



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>Review period: 01-30 June 2024</p> <p>Due for review: June 2025</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 (DfE, 02 September 2024, updated 03 September 2024) (KCSiE)</p> <p>Working together to safeguard children (DfE, 26 March 2015, updated 23 February 2024)</p> <p>The National Minimum Standards for Boarding Schools (DfE, in force from 5 September 2022)</p> <p>Statutory framework for the Early Years Foundation Stage (DfE, 04 January 2024, updated 01 November 2024)</p> <p>Equality Act 2010</p> <p>This policy has regard to the following guidance and advice:</p> <p>The Independent School Standards - Guidance for independent schools (April 2019)</p> <p>Equality Act 2010: advice for schools: departmental advice for school leaders, school staff, governing bodies, and local authorities (DfE, May 2014)</p> <p>SEND code of practice: 0 to 25 years (DfE and DHSC, 11 June 2014, updated 12 September 2024)</p> <p>Supporting students with medical conditions at school updated Aug 2017</p> <p>Consent to treatment - NHS</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>General Health and Safety Policy Statement and Related Risk Assessment Policies</p> <p>Major Incident Policy</p> <p>Mental Health and Wellbeing Policy</p> <p>Smoking, Alcohol, Drugs and Substances Policy</p> <p>Supporting pupils 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>Consent to treatment: Children and young people NHS guidelines</p> <p>Using emergency adrenaline auto-injectors in schools (DHSC, 20 September 2017)</p> <p>Healthy child programme (Office for Health Improvement and Disparities, 27 June 2023)</p> <p>Promoting the health and wellbeing of looked-after children (DfE and DHSC, 17 March 2015, updated 24 August 2022)</p> <p>Anaphylaxis UK Supporting people with serious allergies Anaphylaxis UK</p> <p>Spare Pens In Schools Allergy UK National Charity</p> <p>Emergency asthma inhalers for use in schools (DHSC, 04 September 2014)</p> <p>Guidance on the use of emergency salbutamol inhalers in schools</p> <p>Diabetes management in school Diabetes UK</p> <p>Epilepsy Action</p> <p>Supporting young people with epilepsy Young Epilepsy</p> <p>Professional guidance on the safe and secure handling of medicines</p> <p>Medicines Management: Subject Guide Library Royal College of Nursing</p> <p>UKHSA regions and emergency contacts (UKHSA, 17 June 2015, updated 21 August 2015)</p> <p>Children and young people settings: tools and resources (UKHSA, updated 12 September 2024)</p> <p>Gillick competence and Fraser guidelines NSPCC Learning</p> <p>Health Protection Yorkshire and Humber (Y&H)</p> <p>Managing cases of infectious diseases in schools and other childcare settings</p>		
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**Including Administration of Medication Policy and Procedures and Infection Control
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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 Short Courses and International Summer School; 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 of the medical provision across the Collegiate

- 2.1. To provide medical care to the student population on site, as well as providing first aid to staff and visitors. Please see **First Aid Policy** and **Emergency Medical Procedure**.
- 2.2. To provide GP services supplied by the Priory Medical Group to the boarding students registered with them.
- 2.3. To have close links with boarding house staff, pastoral and academic staff, to ensure that the students are cared for to the highest possible standards.



- 2.4. To promote the health and welfare of the students which includes but is not limited to education on how they take care of their health and wellbeing for when they leave the Collegiate.
- 2.5. To keep parents, boarding house staff and the relevant school teams informed of the students' medical needs where appropriate to do so.
- 2.6. First Aid is offered 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**.

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 (Student Information) (England) Regulations (2005)**.
- 3.4. 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 other medical staff including FREC and trained first aiders.
- 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 students to rest in bed during daytime hours when the boarding houses are not available for access.
- 4.4. Nurse appointment slots are available to students between 8.40 am and 5pm Monday to Friday inclusive.



- 4.5. These slots can be booked by house parents or pastoral staff or by contacting the Medical Centre team. Unless ill or injured, students should keep to their allocated time.
- 4.6. The **First Response Emergency Care (FREC) team** support the medical facility when the Medical Centre is closed to provide care to students who may it.
- 4.7. We recommend that all boarders are registered with the school GP service provided by the Priory Medical Group. This is a National Health Service provision. A GMS1 form must be completed and sent to medicalform@qe.org. Once registered, the students are eligible to NHS primary care that extends beyond emergency care. Those who fail to register will be at risk of delays to routine medical care or treatment. Boarding families who reside close to school can retain registration with their own GP. However, it is important the school medical team are notified of this via the email above.
- 4.8. Day students are expected to be registered with and receive care from their own GP. Any medical information relevant to school should be set out on the medical Annex Form or if things change during term time, emailed to the appropriate teams and nurse@qe.org. Emergency first aid will always be provided in school should it be required.

5. Procedures

- 5.1. If a student is too unwell to continue with their normal school routine, they will be offered the opportunity to rest and be observed in the Medical Centre by the nurse on duty until 1800. Lunch will be ordered and collected from the kitchen by the medical team. Once the Medical Centre is closed, the students will be returned to house to rest and monitored by designated staff.
- 5.2. The names of the students in the Medical Centre will be passed on to QRegister@qe.org. The medical team will inform the appropriate house staff at the earliest opportunity if a boarder is receiving care at the Medical Centre.
- 5.3. The nursing team will inform parents/guardians if a student is in the Medical Centre as soon as practically possible. For **Gillick/Fraser competent** students who are 16 years and over, it is discretionary whether parents are informed. Please refer to paragraph 6.6.
- 5.4. During the academic day, those students requiring a medical appointment can notify a member of staff who will direct them to the Pastoral team. Staff can contact the Medical Centre directly for advice if they have any queries.
- 5.5. In the event of an emergency or if there are more immediate concerns about the student's health where a timely review is required, the member of staff assisting the student **must notify the Medical Centre team by phone** and request an urgent review. Staff should either escort the student to the medical centre or liaise with the medical team to arrange support.



- 5.6. Should the need for a Medical Centre appointment arise when the Medical Centre is closed, students can speak to the member of boarding staff on duty, who can then arrange an appointment for them.
- 5.7. There are additional procedures for children in Queen's Kindergarten and Chapter House set out in **Annex A, paragraph 22** of this policy. A senior member of staff will contact the Medical Centre before accompanying the child to the appointment.
- 5.8. Routine and emergency treatments off-site will be appropriately escorted. A list of those students requiring transport will then be passed to the **Travel Co-ordinator** or the **Boarding Management Team** who will allocate drivers. All letters pertaining to external medical appointments should be handed to the Medical Centre reception.
- 5.9. Boarders have access to local medical, dental, optometric and other specialist services. Where possible, routine dental, optician and orthodontic treatment, should be arranged in the holidays to avoid unnecessary loss of teaching time.
- 5.10. Students can be referred to specialist external services including CAMHS and 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 in the form of the **Medical Annex Form B1** before their child arrives at the Collegiate and yearly thereafter. This enables the medical team to be aware of medical problems and explore any additional help or support that may be required.
- 6.2. Each year, the **Medical Annex B1** will need to be completed in full, regardless of whether information has been shared previously. **The information on the current year Annex B1 will supersede the previous year.**
- 6.3. Medical information about students, is kept confidentially. However, in providing medical and nursing care for a student, it is recognised that on occasions the GP 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. The NHS Medical Record is held and accessed only by Priory Medical Group staff.
- 6.4. 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 advise to inform their parents and/or house staff of any problems.



- 6.5. 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 and provide the details of a contact who will be available should the need arise.
- 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.

8. Medication

- 8.1. Medication administration is provided on site by trained members of staff. Please see **Annex A** for more information.

9. Mobile phone use in the Medical Centre

- 9.1. The Medical Centre is a **mobile phone and device free zone**. This area is dedicated to the health and wellbeing of the students. Access to devices not only distracts students from their primary focus, which is to rest, but in some cases can worsen some medical symptoms. All those who use the Medical Centre have a right to dignity and privacy.
- 9.2. Mobile devices should be handed in at reception or stowed away until such time as the student leaves the centre. The medical team will ensure timely communication to any school staff and parents/guardians. Parents are welcome to call medical centre reception should any concerns arise or email nurse@qe.org.

10. Additional Information

10.1. Head Lice Checks

- 10.1.1. The Medical Centre team advises that it is good practice for head lice checks in boarding houses, for students in Chapter House up to year 6. Support is provided to any house staff should it be required.



10.2. Allergies

10.2.1. Please see **Allergen Policy**.

10.3. Off Games and Excuse Notes

10.3.1. 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 iSAMS which is shared with the PE staff.

10.3.2. PE staff are also informed of any student who is marked as off games/physical activity for any medical reason.

10.3.3. 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 regarding the need to wear trainers, or appointment notes for teachers, will similarly be issued by the School Nurse or relevant house staff.

10.4. Mouth Guards

10.4.1. 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.

10.5. Medical Centre contribution to wider Collegiate activities

10.5.1. Medical Centre staff give advice on health education and promotion and are actively involved in delivering sessions on sexual health, puberty and healthy lifestyles via assembly and lessons.

10.6. Drugs, alcohol, and smoking

10.6.1. **Smoking awareness sessions** are run by the Personal Development department within the Collegiate, to make students aware of the dangers of drugs and smoking.

10.6.2. If a student presents with drug, alcohol or smoking issues, the nursing staff can provide support. They will also liaise with outside agencies e.g., smoking cessation and drug and alcohol services.

10.6.3. 0300 123 1044. Smoking cessation advice -0300 123 1044. Website www.nhs.uk/smokefree.

10.7. Staff using medication

10.7.1. 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.

10.7.2. Where there is any doubt, staff may be asked to obtain confirmation of fitness to work from a medical practitioner.

10.7.3. 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



QUEEN ETHELBURGA'S COLLEGIATE 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 Short Courses and International Summer School; 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. The nursing team work closely with the Priory Medical Group to support the GP service.

2.4. **The Priory Medical Group**

2.4.1. 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.

2.5. **New Staff**

2.5.1. 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 where objectives for the coming year are set. This contributes to their revalidation process.

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:

- The identity of the student is checked.
- The administration sheet matches the label on the drug.
- Immediate initialling of the administration of the drug.
- Recording a student's refusal to take the medication.

5.2. **Procedures**

5.2.1. All prescribed medication administered within Boarding is done so under the supervision of house staff for all students.

5.2.2. All medication is stored centrally in a locked cupboard within the Boarding House office which can only be accessed by a Staff Key Card.

5.2.3. All students are made aware of the time they should attend for their medication and the frequency throughout the day.

5.2.4. 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.

- 5.2.5. 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.
- 5.2.6. 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.
- 5.2.7. 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 in some circumstances, students must carry their own medicines and devices (such as inhalers, 2xAAI's), and are able to access such medicines quickly and easily. Students are allowed to keep contraceptives.
- 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 log that this has been done.



- 7.2. Staff may only administer certain non-prescription medication and/or homely remedies such as pain relief if the parents (and students over 16) have already provided their written consent for this to happen.
- 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 homely 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.

8.6. Homely Remedy

- 8.6.1. A homely remedy is a medicinal remedy to treat minor ailments and does not require a prescription.
- 8.6.2. 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 been able to self-administer the remedies they wish to take. All homely remedies must be checked by the medical team prior to administration.
- 8.6.3. All house parents are advised that a parental consent form must be completed.
- 8.6.4. Taking this medication should 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.

9. Controlled drugs

- 9.1. 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.
- 9.2. 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 in the Medical Centre.
- 9.3. If the student has been commenced on a controlled drug prescribed outside of the UK, the school Parents/guardians will need to supply more medication when required.
- 9.4. Prescriptions are sent to the pharmacy electronically to Seacroft Pharmacy in Leeds. The medications 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. Regular auditing processes are in place to review administration records.
- 9.5. **Procedure to check before administration of medication**
 - 9.5.1. Correct name of the student
 - 9.5.2. Formulation, dose and strength of the controlled drug to be administered
 - 9.5.3. Expiry date of medication and clearly visible name of drug on the actual medication strips.



9.6. When the student 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:

- 9.6.1. Name of the person having the dose administered
- 9.6.2. Date and time of the dose
- 9.6.3. Name, formulation and strength of the controlled drug administered
- 9.6.4. Dose of the controlled drug administered
- 9.6.5. Name and signature or initials of the person who administered the dose
- 9.6.6. Name and signature or initials of any witness to administration.

9.7. Handling and recording controlled drugs

- 9.7.1. 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.
- 9.7.2. 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).

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

- 9.8.1. 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.

9.9. 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.

10. Emergency contraception

10.1. Contraception is provided by the Medical Centre. Boarding students can book appointments with the Medical Centre independently or with support from a member of pastoral or house staff.

10.2. The student must be made aware that confidentiality will be always maintained, unless there is a Child Protection issue or the student is at risk or has been at risk of harm, at which point the relevant agencies will be notified.



10.3. 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.

10.4. Emergency contraception is not provided to day students, but advice is provided on where to seek help through local and national organisations.

11. Error reporting

11.1. Clinical, medication and adverse drug reaction reporting

11.1.1. All drug errors must be reported to line managers and medical staff. The staff involved in the error must complete all sections of the Medication Error Form (see annex) Any members of staff involved in drug errors must report to HR

11.1.2. If a clinical error is reported, this is discussed with the Priory Medical Group.

12. Recording, Auditing and Maintenance

12.1. Recording and Monitoring of records in the Medical Centre

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

12.1.2. 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.

12.2. There are regular 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.

12.3. Any equipment requiring repair is logged on SharePoint for Estates to check. All medical equipment undergoes yearly calibration and PAT testing where appropriate.

12.4. Recording and Monitoring of records in Boarding

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

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

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



- 12.4.4. 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.
- 12.4.5. This document should be kept for all drugs administered for 15 years after last entry.
- 12.4.6. The Medical Centre keeps a record of repeat medication requested.
- 12.4.7. A record of all medications sent home or that go on residential trips with students is maintained.
- 12.4.8. Stock checks of Boarding medication are completed by both staff and the Health and Safety Team member with responsibility for Boarding.

13. How to deal with unsolicited medication brought into school by a student

- 13.1. Advice must be sought from the Medical Centre if unsolicited medication is found in a student's possession.
- 13.2. 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.

14. Administration to save life

- 14.1. In extreme emergencies e.g., anaphylaxis, certain medications can be given or supplied without the direction of a medical practitioner. Medications which may be used to save a life, 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.

15. Storage of medication

- 15.1. All medicines shall be stored in an appropriate container, together with the prescriber's instructions for administration.
- 15.2. Where emergency spare medication such as inhalers, adrenaline pens and blood glucose testing meters are not kept by the student, they will be clearly marked and not in a locked cabinet.

16. Disposal of medicines

- 16.1. All unused medicines are returned to the Medical Centre. A record is kept of the student'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.



17. Immunisations

- 17.1. Routine immunisations are offered in accordance with the schedules issued by the Department of Health. Consent is obtained from the appropriate individual prior to immunisation.

18. Practice review

- 18.1. Incidents are reported by the nurses to the Operations Manager. 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.
- 18.2. 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.
- 18.3. An annual report is sent to the Health and Safety Team to review incidents and help provide an overall review of incidents on site.

19. Unacceptable practice

- 19.1. 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.
- 19.2. However, staff should be aware that the following practices are generally unacceptable:
 - 19.2.1. Preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;
 - 19.2.2. Assuming that all students with the same conditions require the same treatment;
 - 19.2.3. 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;
 - 19.2.4. Penalising students for their attendance record, if their absences are related to their medical condition (e.g., hospital appointments);
 - 19.2.5. Preventing students from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
 - 19.2.6. 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;
 - 19.2.7. Preventing students from participating in, or creating unnecessary barriers to student participating in, all aspects of Collegiate life.



20. Complaints

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

21. Queen's Kindergarten and Chapter House Medication Administration

21.1. Please see **Annex B** for procedures for CH medication administration.



Annex B

Chapter House Medical Procedures

1. Introduction

This document outlines the medical procedures which Chapter House (CH) and Queen's Kindergarten (QK) follow.

2. Infectious diseases – Procedure for CH/QK responding to a child who is ill or could be infectious.

1. 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.
2. 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. We reserve the right to ask for the child to be collected if we deem this to be in the child's best interests.
3. In the case of an accident or illness occurring, the parent/carer and the onsite medical team will be contacted as soon as practicably possible. If the parent/carer is unavailable, the responsible staff members will arrange the next most appropriate medical action which may include first aid from the Medical Centre or transport to hospital.
4. It is requested of all parents/carers that, should their child be suffering from illness, they follow the advice set out in the document below. We do however, reserve the right to ask for the child to be collected if they still appear unwell to staff upon their return. [Children and young people settings: tools and resources – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/children-and-young-people-settings-tools-and-resources)
5. 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.

3. Queen's Kindergarten and Chapter House Medication Administration

- 3.1. It is the policy of Queen's Kindergarten and Chapter House that medicines will only be given to a child that has been prescribed by a medical practitioner or where a parent/person holding parental responsibility has given written permission for medicine to be administered.
- 3.2. The medicines will be administered according to the medical directions; in EYFS, the signed record of all medication administered will be made on the Prescribed/Non-prescribed Medication Record and witnessed by another member of staff. For Key Stage 1 and 2 children, the Medication Given record will be completed by the member of staff



administering the medication. A note is made in the planner, to inform parents that the medication was taken. It is the responsibility of the staff member administering the medication to ensure the appropriate record is accurately completed. Completed Medication Forms are scanned and archived. All EYFS staff have completed Administration of medicine training.

- 3.3. All prescription medication must be in original packaging and include the directions for administration. All directions must be translated into English, and it is the parent/guardian responsibility to do this. Staff will check the directions to ensure they are for the correct child, and the method and dose of administration is clear. If required, medication can be stored in the refrigerator. The Collegiate reserves the right to seek further medical clarification if there is any uncertainty about the medication, dose or storage.
- 3.4. We recognise there will be occasions when a child becomes unwell during the school day and may benefit from the administration of non-prescription medication. In such circumstances, the Medical Centre will be contacted for advice and the child will be assessed. The nursing team will liaise directly with parents/guardians to discuss next steps. Should a child become unwell during holiday periods, and when the Medical Centre is closed, any concerns will first be discussed with parents to decide on the best course of action which may result administration of non-prescription medication or collection of the child from school.
- 3.5. Any medication containing either Aspirin or Ibuprofen will not be administered unless prescribed by a medical professional.
- 3.6. Where the administration of medicine requires specialist medical or technical knowledge. Parents/guardians will be invited to a meeting with the relevant school teams where such requirements will be discussed in more detail before any action takes place.
- 3.7. Any out of date medications or those requiring disposal should be handed back to parents or given to the Medical Centre. Medication that is handed back to parents should be signed out from CH/KG, so a record is held. Parents should be informed if medication has been disposed of by the Medical Centre to give them the opportunity to order more, if necessary. The copy of this form is in ANNEX B.



Annex C Infection control procedures

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 a child needs to be isolated for).

Initial Actions:

1. Children will always be assessed and examined by the school doctor and an initial diagnosis made.
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 UKHSA. The School GP will make the final diagnosis and call to UKHSA should there be an outbreak of an infectious, reportable disease.
5. Contact details: telephone number: 0300 303 0234 or Yorkshirehumberhpt@ukhsa.gov.uk

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 student(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 student(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 the Heads of International Summer school (Short courses) if applicable. This information may then be disseminated, where appropriate, to staff via the Head of Daily Management.

When the student is deemed not infectious anymore, the student(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 student 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 student 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 student / 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 student 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 student to hospital for assessment.

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

Questions for the nurse to ask following the student 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 student.



Child who has Diarrhoea and/or vomiting.

A clear history must be obtained by the student 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 student 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 student must be seen by a Priory doctor.
- If the diarrhoea is thought to be infective then the student 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 student 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 D 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 and 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)

This box is for the indication. It is important that you know why you are giving medication. If in doubt, ask!

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.

Use this box to record when a drug should end. E.g., an antibiotic

Record how often the medication should be given.
OD (1xDaily) BD (2xDaily) TDS (3xDaily) QDS (4xDaily)

Medication Name	
Reason: -----	
Dose:	End Date:-----
How Often	
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:



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



Appendix 1 Medication In Possession Form

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.....

Student's Name.....Date of birthYear 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:

