a pupil is responsible for self-administering medication (prescribed or non-prescribed), a separate entry must be kept with information on the medication prescribed and the times of administration. PHMs must undertake regular checks that the pupil has taken the medication. The Pupil and Nurse will complete the risk assessment and sign a self-medication agreement where appropriate (e.g., controlled drugs). This document is to be reviewed with the Pupil every term (appendix xiv)

When necessary, discussions should be undertaken by PHMs with the pupil to encourage compliance in taking medication. Tactful support or timely reminders must be given to the pupil, if necessary, to aid compliance.

Any problems should be reported to the Medical Centre staff at the time they are found.

### **Verbal order record for change of dose of prescribed medication by GP or another prescriber**

No verbal orders will be accepted for a change in dose or frequency of an already prescribed drug unless an accompanying fax or email or written instruction is received before administration takes place.

## **3. Obtaining supplies of medication**

The supply of medicines to boarding schools in the UK comes under the remit of the Medicines Act 1968. This legislation identifies medicines into three categories:

- GSL or General Sales List: may be purchased from any retail outlet
- P or Pharmacy Only: may be purchased within a community Pharmacy when a pharmacist supervises the sale

- POM or Prescription Only Medicines: may only be obtained by presentation of a written prescription signed by an authorised prescriber.

### **Homely remedies or non-prescribed medication**

Medicines in the P or GSL category may be purchased by the Lead Nurse, or designated Medical Centre Nurse of the school, to use as stock for treatment of minor ailments.

An agreed list and quantity have been compiled in conjunction with the College Medical Officer as General Medical Practitioner of pupils.

These medicines must not be labelled for an individual if they are to be administered to several pupils.

See Appendix iv for list and agreed conditions etc. Receipt and stock balance must be recorded in the appropriate medicine record book

Where non-prescribed drugs are bought by a pupil or parent, they should be recorded as previously outlined

Pupils are strictly prohibited from purchasing medications online, be this homeopathic, supplemental or pharmaceutical. Parents/Guardians are also prohibited from mailing such items to pupils.

The only medications that a pupil is permitted to hold should be prescribed by a GP/Specialist or be a recognised over-the-counter remedy that can be obtained from a Chemist. In ALL cases of a pupil holding medication, the Medical Centre and PHM MUST be aware of what the medication is.

### **Sports Supplements**

The Lead Nurse in the Medical Centre, in partnership with the Director of Sport and the head of S&C, do not support the use of dietary supplements (e.g., Protein supplements) and Radley College Policy states that supplement use in young athletes is prohibited. A balanced, healthy diet is promoted, along with personalised advice when sought. This is in line with MOSA recommendations.

Policy also states that it must be considered that supplements are not classified as drugs as there is no regulation in their manufacture, often resulting in contamination with other chemicals which are banned by the World Anti-Doping Agency (WADA).

### **Prescribed drugs**

Written prescriptions both NHS and private (except Blacklisted items) may be provided for individual pupils for medicines in all categories.

The Medicines Act clearly defines that prescribed medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Medicines supplied for individuals are the property of that individual.

These medicines may not, therefore, be used as 'stock' by the school.

Staff must not tamper with supplies of prescribed packs of medicines or decant from one container to another for the purpose of storage. This includes remains of the current supply when a new supply is received

The original supply should be finished first. Stock levels of medication should be kept at an appropriate level for each pupil, dependent on need.

Staff should ensure that the doctor prescribing the medicines:



- Writes full and precise instructions on the prescription. Instructions such as 'as before' or 'as directed' should be avoided.
- Includes the dose and frequency of administration to enable correct treatment and reduce the risk of administration errors
- Specifies the route of administration when the oral route is not indicated
- Provides criteria for use of an 'as required' medication, including dose, frequency and dosage interval, and the maximum daily dose

Before it can be administered, a prescribed medicine must have a printed label showing:

- Pupil's name
- Date of dispensing
- Name and strength of the medicine
- Dose and frequency of the medicine.

Multiple containers should be labelled individually. Where items have an inner container (e.g. eye drops, creams etc.) the label should be applied to the item instead of, or as well as the outer container.

If the label becomes detached, damaged or illegible the advice of the pharmacist should be sought before the product is used.

It is good practice to record that a request for a repeat prescription has been made. If medicine is supplied which is unexpectedly different from that received in the past, the staff must check with the pharmacist and or the prescriber before formally receiving or administering the medication.

Receipt and stock balance to be recorded in medicine record book on the individual page for that pupil and drug by PHM if she is keeping it.

If the GP changes the dose of a medication then s/he must provide written authorisation for the Medical Centre. The container must then be clearly re-labelled by the pharmacist or the GP if necessary. The Medical Centre staff must not alter any information on medication labels.

### **Controlled drugs**

The Misuse of Drugs act 1971 is the legislation governing Controlled drugs. Controlled drugs will only be supplied on an NHS or private prescription for individual pupils.

The school is not permitted to hold controlled drugs as "stock items". The above information relating to prescribed drugs also applies to this group.

Any Pupil prescribed controlled drugs who is deemed safe to manage their own medication must co-sign a self-medication agreement (appendix xiv). This document will be reviewed on a termly basis with a Nurse and the Pupil. As such, this medication must be locked in their safe at all times.

### **4. Storage of medicines**

All medicines should be stored in secure designated areas. These include:

- The Medical Centre
- Socials
- Personal safe, locked drawer or cupboard

Key security is integral to medication security and keys should only be held by authorised designated members of staff. (Appendix v)

Duplicate keys for use in an emergency will be available from Lead Nurse or designated Medical Centre Nurse.

Handover procedures should be known and understood by all staff. (Appendix v)

Non-prescribed stock medication must be stored separately from prescribed medication, in a locked cupboard that is securely fixed to a wall in the Medical Centre or in the social.

Non-prescribed individual medicines should be stored in personal self-medication lockers/safe or centrally within the social or Medical Centre as appropriate

**Prescribed medicines** should be stored in a locked cupboard that is securely fixed to a wall in the Medical Centre or the Social. There should be sufficient space to store individual pupil's medication.

**Controlled drugs** should be stored in a controlled drug cupboard securely fixed to a wall/floor, in a secure location in the Medical Centre. Only Registered Nurses working in the Medical Centre are authorised to hold the keys to the controlled drugs cupboard. (Appendix v). When kept in Social, they should be locked in the PHM drug cupboard or boy's own safe.

**Self-Medication.** Those pupils assessed as competent to self-medicate may store their own individual drugs (including controlled drugs) in their safe, locked drawer or cupboard, to which they personally have access. It must not be accessible to other pupils. The school must have a contingency plan for staff to access this, with the permission of the pupil, in case of a problem or emergency arising. It is the responsibility of the PHM, Tutor, or Resident Sub-Tutor to ensure the security of this medication at all times.

**Cold Storage.** Separate, dedicated refrigerators are available to be used exclusively for stock and prescribed medicines requiring cold storage, including vaccinations. It should be kept locked at all times. It should be cleaned and defrosted regularly.

The temperature should be measured and recorded daily when in use using a maximum minimum thermometer. The normal range is 2-8oC.

Staff should document, then contact the Senior Nurse on duty if temperatures are recorded outside of the normal range.

Pharmaceutical advice should be taken regarding the stability of the contents of the fridge in such circumstances.

Prescribed short-term medicines requiring cold storage should be kept in the PHM's fridge.

Prescribed long term medicines should kept in the Medical Centre fridge and sufficient supply or one original pack issued to the PHM as appropriate for the pupil's current use.

## **5. Administration of medicines**

- Administration of medicines is undertaken only by staff designated as competent and who completed the relevant training.
- Prescribed Medicines should be administered strictly in accordance with the instructions stated by the prescriber.
- They should only be used for the stated purpose and not administered to anyone other than the pupil stated on the label.
- Administration should be made at an appropriate time in order to maximise benefit from the medicine (e.g. may be necessary to take before or after meals or last thing at night).
- It is an individuals' right to refuse medication. Steps should be taken to explain the benefit of taking the prescribed medication. However, persistent refusal should be recorded and reported to the GP.
- Only a Registered Nurse may administer medication requiring specialised or invasive technique.

These may include:

- Subcutaneous injection of insulin
- Medicines administered by the rectal route
- Giving oxygen

In exceptional circumstances this may be delegated to another member of staff who will receive suitable training:

- The pupil/parent must have given consent for this delegation.
- Details of support and accountability to be included in the individual Health Care Plan.
- Medicine must not be secondary dispensed for someone else to administer at a later time.

### **Procedure for the administration of medicines:**

- Check the identity of the pupil
- Check the medication chart or record, dosage instructions, noting any recent changes and ensure that the medication has not already been administered
- Check that the boy is not allergic to the medicine before giving it
- Check the expiry date of the medicine
- Administer the medicine following the prescribed instructions
- Sign the administration record immediately after the medication has been given.
- Where there is a choice of dosage (i.e. one or two tablets) record the number given
- Where a drug is to be given 'as required' record whether given or not and reason for giving or not.
- Record any refusal of medication and the reason. If persistent refusal is reported to the GP then a record of this should be made of the time, date and who the problem was reported to and signed by the member of staff. Record also any advice received from the prescriber.
- For homely remedies to be given in socials and the Medical Centre, the Homely Remedy Guideline should be followed (Appendix iv)

- Handover procedures should be known and understood by all staff.
- Homely remedies should not be administered for longer than 48 hours without obtaining medical advice
- For controlled drugs, appropriate entry must be made in the boy's own drugs record. The balance should be checked and maintained by staff after each administration.
- A record should be made of doses irretrievably lost (dropped or spilled) during administration in case further supplies are then needed to finish the course
- Crushing tablets or opening capsules to aid administration should be avoided; advice about alternative formulations should be sought from the GP.

### **Administration of medicines away from school**

When away from school the parent of the pupil would receive the balance of the prescribed medication.

For occasional days out a separate supply may be organised as the secondary dispensing of medication into envelopes for example is not appropriate.

Details of medicines taken out should be recorded and the administration supervised by the staff responsible for the pupil whilst away from school. The administration guidelines above should be followed. An off-site medicines record book/form should be used to maintain a complete medicine audit trail.

If a pupil is self-administering medication at School, he may continue to do so on a School trip. The Don in charge should have an awareness of the medication in a pupil's possession but, in this instance, does not have to administer.

A medicine pack containing: authorised homely remedies, a medicines record book/form, information and where necessary pupils' own medicines, will be provided in the event of excursions off the school premises.

Medicines policy should be followed at all times when off the premises

### **Self-administration of prescribed and non-prescribed medicines**

Pupils keeping and administering their own medication must be assessed by Medical Centre staff as being sufficiently responsible to do so (Appendix xiii). This is recorded on their personal electronic school record as a consultation when they collect their prescription – this is then emailed to the PHM so that they are aware.

Individually dispensed supplies of controlled drugs may be kept in the pupil's safe, locked drawer or cupboard but the Medical Centre staff must decide the appropriateness of each case.

Pupils keeping their own medicine must agree to keep it in their own individual safe, locked drawer or cupboard and not to make the medicine available to anyone else.

PHMs should monitor medication and spot check compliance

### **Drug Administration Errors**

- If an error is realised, clinical advice must be sought immediately, no matter how trivial it may seem
- Appropriate line manager and Medical Centre Nurse in charge must be informed
- The school Medical Officer must be informed, even if advice is initially sought from a different source, and a record made on the pupil's NHS record.
- The pupil's Parents, PHM and Tutor should be informed.
- An Incident Form should be completed to enable a review to take place into how the error occurred to prevent a similar incident happening again
- Out of hours contact numbers (Appendix vii)

## **6. Disposal of medicines**

Medicines should be removed and disposed of when appropriate; care should be taken with medicines with a short shelf life.

Prescribed medicines for an individual pupil are the property of that pupil and should be given to the pupil, parent or member of staff as appropriate when leaving the school for any period.

All controlled drugs that are out of date or no longer required should be returned to the local pharmacy for destruction, after obtaining positive consent from the pupil for whom they were prescribed. A record of receipt, signed by the receiving pharmacist should be obtained and retained by the school Medical Centre. A duplicate book will be kept for this purpose. Any Pupil or PHM who has controlled drugs that are out of date, or no longer required, should return them to the Medical Centre for pharmacy return.

All other unwanted drugs are to be returned to the pharmacy for destruction

Consent, verbal or written, is required before the medicine can be returned to the pharmacy for disposal. This consent should be recorded, by a Medical Centre Nurse, on the relevant page in the pharmacy return duplicate book held in the Medical Centre

### **Disposal of medicine should occur when:**

- The expiry date is reached
- A course of treatment is finished or is discontinued
- When a dose of medicine has been removed from the original container but then not taken by the pupil, it should be kept by the Lead Nurse and returned to the pharmacy for safe disposal
- Positive consent has been obtained if the medicine is not a stock item but belongs to a pupil
- Pupil dies (keep for 7 days in case needed by Coroner's office or courts)

Controlled drugs obtained on individual NHS prescriptions may be disposed of by returning to the supplying pharmacy. A signature of receipt should be obtained from the pharmacist. Use the duplicate book to record this information

PHMs should sign the drugs out of their records in Social, including that consent obtained and if verbal or written, at the point at which they are returned to the Medical Centre.

Medicines should not be disposed of by school staff.

Return of medicines for destruction should be authorised by a Registered Nurse working in the Medical Centre, who should ensure that the record of return is completed. Use the duplicate book to record this information.

The record of disposal should include:

- The pupil's name (for prescribed, controlled drugs and individual homely remedies)
- Name, strength and quantity of medicine
- Date of return
- Consent of pupil
- Signature of Nurse authorising the return

With regards to inhalers, a used inhaler counts as waste for disposal. The Radley College Medical Centre is a registered Lower-Tier waster carrier, in line with the Department of Health Guidelines (Appendix x)

## **7. The Handling of Non-Prescribed Controlled Drugs**

A licence is required to possess a schedule 1 controlled drug. If a circumstance arose, where a member of staff was required to remove a substance from a person, they may only take possession of the substance for the purpose of handing it over to the police for destruction.

## **8. Emergency Medication**

Pertaining to those medications that would usually require a prescription, for example Salbutamol inhaler and Adrenaline Auto-Injector (AAI) device

Consent to use these is requested in writing from Parents (Appendix iii)

Explicit consent is requested from Parents of Asthmatics to use an emergency inhaler, as only Asthmatics are able to use this

The use of AAI's is covered by asking consent to treat Medical Emergencies

The administration of a Salbutamol inhaler and Adrenaline Auto-Injector (AAI) device in an emergency is covered in the First Aid training delivered in the School

In an Emergency, a Salbutamol inhaler may be administered if the Pupil's own inhaler is not available (See Asthma Policy), while following the flow chart for the management of an Asthma Attack followed (Appendix xi)

In an emergency, An Adrenaline Auto Injector (AAI) may be administered if the Pupil's own AAI is not available OR anaphylaxis is apparent without a known diagnosis Appendix xii)

All Pupils requiring and Adrenaline AAI or Salbutamol are encouraged to carry this with them AT ALL TIMES

An emergency Adrenaline AAI's is located in each Boarding house in a security tagged box on a wall, accessible to all. Emergency AAI's can also be found in the shop, coffee shop, Dining Hall and with the Bursary and Boathouse Defibrillators

All Asthmatic pupils will be invited for an annual review with a Nurse

All pupils required to carry an Adrenaline AAI will have a personal plan, including photo, detailing allergens and treatment plan

## **9. Medicines Information and Pharmaceutical Advice**

Staff should have access to appropriate information about medicines. They should contact the local community pharmacist at North Abingdon pharmacy if additional information is required concerning individual medicines. A current copy of the British National Formulary should be available on site.

## **Hazard notification and Drug Alerts**

In the event of a medicine being recalled, the community pharmacist should notify the school as appropriate.

A record should be kept of any action taken. The Lead Nurse or designated Medical Centre Nurse is responsible for dealing with the information at the time

## **10. Adverse Drug Reactions**

Any Adverse Drug reaction (ADR) or suspected ADR should be discussed with the GP and/or the community pharmacist, before any further administration of that drug.

If appropriate, the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme.

Yellow cards are available in the BNF, where information about the types or reaction to report is also given.

Record any action taken. The Lead Nurse or designated Medical Centre Nurse is responsible for dealing with the information at the time

## **11. Staff Induction and Training**

- If the employee is employed as a Nurse, they must have current registration status with the Nursing and Midwifery Council (NMC)
- All Medical Centre Nursing staff should, as part of the Medical Centre induction, be instructed on procedures for:
  - Obtaining medication
  - Storing medication
  - Administering medication
  - Recording activity
- All Staff must receive training/information on any current policies and procedures for the management of medicines within the school.
- Nursing Staff and PHMs should not be responsible for administering prescribed or controlled medication until they have completed the induction and training required.
- The Lead Nurse is responsible for ensuring that only competent staff are eligible to undertake administration of medicines.
- Training should be documented and records held at the Medical Centre and HR department.
- All staff should receive training in, or information on, the Medicines Management Policy appropriate to their role, to ensure the school's procedures are followed correctly and the safety of pupils is not compromised.
- Review and evaluation of staff performance in relation to the Medicines Management Policy should occur through the probationary period and periodically thereafter.
- Where training needs are identified appropriate training should be accessed at the earliest opportunity.
- Staff required to administer First Aid should be appropriately trained and regular updates provided.

## Appendix i - HEALTHCARE ARRANGEMENTS

- Medical Care of pupils at Radley is provided under the NHS by General Practitioners from Long Furlong Medical Centre in Abingdon. One of the partners, Dr Julian Moore, BSc, MBBS, MRCP, DRCOG, is the College Medical Officer. New pupils are expected to register with his Practice & this registration will take place automatically in September unless Dr Moore is informed otherwise.
- Please **do not** register with another GP during holiday periods. If a pupil is seen by another Doctor or other healthcare professional (e.g. Specialist or A&E attendance) during the holidays or at any other time please inform the College Medical Centre with details, including copies of any correspondence regarding diagnosis and ongoing treatment.
- Pupils are entitled to register with another local doctor & arrange their own appointments and transport but the College Medical Centre must be informed with whom the pupil is registered, and the school informed if a pupil will be absent.
- A doctor's surgery for pupils takes place in the College Medical Centre during short break (10.45 – 11.15) Monday to Friday. In an emergency, outside this time, pupils can be seen at the Practice surgery after assessment by the Nurse on duty in the College Medical Centre.
- Outside Practice hours (after 6.30pm Monday – Friday and at weekends) the Nurse on duty in the College Medical Centre will access medical advice from the Oxfordshire Primary Care Trust's Out of Hours 111 service if required.
- Radley College Medical Centre is staffed 24 hours a day by a team of Registered Nurses who receive ongoing training and appraisal.
- Pupils may attend the Medical Centre for routine health advice or treatment between the hours of 0700 – 2200 at any 'legal' time i.e. not during lessons or school activity time. If they need urgent or emergency treatment they can attend at any time.
- During the night pupils should contact their Pastoral Housemistress (PHM), Tutor or other adult on duty so they can be accompanied to the Medical Centre.
- The Medical Centre has 8 inpatient beds, one of these being on the ground floor. Pupils are admitted following a full assessment by the Nurse on duty or in consultation with the doctor. Parents are informed of any admission to the Medical Centre.
- Pupils who have a minor ailment may be looked after in Social by their PHM for a maximum of 48 hours. If a PHM is off duty junior boys will stay in the Medical Centre. Senior boys may stay in Social, with the permission of their Tutor, and with contact details of how to obtain help from the Medical Centre if they become more unwell.

### Additional Nursing Services:

- Health advice and organisation of immunisations for pupils travelling overseas.
- Nurse led asthma monitoring.
- Health promotion and advice on issues that affect young people.
- Routine childhood immunisations

We aim to maintain good communication with parents and welcome any contact to discuss your son's health.

**Contact details:** email – [medicalcentre@radley.org.uk](mailto:medicalcentre@radley.org.uk)

Dr Julian Moore, Long Furlong Medical Centre, Loyd Close, Abingdon, Oxon OX14 1XR

Tel: 01235 522379 Fax: 01235 536321

Medical Centre, Radley College, Abingdon, Oxon OX14 2JG Tel: 01235 543113. Fax: 01235 543168



## HEALTH POLICIES

Whilst legally pupils over the age of 16 can consent on their own behalf, and boys under that age can do so if considered competent, it is school policy that written consent from a parent is received on admission to the school for the instances identified on the consent form enclosed. We only require the signature of one parent but both parents are welcome to sign if they wish. Please read both carefully and if you would like to discuss this further please contact the Medical Centre.

### 1. IMMUNISATIONS

Information about immunisations & vaccines can be obtained from [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

- 1.1. **National Child Health Programme:** It is school policy to immunise children within the National Child Health Programme. The Diphtheria, Tetanus & Polio combined vaccine plus the Meningitis C vaccine are given during the Lent or Summer term of the Shell year. Any identification of an incomplete course of MMR will be offered as a 'catch up'. Parents are notified of vaccinations given. NHS School Nurses will visit the School to deliver these, seeking Parental consent beforehand.
- 1.2. **BCG:** Routine vaccination is not offered to children in Oxfordshire. Current county and school policy is to test and vaccinate only those whose main domicile is in an endemic area (usually a developing country) or those who spend long periods (more than 6 months) in such countries. Parents will be contacted for consent where a pupil is identified as fulfilling the policy criteria.
- 1.3. **Influenza:** It is school policy to offer all pupils an annual vaccination against seasonal influenza. Since the introduction of this policy the impact of flu within the school has been minimal. The immunisation is usually undertaken just before Michaelmas Leave Away. The strains of flu vaccinated against vary from year to year, identified by the Health Protection Agency. Information about the specific annual vaccine to be offered is given to pupils at the time of immunisation.
- 1.4. **Travel Vaccinations:** The Medical Centre will undertake Typhoid and Hepatitis A immunisation free of charge and a request for these will be deemed as consent. If private travel vaccinations are required, we are able to assist on what may be required. The PHM's can take pupils to appointments at a private travel clinic for these. If the travel vaccinations are for a school trip, the Medical Centre will complete these as far as possible and they may incur a fee. Pupils are given information about the vaccine at their immunisation appointment.

### 2. MEDICINES

The School Medicines Management Policy can be found on the school website [www.radley.org.uk](http://www.radley.org.uk) and is also available from the Medical Centre.

- 2.1. **In Socials:** Pastoral Housemistresses (PHMs) receive training and regular updates on first aid and the administration and storage of 'over the counter' medication for minor ailments. They work to an agreed procedure. The medicines available for administration to pupils in Socials for a maximum of 48 hours are: Ibuprofen 200mgs, for pain or temperature; Paracetamol (including soluble) 500mgs, for pain or temperature; Simple Linctus, cough medicine; Gaviscon for indigestion; Olbas Oil, inhalant decongestant; Oraldene mouthwash. In addition PHMs have ice packs, non-allergenic adhesive dressings, plasters – fabric & waterproof, for first aid treatment.
- 2.2. **School trips:** Dons and support staffs who have received training take responsibility for first aid and the administration of paracetamol and any prescribed medication for pupils on school trips.
- 2.3. **In the Medical Centre:** Currently the nurses in the Medical Centre offer the medication listed for PHM's with the addition of Chlorphenamine for allergic symptoms, Cetirizine for hay fever and Stugeron for travel

sickness. As with PHMs nurses administer medication for a maximum of 48 hours after which the pupil is referred to a school doctor.

**Prescribed Medication:** It is the school's practices to encourage pupils to self-manage their prescribed medication. Whilst prescribed medication is the property of the pupil an assessment will be made by a Medical Centre nurse to ensure a pupil's ability and understanding of their responsibilities to self-administer and store their medication in accordance with the requirements of the Medicines

- 2.4. Management Policy. If a parent or pupil prefers, or the assessing nurse considers self-medication inappropriate, administration will be undertaken by the PHM. When a PHM is off duty this will be undertaken in the Medical Centre. Pupils who request that any consultation with and subsequent prescription from a school doctor is treated as confidential will be assessed by that doctor as competent to self-medicate under the terms of the policy.
- 2.5. **Prescribed and 'over the counter' medicines brought from home or outside school:** Parents are requested to notify the Medical Centre and PHM of any medicine brought into school. This will be documented on the pupil's records, unless a specific request is made for confidentiality when notification should still be made to the Medical Centre. The pupil will be informed of the requirements of the Medicine Management Policy in the administration and storage of his medicine and similarly assessed if he is competent to self-medicate. It is important that the Medical Centre are aware of all medications being taken in case of a GP prescribing another medication that may interact with a pre-existing prescription.
- 2.6. **Complementary medicines:** All 'complementary' treatments, including fish oils, homeopathic treatments etc are considered as over the counter medicines within the terms of the Policy and parents are similarly requested to notify their son's PHM and the Medical Centre of their use.

### 3. EMERGENCIES

Where a pupil is aged over 16, and under if deemed competent, and gives prior consent no other consent is required by law. However school policy is that if a pupil needs emergency medical, eye or dental treatment every effort will be made to consult and obtain the prior consent of a parent or guardian. If this is impossible in the time available, or if a parent or guardian cannot be contacted, the Warden, Social Tutor or accompanying adult has the authority to consult and consent to any such emergency treatment advised for a pupil by a doctor or other relevantly qualified health professional.

### 4. CORRESPONDENCE

All communications concerning boys past illnesses, current health or future treatment by other health care professionals, including alternative therapy practitioners should be addressed to the school Medical Officer direct. Verbal messages cannot be accepted.

### 5. CONFIDENTIALITY

In accordance with doctors and nurses professional obligations, medical and nursing details about boys, regardless of age, will remain confidential. Ideally in providing medical and nursing care there will be consultation and liaison with a parent or guardian, Tutor, Pastoral Housemistress and, when necessary, other staff. This will be with the pupil's knowledge and consent. There may be occasions however where the doctor or nurse considers that, in the individual pupils best interest or for the protection of the wider school community, information should be shared without the pupils consent. This is most likely to occur if there are

child protection concerns. Any sharing of information will be with the pupil's knowledge and he will be informed and involved in the process and his views sought.

To ensure a pupil's safety and welfare during lessons, games and school trips an electronic list of pupils with asthma, allergies and significant illnesses is available to the schools teaching and games staff.

## **6. HEALTH ASSESSMENTS**

It is school policy that all pupils, on entry to the school, are offered a New Pupil Medical. This is to ensure they are fit for school and to participate in sport. The medical involves an individual assessment with a nurse that includes, blood pressure recording, simple eye test, height and weight and an informal interview about any health concerns they may have. Information is also given about the school's medical and nursing services. Pupils have an individual consultation with a doctor when a physical examination is undertaken. This medical takes place during the first two weeks of term. If you have any concerns about your child's health that requires a medical to be held at the earliest opportunity please contact the Medical Centre.

## **7. COMMUNICATION**

We aim to maintain effective communication with parents regarding their son's health. Where parents are separated or divorced it is Medical Centre practice to contact both parents if a pupil is admitted to the Medical Centre or receives an injury. If there are circumstances where this is not appropriate please inform the Medical Centre.

## **8. RECORD KEEPING**

The College Medical Centre is computer linked to Long Furlong Medical Centre. The doctors & nurses record all consultations with pupils on their NHS Medical Records. This is totally confidential. Pupils are entitled to view their records and encouraged to contribute to decisions about their care.

Additionally, each pupil has an Individual School Health Record, which is completed by his PHM. Any pupil who has ongoing health or health related conditions will also have an Individual Health Care Plan. This is a shared electronic record and medical centre nurses will contribute to these records, with the pupils consent, to ensure continuity of care.

## **9. CLINICAL GOVERNANCE**

As part of maintaining standards we may contact parents and pupils from time to time for feedback on their experience of health care at Radley. All responses will be treated confidentially. Complaints about any of the health care services should be made following the College's Complaints procedure. If, however, any parent or pupil would like to have an initial discussion please contact the Medical Centre Lead Nurse.

**Appendix ii: NEW PUPILS' HEALTH INFORMATION FORM**

The information you give on this form will only be seen by the School Medical Officer, another doctor acting on his behalf and nurses working at the Medical Centre. It will be incorporated into your son's NHS Medical Records. Information relating to any special health care needs, relevant history and parental consents will be shared with your son's Pastoral Housemistress and other staff as appropriate. Please complete and return with the medical consent form **as soon as possible** to Medical Centre, Radley College, Abingdon, Oxon OX14 2JG. If possible, please enclose a patient summary from your son's current GP. **Please answer ALL questions.**

<b>Name of Pupil</b> .....	<b>Date of Birth</b> .....	<b>Social</b> .....
Country of Birth .....	Country of Residence.....	
First Language .....	Previous School .....	Boarder/Day*
Name & Address of Last Registered Doctor .....		
..... NHS Number.....		

<b>Childhood Immunisations are completed at Radley College. Please give all dates available in order for us to complete the course in line with the UK Immunisation Programme.</b>			
<b>WHEN IMMUNISATION IS DUE</b>	<b>WHAT VACCINE</b>	<b>HOW IT IS GIVEN</b>	<b>DATE RECEIVED</b>
<b>2 MONTHS/8 WEEKS</b>	Diphtheria, Tetanus, Pertussis, Polio and Hib (DTaP/IPV/Hib)	1 Injection	
	Pneumococcal PCV	1 Injection	
<b>3 MONTHS/ 12 WEEKS</b>	Diphtheria, Tetanus, Pertussis, Polio and Hib (DTaP/IPV/Hib)	1 Injection	
	Meningitis C	1 Injection	
<b>4 MONTHS/16 WEEKS</b>	Diphtheria, Tetanus, Pertussis, Polio and Hib (DTaP/IPV/Hib)	1 Injection	
	Meningitis C	1 Injection	
	Pneumococcal (PCV)	1 Injection	
<b>12 MONTHS</b>	Hib/Meningitis C	1 injection	
<b>13 MONTHS</b>	Measles, Mumps, Rubella (MMR)	1 injection	
	Pneumococcal (PCV)	1 injection	
<b>3 YEARS, 4 MONTHS – 5 YEARS</b>	Diphtheria, Tetanus, Pertussis, Polio (DTaP/IPV or dTaP/IPV)	1 Injection	
	Measles, mumps, Rubella (MMR)	1 injection	

**Other vaccinations: Please provide details**

VACCINATION	DATE GIVEN	ANY OTHER VACCINATIONS
HEPATITIS A		
HEPATITIS B		
TYPHOID		
BCG		

## 2. Past Medical History

### 2.1 Has your son had any of the following illnesses?

- a) Measles Yes/No\* ..... (Date)
- b) Mumps Yes/No\* ..... (Date)
- c) Chickenpox Yes/No\* ..... (Date)
- d) Whooping Cough Yes/No\* ..... (Date)
- e) Rubella Yes/No\* ..... (Date)
- Any other infectious disease Yes/No\* ..... (Date)

*If yes, please give details .....*

### 2.2 Has your son had any of the following? (Please give dates, details and any ongoing treatment)

- a) Any serious illness Yes/No\*
- b) Any surgical operation Yes/No\*
- c) Any heart or lung disease including congenital abnormalities Yes/No\*
- d) Any ear disease Yes/No\*
- e) Any fainting attacks, fits or convulsions Yes/No\*
- f) Any kidney, bladder or urinary disorder Yes/No\*
- g) Recurrent sore throats Yes/No\*
- h) Any bone or joint problems Yes/No\*
- i) Any serious head or neck injury (including concussion) Yes/No\*
- j) Any mental or emotional illness Yes/No\*
- k) Any tropical disease Yes/No\*
- l) Malaria Yes/No\*
- m) Any other illness or disorder Yes/No\*

*If answered 'yes' to any question, please give details .....*

### Current Health: Does your son have (please provide details of current treatment):

- a) Asthma Yes/No\* .....Date of diagnosis.....
- b) Hay fever Yes/No\* .....
- c) Eczema Yes/No\* .....
- d) Is he allergic to anything, especially any medicines? Yes/No\*

Please give details .....

- e) Does he ever sleepwalk?      Yes/No\*
- f) Does he suffer from enuresis (bedwetting)?      Yes/No\*
- g) Does he currently take medication for travel sickness?      Yes/No\*

Details of current treatment .....

- h) Is he taking any medication (including homeopathic or other complementary treatment)?      Yes/No\*

Details & dose .....

- i) Do you have any concerns about your son's health?      Yes/No\*

Details .....

- j) Do you consider him fit for normal school routine, both work and sport?      Yes/No\*

If no, please give details .....

#### 4. Vision

- a) Does your son wear glasses/contact lenses\*?      Yes/No\*

- b) Has he had his vision tested?      Yes/No\*

Date .....      Location: School/Optician\*

- c) Has your son had his colour vision tested?      Yes/No\*

Date: .....      Result .....

- d) Do you or your son have concerns about his eyesight?      Yes/No\*

Details .....

#### 5. Hearing

- a) Has your son had his hearing tested?      Yes/No\*

Date .....      Outcome .....

- b) Has he had any problem with his hearing?      Yes/No\*

If yes, please give details.....

- c) Do you or your son have concerns about his hearing?      Yes/No\*

Details .....

#### 6. Dental Treatment

a) When did your son last visit the dentist? *Date* .....

b) Is all necessary dental treatment up to date? Yes/No\*

c) Is he having any orthodontic treatment? Yes/No\*

### 7. Special Education Needs

Does your son have any special education needs, i.e. Dyslexia, Attention Deficit Disorder? Yes/No\*

*Details* .....

### 8. Family History

a) Is there any physical or mental illness in the family that may be relevant to your son's health? Yes/No\*

*Please give details* .....

b) Is there any family history of cardiomyopathy or sudden cardiac death below the age of 40? Yes/No\*

*Please give details* .....

### 9. Other Information

Is there any other information the doctor and medical centre should be aware of, e.g. death of a parent or sibling, separation, divorce or other social circumstances? Yes/No\*

*Please give details* .....

### 10. Medical Insurance

a) Is your son covered by any existing private medical insurance? Yes/No\* *If yes, please give details of company & any limitations:*

.....

Details of the School BUPA scheme will be sent by the Bursary with the first account. If you would like your son to join, please return the completed application form to the bursary as soon as possible.

b) If your son requires a specialist referral, would you prefer this under the NHS or privately?

*Please specify* .....

Normal practice is to contact parents if any specialist referral is indicated.

**Signed by Parent** .....

**Date** .....

**Relationship to Pupil:** .....

**Signed by Pupil:** .....

**Date** .....

Appendix iii

**MEDICAL CONSENT FORM**

Name of Pupil..... Date of Birth..... Social.....

<b>1. I/We* CONSENT / DO NOT CONSENT*</b> to the administration of an annual influenza immunisation.	
Signature:.....	Date.....
Signature:.....	Date.....
<b>2. I/We* CONSENT / DO NOT CONSENT*</b> to the administration of first aid, including on school trips.	
Signature:.....	Date.....
Signature:.....	Date.....
<b>3. I/We* CONSENT / DO NOT CONSENT*</b> to the administration of 'over the counter' medicines, including on school trips.	
Signature:.....	Date.....
Signature:.....	Date.....
Please add any comments and/or identify any medicines, you do not wish your son to have: .....	

**PTO**

<b>4. I/We*</b> have read and consent to the school policy on managing medical, dental or eye emergencies.	
<b>5.</b>	
Signature:.....	Date.....
Signature:.....	Date.....



6. I/We\* **CONSENT/DO NOT CONSENT** for our son to self-administer any of his own medication. I/We\* ensure that the Pastoral Housemistress and Medical Centre will be informed of all medicines brought into school.

7.  
Signature:..... Date.....

Signature:..... Date.....

8. I/We\* **CONSENT/DO NOT CONSENT** to the administration of an emergency Salbutamol inhaler in line with Asthma guidelines (N.B. This is only relevant if your Son is Asthmatic)

Signature:..... Date:.....

Signature:..... Date:.....

I/We\* have completed the Health Questionnaire accurately and provided all information requested to the best of my/our knowledge. I/We\* have read the information relating to the College's Health Policies and undertake to meet any obligations requested.

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

Relationship to Pupil: .....

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

Relationship to Pupil: .....

Signature of pupil: ..... Date.....

Contact details in the event of a query relating to this form:

Email: .....

Telephone: .....

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

Relationship to Pupil: .....

## Appendix iv

### Homely Medicines held by Pastoral Housemistresses:

#### Medications that may be administered by a Pastoral House Mistress following the accompanying guidelines:

Paracetamol, soluble tablets, 500mg

Paracetamol, tablets, 500mg

Ibuprofen, tablets, 200mg

Gaviscon Tablets

Simple Linctus

Corsodyl Mouthwash

Inhalant Decongestant- Olbas oil

#### In addition they are authorized to hold the following for first aid treatment:

- Ice packs
- Non-adhesive dressings
- Fabric dressing strip 7.5cms x 1m and 3.8cms x 1m
- Surgical tape 25mm x 5m and 12.5mm x 5m
- Fabric strapping 2.5cms x 5m
- Swabs 7.5cm x 7.5cms
- 

#### For infection control:

- Alcohol hand rub gel
- Non-alcohol antiseptic wipes
- Disposable gloves
- Clinical waste bag
- Spill kits (for cleaning up biological waste)
- 

### Homely Medicines that may be administered by Registered Nurses at Radley College Medical Centre:

Paracetamol 500mgs & Soluble Paracetamol 500mg

Ibuprofen 200mgs

Gaviscon Advance Tablets or Liquid

Simple Linctus

Chlorphenamine Maleate 4 mgs

Cetirizine 10mgs

Olbas Oil – inhalant decongestant

Oraldene Mouthwash

Stugeron

Throat Lozenges

Deep Heat (Methyl Salicylate) Cream and spray

Signature of Medical Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Dr J Moore (GMC 3342435)

## Paracetamol Tablets 500mg (including Soluble)

### **\*Note age-specific dosing\***

#### Clinical Condition to which it applies

*Definition of clinical condition/situation:* Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia

*Additional criteria needed to confirm applicability:* Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

#### Contraindications

*Patients excluded from treatment:*

- Known allergy to Paracetamol
- Admission as a result of overdose of Paracetamol
- Known liver impairment
- Currently taking another medication containing Paracetamol
- Previous dose of Paracetamol taken within past 4-6 hours

*Action for excluded patients:* Use alternative analgesics if safe & appropriate to do so – give reason in notes

#### Dosage

*Dosage & administration:*

- Age 16 or over** - 1-2 tablets orally every 4-6 hours
- Maximum dose 8 tablets in 24 hours
- Aged under 16** – 1 tablet orally every 4-6 hours
- Maximum dose 4 tablets in 24 hours

Adverse Reactions: Rarely rashes and blood disorder. Liver damage, Kidney damage or acute Pancreatitis after prolonged use

Warnings: Ensure patient is aware of maximum daily dose; Patients should not take other Paracetamol containing medication.

Follow-up: Monitor for effectiveness and side effects for max. 48 hours. If not responding to treatment discuss with Medical Centre.

Recording: Reasons for administering Paracetamol – Date, time, dose, route of administration. Report adverse drug reaction to Medical Centre & parents. Record on pupil's notes.

## **Ibuprofen Tablets (200mg)**

### Clinical Condition to which it applies

#### *Definition of clinical condition/situation:*

Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia that does not respond to Paracetamol

*Additional criteria needed to confirm applicability:* Informed consent written or verbal has been given by parent /guardian of pupil under 16 years

### Contraindications

#### *Patients excluded from treatment:*

Patients with a hypersensitivity to other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Patients with kidney, cardiac or hepatic impairment, history of peptic ulceration or current ulcer

Avoid in patients with asthma with a known sensitivity to NSAIDs or in those asthmatics that have never used NSAIDs

Patients on medication which interacts with Ibuprofen including: Anti-coagulants, Anti-hypertensives, Anti-diabetics, Lithium and Ciprofloxacin.

Patients who have not eaten – Ibuprofen must be taken after food

#### *Action for excluded patients:*

Use alternative analgesics (e.g. Paracetamol) if safe & appropriate to do so. Give reason in notes

### Dosage

#### *Dosage & administration:*

1 – 2 tablets orally every six hours (with/after food). Maximum dose of 6 tablets in 24 hours

### Adverse Reactions& Warnings

Gastrointestinal discomfort, nausea, diarrhoea, bleeding & ulceration may occur

NSAIDs may increase bleeding time – inform dentist they are taking NSAID

Ensure patient is aware of maximum daily dose.

Patients should not take other Ibuprofen containing medication

### Follow-up:

Monitor for effectiveness and side effects for a maximum of 48 hours. If not responding to treatment discuss with Medical Centre.

### Recording:

Reasons for administering Ibuprofen – Date, time, dose, route of administration.

Report adverse drug reaction to Medical Centre and parents. Record on notes.

## **Gaviscon Tablets**

### Clinical conditions to which it applies

#### *Definition of clinical condition/situation:*

For the short term relief of dyspepsia

#### *Additional criteria needed to confirm applicability:*

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

### Contraindications

#### *Patients excluded from treatment:*

Patients with renal impairment.

### Dosage

#### *Dosage and administration:*

2-4 tablets after meals and at bedtime (up to four times a day)

### Adverse Reactions and warnings

Should not be taken at the same time as other drugs since they may impair absorption.

### Follow-up

Monitor for effectiveness and side effects for max. 24 hours. If not responding to treatment discuss with Medical Centre and if necessary with GP.

### Recording

Reasons for administering. Date, time, dose and route of administration.

Report adverse drug reaction to Medical Centre and Parents. Record on notes

## **Simple Linctus (Sugar Free)**

### Clinical conditions to which it applies

*Definition of clinical condition/situation:*

For the relief of a dry irritating cough.

*Additional criteria needed to confirm applicability:*

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

### Contraindications

*Patients excluded from treatment:*

No identified contraindication

### Dosage

*Dosage and administration:*

5mls orally 3-4 times a day

### Adverse Reactions and warnings

None documented

### Follow-up

Monitor for effectiveness and side effects for max. 48 hours. If not responding to treatment discuss with Medical Centre.

### Recording

Reasons for administering Simple Linctus. Date, time, dose, and route of administration.

Report adverse drug reaction to Medical Centre and Parents. Record on notes

## **Chlorphenamine Maleate 4mgs**

### Clinical conditions to which it applies

#### *Definition of clinical condition/situation:*

Symptomatic relief of allergy such as hay fever, urticaria; emergency treatment of anaphylaxis

#### *Additional criteria needed to confirm applicability:*

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

### Contraindications

#### *Patients excluded from treatment:*

Caution with patients suffering hepatic disease or epilepsy.

#### *Action for excluded patients:*

Refer to GP

### Dosage

#### *Dosage and administration: \_*

Orally 4 mgs every 4-6 hours Max 12 mgs

### Adverse Reactions \_

Drowsiness, headache.

### Warnings

Advise pupil not to drive or operate machinery after taking. See BNF or patient information leaflet before administering.

### Follow-up

Monitor for effectiveness and side effects for max. 24 hours then refer to GP.

### Recording

Reasons for administering Chlorphenamine Maleate (Piriton) 4mgs

Date, time, dose, and route of administration.

Report adverse drug reaction to Parents.

Record on notes



## **Cetirizine Hydrochloride 10mgs**

### Clinical Condition to which it applies

*Definition of clinical condition/situation:* Symptomatic relief of allergy such as hay fever.

*Additional criteria needed to confirm applicability:* Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

### Contraindications

*Patients excluded from treatment:*

Caution with patients suffering hepatic disease or epilepsy.

*Action for excluded patients:*

Refer to GP

### Dosage

*Dosage and administration:*

Orally; 10mgs once daily

Adverse Reactions:

See warnings

Warnings:

See BNF or patient information leaflet before administering.

Follow-up:

Monitor for effectiveness and side effects for max. 24 hours then refer to GP.

Recording:

Reasons for administering Cetirizine Hydrochloride 10mgs

Date, time, dose, and route of administration.

Report adverse drug reaction to parents.  
Record on notes

## **Olbas Oil Inhalant Decongestant**

### Clinical conditions to which it applies

*Definition of clinical condition/situation:*

For the relief from symptoms of nasal congestion

*Additional criteria needed to confirm applicability:*

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

### Contraindications

*Patients excluded from treatment:*

Patients with known hypersensitivity to Olbas oil

### Dosage

*Dosage and administration:*

2 or 3 drops on a tissue then inhaled as required

### Adverse Reactions and warnings

None documented

### Follow-up

Monitor for side effects, and effectiveness for a maximum of 48 hours. If not responding to treatment discuss with Medical Centre.

### Recording

Reasons for administering Olbas oil. Date, time, dose, and route of administration.

Report adverse drug reaction to Medical Centre and Parents. Record on notes

## **Corsodyl (Chlorhexidine digluconate)**

### Clinical conditions to which it applies

#### *Definition of clinical condition/situation:*

For the relief from symptoms of mouth and throat infections, mouth ulcers, gum disease and bad breath

#### *Additional criteria needed to confirm applicability:*

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

### Contraindications

#### *Patients excluded from treatment:*

Patients with known hypersensitivity to Chlorhexidine

### Dosage

#### *Dosage and administration:*

10ml undiluted as a mouthwash / gargle, twice daily.

### Adverse Reactions and warnings

Temporary staining of the tongue and/or teeth may occur (disappears when treatment stops).

Stop using and seek advice from Dentist if you develop irritation in the mouth, soreness or swelling (should stop when treatment stops)

You may note a change in taste or burning sensation when first used, this goes away with continued use.

If peeling of skin in mouth occurs, dilute Corsodyl with equal amount of water.

### Follow-up

Monitor for effectiveness and side effects for max 48 hours. If not responding to treatment discuss with Medical Centre.

### Recording

Reasons for administering Corsodyl. Date, time, dose and route of administration.

Report adverse drug reaction to Medical Centre and Parents. Record on notes.

## **Cinnarizine (Stugeron)**

### Clinical Condition to which it applies

*Definition of clinical condition/situation:* Symptomatic relief of motion sickness.

*Additional criteria needed to confirm applicability:* Informed consent, written or verbal has been given by parent / guardian of pupil aged under 16 years.

### Contraindications

*Patients excluded from treatment:*

Do not take if you have had an adverse reaction to any of the ingredients including Fructose and Galactose. Only in consultation with GP if you suffer with porphyria (blood disorder), Liver and Kidney problems, if on Tricyclic or hypnotic drugs (for mood and sleep disorders), if taking tranquilisers or if taking alcohol.

*Action for excluded patients:*

Refer to GP

### Dosage (Adults and Children over 12yrs)

Take 2 tablets two hours before travelling and 1 tablet every eight hours during the journey

### Adverse reactions:

Headache, dry mouth, upset stomach. A small number of patients (mainly elderly) taking it for a long time may experience twitching or jerky movements, muscle stiffness, restless or a slowness of movement.

### Warnings:

See BNF or patient information leaflet before administering.

### Follow-up:

Provide other information to help avoid travel sickness. Monitor for effectiveness and side effects. Where necessary refer to GP.

### Recording:

Record on School medical record system reason for administering Stugeron and dose.

Record in homily medication book; date, time, dose and tablet balance and sign record.

## **Deep Heat (Methyl Salicylate) Cream and Spray**

### Clinical Condition to which it applies

*Definition of clinical condition/situation:* Adults and children over 5 years requiring treatment to relieve muscular pain and stiffness

*Additional criteria needed to confirm applicability:* Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

### Contraindications

*Patients excluded from treatment:* Known allergy to Salicylates (Aspirin, Ibuprofen and other Non-steroidal anti-inflammatory drugs (NSAIDs)

*Action for excluded patients:* For topical symptom relief, use a heat pack

### Dosage

*Dosage & administration:* Massage a thin layer of the cream to the affected area until rubbed in  
Or spray affected area lightly  
Apply 2-3 times a day (no more than 3 times in a day)

Adverse Reactions: Temporary skin redness, burning sensation, rash, blisters

Warnings: Keep away from sensitive areas (eyes, lips etc)

Follow-up: If symptoms do not improve, seek GP advice

Recording: Record on School medical record system reason for administering

## **Guidelines for Pastoral Housemistresses and Registered Nurses administering homely medication**

- Check name and age of pupil
- Establish that the pupil does need medication
- Check that parents have given consent if pupil under 16 years
- Check for any known allergies with pupil
- Check that there are no reasons why the pupil shouldn't have the medication.
- Check if/when medication last administered
- Check medication & expiry date with pupil
- Ensure that pupil takes medication
- Record date, time and dose in Homely Medication Record book, plus reason for giving it in pupil's health record.
- Record date, time and dose on pupil's shared electronic record, plus reason for giving it, with the pupil's consent.

## **Appendix v**

### **Designated Key Holders:**

In the Medical Centre - Identified registered Nurse on duty

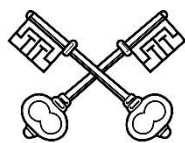
Main key fob includes

- 1x key for small drug fridge
- 1x key for large drug fridge
- 1x key for main drug cupboard
- 1x key for Controlled Drug Cupboard
- 1x key for key safe
- 1x key for urine testing cupboard (in downstairs bathroom)
- 1x key for windows

Spare keys are locked in the key cabinet for which the spare key is held by the Lead Nurse or Senior Nurse on duty.

In Socials > The Pastoral Housemistress for that Social

Spare keys are held in the Medical Centre key cabinet or, in exceptional circumstances, with the Tutor for that Social or the Sub-Tutor on duty



# RADLEY

Radley College Medical Centre

School trip form

Destination: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Don in Charge of First Aid and Medication: \_\_\_\_\_

**Checklist:**

Schoolbase Pupil Checklist	
Healthcare Plans (if applicable)	
Letter(s) for travelling with Injection (if applicable)	
Epipen information sheet	
Asthma information sheet	
Seizure information sheet	
First Aid information sheet	
Medicines Information sheet(s)	
Paracetamol given sheet	
First Aid given sheet	

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Returned By: \_\_\_\_\_ Date: \_\_\_\_\_



## Paracetamol Tablets 500mg (including Soluble)

### \*Note age-specific dosing\*

#### Clinical Condition to which it applies

*Definition of clinical condition/situation:* Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia

*Additional criteria needed to confirm applicability:* Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

#### Contraindications

*Patients excluded from treatment:* Known allergy to Paracetamol

Admission as a result of overdose of Paracetamol

Known liver impairment

Currently taking another medication containing Paracetamol

Previous dose of Paracetamol taken within past 4-6 hours

*Action for excluded patients:*

Use alternative analgesics if safe & appropriate to do so – give reason in notes

#### Dosage

*Dosage & administration:*

**Age 16 or over** - 1-2 tablets orally every 4-6 hours

Maximum dose 8 tablets in 24 hours

**Aged under 16** – 1 tablet orally every 4-6 hours

Maximum dose 4 tablets in 24 hours

Adverse Reactions:

Rarely rashes and blood disorder. Liver damage, Kidney damage or acute Pancreatitis after prolonged use

Warnings:

Ensure patient is aware of maximum daily dose; Patients should not take other Paracetamol containing medication.

Follow up:

Monitor for effectiveness and side effects for max. 48 hours. If not responding to treatment discuss with Medical Centre.

Recording:

Reasons for administering Paracetamol – Date, time, dose, route of administration. Report adverse drug reaction to Medical Centre & parents. Record on pupil's notes.







## **Appendix vii**

### **Out of hours emergency contact numbers**

Oxfordshire Primary Care Trust Out Of Hours Service: 111

Abingdon Minor Injuries Unit: 01865 903476

John Radcliffe Hospital Accident & Emergency Department: 01865 741166

Medical Centre Lead Nurse:

Alex Gilley 01235 543113 (Medical Centre)

01235 543097 (Office)

*Mobile number available from Medical Centre in emergencies*

Ben Holden, Sub Warden & DSL: 01235 548515 (Office)

07779 586673 (Mobile)

School security (18.00 – 06.00): 07774 249601

Maintenance Department (in case of problems accessing equipment or equipment failure):

07795 626976

School Medical Officer and partners (home):

*(For confidentiality these numbers are held in the Medical Centre for use by the Nurse on duty)*

## Appendix viii

### Training Requirements

#### Registered Nurses:

On appointment, Registered Nurses employed at the Medical Centre will undertake induction in managing medicines at Radley College to include:

- Familiarity with the Medicines Management Policy
- Familiarity with record keeping systems used by the PHMs both paper (drug books) and electronic
- Familiarity with the Homely Medication protocols and guidelines
- Familiarity of the school's First Aid and Health & Safety policies
- Familiarity with the NMCs Codes of Conduct relating to:
  - Medicines management
  - Record keeping
  - Confidentiality
- Familiarity with the Medical Centre's Information Sharing and Confidentiality Policy
- Procedures for:
  - Initiating and maintaining Health Care Plans (electronic)
  - Undertaking a risk assessment for pupils who wish to self-administer medication (electronic – on School database)
  - Record keeping in the medical centre to include the use of the Personal Prescription Medicine book and the Homely Medicine Record book
  - The storage and disposal of medication

#### Ongoing training:

- Nurses will aim to undertake termly individual 1:1 sessions with the Lead Nurse that will include identification of any special training needs relating to the management of medicines
- Nurses will undertake an update training on the management of medicines, record keeping and documentation as necessary

Registered Nurses who are employed on a temporary basis (i.e. agency staff) will not be expected to administer medication without the authority of the Lead Nurse.

#### Pastoral Housemistresses:

On appointment, a Pastoral Housemistress will undertake induction training on the management of medicines at Radley, which will include:

- Familiarity with the Medicines Management Policy

- Familiarity with record keeping systems used by the PHMs both paper and electronic
- Familiarity with the Homely Medication protocols and guidelines
- Familiarity of the school's First Aid and Health & Safety policies
- Familiarity with the Medical Centre's Information Sharing & Confidentiality Policy
- Induction level and basic level training according to the syllabus set out in the Skills for Care Knowledge Set for medicines – this may be provided as either a set of group tutorials, online accredited teaching and learning or by self-directed learning following an induction manual with assessment.

#### Tutors and resident Sub-Tutors:

On appointment, a Tutor or resident Sub-Tutor will undertake induction training on the management of medicines at Radley that will include:

- A familiarity of record keeping, paper and electronic, both in their Social and in the medical centre
- Familiarity with the Medicines Management Policy
- Familiarity with the medical centre's Information Sharing and Confidentiality Policy
- An opportunity to identify access to further training needs with the Lead Nurse if they are to participate in the administration of medicines when their PHM is off duty or due to an unexpected prolonged absence.

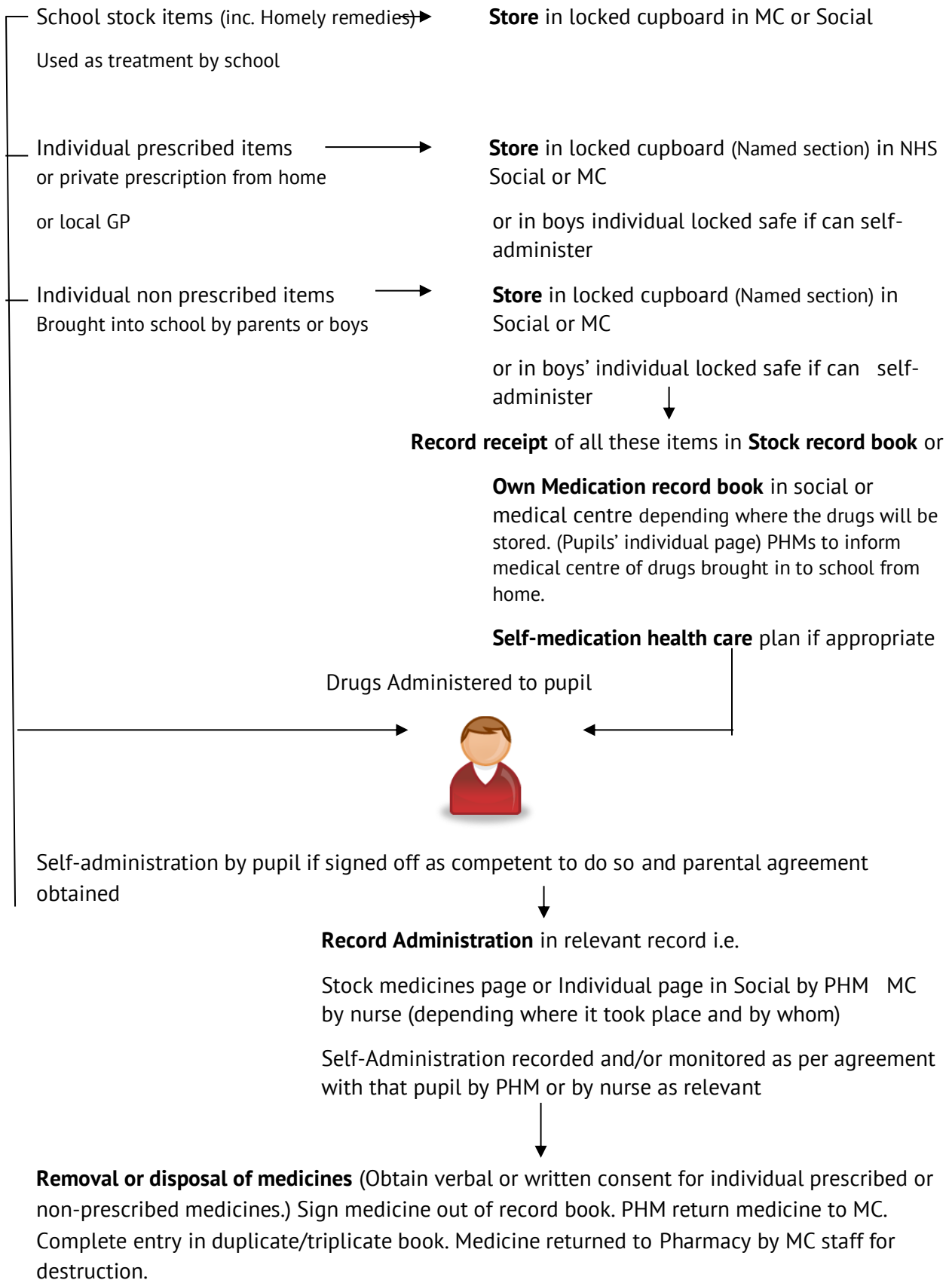
#### Other staff:

On appointment, all staff, as part of their induction programme, will be given information about the Medicines Management Policy.

Teaching or support staff who may be accompanying pupils off site will receive training on managing, administering and recording medicines and first aid given.

## Appendix ix: Medicines Management Policy Flow Chart - ON SITE

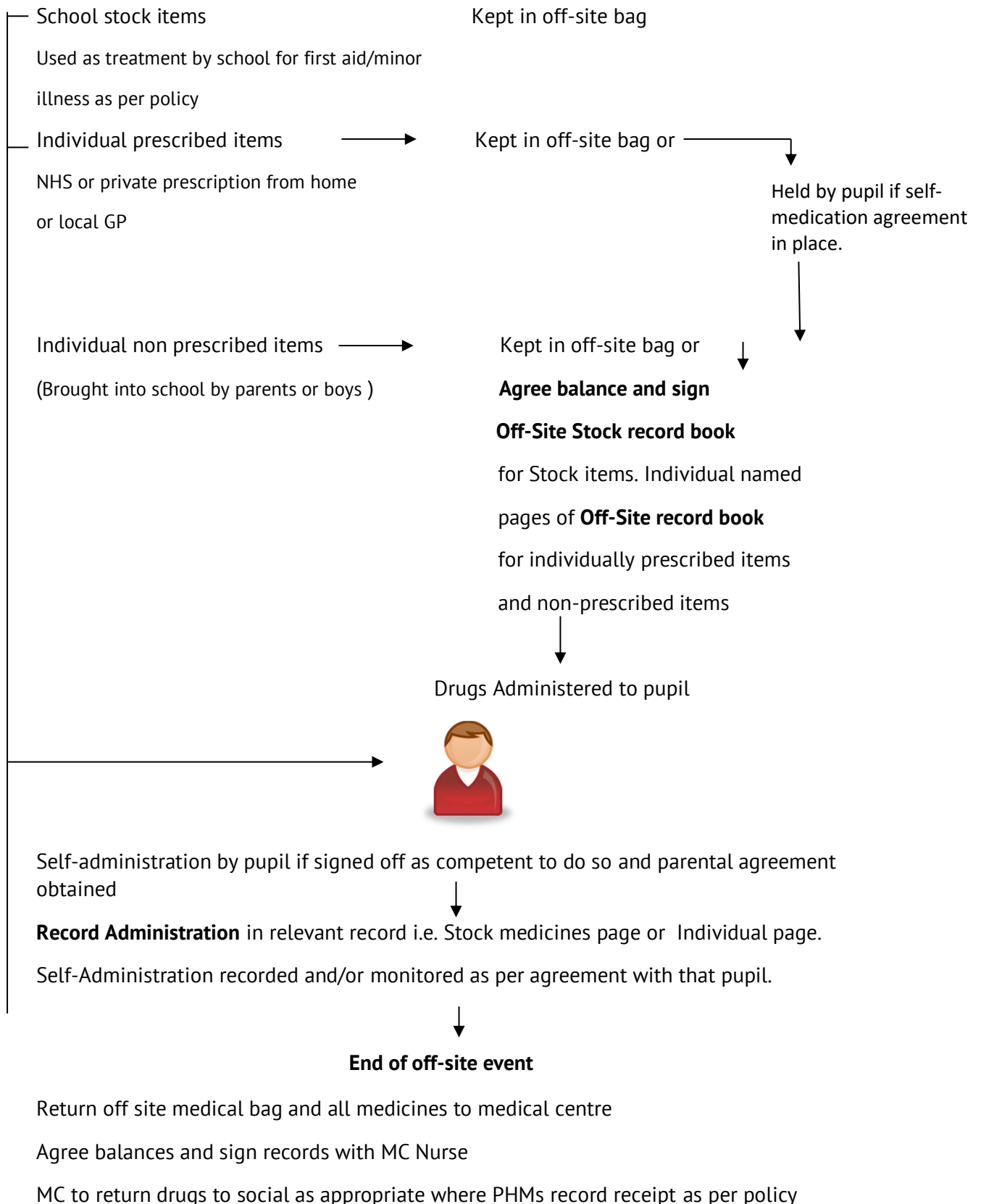
### Medicines received as:





## Medicines Management Policy Flow Chart - OFF SITE

**Medicines received** by person in charge of off-site group as:



## Appendix X

# Certificate of Registration under the Waste (England and Wales) Regulations 2011

### Regulation authority

Name



National Customer Service Centre  
99 Parkway Avenue

Address

Sheffield  
S9 4WF

Telephone number

03708 506506

The Environment Agency certify that the following information is entered in the register which they maintain under regulation 28 of the Waste (England and Wales) Regulations 2011.

### Carriers details

Name of registered

carrier

Radley College

Registered as

A lower tier waste carrier, broker and dealer

Registration number

CBDL263715

Address of place of  
business

RADLEY COLLEGE  
RADLEY  
ABINGDON  
OX14 2HR

Telephone number

01235 543113

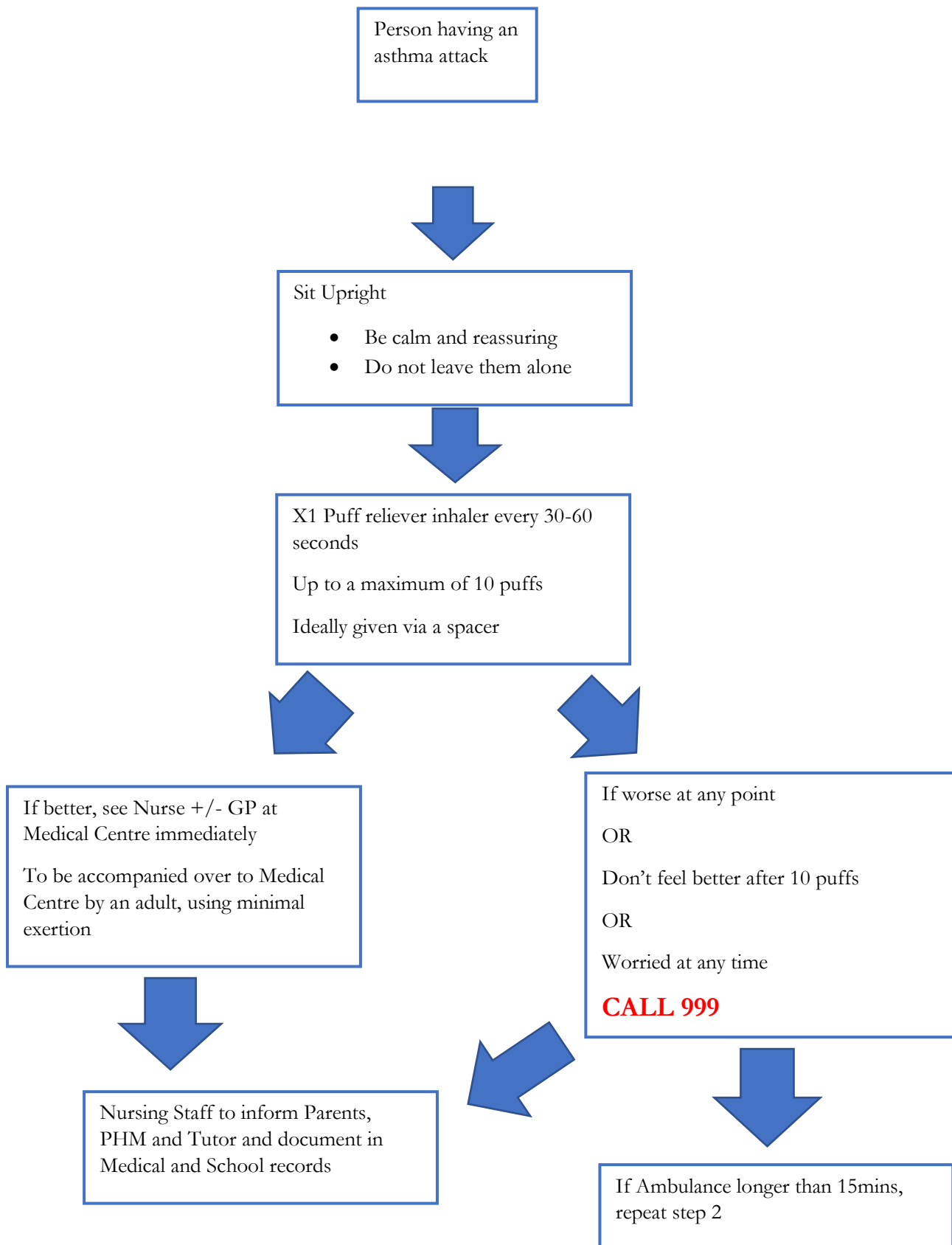
Date of registration

Tuesday 13<sup>th</sup> November 2018

### Making changes to your registration

Your registration will last indefinitely so does not need to be renewed but you must update your registration details if they change, within 28 days of the change.

**Appendix xi: Management of an Asthma attack**





Appendix xii: Recognition and Management of an Allergic Reaction/Anaphylaxis

Mild – Moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives/itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate Adrenaline Autoinjector(s) – own or emergency supply
- Give antihistamine according to own allergy treatment plan (if applicable) or as a Homely medication
- Contact PHM and Parents



**Watch for signs of ANAPHYLAXIS**

**(Life threatening allergic reaction)**

<b>A</b> irway	Persistent cough, Hoarse Voice, Difficulty Swallowing, Swollen Tongue
<b>B</b> reathing	Difficult or noisy Breathing, Wheeze, Persistent Cough
<b>C</b> onsciousness/	Persistent Dizziness, Becoming Pale or Floppy, Suddenly Sleepy,
Circulation	Collapse, Unconscious

If ANY ONE (or more) of these signs are present:

- 1.) Lie Child flat with legs elevated, or allow child to sit if breathing difficult
- 2.) **Use Adrenaline Autoinjector without delay**
- 3.) Dial 999 to request Ambulance and say ANAPHYLAXIS

**\*\*\*\*IF IN DOUBT, GIVE ADRENALINE\*\*\*\***

After Giving Autoinjector:

- 1.) Stay with Child until Ambulance arrives, do NOT stand child up
- 2.) Commence CPR if there are no signs of life
- 3.) Phone Parent/Guardian, PHM and Tutor
- 4.) If no improvement **after 5 minutes, give a further dose** of adrenaline using another Autoinjector device if available

**Appendix xiii:**

**Self-medicating risk assessment questions:**

- 1.) Confirm that the Pupil understands the reason for the medication
- 2.) Confirm that the Pupil understands the dose and frequency
- 3.) Confirm that the Pupil understands any additional instructions (e.g. with/after food)
- 4.) Confirm that the Pupil understands the length of treatment – continuous or course
- 5.) Inform the Pupil of the expiry date of the medication
- 6.) Confirm that the Pupil understands he must not stop taking the medication without consulting the Medical Centre first
- 7.) Confirm that the Pupil understands how to store the medication appropriately (carry with/in safe/refrigerator)
- 8.) Confirm that the Pupil understands that the medication is for his personal use and is not to be shared
- 9.) Confirm that the Pupil understands that unused medication should be returned to the Medical Centre
- 10.) Confirm that the Pupil understands that additional medication should not be used without checking the instructions with the Medical Centre or Doctor
- 11.) Ask if the Pupil has any questions



# RADLEY

## SELF MEDICATION AGREEMENT: LONG TERM MEDICATION

NAME					
		SOCIAL		YEAR	
DOB					

CONSENT FROM PARENTS TO SELF-MEDICATE YES/NO

ALLERGIES \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

CONSULTANT DETAILS (if has one) \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ DOSE \_\_\_\_\_ FREQUENCY \_\_\_\_\_

SELF MEDICATING/PHM/MED CENTRE DISPENSING \_\_\_\_\_

	PUPIL	NURSE
Understands the purpose of the medication		
Understands the dose/how many tablets to take		
Understands frequency of medication		
Understands potential side effects of medication		
Is aware of expiry date of medication		

Understands that medication <b>MUST</b> be locked in safe at all times		
Understands that medication is for him only and <b>MUST NOT</b> be shared		
Understands that he must consult Medical Centre if any side effects or stops taking the medication		
Is aware that any unused medication is to be returned to the Medical Centre for disposal		
Is aware that he needs to speak to a Nurse or GP before taking other medication with this		

PHM AWARE: \_\_\_\_\_ DATE \_\_\_\_\_

LINK NURSE: \_\_\_\_\_ DATE \_\_\_\_\_

**TERMLY REVIEW OF INSTRUCTION/UNDERSTANDING WITH PUPIL:**

	Shell	Remove	Vth	6.1	6.2
Michaelmas					
Lent					
Summer					

NOTES:



