EF ACADEMY

International
Boarding Schools

OXFORD MEDICAL PROVISION & MEDICINES POLICY

The Medical Provision & Medicines Policy at EF Academy Oxford sets out a structured and comprehensive approach to meeting the medical needs of all students. It ensures safe, consistent, and effective care through clearly defined procedures for the administration of medication, management of both short-term and chronic conditions, and appropriate response to medical situations. The policy is aligned with current clinical best practices and legal standards and supports the delivery of high-quality care both on and off campus.

To provide clarity, the policy is structured into four key areas Medical provision, Care of Students with Chronic Health Conditions and Disabilities, Care of students who are unwell, Medicines Management including (self-medication) including Homely Remedies:

A: Medical Provision for Students

Developed by:	Paul Ellis (Head of School); Joan Wilisoni; with documentation from Hedena Health Medical Practice and Laura McDonald (Psychotherapist)
Date of Policy:	July 2018
Reviewed:	May 2019, Jun.'20, Jun.'21, Jul.'22, May'23, June '24 June '25
Change log:	May 2019 - medical provision policy brought together with other medical or medicine-related policies to form a single policy dealing with the medical provision for students and medicines policy for students 2019-20. Rachel Carlisle replaced by Wayne McKenna Frequency of Nurse Practitioner increased from 2 days a week to 5 Jun.'20 (Mark Fletcher-Single): additional information and details of relevant procedural changes to incorporate the development of our COVID-19 Policy Jun.'21 (Mark Fletcher-Single): developments to reflect the School's (returning) onsite medical provision, new systems / procedures following the changes made as a result of Covid-19 and the introduction of the Orah app Jul.'22 (Tina Desmond): Policy updated to reflect changing COVID-19 restrictions May'23 (Joan Wilisoni and Chloe Lammas) reviewed policy May '24 (Rob Tasker) Names and roles of staff Aug '24 (Lauren Doran) list of household non-prescription drugs updated that staff can administer after OPUS training. June'25 reviewed and amended by school Nurse Jennifer Campbell. Change to medical provision, nurse name change, clarity of services provided by EF academy /GP 111 service and pharmacy first service added Sophie counselling service added. Sept '26 RTA – New Allergies and anaphylaxis requirements for September 2026 and to reflect new SLT structure
Review date	December 2026 (or sooner after reflecting on success of new allergies and anaphylaxis requirements from September 2026

On-Campus Medical Services

EF Academy Oxford employs a full-time Registered Nurse, who is based at our Cotuit Hall campus. She holds:

- Full registration with the Nursing and Midwifery Council (NMC)

The on-campus health clinic is open Monday to Friday, from 07:30 to 15:30, and is located next to the Pastoral Hub at Cotuit Hall. Students may access the clinic by speaking with the House Parent on duty or through walk-in visits during open hours.

Services provided by the School Nurse include:

- Assessment and treatment of minor injuries and illnesses
- Health education and advice, including management of long-term conditions
- Support with medication administration and compliance
- Safeguarding and referral to external medical professionals when necessary
- Emotional and mental health support in collaboration with pastoral staff
- Maintenance of accurate, confidential medical records in accordance with GDPR and NHS standards

Information will only be shared with staff when:

- The student has given consent, or
- There is a safeguarding concern that necessitates disclosure

Mental Health & Wellbeing Support

At EF Academy Oxford, mental wellbeing is recognised as a fundamental aspect of overall student health. The school promotes a culture that encourages emotional resilience and provides accessible support through:

- An on-campus counselling service, available Tuesday to Thursday
- Regular collaboration between the nurse, pastoral staff, and external services to address student wellbeing
- Referral pathways to external mental health providers when additional support is required

External Medical Services

EF Academy Oxford partners with Hedena Health (Bury Knowle Health Centre) to provide NHS general practice services for students. All students are registered with the practice upon enrolment.
Hedena Health provides:

- Access to general practitioners, nurses, paramedics, and pharmacists
- Support for physical and mental health conditions, immunisations, and repeat prescriptions
- Referrals to NHS specialists as needed

- Electronic prescription service with local pharmacies
- Access to the Pharmacy First scheme for treatment of specific minor conditions

Contact & Booking:

- Bury Knowle Health Centre – 207 London Road, Headington, OX3 9JA
  01865 597023
  www.hedenahealth.co.uk/appointments

Students can book appointments independently via the online system. Boarding or pastoral staff are available to assist with booking and, where appropriate, accompany students to appointments.

Emergency and Out-of-Hours Medical Care

Medical Emergencies:

In the event of a serious medical issue, students may be taken to:

- John Radcliffe Hospital
  Headley Way, Headington, Oxford OX3 9DU
  0300 304 7777

A member of staff, typically from the boarding team, will accompany the student and parents/guardians will be informed promptly. John Radcliff is a 10 minute walk or 5 minute drive from Oxford Ef academy.

Emergency Services:

- For urgent, life-threatening issues, call 999
- For non-urgent medical advice, contact NHS 111, a free 24/7 helpline providing guidance on symptoms, care, and next steps

Medical Registration & Updates

Upon enrolment, EF Academy Oxford collects medical information and completes student registration with Hedena Health, including:

- Full student details (name, DoB, contact info, home address)
- Signed Summary Care Record consent forms

It is the responsibility of both students and parents to notify the School Nurse and Boarding Team of any changes to a student's medical history or health status. A Return to School Medical Form must be submitted prior to the start of each academic year for returning students.

Access to Pharmacy First Service

The Pharmacy First scheme enables students to receive treatment for minor ailments directly from a pharmacist, avoiding unnecessary GP visits.

Conditions covered include:

- Sore throat
- Sinusitis
- Earache
- Infected insect bites
- Impetigo
- Shingles
- Urinary tract infections (uncomplicated, in women)

Local Pharmacy Options:

- Headington Pharmacy

207 London Road, OX3 9JA – 📞 01865 765559
🕐 Mon–Fri: 08:30–19:00 | Sat–Sun: 08:45–17:00

- Boots Headington
  96 London Road, OX3 9AJ – 📞 01865 762518
  🕐 Mon–Sat: 09:00–17:30 | Sun: Closed

Private Medical Charges

Where medical services, medications, or supplies are not covered by the NHS, charges may apply. These costs may be invoiced either directly to families or via EF Academy.

Unless it is an emergency, any charges for non-NHS services will be agreed in advance with parents or guardians.

Complaints Procedure

Any complaints regarding medical provision or the conduct of the School Nurse should be addressed to the Deputy Head (Designated Safeguarding Lead). All complaints are taken seriously, and the Principal will be informed of the complaint and its outcome.

B: Care of Students with Chronic Health Conditions and Disabilities

Date Created:	30th June 2016
Author:	School Nurse - EF Academy Torbay (originally)
Individuals Involved in Developing the Document:	Deputy Head Pastoral (Mark Fletcher-Single)
Document Purpose:	This document sets out the procedure at EF Academy Oxford for identifying students with chronic health conditions and disabilities and how their care at school is managed
Relevant to:	School Nurse, Head of School, Deputy Head of School, Residence Manager, pastoral team, Facilities Manager and Health & Safety Officer, Pathway Managers, teaching staff as and when necessary
Related Documents:	First Aid Policy Sections A, C & D of the Medical Provision and Medicines Policy Asthma Policy Allergy and Anaphylaxis policy Epilepsy policy, Hypoglycemia, Viral illness policy
Reviewed:	May 2019, Jun.'20, Jun.'21, Jul.'22, May'23

Change Log (what changes have been made, by who and when):	Deputy Head (Mark Fletcher-Single) June'20 (Mark Fletcher-Single): additional information and details of relevant procedural changes to incorporate the development of our COVID-19 Policy Jun.'21 (Mark Fletcher-Single): developments to reflect the School's (returning) onsite medical provision, new systems / procedures following the changes made as a result of Covid-19 and the introduction of the Orah app Jul.'22 (Tina Desmond) reviewed policy May'23 (Joan Wilisoni and Chloe Lammas) reviewed Policy Review and amendment of policy by School nurse Jennifer Campbell June '25
Date of next review:	August 2026

Statement:

Students in school with medical conditions should be properly supported so they have full access to education, including school trips and physical activity. Within this policy we provide an example of some of the more common health conditions and how to support these students; this is not exhaustive.

Process:

As part of the application process a medical declaration form will be completed by all students' families before they arrive. All new forms will be sent through to school nurse Jennifer Campbell where any chronic health conditions and disabilities will be identified. The school nurse will ensure that all relevant documentation is obtained from parents such as prescriptions/clinical letters and management plans if relevant. The school nurse will meet with the student to discuss their needs on arrival or throughout the year if a new medical need is identified. The boarding team will register new students with Hedena health at which point if a chronic health condition or disability is identified Hedena Health will follow this up with the student to obtain all relevant information and provide support. This may include review of medication and if appropriate re-prescribed current medication.

Individual Healthcare Plans (IHPs)

Ef academy are committed to supporting students with long term conditions to have the same opportunities to thrive withing the school environment. As such if a student is identified with a medical condition that may affect their time here at EF academy an individualised health care plan (IHCP) will be put in place.
An IHCP is a formal plan developed together with student/parents/school and medical team to support a child with a medical condition — for example, asthma, diabetes, epilepsy, or severe allergies. It ensures they can access education safely and fully.

The IHP will help the School to identify the necessary safety measures to support those students with medical needs and ensure they and others are not put at risk. The IHP details exactly what support a student need in school, when they need it, and who is going to give it.

Details of the information held on the IHP will be shared with all relevant colleagues.

- The information held on the IHP is confidential and will only be shared with further colleagues if felt necessary.
- Copies of the IHP will be kept in the student's file and with the nurses.
- Circulation of a student's ICHP will be electronic and stored in a centralised place.
- Staff receiving a student's ICHP will be advised of any updates.
- All school staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy and the emergency care that they may require (see enclosed information).
- A student's IHP should explain what help they need in an emergency, and it should accompany the student should they need to go to hospital.
- All First Aid trained staff should know what action to take in a medical emergency.

Please also refer to:

- First Aid Policy
- sections A, C and D of the Medical Provision and Medicines Policy
- see Special Medical Conditions (below) and support in school
- Allergy and Anaphylaxis policy
- Asthma Policy
- Epilepsy policy

Special Medical Conditions
EF Academy Oxford follows the advice for schools below:

F
Diabetes in Children – Key Facts (UK)

- 4.7 million people in the UK have diabetes; expected to exceed 5.5 million by 2030.
- Around 36,000 children under 19 have diabetes, mostly diagnosed between ages 10–14.
- About 90% of children with diabetes have Type 1.
- Type 1 diabetes accounts for 8% of all diabetes cases in the UK.
- It can occur at any age, with peaks at 6 months–5 years and during puberty.
  (National institute for clinical excellence (NICE),2024)

Causes of diabetes

- Diabetes is a condition where there is an imbalance between the insulin and the glucose in the human body.
- Insulin, a hormone produced in the pancreas which allows glucose (sugar) to enter the cell and be used as energy.
- Diabetes is a condition in which the body either does not produce enough (or any), or does not properly respond to, insulin.
- This causes glucose to accumulate in the blood leading to various potential complications.

Symptoms of diabetes

- thirst
- weight loss
- tiredness

- frequent urination

Symptoms which are more typical for children and young people
- stomach pains
- headaches
- behaviour problems

Treatments for diabetes
Type 1 (the overall aim is to maintain near normal blood sugars)
- good diet and healthy eating
- regular exercise

- daily insulin injections/pump

Type 2

- maintain a healthy diet
- regular exercise
- as type 2 diabetes can get progressively worse over time it may be necessary to take medication (this will normally be in the form of tablets, but can sometimes require insulin injections/pumps)

Technical terms

- hypoglycaemia - glucose levels too low
- hyperglycaemia - glucose levels too high
- glucose comes from the digestion of carbohydrate containing food and drinks and is also produced by the liver
- insulin is vital for life: it is a hormone produced by the pancreas and helps the glucose to enter the cells where it is used as fuel for energy so we can work, play and generally live our lives

There are two main types of diabetes:

Type 1 - insulin dependent

- Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40.
- Type 1 diabetes is the least common of the two main types and accounts for between 5 and 15 per cent of all people with diabetes.
- You cannot prevent Type 1 diabetes.

Type 2 - non-insulin dependent

- Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).
- In most cases this is linked with being overweight.
- This type of diabetes usually appears in people over the age of 40.
- Type 2 diabetes is the most common of the two main types and accounts for between 85 and 95 per cent of all people with diabetes.

Diabetes - support in school

- All students with Diabetes should have an agreed IHP in place at school. Student will have been referred to the specialist diabetic team by the GP and must have a clear plan in place for managing both hypoglycemia and hyperglycemia.
- Diabetic students who require insulin injections need to keep their medicine refrigerated ; in the event of this a fridge will need to be supplied in school and in the residences for the student's use.
- Teaching staff need to be made aware of students with diabetes and all First Aid trained staff should know what actions to take in the event a diabetic student has a 'hypo' or 'hyper' attack.
- The 'closest' First Aider will be identified in the IHP as first point of call in the event of the student having a 'hypo' or 'hyper' attack.
- The diabetic student needs to be treated as soon as possible if they are having an attack.
- In the event of a severe 'hypo' and the student becomes unconscious CALL AN AMBULANCE.

Physical Education

- Diabetic students need to be encouraged to participate in all aspects of school life and supported to manage their diet and exercise needs.
- Diabetic students should check their blood glucose levels before and after physical activity and have a snack if necessary. If the activity is prolonged, they may need to test and / or have a snack during the lesson.
- A sugary drink or glucose tablets will be helpful in the event of a hypo.

Identifying and managing Hypoglycemia -please refer to Hypoglycemia policy for full details:
Symptoms of Hypo may include:

- feeling shaky
- feeling disorientated
- sweating
- being anxious or irritable
- going pale
- palpitations and a fast pulse
- lips feeling tingly
- blurred vision
- being hungry
- feeling tearful
- tiredness
- having a headache
- lack of concentration.
- confusion

Management :

If the student is conscious and able to drink but blood sugars are low the below can be given:

- three-5 glucose or dextrose tablets
- four-five jelly babies
- a small glass of a sugary (non-diet) drin
- a small carton of pure fruit juice
- two tubes of a glucose gel such as GlucoGel®

Severe hypoglycaemia treatment (unconscious)

You should not try to give any food or drink to the student because there will be a increased risk of choking. They student should be:

- Placed in the recovery position (on your side, with your head tilted back and knees bent)
- Given a glucagon injection – if the student has their own supply (otherwise, this is not stored on site) and a staff member is trained to deliver, preferably school nurse
- Call an ambulance – if you don't have a glucagon injection or if you haven't recovered 10 minutes after the injection.

For follow up recovery please refer to the Hypoglycemia policy .

In the case of hyperglycemia where blood sugars are too high, check blood sugars and refer to student indivdualised care plan. It may be necessary to make a same day GP appointment or call 111 for further advice. Check for Ketones and if present refer student it may be necessary to attend A&E for further support.

School trips

- When on school trips, outings, or overnight stays away, the diabetic student needs to ensure they have enough insulin injections and blood monitoring supplies.
- The student will need to try and stick to their normal mealtime routines so this needs to be planned when arranging the trip.

(Diabetes UK,2024)

Epilepsy - medical information

What is epilepsy?

- Epilepsy is a condition in which there is a tendency to have seizures.
- A one-off seizure does not necessarily mean you have epilepsy.
- An epileptic seizure happens when there is a sudden electrical discharge in the brain.
- This causes changes in sensation, behavior, or consciousness.
- There are over forty different types of seizure - because the brain is responsible for such a wide range of functions and seizure activity in different parts of the brain can cause different seizures.
- Most last from a few seconds to a few minutes and usually stop without the need for any treatment.

Where they start in the Brain:

Focal Onset Seizures

- Start in one part of the brain (called the "focus")
- May affect a small or large area on one side
- Person might stay aware or lose awareness
- Signs can include: unusual movements, sensations, or emotions

Focal to Bilateral Seizures

- Begin as focal seizures, then spread to both sides of the brain
- May lead to a full-body (tonic–clonic) seizure
- The initial focal seizure may act as a warning

Generalised Onset Seizures

- Affect both sides of the brain from the start
- Happen without warning
- Often involve loss of consciousness or full-body movements

Types of Seizures

- **Tonic-Clonic Seizures**
  The person becomes unconscious, their body goes stiff, then starts to jerk and shake. They may fall and need time to recover afterward.
- **Tonic Seizures**
  Muscles suddenly stiffen, often causing a fall. The person usually recovers quickly.
- **Atonic Seizures**
  Muscles suddenly go limp or floppy, which may also cause a fall. Recovery is usually fast.
- **Absence Seizures**
  A brief loss of awareness — the person may stare blankly or stop what they're doing for a few seconds, then carry on as normal.
- **Focal Seizures**
  These affect one part of the brain and can cause strange feelings, movements, or sensations. The person may or may not be aware it's happening.
- **Myoclonic Seizures**
  Quick, sudden jerks of the muscles — like a brief twitch, often in the arms or legs (NHS epilepsy, 2025).

What causes epilepsy?
The causes of epilepsy fall into three groups:

- structural / metabolic

- Genetic
- unknown

In around 60% of cases, the cause is unknown. But with advances in brain imaging techniques and our understanding of genetics causes may be found in more cases.

What triggers a seizure?
We often do not know why a seizure occurs at one time and not another, but there are certain factors that may increase the likelihood of a seizure, and these are known as triggers. Common seizure triggers include:

- tiredness
- illness (raised temperature)
- dehydration
- stress
- menstruation
- alcohol
- changes in medication
- flashing lights (although photosensitive epilepsy is quite rare, affecting only around 5% of those with epilepsy)

Treatment of epilepsy
The first line of treatment for children with epilepsy is medication using antiepileptic drugs (AED's). Most medication is taken twice daily, and it is important the medication is taken in the way that the doctor has prescribed. AEDs are not a cure for epilepsy, but they can reduce the amount of seizures a person is having.

Some people experience side effects from taking medication, but these often subside after a while. It is important to keep a record of any side effects so these can be reported to the doctor. There are other treatments for epilepsy, and these include the use of implanted devices (like a cardiac pacemaker) such as a Vagus Nerve Stimulator (VNS) and dietary treatments such as the ketogenic diet. In some cases, neurosurgery may be a treatment option.

Epilepsy - support in school

Having epilepsy should not get in the way of living a normal life, there are a few activities that may be considered to be high risk if seizures are not well controlled, but even then, with some careful thought and appropriate supervision, students should be able to join in with most things.

All First Aid trained staff should know what actions to take in the event that a student has a seizure.

Communication

- Ensure clear instructions are written in the IHP about what treatment the student needs in the event of a seizure.
- Make sure all the information about a student's particular condition is known as epilepsy does not affect everyone in the same way.
- Teaching staff need to be made aware of students with epilepsy and what to do in the event of a seizure.
- Epileptics may need time to recover after a seizure and might need to sleep.

Computers and lights

- Some students may have photosensitive epilepsy, meaning seizures are triggered by flashing or flickering lights or by geometric patterns such as checks or stripes.
- Computers and televisions with a flat screen do not flicker and so are less likely to trigger seizures than screens that do flicker.
- However, fast-moving or flashing images on the screen could be a trigger.
- Other photosensitive triggers include flickering overhead lights, and sunlight creating patterns through blinds.

Medication

Some anti-epileptic medication may leave students feeling tired and cause problems with memory or concentration.

School trips

- It is really important students with epilepsy are included on school trips and activities.
- An emergency pack including any prescribed or student emergency medication and the students IHP is essential on all trips.
- It is also important to have details of the nearest local hospital plan incase of an emergency.

Sports & Activities

- There is no reason why students with epilepsy cannot take part in a range of sports and activities as long as the risks have been assessed.
- The school nurse and the students specialist team can provide all the information needed to allow the School to arrange the best options for activities.
- The most common precaution is that there is supervision and a trained person on hand should the student have a seizure.
- This also applies to swimming.

What to do in the event of a seizure:

Stay Calm and Keep the Person Safe

- Stay with them and stay calm.
- Move nearby objects to prevent injury.
- Cushion their head (e.g. with a jacket or soft item).
- Loosen anything tight around their neck.
- Note the time the seizure starts.

Do NOT

- Do not restrain them.
- Do not put anything in their mouth.
- Do not give food, drink, or medication until they are fully awake.

After Seizure (Recovery)

- Once movements stop, place them in the recovery position (on their side, head tilted back).
- Stay with them until fully alert.
- Reassure them — they may be confused

Call 999 If:

- The seizure lasts longer than 5 minutes.
- They have another seizure right after the first.
- They are injured, struggling to breathe, or don't wake up.
- It's their first ever seizure.
- Or they have injured themselves to the extent to need emergency medical attention

Asthma - medical information- Please refer to Asthma policy for full details.

Asthma is a condition that people have that affects their airways - these are the small tubes that carry air in and out of the lungs. When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes sticky mucus or phlegm builds up which can further narrow the airways. All these reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Symptoms of asthma

- coughing
- wheezing
- shortness of breath
- tightness in the chest
- treatments for asthma

Although there is no cure for asthma, there are some excellent medicines available to help control it.

- Everyone with asthma should have a reliever inhaler.
- Reliever inhalers are usually blue (*relievers* are medicines taken immediately to relieve asthma symptoms).
- Some students will use a Preventer inhaler (*preventers* control the swelling and inflammation in the airways.
- Other students may use one inhaler as a reliver and preventer. This is called MART maintenance and reliver therapy.

Asthma: coping with an asthma attack

1. Help them to sit up. Do not let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (usually blue) (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs. If the student's own inhaler is not available– use the school emergency inhaler
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately. <u>If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.</u>

What to do if you have an asthma attack (MART)

1. Sit up straight - try to keep calm.
2. Take one puff of your MART inhaler every 1 to 3 minutes up to six puffs.
3. If you feel worse at any point OR you do not feel better after six puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are not better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.
6. A member of staff in accompany the student to the hospital and inform the parents as soon as possible.

Asthma - support in school

Medication

- Some students with asthma may need to be encouraged to take their medicine properly, ensuring they use their inhaler correctly so every dose they take gives them the most benefit.
- All students with asthma who use a reliever inhaler should always carry this with them.
- A permission form will have been signed by the student's parents to allow this.
- Each student should have a personalised asthma management plan detailing how to manage asthma medication/worsening. This will be completed with student by Asthma nurse at Hedena health.
- All students with asthma need to ensure they have their medication on school trips and activities.

Triggers

- The IHP will detail the medical treatment plan including what triggers the student's asthma.
- Things like physical activity, changes in the weather, dust and pollen can all trigger asthma.

Communication

- Ensure regular updates are received from the student and parents regarding their asthma - for instance in the event of them returning home and being seen by a doctor in their home country.
- Teaching staff need to be made aware of students with asthma and what to do in the event of an asthma attack.
- Students who have been off school unwell with their asthma may need to take things slowly when they return to school and especially in sports.

Allergies - medical information please refer to the Allergy and Anaphylaxis policy for full details

Allergies affect at least 1 in 4 children and young people. It is fairly common for people to have mild allergies, but some people can experience an acute reaction to a substance or a food. The medical term for this is anaphylaxis. It is unclear how many people suffer with severe allergic reaction, however between 5-8% of children are diagnosed with a food allergy in the UK (Allergy UK,2025).

An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing in a particular substance. Examples include nuts (especially peanuts), fish & shellfish, milk and eggs. Reactions can also occur with insect stings and natural rubber latex.

Mild to moderate symptoms of an allergy:

- itchy tingling or burning sensation in the mouth
- rapid development of rash, hives or weal’s
- intense itching
- swelling, particularly the face
- feeling hot or very chilled
- rising anxiety
- feeling flushed
- nausea and or vomiting
- abdominal pain

- mild wheeziness

Acute reactions: anaphylaxis
- difficulty breathing due to swelling within the throat and airway
- reduced level of consciousness, faint, floppy, very pale, blue lips unresponsive - due to a drop in blood pressure
- collapse

Treatments for allergies
For children and young people with severe allergic reactions an action plan / IHP should be drawn up with their families, using input from the child or young person's medical team. In most cases the allergen is known and can be avoided, but schools (i.e. *us*: EF Academy Oxford) may need to make allowances for this. Treatment if a reaction occurs may include adrenaline injections using a device preloaded with the correct dose (EpiPen). All schools should have a trained member of staff on hand and all staff should be made aware of those students with severe allergies.

Allergies - support in school –

please see Allergy protocol for

full details.

Allergy Management Plan
- It is vital that all students with severe allergies has an allergy action plan/IHCP. This needs to contain full details of the allergen and what to do in the event of an allergic reaction and an emergency situation.
  For those students' mild allergies such as seasonal hay fever that is not self-limiting may not need a full ICHP however they should have details of management on their medical file.
- The IHP needs to be written in partnership with the student, the student's parents and where possible the medical team treating the student.
- This means there is clear information available at school so the School staff can support the student to make the most of school and help them should they have an emergency situation.

Allergy register-
All student with allergies must be added to the allergy register that is kept with the emergency adrenaline kits and are available to staff review where needed electronically.

Emergency Medication
Student's individual emergency medication (usually an EpiPen) should be available at all times.

Listen to the student
- The student will probably know if they are having an allergic reaction as things start happening in the body to warn them.
- Students need to be listened to and taken seriously when they inform someone, they are having an allergic reaction.
- Do not suggest the student waits to see how they feel later.
- Act quickly and call for help as needed.

School trips
- Students with allergic reactions should not be excluded from school activities and trips. It may just take a little bit of extra planning.

- All emergency medication needs to be taken with the student on school activities and trips.
- It is advisable that staff are aware of local hospital when out on school trips.
- Any risk assessment needs to take into account the specific needs of the student in order that they can take part in the trip safely.
- An individual risk assessment will take place prior to student attending off campus trips, this will be planned in conjunction with student, teacher arranging the school trip and school nurse/boarding lead.

References

Health Conditions in School Alliance: www.medicalconditionsatschool.org.uk
Department for Education: Supporting pupils at school with medical conditions
Allergy UK: Children's Allergy and Anaphylaxis Protocols for Schools and Child Care Organisations
Asthma UK: www.asthma.org.uk
Diabetes UK: www.diabetes.org.uk

C: Care of students who are unwell

Date Created:	30th June 2016
Author:	Deputy Head (Pastoral)
Individuals Involved in Developing the Document:	School Nurse and Head of Boarding in Torbay Deputy Head, School Nurses and Head of Boarding, Oxford
Document Purpose:	This procedure describes the process for taking care of students who are unwell
Relevant to:	School Nurse, Head of School, Deputy Head of School, Residence Manager, pastoral team, Facilities Manager and Health & Safety Officer, Pathway Managers, teaching staff as and when necessary
Related Documents:	Health & Safety Policy Sections A, B and D of the Medical Provision and Medicines Policy Disability Strategy Department for Education and Skills / Department of Health: Managing Medicines in Schools and Early Years Settings Safeguarding Policy Student Handbook Public Health England: Guidance on Infection Control in Schools and other Childcare Settings Thames Valley PHE Centre Chilton Oxfordshire OX11 0RQ Tel: 0345 279 9879
Date Introduced:	30th June 2016

Change Log (what changes have been made, by who and when):	Adapted for use in EF Academy Oxford; October 2016, Janine Gray, Boarding Deputy - EF Academy Oxford Reviewed and developed following the development and inclusion of the related documents below: The Identification and Care of Students with Chronic Health Conditions and Accessibility Policy Staff to Administer Medicines Department for Education and Skills / Department of Health: Managing Medicines in Schools and Early Years Settings Safeguarding Policy Student Handbook Mark Fletcher-Single, Deputy Head (Pastoral), November'18 May 2019: P. Ellis & M. Fletcher-Single: incorporated policy into Medical Provision & Medicines Policy 2019-20. Jun.'20 (Mark Fletcher-Single): additional information and details of relevant procedural changes to incorporate the development of our COVID-19 Policy Jun.'21 (Mark Fletcher-Single): developments to reflect the School's (returning) onsite medical provision, new systems / procedures following the changes made as a result of Covid-19 and the introduction of the Orah app Jul.'22 (Tina Desmond) developed to reflect administration of medicines by trained staff May'23 (Joan Wilisoni Chloe Lammas) policy reviewed May '24 (Rob Tasker) specified OPUS Medicine Administration Awareness training as the School's chosen training
Date of next review:	May'25 reviewed by J Campbell and amended 23/07/2026 changes to policy layout, additional information added to align with best practice.

Statement:

In the event of a student being unwell it is essential students are able to summon staff assistance readily and rapidly when ill, day or night. EF Academy Oxford will endeavor to ensure the School Nurse, boarding team, nearest First Aider and the emergency telephone holders are easily contactable with effective communication systems. Staff will ensure all students are aware of the telephone number to call, or the email to contact, in the event of sudden illness. This will be included in:

- new student information
- new student induction 'Welcome Weekend' in September or the day they arrive in school
- noticeboards in school, residence buildings and in the Student Lounge
- information in each of the student rooms

Management of students who report feeling unwell out of school hours:

Once staff have been made aware that student is unwell the staff member must assess and decide the next course of action:

- refer to a local pharmacy or contact GP surgery during office hours
- contact the NHS out of hours service - call 111
- contact out-of-hours GP and follow the instructions on the surgery answer machine message
- if life threatening or an emergency call 999, all students who need to be seen in hospital are to be accompanied by a member of staff in a taxi or, if necessary, an ambulance
- contact the school emergency telephone if a student needs to go to hospital

If required, an appointment will be made by the School Nurse or House Parent for the student to see their GP by using the Patient Triage app Contact Us Online All students under the age of 18 should be offered a companion to accompany them to this appointment.

Medical support: 111, out-of-hours GP service, hospital A&E

- The house parent dealing with an unwell student can obtain medical advice by telephoning 111, contacting the out-of-hours GP, or must call 999 in the case of an emergency.
- If the house parent on duty is in any doubt as to whether medical assistance is needed, s/he must arrange for the unwell students to be taken to Accident and Emergency (A&E) or call 999 for an ambulance.
- The member of staff who takes a student to hospital, should inform the senior member of the pastoral staff on duty, and inform the student's parents of the situation at the earliest opportunity OR inform the senior member of pastoral staff on duty, so that they can inform parents. In the evenings, this would normally be the Residence Manager. After curfew and before 7:30am, this would normally be the SPOC. In particular cases, it may be more appropriate for the call to parents to be made by the Principal.

Management of students who report feeling unwell in school hours:

Standard practice is for students to visit the nurse during the hours of 07.30am -15.30pm. In exceptional circumstances the nurse may deem it appropriate to visit the student in their residence. Once assessment there are various possible outcomes as below:

- The student will be assessed and sent to lessons and / or, if required, general sales medication be recommended for the student's self-administration. Or if appropriate the nurse will provide the student with medication as per the homely remedies guidance.

- Or the student will be authorised by the nurse as unwell and allowed to stay in their room
- The pastoral team will see the student in residence every few hours and complete a medical report. The medical log which provided the student consent will be sent to their parents. Authorised team members only will have access to medical records.
- The school nurse may deem that the student should visit a pharmacy for further assessment and prescription if available through pharmacy first (posters with information regarding minor illness that the pharmacist can treat is discussed during induction and on posters throughout the school)
- The School nurses may feel a GP appointment is needed in which case an acurex appointment request form will be submitted, and the GP surgery will be reviewed the form is available via this link Contact Us Online

    - If deemed necessary an appointment will be made for the student *to have a telephone appointment with a GP. Calls will be made to the student by the GP, for this reason all students must have a UK mobile telephones number to receive the call*
    - all students under the age of 18 may be accompanied to this appointment by a member of staff
    - the student will be instructed not to leave the residence unless visiting a pharmacy, attending a doctor's appointment or returning to classes

    - If the School nurse feels the medical need is more urgent then 111/999 may be contacted depending on need.

On-going management of sick students

- In residence, at the start of their shift, house parents will check the student(s) who is / are unwell and keep checking them as necessary throughout their shift, ensuring they have plenty of fluids and food if appropriate.
- All students will have access to toilet and washing facilities.
- The house parents and the nurse will be made aware of any medicines administered to the student and a log will be completed on the daily residence report and in the students own medical records.
- If a change in student health is noted the nurse will be informed and the student will present for repeat assessment.

Infectious Diseases / Illness in School

Infectious diseases occur naturally and commonly in school settings. This is a result of the degree of close contact between students and staff and the difficulties in maintaining a perfect state of hygiene. Outbreaks of infection may lead to disruption of the School routine and costly control measures.

- Where possible, the School will prevent the increase in an outbreak of infection into school and limit its spread.
- Follow advice from Public Health England and NHS UK to prevent the spread of gastro-enteritis illness, all students and staff must stay at home or be isolated for 48 hours after their last episode of vomiting and / or diarrhea.
- If a notifiable infectious disease is present at school (2 or more linked cases) the school nurses or the pastoral team will inform the Deputy Head of School, the teaching staff, and the local Health Protection Unit should be contacted so appropriate control measures can be discussed.
- Students and staff members must not be in close contact with other people.
- Students need to ensure they wash their hands frequently and thoroughly with soap and hot water especially after using the toilet and before preparing food.

- As far as is possible, students in residences need to be isolated in single rooms with their own bathroom facilities, towels, cutlery and utensils.
- Staff members and students should not return to school until 48 hours has passed since their last episode of vomiting and / or diarrhea.
- Any contaminated waste or soiled linen in school will be disposed of using a body spillage bag.
- All treatment given by the pastoral team on-site will be documented in the student's notes on Orah and logged or the residence report.

Further information & References
Settings' for a full list of infectious and notifiable diseases - www.gov.uk
The Health and Safety Policy
NHS www.nhs.uk
Public Health England: Guidance on Infection Control in Schools and other Childcare Settings
www.gov.uk
Infection Control in Schools and other Childcare Settings
Thames Valley PHE Centre
Chilton
Oxfordshire
OX11 0RQ

Tel: 0345 279 9879

D: Medicines Management and self-medication including Homely Remedies

Date Created:	September 2018
Author:	Oxford Nurses and Deputy Head (Pastoral)
Individuals Involved in Developing the Document:	Oxford Nurses and Deputy Head (Pastoral)
Document Purpose:	This policy covers the control and use of medicines within the school and residences to students only; within National Minimum Standards for Boarding legislation and Nursing and Midwifery Code of Conduct
Related Documents:	Safeguarding Policy Student Handbook Sections A, B, & C of the Medical Provision and Medicines Policy 2019-20
	May 2019 - medical provision policy brought together with other medical or medicine-related policies to form a single policy dealing with the medical provision for students and medicines policy for students 2019-20. Rachel Carlisle replaced by Wayne McKenna. Frequency of Nurse Practitioner increased from 2 days a week to 5 Jun.'20 (Mark Fletcher-Single): additional information and details of relevant procedural changes to incorporate the development of our COVID-19 Policy Jun.'21 (Mark Fletcher-Single): developments to reflect the School's (returning) onsite medical provision, new systems / procedures following the changes made as a result of COVID-19

	and the introduction of the Orah app Jul.'22 (Tina Desmond): Policy updated to reflect changing COVID- 19 restrictions May'23 (Joan Wilisoni and Chloe Lammas) reviewed policy May ’24 (Rob Tasker)
Date of Next Review:	May 2025 extensive changes made by Nurse J Campbell, both to layout and content

At EF Academy, the health and well-being of our students is our main priority. This Medicine Management Policy ensures the safe, consistent, and appropriate handling of all medications within the school and boarding environment.

The policy supports:

- Safe storage, administration, and record-keeping of medicines;
- Compliance with legal and regulatory requirements;
- A student-centered approach that respects privacy and promotes well-being.

It aligns with guidance from the Department for Education (DfE), the National Minimum Standards for Boarding Schools, and professional standards from the Nursing and Midwifery Council (NMC) and Royal College of Nursing (RCN). It has been developed with advice from both the RCN and the Medical Officers of Schools Association (MOSA).

This policy outlines clear staff responsibilities, procedures, and training expectations, supporting a collaborative approach to student care.

EF Academy – Medication Management: Rules and Expectations

To ensure the safety and legal compliance of all medication use on campus, EF Academy requires all students and staff to adhere to the following rules. This policy complies with UK boarding school regulations, the National Minimum Standards for Boarding, and best practice guidance from the NMC, RCN, and MOSA.

General Requirements for All Students

- All prescription medications must be declared before joining the school or as soon as they are newly prescribed.
- No undeclared medications are permitted on campus under any circumstances.
- OTC (over-the-counter) medicines from overseas are not permitted unless previously approved by the School nurse, this includes vitamins and herbal remedies.
- All medications must be brought to the Health Centre upon arrival for review and authorisation.
- The school nurse will determine whether the student may self-administer after completing a self-administration (AUX) assessment.
- All students aged 16 or over may self-consent to medication in accordance with UK law, provided they

demonstrate competence (Gillick competence).
- Any medication kept by the student must be stored securely, and usage monitored as agreed with the nurse.

Medicine administration:

Staff at EF Academy—including nurses and trained support staff—may only administer medication labelled in English, appropriately prescribed and deemed safe for student use by school nurse. Ideally these medications will be re-prescribed by a UK healthcare professional, however they will be assessed on a case-by-case basis. The below criteria must be met to administer medication on campus by staff.

- For any prescribed medication we need a copy of the prescription in English or officially translated
- A clinical letter must be sent in expressing the reason for medication and any advice regarding administration/monitoring
- The medication must be given as per intended purpose following prescription instructions that
- Medication in original Packaging
- The medication must be clearly labelled in English showing the following:
    - Student's full name
    - Name of the medication
    - Dosage instructions
    - Prescriber's details
    - Date of dispensing

- For complex or ongoing treatment, supporting clinical documentation may be required to guide staff on administration and monitoring.
- Parental Consent
- A signed consent form from the parent or guardian must be on file, giving permission for the school to administer the medication. An exception to this may be granted if the student is deemed competent to self-consent, however parents will be made aware of this.

Overseas-Prescribed Medication (Personal Use Only)

- Students may bring medication prescribed overseas for personal use, but it must:
    - Be licensed and legal in the UK-unless there are mitigating circumstances
    - Be labelled in English
    - Be accompanied by a clinical letter and a copy of the original prescription in English

- All overseas prescriptions will be reviewed by the school nurse. Students must be booked to see a UK GP at the earliest convenience to arrange a UK prescription.
- If the medication is not available in the UK or is off label, there will be a risk assessment completed by the school nurse and it will be at their discretion (with guidance from GP if needed) whether the medication is deemed safe to have on campus. A private medical consultation may be required; this will be managed on a case-by-case basis and depending on the medication the GP may be happy to re-prescribe.
- Staff may only administer medication where all apprpropriate documentation is received.

Important reminders

- Students must not bring or use any unapproved or undeclared medicines on campus.
- Controlled medications often require a private UK prescription and will only be stored and administered by the nurse. There may be instances where an exception to this is made however this will be rarely and, on a case,-by-case basis.

Best Practice Guidance: Non-Compliant Medication

At EF Academy, the safety and legal compliance of all medication on campus is paramount. If a student presents with medication that does not meet school or UK regulatory standards, the following best practice procedure will be followed:

1. Immediate Review by the School Nurse
2. Any medication that does not comply—e.g. unlabeled, incorrectly labelled, not in English, not licensed in the UK, or without supporting clinical documentation—must be handed in to the Health Centre immediately for assessment.
3. Medication Secured

The medication will be safely stored in a locked area while the situation is reviewed. It must not be self-administered or given by staff under any circumstances until approved. This will likely need advice from the GP at Hedena Health.

4. Parent/Guardian Contacted

The school will inform the student's parent or guardian and explain the issue with the medication. They may be asked to provide additional documentation (e.g. prescription, clinical letter) or to arrange for an appropriate alternative.

5. Consultation with UK GP or Private Provider

The student will be supported to see a UK GP at the earliest convenience to obtain a UK prescription if the medication is necessary. If the medicine is not available or not licensed in the UK, a private medical consultation may be arranged to explore safe alternatives.

6. Documentation

A full record of the non-compliant medication, communication with parents, and actions taken will be logged in the student's medical file.

7. Disposal (if required)

If the medication cannot be made compliant and is not suitable for continued use, it will be safely returned to a parent or disposed of via a registered pharmacy, in line with school policy.

Administration of over-the-counter medication within the health Centre:

There may be occasions when a student is unwell and would benefit from medication that is normally available over the counter or through general sales. In such cases, trained staff may administer certain non-prescribed

medications for the relief of minor, self-limiting illnesses.

Only staff who have completed the appropriate OPUS Medicine Administration Awareness training—the school's chosen provider—are authorised to administer these medications. All staff involved will have their training regularly updated and their competency reassessed to ensure safe and effective practice.

The only non-prescribed medications that may be given to students are:

Medicine	Reason for Administration
Paracetamol 500mg tablets 1-2 tablets, 4 hourly as required not to exceed 4 doses in 24 hours	Headache, sore throat, toothache, period pain, high temperature, cold and flu symptoms
Ibuprofen 200mg tablets 1-2 tablets 6-8 hourly as required not to exceed 3 doses in 24 hours	Headache, muscular pain, backache, migraine, period pains, dental pain, high temperature, cold and flu symptoms *CAUTION: some people with asthma and gastric symptoms should not take Ibuprofen or any other generic non-steroidal anti-inflammatory*
Antiseptic Throat Lozenges Lozenges are to be sucked 2-3 hourly as required	Sore throat and cough *CAUTION: these most often contain sugar and should be taken with caution by diabetics.* *If the student is expectorating discoloured sputum then it may be necessary to seek a doctor's opinion*
Lemsip cold and flu 1 sachet dissolved in hot water Contains Paracetamol 1000mg and Phenylephrine Hydrochloride 12.2mg (decongestant) not to exceed 4 sachets in 24 hours	For the relief of cold and flu symptoms and blocked nose *CAUTION: these sachets contain an ephedrine based medication and should be taken with caution as they can cause palpitations and other side effects.* *The student needs a full triage assessment and may need further advice from a GP*
Loratadine or Certrizine Hydrochloride 10mg once daily Non- drowsy	For the symptomatic relief of allergy such as hay fever, chronic idiopathic urticaria
Dioralyte Blackcurrant 1 or 2 sachets after every loose motion (each sachet dissolved in 200mls of water).	For the replacement of essential body water and salts in the treatment of acute diarrhoea and to prevent dehydration. Precautions: *If you are suffering from intestinal obstruction, diabetes, kidney or liver failure, or are on a low potassium or sodium diet, ask your doctor or pharmacist before using Dioralyte.*
Dextrose Tablets	To use during events of low blood sugar for diabetic students (to confirm dose)

The above-named medicines will be stored in a metal locked cabinet. Should students require any other medication they would be directed to a pharmacy or seen by their General Practitioner (GP). When visiting a pharmacy, students will be advised on how to report their symptoms and where necessary they will be given a letter to present to the pharmacist.

Self-Management of Over-the-Counter /general sales (OTC) Medication

Some students have parental consent documented in their medical declaration form to visit a pharmacy and self-manage over-the-counter (OTC) medication. However, all students must present to the school nurse to discuss any medication they intend to take and undergo an assessment of competency before being permitted to self-administer.

Students approved for self-administration must follow these expectations:

- Only a small stock of pain relief (e.g. paracetamol or ibuprofen) may be kept—no more than one box per month.
- Medication must be securely locked away when not in use to ensure the safety of all students.
- Medication must never be shared with others under any circumstances.
- If OTC medication is needed for more than two consecutive days for the same issue, the student must report to the nurse for a review.
- Poor self-management (e.g. misuse, unsafe storage, or not reporting ongoing symptoms) will result in self-administration rights being revoked.
- If a house parent or staff member finds medication left out or unsecured in a room:
    - The student will receive their first warning.
    - If repeated, self-administration privileges may be withdrawn, and all medication will be held in the Health Centre.

Medicine Administration and Record Keeping

The administration of all medicines at EF Academy—including both prescribed and general sales medication—must follow the same safe and consistent process, in line with UK boarding school standards and best practice.

OTC medication can only be administered with parental consent, unless the student is assessed as competent to self-consent in accordance with Gillick competence. No aspirin-containing products may be given to students under the age of 16 unless specifically prescribed by a GP.

Before administering any medication, staff must follow the 5 Rs:

1. Right Student – confirm the student's full name and date of birth.
2. Right Medicine – select the correct medication, checking the label and expiry date.
3. Right Dose – ensure the dose is appropriate for the student's age and need.
4. Right Time – confirm when the last dose was taken and ensure safe time intervals.
5. Right Route – administer via the correct method (e.g., oral, topical).

Additionally:

- Always ask the student about any known allergies or sensitivities;
- Cross-check all information with the student's medical records;

- Ensure the student understands why the medication is being given;
- Supervise the administration of the medicine where appropriate.
- Ensure appropriate consent is in place

Record Keeping

The school maintains secure and confidential medical records for all students seen by the nurse. All consultations are documented and remain confidential unless a safeguarding concern arises, in which case the student will be informed that relevant information must be shared for their safety. Access to medical records is restricted to the school nurse, house parents/leads, Heads of Department and where needed to provide best care, pathway managers.

- Every administration must be recorded immediately in the school's medicines log, including the student's name, date, time, medication, dose, reason for administration, and name of the staff member administering;
- Medical records must be updated accordingly;
- All medicine-related records must be legible, accurate, and stored securely;
- Records must be retained for at least 15 years from the date of the last entry.

Medication Receipt, Storage & Removal – Best Practice

Receipt of Medicines

All medications brought to campus must be recorded with:

- Student name
- Medicine name, strength, and form
- Quantity received
- Date received
- Source (e.g. pharmacy, parent)
- Over the counter medications for general population must still be recorded and a record kept of stock used.

Recording:

- OTC & Prescribed Medicines: Logged in the Medication stock log. If for an individual student, this will be recorded on their individual log.
- Controlled Drugs (CDs): Logged in the Controlled Drug Register, as per legal requirements. A weekly stock check of Controlled drugs will be completed by either the school nurse or house parents and any discrepancies reported to both school nurse and head of boarding and investigated.

Storage of Medicines

- OTC & Prescribed Medicines: Stored in a locked metal cabinet within the Health Centre.
- Controlled Drugs (CDs): Stored in a fixed, single-lock metal cabinet located inside a locked room with restricted staff access. This setup meets safety and safeguarding expectations in boarding settings.
- Self-administered Medication: Must be kept securely in the resident either in a locked drawer or safe when not in use or securely on their persons.

- All emergency medications such as adrenaline auto injectors /inhalers/emergency epileptic medication should be always kept on the student as agreed in their IHCP.

Medication Leaving Campus

When medication is removed (e.g. for disposal, return, or off-site use), the following must be recorded in the students medical records:

- Student name
- Name and quantity of medication
- Date of removal
- Reason for removal
- Staff member managing the handover

End-of-Year Medication Procedure

- Students who self-manage medication are responsible for taking it home or arranging safe disposal at a pharmacy. Failure to do so will incur a fee for legal disposal.
- For medications managed by EF Academy, it will be agreed whether they are sent home with the student or disposed of safely by staff at a pharmacy.
- All medications left on campus or disposed of by staff will be recorded in the Medications Left on Campus Log.

Recording:

- OTC & Prescribed Medicines: Noted in the Medication Stock log either general or students own
- Controlled Drugs: Recorded in the CD Register and signed by two staff members (administering and witnessing)

Key Points:

- All medicine records must be legible, up to date, and available for inspection.
- Expired or discontinued medicines must be returned to a pharmacy—never disposed of on site.
- Regular stock checks must be carried out, and any discrepancies followed up immediately

Controlled drugs

Controlled Drugs (CDs) are medications regulated under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 due to their high potential for misuse or harm. They must be prescribed by a UK-registered medical professional for a named individual and can only be administered as per the prescribed instructions.

It may be permissible to accept medication from overseas if we have adequate documentation (as per MOSA advice).

Common examples used in school settings include ADHD medications such as *Ritalin, Medikinet, Concerta,* and *Dexamphetamine*. CDs are stored in a locked, fixed cabinet within a restricted-access area, and administration is carried out only by the school nurse or authorised staff. There may be very exceptional circumstances where a student can self-manage a controlled drug. However, this must be carefully assessed by both the school nurse, the safeguarding lead and prescribing consultant. Each administration, omission/refusal or movement must be recorded in the Controlled Drug Register, and where a second staff member is not available, the student may

act as a witness to the entry.

It is a criminal offence to supply or share a Controlled Drug with another student. CDs must never be given to anyone other than the individual for whom they are prescribed.

Full list of CDs: gov.uk Controlled Drugs List

Consent & Gillick Competence: Students Aged 16–19

Under UK law, students aged 16 and over are presumed to have the capacity to consent to or refuse medical treatment, including medication, without parental permission.

For those under 16, the school nurse will assess Gillick competence—whether the student has enough understanding and maturity to make informed health decisions.

- Aged 16–19: Can consent independently unless there is evidence they lack capacity.
- Under 16: May consent if assessed as Gillick competent.
- Parental involvement is encouraged where appropriate but will only occur with the student's consent, unless there is a safeguarding concern.
- If a student is not competent, decisions will be made in their best interests.

Self-management of prescribed medication

In line with Department for Education (DfE) guidance, students should be encouraged and supported to self-manage their medication where safe and appropriate. This promotes independence and responsibility for their own health needs. However, the student cannot self-manage an appropriate level of support must be provided.

Before approving self-management, the school nurse will assess the student's competence and ensure a self-administration consent form is completed. Areas to consider include:

They are expected to store the medication securely, either in the safe in their room or in a bag or pocket in their possession. The criteria used to assess the students include:

- the age and maturity of the student
- any mental health concerns about the student
- the student's preferences
- whether the student has proven him / herself to be reliable in general and shows commitment to correct use of the medication
- what the medication is, whether it has been prescribed or not, how dangerous it is use may be, whether it is subject to any specific storage requirements (e.g. refrigeration, controlled drugs, etc.)
- the condition the medication is used for
- whether the medication is new or something the student is already familiar with and whether it is part of a short course or for long term use
- whether the student understands why they are taking the medication and any side effects and potential risks of overdose or under-medication
- the student knows when and how to take the medication
- the student can effectively store the medication in a locked area
- the dangers if someone else gains access to the medication
- the student understands they should never give the medication to anyone else, even if they have

similar symptoms

Students with asthma should carry their inhalers with them and students with allergies which could require an EpiPen should carry this with them.

Supervised self-medication

- Where the nurses decide a student should not be allowed to manage independently their medication, the nurse should arrange for the administration of the medication to be supervised by identified staff members (from the School's pastoral team/nurse).
- If the student is not safe to store the medication it will safely be secured in the health center (locked cupboard)
- When the medication is needed, the student will come to the health center and the student will be given access to their medication.
- The level of supervision required may include anything from simply reminding the student to take their medicine, to direct observation of the patient taking each dose.
- Any supervised self-medication should only occur in line with the prescription for that medication and should be appropriately documented in the 'Supervised Self-medication' log.

Administration Errors

- Any and all errors in administration of a drug, either by the student or a staff member, will be reported , to the nurses if available or to the Emergency Practitioner at Bury Knowle Health Centre, in working hours, or to the 111 service out of hours.
- If necessary, an ambulance will be called and any first aid necessary rendered.
- An incident form should be completed and sent to the boarding lead and the nurses who will review the event and make necessary adjustments to avoid future issues.
- This may include one to one training or overall guidance and monitoring.

Adverse Reactions

- If a student is thought to be having an adverse reaction to a medicine any necessary first aid will be rendered and then an appropriate assessment booked with either the nurses, or a clinician at Bury Knowle Health Centre / 111.
- The event should be logged in the appropriate documentation.

EF Academy: Medication & Safety Protocol for Educational Visits & Activities

1. Medical Risk Assessment

- The **Extracurricular Team** conducts medical risk assessments for all off-site visits.
- If a student has a medical condition, the team must liaise with the **School Nurse** to confirm fitness for participation and identify any specific care needs.
- Individual care plans and emergency medication will be arranged where necessary.

2. Medication Management

- All staff must follow EF Academy's **Medication Administration Policy**.
- Students may only self-carry medication (e.g. inhalers) **with prior approval** from the School Nurse.
- **Controlled Drugs (CDs) must never be self-managed by students**.
- Trip leaders must review the students prescription and always follow this. If the needs any further advice they must speak to the school nurse.
- Sufficient medication must be provided by parents or the Boarding Team before departure.

3. Storage & Administration

- All medication must be kept secure and supervised by a trained, designated staff member.
- The responsible staff member must be identified **before the trip**, through liaison with the Nurse and Boarding Team.
- **Emergency inhalers and EpiPens** must be carried on all trips where relevant.
- Staff must receive appropriate **training** in:
    - EpiPen and inhaler use
    - General medication administration
    - Controlled Drug handling and documentation

4. Controlled Drug (CD) Safety & Record Keeping

- CDs must be signed out **on the day of the trip** by a trained staff member and **witnessed** by a second staff member or Boarding/Nurse team.
- The CD sign-out must include:
    - Student name
    - Drug name, dose, quantity
    - Time and date of handover
    - Name and signatures of both staff (including witness)
- CDs must be transported in a **locked container**, kept in the custody of the designated staff at all times.
- Administration of CDs must be recorded using a **Boarding-prepared CD log sheet**. Each entry must be **double-signed** by two staff members.
- Any remaining medication must be returned promptly and re-logged into the **CD Register** upon return.
- All records must be accurate, legible, and filed with student medical documentation.

5. Trip Preparation & Final Checks

- Review all student medical information on 'Everyone' system.
- Distribute emergency care plans and medication info to all staff attending the trip.
- Ensure the **risk assessment** covers medical needs, emergency response plans, and identifies trained staff for medication duties.
- Confirm with the School Nurse **3 weeks in advance** if extra medication supplies are needed.

6. After the Trip

- Return all unused medication to the Boarding Team with completed logs.
- CDs must be re-logged into the CD Register by Boarding staff with the returning staff present.
- Any discrepancies must be reported and documented immediately.

References :

- NICE. **Type 1 diabetes in children and young people**. Clinical Knowledge Summaries. 2015a. Available from: https://cks.nice.org.uk/topics/diabetes-type-1-in-children/
- NICE. **Diabetes (type 1 and type 2) in children and young people: diagnosis and management**. NG18. 2015b. Available from: https://www.nice.org.uk/guidance/ng18

Incidence and prevalence | Background information | Diabetes - type 1 | CKS | NICE

EF ACADEMY

International
Boarding Schools

Appendix 1

Self-Administration of Medication Assessment Form

Student Details

- Full Name: _____
- Date of Birth: _____

Medication Details

Medication Name	Condition treated	Dose and timing	Prescribers name and email address	Start date	End date if applicable

Student Understanding and Competence

(To be completed by School Nurse /Senior boarding team)

Assessment Criteria	Yes	No	Comments
Student can explain the purpose of the medication	☐	☐	
Knows correct dosage and frequency	☐	☐	
Understands potential side effects and when to seek help	☐	☐	
Aware of appropriate storage (see below)	☐	☐	
Demonstrates correct self-administration technique	☐	☐	
Agrees to inform staff if medication is lost, missed, or refused	☐	☐	

Medication Storage

☐ Kept securely in locked facility within medical center or boarding house
☐ Carried by student when in use (e.g., asthma inhaler, EpiPen)
☐ Other (please specify): _____

Observed Competence in Self-Administration

For regular medication: Student must be observed to safely self-administer on 2 separate occasions
For as required medication the student must be obsereved on one occasion.

Date of observation	ObserverName	Observer role	Medication observed	Safe adminiostration observed Y/N

☐ Observations confirm the student has met the criteria for safe self-administration
☐ Further observation or support needed – see below

Student Declaration of Self-Consent

I understand how and when to take my medication, how to store it safely, and will report any concerns to staff. I consent to self-administer under the agreed conditions and confirm I will not share my medication with anyone.

Student Name: _____ Signature: _____ Date: _____

School Sign-Off

☐ Student is approved for independent self-administration
☐ Student requires supervised administration
☐ Self-administration not approved at this time

Assessed by (Name & Role): _____
Signature: _____ Date: _____

Further Steps / Support Required

Review Date (if applicable): _____
Reviewed by: _____