



Supporting Children and young people with Medical Conditions and Administration of Medicines Policy

(including supporting children and young people who
cannot attend School because of medical conditions)

EYFS TO KS5 (ALL PHASES)

Approved by: Education Committee		Date: 10th February 2026
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1. Purpose of Policy

Bohunt Education Trust (the Trust) has introduced this Policy to ensure that:

- Children, young people, staff and parents/families understand how our Trust and each member School will support children and young people with medical conditions regardless of whether that medical condition is visible or invisible, and including where that child or young person is unable to attend school on medical grounds (including those in hospital);
- Children and young people with medical conditions are properly supported to allow them to access the same education as their peers, including school trips, all co-curricular activities and sporting or performance or outdoor activities

This Policy ensures the Trust meets its legal duties and charitable purposes are met effectively.

2. Legislation and Guidance

This Policy complies with and discharges the Trust's legal duties with respect to:

- [Section 100 of the Children and Families Act 2014](#),
- Department for Education's statutory guidance: [Supporting Children and young people at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Definitions

Medical condition means any diagnosed physical or mental health condition that affects a child or young person's ability to learn, access education, or participate fully in school life. This includes both long-term and short-term conditions, whether visible or invisible.

Individual Healthcare Plan (IHP) refers to a document that provides detailed information about a student's medical condition, its impact on their school life, and the specific support they require. This is developed in partnership between the school, parents/carers, the student, and relevant healthcare professionals.

Staff includes all paid staff (teaching and support), volunteers and governors who may be responsible for the care of students with medical conditions.

School Nursing Service refers to the NHS service that provides public health nursing support to schools, including support for students with medical conditions.

Parent means any person with parental responsibility for a child, including guardians and carers.

Reasonable adjustments refers to modifications made to enable children with medical conditions to participate fully in all school activities alongside their peers.

Competent means having the necessary knowledge, training, and confidence to support students with medical conditions effectively and safely.

4. Equalities Assessment Impact Statement

The Trust is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. We are committed to eliminating discrimination and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face and our duties under the Equality Act 2010. We have reviewed the effect of this policy on those who may face additional or different barriers to securing its benefits than the population as a whole; the purpose of this Policy is to ensure all children and young people regardless of need are able to access education and facilities as equally as their peers:

- Our Trust and each member school is committed to ensuring that students are actively supported regardless of any medical condition to participate in co-curricular activities, school trips and visits, or in sporting, performance, outdoor, or other activities, and not prevent them from doing so in accordance with the Trust's Equalities Objectives.
- Each member school will consider what reasonable adjustments need to be made to enable these children and young people to participate fully and safely in curricular and co-curricular activities or on school trips, visits and sporting, performance, outdoor or other activities in accordance with the Trust's Equalities Objectives.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that Students with medical conditions are included. In doing so, children and young people and their parents and any relevant healthcare professionals will be consulted.
- Risk assessments may also be carried out for curriculum activities as necessary. These may include ensuring safe access to specialist spaces such as science and DT classrooms, arts studios, PE and Outdoor Education spaces, or vocational suites. It may also include the use of equipment and resources, such as chemicals.

5. Roles and Responsibilities

5.1 All staff

Supporting children and young people with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children and young people with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support children and young people with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of children and young people with medical conditions that they teach and the specific help those students may need during the school day. All staff will be appropriately trained in how to respond when they become aware that a child or young person with a medical condition needs help.

5.2 Designated staff

A dedicated member of staff is responsible for overseeing, monitoring, and reviewing the centralised IHP register, ensuring all information is up to date and staff are aware of the needs of the child or young person.

A dedicated member of staff will be a central point of contact for parents and carers, as well as medical professionals, when supporting a child or young person with a medical condition.

5.3 The Head of School

Each Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs in their School through partnership with medical professionals
- Make sure that school staff are aware that they are insured to support Children and young people in this way
- Contact the School Nursing service in the case of any Child or young person who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

5.4 Children and young people

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Children and young people should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting through partnership with medical professionals
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

5.6 School Nursing Team and other healthcare professionals

The School Nursing Service notifies a School when a child or young person has been identified as having a medical condition that will require support in school. This will be before the Child or young person starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians including paediatric psychiatrists, will liaise with the Schools' nurses/welfare team and notify them of any children and young people identified as having a medical condition.

5.7 The Board of Trustees

The Board of Trustees has ultimate responsibility to ensure all member Schools have appropriate arrangements to support Children and young people with medical conditions. Each Local Governing Body will be responsible in their school for ensuring that the School has sufficient numbers of trained staff who are competent before they are responsible for supporting children with medical conditions.

6. Individual Health Care Plans

When the school is notified that a Student has a medical condition, the process outlined below will be followed to decide whether the Student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for Students who are new to our school. See Appendix I.

The Head of School has overall responsibility for the development of IHPs for Students with medical conditions through partnership with medical professionals. This responsibility is delegated by the Headteacher to a designated member of staff.

Plans will be reviewed at least annually, or earlier if there is evidence that the Student's medical needs have changed.

Plans will be developed with the Student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all Students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents or carers when an IHP would be inappropriate or disproportionate.

This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents and, where necessary, a relevant healthcare professional, such as the school nurse, specialist or paediatrician or mental health professional, who can best advise on the Student's specific needs. The Student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan as directed and undertaken by the Local Authority. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The person with designated responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs through partnership with medical professionals:

- The medical condition, its triggers, signs, symptoms and treatments
- The Student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the Student's educational, social and emotional needs. For example, how absences will be managed, requirements for access arrangements to complete exams (in line with the current JCQ regulations), use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a Student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the Student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the Student's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the Student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the Student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/Student, the designated individuals to be entrusted with information about the Student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Supporting children with medical needs who cannot attend School

The Trust and each member School has a duty to support the relevant Local Authority in that local authority's discharge of its duty to make suitable provision for children who cannot attend school because of medical conditions.

Each member school will have a named member of staff who is responsible for:

- Dealing with students who are unable to attend school because of medical needs
- Actively monitoring student progress and reintegration back into school
- Supplying student's' education providers as arranged by the local authority with information about the student's capabilities, progress and outcomes
- Keeping students informed about school events and encouraging communication with their peers
- Providing a link between students, their parents and the local authority, including notifying the local authority when a student is likely to be away from school for a significant period of time due to their health needs. This will be in accordance with the Local Authority and further guidance should be sought directly from them.

8. Managing medicines for all Students

Please refer to Appendix 3 for the management of medicines in Boarding

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the Student's health or school attendance not to do so and
- Where we have parents' written consent. The only exception to this is where the medicine has been prescribed to the Student without the knowledge of the parents.
- Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a Student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents and carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to Students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A Student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another Student to use. In such circumstances, an appropriate risk assessment must be carried out and an IHP / EHCP will usually be in place. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Heads of School are responsible for ensuring appropriate risk assessments are in place for secure storage and access of controlled drugs on school premises.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

A risk assessment for all controlled drugs is in place and reviewed at least annually.

Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a Student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents and carers so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the Student's IHP, but it is generally not acceptable to:

- Prevent Students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every Student with the same condition requires the same treatment
- Ignore the views of the Student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs under the guidance of a medical practitioner
- If the Student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise Students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments. Parents/carers are requested to provide information relating to days and times of appointments during the school day
- Prevent Students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to the Student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent Students from participating, or create unnecessary barriers to Students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask Students to administer, medicine in school toilets

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All Students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a Student needs to be taken to hospital, staff will stay with the Student until the parent arrives, or accompany the Student to hospital by ambulance.

10. Training

Staff who are responsible for supporting Students with medical needs will receive suitable and sufficient training to do so and staff responsible for administering medicines will also receive appropriate training.

For students with medical conditions, additional or mandatory training will be identified during the development or review of IHPs. Staff who provide support to Students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of School or the person with designated responsibility. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the Students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

The Head of School will ensure that written records are kept of all medicine administered to Students, and any maladministration.

Parents will be informed if their Student has been unwell at school. The Local Governing Body will monitor the operation of this process.

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk. Details available via the Headteacher's PA in each school

13. Monitoring provisions

The Education Committee will review this policy annually. Data relating to matters under this policy is reviewed termly at LGB and Education Committee by the Education Committee of the Board of Trustees every 3 years.

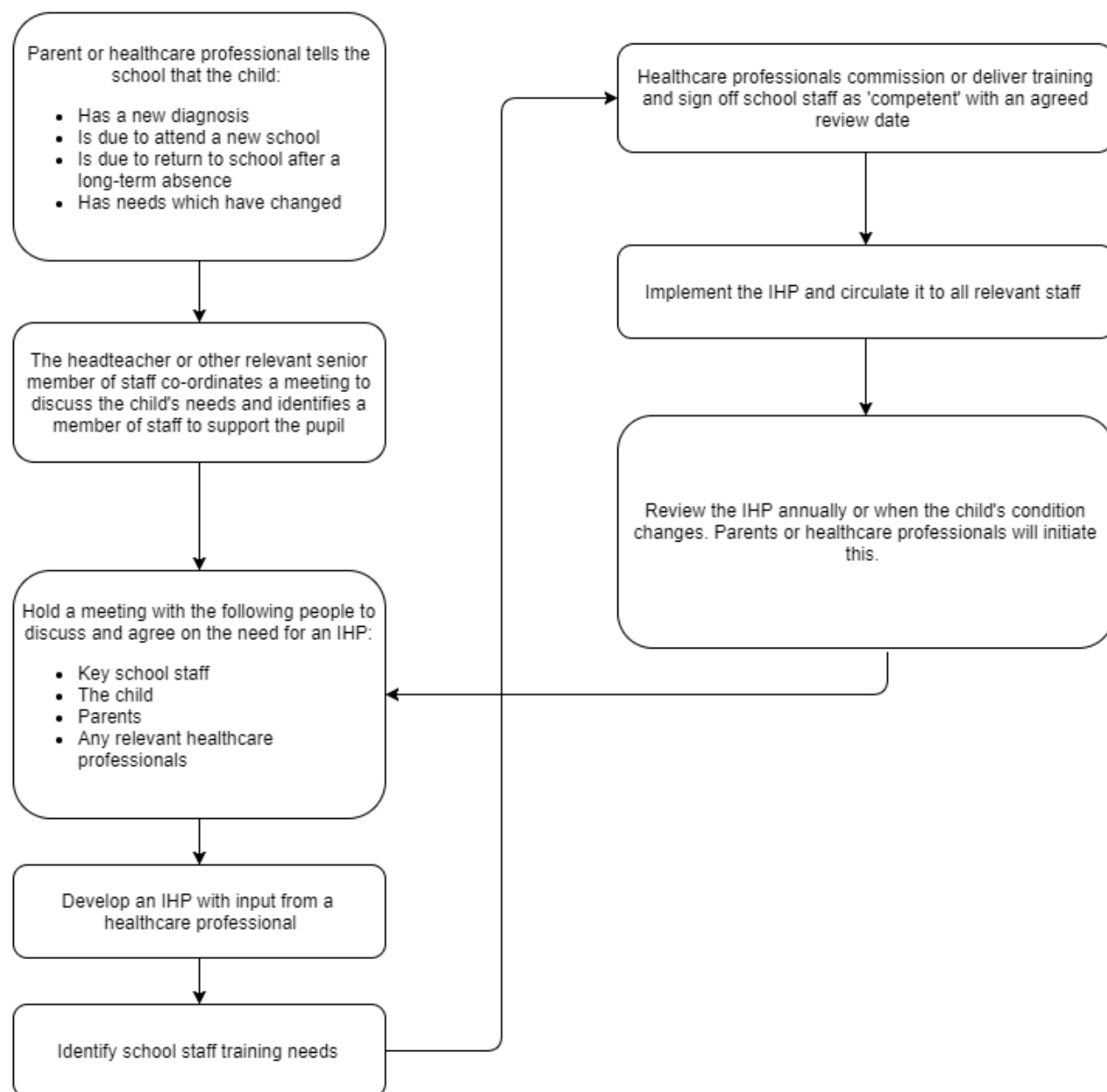
14. Links to other policies

This policy links to the following policies and any guidance, processes or procedures issued under them including risk assessments:

- Accessibility plan
- Complaints

- Equalities information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix I: Being notified a child has a medical condition



Appendix 2: Template for an individual healthcare plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3: Steyning Grammar School: Boarding Provision Supporting Students with Medical Conditions and administration of medicines in Boarding

Last reviewed: September 2025

Next review: Autumn 2026

Boarding Medical Provision

Unless otherwise stated in this policy the provision, processes and procedures are the same in Boarding as they are in the day school.

Legislation and Statutory Requirements

In a Boarding context, this document meets the requirements of the [National Minimum Standards for Boarding September 2022](#)

Adherence to guidance where appropriate from:

[First aid in schools, early years and colleges - GOV.UK \(www.gov.uk\)](#)

[Royal Pharmaceutical Society](#)

[Royal College of Nursing](#)

Advice and guidance from Nursing and Midwifery Council

Roles and Responsibilities

The Headteacher further delegates the responsibility to ensure the medical provision meets requirements to The Head of Boarding and Boarding Health and Wellbeing Lead.

Staff

Supporting students with medical conditions out of school hours is not the sole responsibility of one person. All staff whether based primarily in Boarding or Day School staff who have received sufficient and suitable training will support Boarding Students with medical conditions. In the first instance, this is likely to be the member of staff on duty in the Boarding House, but may also be a member of the Boarding Office Team. During sleep hours, Senior Boarding Resident Staff are on call to oversee medical matters. The Health and Wellbeing lead is on call during the school day.

Individual Medical or Wellbeing Plans

During school hours on the day school sites, they are overseen by the Medical Welfare Officer (part of the Job Description). Outside of school hours, Medical and Wellbeing Plans are overseen by the Health and Wellbeing Lead and Houseparents. Medical and Wellbeing Plans are written, monitored and reviewed at the prescribed intervals set out in the plan for Boarding Students by the Health and Wellbeing Lead with input from external medical professionals as required and the Medical Welfare Officer; there is only one Medical or Wellbeing Plan that covers both Day School and Boarding Provision.

Medical Plans

1. Any pupils with complex health issues or chronic conditions will have a medical plan drawn up. This will be stored on the shared Google Drive and shared as appropriate. For these pupils this will work alongside the Bohunt 'Supporting students with Medical Conditions Policy'.
2. Information in Medical Plans will include medications prescribed, side-effects, how to manage an emergency and management for school trips and outings.

Emergency Procedures

If a boarder needs to be taken to hospital, boarding staff will accompany them, inform their parents and remain with the student. If the student is hospitalised then the Head of Boarding or Health and Wellbeing Lead will ask parents or guardians to assume responsibility for the student. A member of the boarding staff will wait with the student until parents or guardians arrive. The Guardianship Charter stipulates the transfer of duty of care in such situations: if neither parents nor guardians can attend or respond, then the Head of Boarding must be informed immediately, and the School's usual safeguarding processes and procedures will apply

Training

The Health and Wellbeing Lead is a qualified health care assistant specialising in mental health. The Head of Boarding, Health and Wellbeing Lead and all Houseparents hold a 3 day First Aid at Work qualification. Resident Boarding Tutors, non-Resident Boarding Tutors, and Administration Staff hold at least a 1 day First Aid at Work qualification. All staff who undertake boarding duties complete an administration of medication refresher course every year

SGS Boarding Medication Administration Protocol

Managing Medications

Outside of school hours, anyone giving a student any medication will first check maximum dosages and when the previous dosage was taken. Parents are not routinely informed when a boarder is given medication but it is always logged on Medical Tracker. All medicines will be stored safely and students will be informed about where they are at all times and how to access them when they are not able to do so directly themselves. Most students will access their medication by asking a member of staff, and students who are deemed 'Gillick Competent' will be able to keep a small amount of medication locked away in their room. Once Gillick Competency is established, students who wish to keep medication in their room complete a form and a risk assessment is drawn up. This risk assessment will be countersigned by parents and/or guardians, Health and Wellbeing Lead, Houseparents and the Head of Boarding. This will be reviewed termly.

General Principles:

1. All medications will be given at the discretion of staff as agreed on the annual parental permissions documentation. This will be recorded on SIMS as well as health questionnaires stored in the Medical Centre Office and on Medical Tracker.
2. Any prescribed medications are the property of the person to whom they have been prescribed.
3. Prescribed medication must be given only to the person for whom they are dispensed. They must be given in accord with instruction on label and signed for on record.

4. Medication administration is 'protected time' and staff must not be disturbed during this process. Pupils must be given privacy when medications are given.
5. Confidentiality must be observed re: pupil's medication or medical history.
6. Medication must never be pre-dispensed.
7. If there are any concerns or queries re: medication then medication must not be given and the Health and Wellbeing Lead be consulted.
8. All pupils receiving medication should be monitored for reactions and/or adverse effects and Health and Wellbeing Lead kept informed.
9. All staff administering medication will have completed annual online administration of medication training.
10. For students who are judged Gillick competent and administer their own prescribed medication, competency is routinely reviewed by the Health and Wellbeing Lead.

Medications Brought into Boarding:

1. All medication brought into Boarding, whether prescribed or non-prescribed, must be in the correct box with written instructions in English. If prescribed, the medications must have the name of pupil and full pharmacy label, as well as batch number and expiry date visible.
2. Batches must **NOT** be mixed.
3. Where medications are in another language there must be written instructions **IN ENGLISH** by prescriber or physician.
4. All prescribed or non-prescribed medications must be handed in and logged on medication storage card, amount recorded, placed in an individual pouch and locked in the Medication Cupboard.
5. Any excess medication, or medication used during Medical Centre hours can be kept in the Medical Centre.
6. If there are any concerns or queries about a medication, or if medication is not correctly labelled or verifiable, that medication must not be given to pupils. In this instance it can either be returned to parents or given to Health and Wellbeing Lead for safe disposal.
7. Medications from abroad can only be given if they are licensed for use in the UK. If a student brings in an unlicensed medication this cannot be given without specific, written permission from a UK prescriber. The HWL will first try and obtain a UK equivalent for the medication from the GP and a covering letter may be required from the specialist who has prescribed this medication (in ENGLISH). This also applies to any medications being used for 'off-label' purposes. Off label medications are medications prescribed for a different purpose than their approved licence.
8. Do not give any unlicensed or off label drugs without clear written instructions from an approved prescriber.

Ordering Medications:

1. Medical Tracker flags when medication needs to be reordered, giving 10 working days' notice. The Health and Well-being Lead will then contact the registered surgery for a prescription, giving them 5 working days' notice. The exception to this is if weekly boarders collect medications at the week-end or if parents wish to maintain responsibility for ordering.
2. Medication will be signed in on Medical Tracker.

Storage of Medication

1. All medications must be stored in a locked medication cupboard within a locked room. Keys can only be held by appropriately trained staff. Any pupils who have been assessed as Gillick Competent, use their personal lockable space to store medication.
2. Pupils should know where their medication is and be able to access them as appropriate in the agreed dosages/storage amounts.
3. Emergency medicines and devices such as blood glucose meters, inhalers, adrenaline auto-injector pens can be held by pupils. They must easily be able to access these medications safely.
4. Items that require storage in a fridge need to be kept in a designated fridge that is lockable and only contains medications. The temperature must be kept between 2-8 degrees centigrade and temperatures should be logged daily. There is a medication fridge in the medical centre office.
5. No other fridge should be used to store medication.
6. All refrigerated stock should be checked carefully at the beginning of term and if there is any doubt as to the integrity of the medication, then it should be disposed of safely.
7. Fridge to be cleaned termly and defrosted if appropriate.
8. Room temperature for medications should be below 25 degrees centigrade. Level 1 and 2 cupboards as well as room temperature should be noted daily. During holidays then heating can be turned down and all stock integrity checked at the start of term.
9. Controlled drugs must be kept within a separate locked box (non-removable) within a locked cupboard and can only be administered by nominated staff.
10. Medicine stock and cupboard to be checked monthly and wiped down and cleaned.
11. Any expired medication can be given to the Health and Wellbeing Lead to arrange safe disposal.

Consent for Medications

1. Non-prescription medication (OTC Over Counter Medicine) can only be administered with permission from parents. Parents can consent to OTC medications as per the health questionnaire.
2. For prescribed medications, parents are to be informed at the time that medication has been prescribed. (exception for SGS boarding)
3. Medical questionnaires and permissions to be updated regularly.
4. Every pupil has the right to decline medication. If this occurs, Health and Wellbeing Lead to be informed and liaison made with parents if appropriate.

Non-prescribed Medications

1. Non-prescribed medications are OTC (over the counter medications) that are either provided by the parents or the Medical Centre. They may also be medications bought by pupils following advice from a pharmacist or medical surgery.
2. Boarding Houses will have a supply of: paracetamol, ibuprofen, antihistamine and strepsils for use by Duty Staff or Houseparent. These medications will be in a locked medication cupboard and stock will be logged from the medical centre to the House cupboard. Amounts used and stock will be audited monthly by the Health and Wellbeing Lead.
3. All individual medications will be stored in a separate pouch. When administered, this is recorded on Medical Tracker in the individual student account.

4. Each Duty Staff or Houseparent administering medication will enter this on Medical Tracker.
5. Any errors in the data entered into Medical Tracker will be investigated and rectified if necessary by the Health and Wellbeing Lead.
6. All paracetamol stock given is logged on Medical Tracker. No paracetamol is given without verifying when the last dose was received. ALL analgesics must be recorded on this log. NO combination medications should be given i.e co-codamol, migrave unless they are prescribed. No cough or cold remedies are given due to their having paracetamol in them. It is the duty of each member of staff to verify if a student has taken any such medication before administering analgesia.
7. All over the counter medications given will be logged on the OTC medication administration form with reason for administration. This is found on Medical Tracker.
8. Aspirin must NEVER be given to a pupil under 16 unless specifically prescribed by a physician.
9. Any homely remedies, herbal or homoeopathic medicines sent into school by parents must be in the original box with instructions and contents of the medication in English. In addition, parents must give written permission for said medicine to be used and state that medicines will not interfere with any prescription drugs.
10. Homely remedies and OTC medicines must be stored in a similar manner to prescription medicines.

Administration of Medicines

1. All medication must be administered according to the prescriber's instructions as issued on the pharmacy label. Non-prescribed medicine must be given as per instructions on the box.
2. Before administration, check with pupils if there are any allergies. It is the responsibility of parents to inform Boarding about allergies, and the responsibility of the Health and Wellbeing Lead to inform duty Houseparents, or vice-versa.
3. If the label has come off the box, medication cannot be identified or expiry date not visible then do not give medication and refer to Health and Wellbeing Lead.
4. Medication cannot be transferred from one box to another except by a pharmacist and batches should never be mixed.
5. Before administering medication, ensure hands are washed with soap and water or a suitable hand gel.
6. The 6 rights of medication administration must be followed:
 - Right medication
 - Right pupil
 - Right dose
 - Right time
 - Right route
 - Right to refuse
7. Medication designated 'As required' PRN must be given as per patient information leaflet.
8. Staff must record once medication given and the pupil observed swallowing it. If the student refuses to take their medication or does not attend, then this must also be recorded on Medical Tracker.
9. At the discretion of Houseparent or Health and Wellbeing Lead medication may be given for pupils to take overnight. This must be documented and also verified in the morning that

medication has been given. Pupils must be aware of required timing of medication and that it must not be shared with any other pupil.

10. Any medications with a short shelf life, date when bottle or tub opened must be written on the box.
11. For non-oral drugs such as creams or ointments, gloves are recommended if the pupil requires assistance to administer.
12. Medication should not be given if:
 - The pharmacy label is illegible or not in English
 - There has been a significant change to the pupil's condition
 - The 6 rights cannot be verified
 - There are any doubts or concerns

In such situations, advice must be sought from Health and Wellbeing Lead, GP or III.

13. Medication must never be crushed, broken or mixed with food unless designed for that use. If such measures are needed this must be under express written medical guidance. Covert administration is not allowed unless with written medical permission for a specific medication.
14. Any liquids must be shaken gently before use and the provided measure used. When measuring amounts more than 10 mls into a pot then hold up to eye level for accuracy.
15. A pupil has the right to refuse medication. In such an instance inform the Health and Wellbeing Lead and parents and GP will be informed.
16. Always check the identity of the pupil before administration.

Controlled Drugs

1. These must be robustly managed in a secure manner. All controlled drugs are kept in a double locked cabinet in the Medical Centre Office in the Boarding Medical Centre and only Senior Boarding Staff have access to this.
2. When Controlled Drugs (CDs) arrive in boarding they must be transferred to the Controlled Drug cupboard in the medical centre. The Health and Wellbeing Lead and an appropriately trained second member of staff, or parent, may both sign medication into the book and cupboard and must both be present the whole time until CDs are safely locked away. If the Health and Wellbeing Lead is absent then two duty staff, or a Houseparent and duty staff may sign in medication and notify the Health and Wellbeing Lead for next day.
3. Administration of Controlled Drugs must be done in the presence of 2 suitably trained staff, who both sign the Controlled Drug book at the time of administration.
4. The medication must be logged on Medical Tracker once it has been given and also logged in the paper record. There must be two signatures on the paper record and both names logged in Medical Tracker.
5. All stock must be counted and accounted for on each administration.
6. If drug dose requires a calculation then this must be calculated by both signatories separately and the sum must agree.
7. Controlled drugs must be checked weekly by the Health and Wellbeing Lead to ensure the count is accurate.
8. Any stock returned to the parent or pharmacy must be signed out by two members of staff, or a member of staff and a parent from the Controlled Drug book.

9. A child prescribed a Controlled Drug may legally have it in their possession if deemed competent to do so, but must be made aware that they commit a criminal offence to pass that medication to another child or person.
10. Incidents related to controlled drugs (including loss or theft) must be reported by the Health and Wellbeing Lead to the local NHS controlled drugs accountable officer at NHS England. If necessary, the incidents should also be reported to the Police.

Record Keeping

1. There must be records kept of all medication administered to a pupil.
2. This record must include name of drug (preferably not brand name), dose administered, time administered and by whom it was administered.
3. The record should be made after medication given as soon as possible.
4. Any pupil declining or unable to take a medication, then this should be documented with the reason why.
5. Any medications that are given infrequently such as monthly or three monthly, then reminders must be set up in the diary or calendar as a prompt.
6. Any unusual events associated with the administration of medications such as a pupil experiencing side-effects, a pupil declining medication, a medication given at a different time, then this must be documented on Medical Tracker if appropriate, hand-over notes and Health and Wellbeing Lead notified when next back on duty.
7. Medication stock will be checked monthly to ensure all medication in and out is documented.
8. Any medications signed out for day trips must be signed back in and medications given during the trip accounted for. This includes both prescribed medications and homely remedies.
9. The Controlled Drug register must be used when CDs are received into boarding and when they are given. The balance in the register must always reflect the stock in the cupboard.

Disposal of Medication

1. Medication disposal is called for when:
 - a) medications have expired
 - b) medication has been stopped by a medical practitioner
 - c) medication is unuseable, for example, no expiry date or way of identifying medicine
 - d) medicine has been declined by pupil

This medicine must be returned to the Medical Centre where Health and Wellbeing Lead will either return to parents or return to pharmacy for disposal. In the meantime it will be in a locked cupboard and clearly marked for disposal.

2. No medication can be put into general household waste or flushed down the sink or toilet. The only exception is medication that is liquid and has been dispensed and can not be disposed of in a safer manner.
3. In cases where tablets need to be divided in order to administer the correct dose, the unused medication must not be kept and instead be disposed of in a 'sharps bin' provided in all medication cabinets.
4. Any needles or syringes used must be in a Sharps box-[Risk Assessment - Clinical Sharps](#).
5. **Sharps bin disposal is arranged in liaison with the Health and Wellbeing Lead and the school's Operations Manager.**

6. Risk assessment disposal of hazardous medical waste inc. emptying sanitary bins in Boarding in School RA on COSHH and Hazardous materials-see [SGS COMPLIANCE](#) -RA folder.

Self Administration of Medication

1. If a student is deemed Gillick Competent and has been risk assessed by the Health and Wellbeing Lead or a Houseparent then they complete the form Self administration of Medicines and this is logged on the Master medication stocklist that they may self-administer their medications. Each pupil signs the form indicating they understand the responsibility of self-medicating and are provided with a locked cupboard or drawer in their room.
2. Pupils may carry their own medicine where appropriate or should be able to access them quickly.
3. A record should be kept of medication received into boarding even when a pupil is self-medicating.
4. A pupil's stock should be checked monthly to ensure medications are being taken correctly. Pupils must present to Houseparent or Health and Wellbeing Lead with their medications to be checked as per stock card. When checking, ensure dosage is being taken correctly.
5. Pupils must advise Houseparent or Health and Wellbeing Lead in a timely manner when renewals are due. There must be at least **FIVE working days** notice for prescriptions at Steyning Medical Centre.

PARACETAMOL

1. Paracetamol may not be kept in student bedrooms or be self-administered by students. This is to mitigate the risk of accidental double dosing or overdosing, which could be detrimental to health.
2. Paracetamol is readily available to students, should they need it, from the Medical Centre or the House medication cupboards.
3. Duty staff are on-call to administer paracetamol 24 hours a day.

Trips and Visits

1. Prior to a trip staff will have liaised with Houseparent or Health and Wellbeing Lead regarding any student with health care needs.
2. Any medication required will be given to a responsible adult in an appropriate container with written instructions on use and a stock card if appropriate.
3. Any staff administering medication on a trip must be medication competent.
4. It is the responsibility of the person organising the trip to let Health and Wellbeing Lead know of medication needs in advance.
5. All medication must be signed for as per normal procedure.

Immunisations

1. Immunisations are not undertaken on Boarding school premises. Day school will provide some block vaccinations which pupils can attend if relevant and parental consent has been received.
2. Annual flu immunisation may be arranged via the day school or at surgery as requested by parents and with their consent.
3. Any additional vaccinations required for travelling are arranged by parents.

Audits

1. The Health and Wellbeing Lead will conduct a monthly stock take of medications, cross referenced with administration records.
2. Medication cupboards in the Medical Centre, and individual Boarding Houses must be audited by the Health and Wellbeing Lead monthly.
3. Any discrepancies in stock or in recording must be investigated.

Medication Errors

1. All medication errors, and near misses, must be reported immediately they become apparent to either the Health and Wellbeing Lead or Head of Boarding. There must be no concealment or delay.
2. Health and Wellbeing Lead will liaise with pharmacy, GP or emergency services in regards to error and to receive medical advice.
3. Pupils must be monitored for any obvious side-effects and emergency action taken as appropriate.
4. The pupil's family must also be notified of an error as soon as it is reasonably safe to do so.
5. An error may consist of the following (this list is not exhaustive):
 - a) Medication given to wrong pupil
 - b) Wrong dose being administered
 - c) Failing to administer medication
 - d) Administering medication at the incorrect time
 - e) Failing to record medication administration
 - f) Administering via incorrect route
 - g) Incorrect balance of Controlled Drugs
6. All errors or near misses of an error must be investigated by Health and Wellbeing Lead to ascertain the cause of error and how practice can be improved.
7. A medication error could become a safeguarding issue if (for example):
 - a) A medication is withheld deliberately with no valid reason
 - b) Medicine is not used correctly for the welfare of a pupil
 - c) Medicine has been used deliberately to cause self-harm
 - d) Harm occurs to a pupil as a result of a medication error

All such incidents must be reported to Safeguarding Lead (DSL), and via CPOMS.