CLIFTON
COLLEGE

Medicines Management Policy

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1. Policy Statement

Clifton College is committed to safeguarding and promoting the health, safety and wellbeing of all pupils. The College recognises that some pupils require medication during the school day, while boarding, or when participating in College activities and educational visits.

The College will ensure that medicines are managed safely, consistently and appropriately. This includes arrangements for the receipt, storage, administration, recording, monitoring and disposal of medicines, together with appropriate staff training, clinical oversight and governance.

Medicines must only be administered to the pupil for whom they have been prescribed or supplied, and in accordance with the relevant prescription, clinical instructions, parental consent and College procedures.

The College will work in partnership with pupils, parents and healthcare professionals to support pupils to manage their medical needs as safely and independently as is appropriate to their age, maturity and individual circumstances.

This policy should be read alongside the College's related medical, safeguarding and operational policies and procedures. It will be made available to staff and parents, including through the College's published policy arrangements and relevant parent information.

2. Purpose and Scope

The purpose of this policy is to establish clear expectations and procedures for the safe management of medicines across Clifton College.

It applies to:

- The Health Centre and Health Centre Nursing Team.
- Boarding and day houses.
- Prep, Pre-Prep and Preschool.
- Teaching, pastoral, sports and co-curricular activities.
- College trips, fixtures, visits and other activities taking place away from the College site.
- All staff who may receive, store, administer, supervise or otherwise support a pupil with medication.

The policy covers prescribed and non-prescribed medicines, emergency medication, controlled drugs, medication administered by College staff and medication that pupils are authorised to self-administer or self-carry.

It also sets out the College's arrangements for Individual Healthcare Plans (IHPs), staff training, medication records, audits, incident reporting and clinical governance.

This policy does not replace individual clinical advice or a pupil's prescription. Where a pupil has specific medical needs, the arrangements in their IHP, emergency plan or other relevant clinical documentation must be followed.

3. Aims

The College aims to:

- Ensure that medicines are managed safely and consistently.
- Protect pupils from avoidable harm, medication errors and inappropriate access to medicines.
- Ensure that medicines are administered only by staff who are appropriately trained, competent and authorised.
- Ensure that pupils receive medication in accordance with their prescription or approved College protocol.
- Support pupils to develop appropriate independence in managing their medical needs.
- Ensure that pupils with medical conditions can participate as fully as possible in school life, including boarding, sport, trips and co-curricular activities.
- Maintain accurate and contemporaneous medication records.
- Ensure that staff understand their responsibilities and know when to seek clinical advice.
- Promote an open, learning-focused approach to medication incidents and near misses.
- Ensure that arrangements are regularly monitored, audited and reviewed.

4. Legislation and Guidance

The policy has been developed with reference to relevant legislation, regulatory requirements and professional guidance, including:

- *National Minimum Standards for Boarding Schools* (Department for Education), particularly Standard 7: Boarders' Health and Wellbeing.
- *Supporting Pupils at School with Medical Conditions* (Department for Education, 2015; updated 2017).
- *Allergy Safety in Schools* (Department for Education, July 2026).
- The statutory framework for the Early Years Foundation Stage (EYFS), where applicable.
- The Human Medicines Regulations 2012.
- The Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.
- The Children Act 1989.
- The Equality Act 2010.
- Relevant guidance from the Royal Pharmaceutical Society and Royal College of Nursing on the safe and secure handling of medicines.

The College recognises that some statutory guidance applies directly to particular categories of school rather than all independent schools. The College nevertheless has regard to relevant

guidance as a benchmark for safe practice and to support compliance with its regulatory and safeguarding responsibilities.

5. Definitions

Prescribed medicine: A medicine prescribed by an appropriately authorised prescriber for an individual pupil.

Non-prescribed medicine: A medicine that can be obtained without a prescription and which may be administered by authorised College staff in accordance with the College's Non-Prescribed Medicines Protocol.

Emergency medication: Medication prescribed or supplied for use in an emergency, including adrenaline auto-injectors (AAIs), reliever inhalers and other medication identified in an individual pupil's emergency plan.

Controlled Drug: A medicine subject to additional legal controls under the Misuse of Drugs legislation.

Administration of medication: The act of giving a medicine to a pupil, or supporting a pupil to take it, in accordance with the relevant instructions and College procedures.

Self-administration: A pupil independently taking responsibility for taking their own medication.

Self-carrying: A pupil carrying their own medication so that it is readily accessible when needed. Self-carrying does not automatically mean that a pupil has been assessed as suitable to self-administer other medication.

Individual Healthcare Plan (IHP): A document setting out the individual arrangements required to support a pupil with a medical condition, including medication, responsibilities and emergency procedures.

Engage: The College's electronic information system used to record pupil medical information and medication administration records.

EMIS: The NHS electronic patient record system used by Pembroke Road Surgery for its registered patients. Not all boarders will necessarily be registered with the practice.

Medication error: A preventable incident that may lead to inappropriate medication use or harm while the medicine is in the control of the College or its staff.

Near miss: An incident that is identified and intercepted before it reaches the pupil. An incident that reaches a pupil but causes no harm should be recorded and reviewed as a no-harm medication incident.

6. Roles and Responsibilities

6.1 Executive Head

The Executive Head has overall institutional responsibility for ensuring that appropriate arrangements are in place to safeguard pupils and support their health and wellbeing.

6.2 Principal Medical Officer (PMO)

The PMO provides clinical oversight and advice in relation to the College's medical provision and medicines management arrangements. Responsibilities include:

- Providing clinical advice on complex medical needs and medication arrangements.
- Supporting the development and review of clinical protocols and standing instructions.
- Advising on the interpretation of medical correspondence and treatment instructions.
- Supporting the assessment and review of IHPs where clinical input is required.
- Providing clinical guidance to the Health Centre Nursing Team.
- Supporting clinical audit and review of medication incidents.
- Prescribing for pupils who are registered with the relevant practice, where this falls within the PMO's clinical role and professional scope.

6.3 Head of Medical Health & Welfare

The Head of Medical Health & Welfare has overall operational responsibility for medicines management across the College. This includes:

- Leading the development, implementation and review of this policy.
- Ensuring appropriate systems are in place for the safe management of medicines.
- Overseeing staff training, competency arrangements and compliance.
- Working with the PMO and Health Centre Nursing Team to ensure appropriate clinical governance.
- Ensuring medication incidents, concerns and audit findings are reviewed and escalated appropriately.
- Liaising with senior College colleagues where risks, non-compliance or resource issues require further action.

6.4 Health Centre Nursing Team

The Health Centre Nursing Team is responsible for:

- Receiving, checking, storing and administering medicines within the Health Centre.
- Maintaining accurate medication and clinical records.
- Reviewing medication brought into the College and seeking clarification where necessary.
- Liaising with parents, prescribers, pharmacies and other healthcare professionals.
- Supporting the development and review of IHPs and medication arrangements.
- Providing advice and guidance to house staff and other authorised colleagues.
- Monitoring medication stock and expiry dates within areas under their oversight.
- Undertaking and supporting medication audits.

- Reviewing and escalating medication errors, discrepancies and concerns.
- Supporting staff training and competency arrangements in conjunction with the Head of Medical Health & Welfare and PMO.

6.5 Heads of House, Assistant Heads of House, Matrons and Resident Tutors

House staff are responsible for ensuring that medicines held within their house are managed in accordance with this policy and the relevant procedures. This includes:

- Ensuring medicines are stored securely and appropriately.
- Ensuring that only trained and authorised staff administer medication.
- Maintaining accurate administration and stock records.
- Following the Count–Confirm–Log process for prescribed and non-prescribed medicines held in boarding houses.
- Ensuring that medication is available when pupils need it, including during activities and trips.
- Reporting discrepancies, errors, omissions and concerns promptly.
- Ensuring that staff understand the medical needs and emergency arrangements of pupils in their care.
- Ensuring that medicines are returned or transferred appropriately when pupils leave the house, change houses or leave the College.

6.6 Other College Staff

All staff must:

- Familiarise themselves with this policy and relevant pupil-specific medical information where it is necessary for their role.
- Complete required annual policy acknowledgement and any role-specific training.
- Follow the instructions in a pupil's IHP or emergency plan.
- Never administer medication unless trained, competent and authorised to do so.
- Seek advice from the Health Centre where they are uncertain about a medicine or a pupil's medical needs.
- Report medication incidents, concerns and near misses promptly.

Bank, temporary and agency staff must not undertake medication-related duties unless the College has confirmed that they have received appropriate training, are competent for the task, are acting within the scope of their employment and are appropriately covered by the relevant employer or agency arrangements and insurance.

6.7 Parents and Guardians

Parents and guardians are responsible for:

- Providing accurate and up-to-date information about their child's medical conditions and medication.

- Supplying medicines in their original packaging with a pharmacy label where applicable.
- Providing written consent and any required clinical instructions.
- Informing the Health Centre promptly of any changes to medication, dose or treatment.
- Ensuring that sufficient medication is supplied and replenished in good time.
- Replacing medication before its expiry date.
- Collecting medication when it is no longer required or when requested by the College.

6.8 Pupils

Pupils are expected to:

- Follow the arrangements agreed for their medication.
- Attend for medication at the agreed time where medication is administered by staff.
- Not share medication with other pupils.
- Not access, borrow or use another pupil's medication.
- Inform a member of staff or the Health Centre if they feel unwell, experience a reaction or have concerns about their medication.
- Take increasing responsibility for their medical needs as appropriate to their age, maturity and individual circumstances.

Pupils must not keep or carry medication unless this has been specifically agreed by the Health Centre and recorded in their IHP or other relevant documentation. Unauthorised medication may be removed and referred to the Health Centre, with the relevant pastoral lead informed.

7. Early Years Foundation Stage (EYFS): Preschool and Pre-Prep

The College recognises that additional safeguards are required when administering medication to younger children within its Early Years provision.

Medication arrangements for children in Preschool and Pre-Prep must comply with the applicable Early Years Foundation Stage requirements, this policy and any relevant individual healthcare arrangements.

The following requirements apply:

- **Parental consent:** parental consent must be obtained before any medication is administered. Consent must identify the medicine, dose, method of administration and relevant timing or circumstances.
- **Prescription and instructions:** Prescription medicines must only be administered in accordance with the prescription and pharmacy label. Any non-prescribed medication must be administered in accordance with the College's Non-Prescribed Medicines Protocol and the relevant consent arrangements.
- **Administration records:** Every administration must be recorded, including the child's name, medicine, dose, date, time and the name of the member of staff administering it.

- **Parental notification:** Parents must be informed of any medication administered on the same day or as soon as reasonably practicable.
- **Staff training:** Staff must receive appropriate training where a child's medical needs or the administration of a particular medicine requires medical or technical knowledge. Staff must not undertake tasks beyond their competence.
- **Storage:** Medicines must be stored securely, in accordance with the manufacturer's instructions, while remaining accessible to authorised staff when required. Emergency medication must be immediately accessible and must not be locked away in a way that could delay treatment.
- **Individual arrangements:** Where a child has a medical condition requiring ongoing medication or specific emergency arrangements, an IHP or equivalent individual plan must be in place and shared with relevant staff.
- **Aspirin:** Aspirin must not be administered to a child under 16 unless specifically prescribed by a doctor.
- **Refusal or omission:** Any refusal, omission or concern about administration must be recorded. Parents must be informed as appropriate.

Where a child requires medication that involves specialist clinical knowledge or a technical procedure, the Health Centre must be consulted to agree the appropriate arrangements and staff training before the medication is administered.

8. Consent, Capacity and Gillick Competence

The College must obtain appropriate consent before administering medication, except where emergency treatment is required in accordance with relevant emergency protocols and legal principles.

For pupils under 16, consideration should be given to whether the pupil has sufficient understanding and intelligence to understand fully what is proposed. This is commonly referred to as Gillick competence.

A pupil aged 16 or over is generally presumed to have capacity to make their own decisions, subject to the relevant legal framework and any concerns about their ability to understand, retain, use or weigh the information relevant to the decision.

Where a pupil is considered competent to make a decision about their medication, their views and consent should be taken into account. Parents should normally remain involved where appropriate, particularly where the pupil is a boarder or where the decision may have significant implications for their health or safety.

A pupil who has capacity or is Gillick competent may refuse medication. Staff must not force medication on a pupil. Refusal must be recorded and referred to the Health Centre for review. Parents should be informed where appropriate, taking account of the pupil's age, competence, confidentiality and the clinical circumstances.

Where a pupil is not able to make the relevant decision, decisions should be made in their best interests, taking account of parental views, clinical advice and the pupil's known wishes and feelings.

Covert administration must never be undertaken as a routine response to refusal. It may only be considered following appropriate clinical advice, assessment of capacity or competence, involvement of parents or guardians as appropriate, consideration of the legal framework and a documented individual plan.

9. Principles of Good Practice

All staff involved in medicines management must follow these principles:

- Medicines must only be administered to the pupil for whom they have been prescribed or supplied.
- Staff must follow the prescription, pharmacy label, clinical instructions and relevant College protocol.
- Medicines must be kept in their original packaging wherever possible.
- Pharmacy labels must not be altered, amended or covered by College staff.
- If a dose or instruction changes and the pharmacy label no longer reflects the current prescription, a new correctly labelled supply must be obtained. Staff must not amend the label themselves.
- Any uncertainty about a medicine, dose, route, timing or instruction must be referred to the Health Centre before administration, unless immediate emergency action is required.
- Medication must not be administered by staff who are not trained, competent and authorised to do so.
- Staff must respect the pupil's dignity, privacy, cultural and religious needs.
- Medication must be administered in a suitable environment, with appropriate privacy and without unnecessary interruption.
- Medication must never be left unattended or accessible to other pupils.
- Staff must maintain confidentiality and only share medical information with colleagues who need it to support the pupil safely.
- Staff must not crush tablets, split doses, open capsules or otherwise alter medication unless this has been confirmed by an appropriate healthcare professional and documented.
- Staff must not pre-dispense medication as part of routine practice. Medication should be prepared and administered to the pupil at the time it is due. Any approved exception for trips must follow the Medication on Trips Procedure.
- Staff must check for allergies, expiry dates, previous doses, relevant instructions and any necessary consent before administration.
- Medication administration must be recorded accurately and as soon as practicable.

10. Individual Healthcare Plans

An IHP should be developed where a pupil has a medical condition or treatment requirement that needs individual arrangements to ensure their safety and access to College life.

The Health Centre Nursing Team will coordinate the development and review of IHPs, seeking input from the PMO, parents, pupils and relevant healthcare professionals as appropriate.

An IHP should include, where relevant:

- The pupil's medical condition and its impact on daily life.
- Known triggers, signs and symptoms.
- Medication, dose, route, timing, storage and potential side effects.
- Whether the pupil may self-administer or self-carry medication.
- The level of support required and the staff responsible.
- Emergency procedures and when to seek urgent medical assistance.
- Training and competency requirements for staff.
- Arrangements for lessons, sport, co-curricular activities, boarding, trips and visits.
- Communication and information-sharing arrangements.
- Any specific environmental, dietary or access requirements.

IHPs should be reviewed at least annually, and sooner if there is a change in the pupil's medical condition, medication, treatment, level of independence or support needs, or following a relevant incident.

Relevant staff must be made aware of the information necessary to support the pupil safely. Information should be shared on a need-to-know basis.

11. Medication Awareness and Staff Training

Staff whose roles involve the care, supervision or medical support of pupils, or who may be involved in the receipt, storage, administration or oversight of medication, are responsible for familiarising themselves with this policy and understanding the requirements relevant to their role.

This includes, but is not limited to, the Health Centre Nursing Team, boarding and day house staff, pastoral staff, teachers, tutors, sports staff and other colleagues with direct responsibility for pupils' care or supervision. These staff must complete the College's annual policy acknowledgement through the National College platform, where applicable to their role.

Staff who are designated to administer medication, including Heads of House, Assistant Heads of House, Matrons, Resident Tutors and other role-relevant staff, must complete the College's annual Administration of Medicines Certificate via The National College and any additional training required for their responsibilities.

Staff must not undertake medication administration or specialist clinical tasks unless they have received appropriate training and have been assessed as competent where required.

Training must be appropriate to the medicine, task and needs of the pupil. Additional training may be required for emergency medication, specialist techniques or individual medical conditions.

The College will maintain appropriate training records. Where a member of staff is unsure whether they are trained or competent to administer a particular medicine, they must seek advice from the Health Centre and must not proceed until the position is clarified, unless an emergency protocol requires immediate action.

Nothing in this section should delay staff from taking appropriate emergency action to protect life. Staff should follow the relevant emergency protocol, call 999 where indicated and provide assistance within their level of training and competence.

12. Specialist Medication Administration and Clinical Tasks

Some pupils may require specialist medication or clinical procedures, such as buccal medication, nebulised medication, injections or other individual clinical tasks.

These tasks may only be undertaken by staff who:

- Have received appropriate training.
- Have been assessed as competent where required.
- Have been authorised to undertake the task.
- Have access to the relevant clinical instructions and pupil-specific plan.
- Understand the circumstances in which further clinical advice or emergency assistance is required.

The arrangements must be documented in the pupil's Individual Healthcare Plan (IHP) or relevant clinical plan. Appropriate consent must be in place.

Where a task is outside the training or competence of College staff, the Health Centre must be contacted to agree safe arrangements. Staff must not undertake clinical procedures beyond their competence.

Diabetes Management and Insulin Administration

Pupils with diabetes may require support with blood glucose monitoring, insulin administration and the management of their condition during the College day, boarding, sport and educational visits.

All arrangements must be documented in the pupil's IHP and, where appropriate, an individual diabetes management plan provided by the pupil's diabetes specialist team.

Insulin administration and other diabetes-related clinical tasks must only be undertaken by staff who have received appropriate training, have been assessed as competent and are authorised to carry out the task. This may include:

- Administering insulin by injection or supporting the use of an insulin pump.
- Blood glucose monitoring, including the use of continuous glucose monitoring (CGM) devices.
- Supporting pupils to calculate or administer insulin doses in accordance with their individual diabetes management plan.

- Recognising and responding to hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose).
- Administering prescribed emergency treatment, such as glucagon, where required and in accordance with the pupil's plan.

Where a pupil is assessed as competent to manage their own diabetes, arrangements for self-administration and access to insulin, monitoring equipment and emergency treatment must be agreed with the Health Centre Nursing Team and documented in their IHP.

The College must ensure that relevant staff understand their responsibilities, know where the pupil's diabetes management plan and emergency medication are held, and know when to seek urgent medical assistance. Insulin and associated equipment must be stored appropriately and remain accessible in accordance with the pupil's individual needs and relevant storage requirements.

Any administration of insulin or emergency diabetes medication by staff must be recorded in accordance with this policy and the pupil's individual management arrangements.

Other Specialist Medication and Clinical Procedures

Other specialist medication or clinical procedures may include:

- Administration of buccal midazolam or rectal diazepam for pupils with prescribed emergency seizure medication.
- Administration of prescribed nebulised medication.
- Administration of adrenaline auto-injectors (AAIs) in response to anaphylaxis.
- Administration of other prescribed emergency medication, including glucagon where required.

Any additional clinical procedure required by a pupil, such as catheterisation or enteral feeding, must be considered individually and agreed with the Health Centre before arrangements are put in place.

The Health Centre Nursing Team must ensure that appropriate clinical instructions, training, competency assessment, authorisation and recording arrangements are established before staff undertake these tasks. Where a pupil is able to self-administer or manage their own treatment, this must be assessed and documented in accordance with Section 19 of this policy.

13. Prescribed and Non-Prescribed Medicines

13.1 Prescribed Medicines

Prescribed medicines must be supplied in their original packaging with a clear pharmacy label identifying:

- The pupil's name.
- The name and strength of the medicine.
- The prescribed dose.

- The route of administration.
- The frequency and timing.
- Any additional instructions.

Medication must not be accepted for routine administration if the label is missing, illegible, altered or inconsistent with the instructions provided.

Where a label is detached, damaged or unclear, the Health Centre must verify the instructions with the dispensing pharmacy or prescriber before the medicine is administered.

Changes to prescribed medication must be supported by reliable clinical instructions from an appropriately authorised prescriber. Parental instructions alone are not sufficient to authorise a change to a prescribed dose or treatment. Where urgent verbal clinical instructions are received, these should be documented and followed by written confirmation as soon as practicable.

If the pharmacy label no longer reflects the current prescribed dose, a new correctly labelled supply must be obtained. College staff must not amend the label.

13.2 Day Pupils

Medication should only be administered during the school day where this is clinically necessary or where an agreed arrangement has been made with the Health Centre.

Where a dose could reasonably be administered at home, parents may wish to discuss alternative timings with the prescribing clinician. Any change to the prescribed regimen must be authorised by the prescriber.

13.3 Non-Prescribed Medicines

Non-prescribed medicines may be administered by authorised staff in accordance with the College's separate Non-Prescribed Medicines Protocol.

The protocol identifies the medicines that may be administered, the circumstances in which they may be given, required consent, dosage instructions and recording arrangements.

Non-prescribed medication must not be administered outside the approved protocol without appropriate advice and authorisation from the Health Centre.

Non-prescribed medicines must not normally be administered for more than 48 hours without advice from the Health Centre. Where symptoms persist, worsen or recur, the pupil must be referred for clinical assessment.

13.4 Medicines Brought into School

All medication brought into College for administration or storage must be handed to the Health Centre or the appropriate authorised house staff member in accordance with the agreed arrangements.

Medicines must be:

- In their original packaging.
- Clearly labelled where prescribed.
- Accompanied by the relevant instructions and consent.
- Checked before being accepted for storage or administration.

Medication must not be transferred between pupils or shared.

Where medication is brought into College without the required packaging, label, consent or instructions, it must be referred to the Health Centre. It must not be administered until the necessary information has been verified.

Unauthorised medicines found in a pupil's possession or accommodation should be secured and referred to the Health Centre and relevant pastoral lead. Parents should be informed where appropriate.

14. Ordering and Replenishment of Medicines

Responsibility for ordering and replenishing medication must be clear for each pupil and medication arrangement.

The Health Centre Nursing Team will coordinate ordering and replenishment for medication managed through the Health Centre, liaising with parents, prescribers and pharmacies as required.

House staff must monitor medicines held within boarding houses and notify the Health Centre and/or parents when supplies are running low or approaching expiry.

Sufficient notice must be provided to allow prescriptions to be requested, issued and dispensed. As a general guide:

- Boarding house medication should be requested at least five working days before it is required.
- Medication supplied by a private specialist may require five to seven working days or longer.

These timeframes are intended to support timely replenishment and do not remove the responsibility to plan ahead.

The College's current arrangements for prescriptions and dispensing may involve Pembroke Road Surgery, Buxton & Grant Pharmacy or NBT Pharmacy, depending on the pupil's registration and the medication required. These arrangements should be reviewed when service providers or prescribing arrangements change.

Emergency medication must be replaced promptly following use, loss, damage or expiry. A pupil must not be left without the emergency medication identified in their IHP.

15. Storage of Medicines

All medicines must be stored securely, safely and in accordance with the manufacturer's instructions and any specific clinical requirements.

15.1 General Storage

Medicines must:

- Be stored in their original packaging.
- Be clearly identifiable and labelled.
- Be stored separately from food and drink.
- Be kept in a locked cupboard, cabinet or designated secure storage area, except where immediate access is required for emergency medication or an agreed self-carry arrangement.
- Be accessible only to authorised staff and the pupil where self-administration or self-carrying has been agreed.
- Be stored in a manner that prevents access by other pupils.

Keys and access codes must be restricted to authorised staff. Staff must ensure that medicines are returned to secure storage immediately after use.

15.2 Refrigerated Medicines

Medicines requiring refrigeration must be stored in a designated, secure medicines refrigerator, separate from food and drink.

The refrigerator should normally be maintained between 2°C and 8°C, unless the manufacturer's instructions specify otherwise.

Temperatures must be monitored and recorded in accordance with the relevant procedure. Any temperature excursion must be reported to the Health Centre. Affected medicines must be quarantined until advice has been obtained from the pharmacy, manufacturer or an appropriate healthcare professional.

15.3 Emergency Medication

Emergency medication must be stored securely but remain readily accessible to the pupil and authorised staff when required.

It must not be locked away in a location that would delay emergency treatment. The location and access arrangements must be documented and communicated to relevant staff.

15.4 Expired, Discontinued or Unwanted Medicines

Medicines must be checked regularly for expiry dates and condition.

Expired, discontinued, damaged or unwanted medicines must be removed from general use and returned to the Health Centre or parent for appropriate disposal. They must not remain in active medication storage.

Where a medicine is subject to a recall, the Health Centre must be informed and the relevant instructions followed.

15.5 Storage During Trips and Educational Visits

Medication required during trips, fixtures, visits and other off-site activities must be stored securely and transported in accordance with the manufacturer's instructions and the College's Educational Visits Policy and associated Risk Assessment for Pre-Trip Medical Checks for Off-site School Trips.

Emergency medication must remain readily accessible throughout the activity and must not be stored in a way that could delay its use. Responsibility for the safe storage and accessibility of medication must be clearly allocated as part of the trip arrangements.

16. Administration of Medication

Medication must be administered in accordance with the prescription, pharmacy label, clinical instructions, relevant College protocol and any pupil-specific plan.

16.1 Checks Before Administration

The member of staff administering medication must check:

- ☐ The correct pupil.
- ☐ The correct medicine.
- ☐ The correct dose.
- ☐ The correct route.
- ☐ The correct time.
- ☐ The reason for administration.
- ☐ The expiry date and condition of the medicine.
- ☐ Any allergies or relevant precautions.
- ☐ The previous dose and minimum interval, where applicable.
- ☐ That the medicine has not already been administered.
- ☐ That the required consent and instructions are in place.

If any information is unclear or inconsistent, staff must not administer the medicine until they have sought advice, unless immediate emergency action is required.

16.2 During Administration

Staff must:

- ☐ Wash or sanitise their hands as appropriate.
- ☐ Prepare medication in a clean and suitable environment.
- ☐ Use an appropriate measuring device for liquid medication.
- ☐ Check the medicine and dose against the instructions.
- ☐ Explain the medication to the pupil where appropriate.
- ☐ Respect the pupil's dignity and right to ask questions.
- ☐ Ensure the medicine is taken or administered as intended.
- ☐ Never leave medication unattended or allow another pupil to administer it.

Medication must not be crushed, split, opened or mixed with food or drink unless this has been authorised by an appropriate healthcare professional and documented.

16.3 Recording Administration

All medication administration must be recorded on Engage at the time of administration or as soon as practicable afterwards.

The record must include:

- Pupil's name.
- Medicine and dose.
- Date and time.
- Route, where relevant.
- Name of the member of staff administering the medication.
- Any relevant observations, refusal, omission or adverse reaction.

Where an electronic record cannot be completed at the time, a contemporaneous paper record must be made and transferred to Engage as soon as practicable and before the end of the staff member's shift wherever possible.

16.4 PRN Medication

Medication prescribed or authorised to be taken when required (PRN) must only be administered in accordance with clear instructions.

The instructions must identify:

- The reason or symptoms for which the medicine may be given.
- The dose.
- The minimum interval between doses.
- The maximum dose within the stated period.
- Any precautions or circumstances in which the medicine must not be given.
- When further clinical advice should be sought.

Staff must check previous doses and record the reason for administration and any relevant outcome. Repeated or increasing use of PRN medication must be referred to the Health Centre for review.

16.5 Refusal or Omission

A pupil must not be forced to take medication.

Where a pupil refuses medication, or a dose is omitted for any reason:

- The refusal or omission must be recorded.
- The Health Centre must be informed promptly.
- Clinical advice must be sought where there may be a risk to the pupil.
- Parents should be informed where appropriate.
- Any further action must be documented.

A missed or omitted dose must not be doubled or made up unless an appropriately authorised prescriber has provided instructions.

16.6 Covert Administration

Covert administration is the administration of medication in a disguised form without the pupil's knowledge.

It must not be undertaken without a formal, documented plan following appropriate clinical advice, assessment of capacity or competence, involvement of parents or guardians as appropriate and consideration of the relevant legal requirements.

17. Paracetamol and Ibuprofen

Paracetamol and ibuprofen may be administered by authorised staff in accordance with the College's Non-Prescribed Medicines Protocol.

The protocol must be followed in relation to consent, dosage, timing, maximum daily dose, contraindications and recording.

*Ibuprofen may only be administered where prior Health Centre authorisation and parental consent are in place. Where there is uncertainty about the pupil's suitability, symptoms, previous doses or any relevant contraindication, staff must seek further advice from the Health Centre before administration.

Staff must check whether the pupil has received medication at home or elsewhere before administering a further dose.

Where symptoms persist, worsen or recur, the pupil must be referred to the Health Centre for clinical assessment rather than continuing to receive non-prescribed medication without review.

18. Aspirin

Aspirin must not be administered to pupils under the age of 16 unless it has been specifically prescribed by a doctor.

This restriction is due to the association between aspirin use in children and young people and the risk of Reye's syndrome.

Any aspirin prescribed for a pupil must be managed in accordance with the prescription and the pupil's individual medication arrangements.

19. Self-Administration and Self-Carrying

Self-administration of routine medication will only be considered for pupils who are considered age-appropriate and sufficiently mature to manage their medication safely.

Before approval is granted, the pupil must complete a Self-Administration Assessment with the Health Centre Nursing Team. The assessment will consider the pupil's understanding of their medication, the prescribed dose and timing, potential risks, safe storage and their ability to take responsibility for managing their treatment.

Approval must be agreed by the Health Centre Nursing Team and documented using the College's Self-Administration Assessment Form. The agreed arrangements, including any conditions or limitations, must be recorded in the pupil's medical record and communicated to relevant staff and parents as appropriate.

Self-administration arrangements must be reviewed if the pupil's circumstances, medical needs or ability to manage their medication change. Approval may be withdrawn where there are concerns about safe management or compliance.

19.1 Routine Medication

Routine medication will normally be stored securely by the Health Centre or, for boarders, in the designated medication storage area within the house, usually the Matron's office.

Pupils should attend at the agreed time and medication should be signed out or administered in accordance with the relevant recording arrangements.

Self-administration of routine medication will generally only be considered for older pupils, normally those aged 16 or over, following an individual assessment by the Health Centre and agreement with parents where appropriate.

The decision must be documented and reviewed if circumstances change.

19.2 Emergency Medication: Inhalers and Adrenaline Auto-Injectors

Pupils who are prescribed a reliever inhaler or adrenaline auto-injector must have two devices available and readily accessible in accordance with their individual medical arrangements.

Age guidance should be used to inform, but not replace, an individual assessment.

Adrenaline auto-injectors (AAIs):

- **Under approximately 11 years**: devices will generally be held by a responsible adult or in a designated, immediately accessible location.
- **Ages 11–13**: self-carrying may be considered following an individual assessment of the pupil's maturity, understanding and ability to use the device.
- **Ages 14 and above**: pupils will generally be encouraged to self-carry where they are competent and this is appropriate to their circumstances.
- Where a pupil is not assessed as suitable to self-carry, the College must identify a responsible adult and a reliable arrangement to ensure immediate access.

Asthma reliever inhalers:

- **Ages 4–7**: inhalers will generally be held by a responsible adult or in a designated location that is immediately accessible.
- **Ages 7–11**: self-carrying may be agreed where the pupil is competent and understands when and how to use the inhaler.
- **Secondary-age pupils**: will generally be encouraged to self-carry where they are competent and this is appropriate to their individual circumstances.
- There is no absolute age threshold for self-carrying an inhaler. The decision must be based on individual assessment and the pupil's medical needs.

Where medication is held by staff, the arrangements must ensure that:

- The medication is securely stored but immediately accessible.
- A named or clearly identified responsible adult knows where it is kept and how to access it.
- The medication is available during lessons, sport, co-curricular activities and other parts of the College day.
- The medication is not left behind in a classroom, house or building when the pupil moves elsewhere.
- Staff responsible for the pupil know how to access the medication and the relevant emergency plan.

The arrangements must be documented in the pupil's IHP, asthma plan or allergy action plan as appropriate.

20. Emergency Medication, Medical Gases and Medical Emergencies

The College must ensure that appropriate arrangements are in place for the safe storage, accessibility, maintenance and administration of emergency medication. These arrangements must support a prompt and effective response to a pupil experiencing a medical emergency, whether on College premises, during sport, co-curricular activities or on an educational visit.

20.1 Pupil-Specific Emergency Medication

Pupils prescribed emergency medication, including adrenaline auto-injectors (AAIs) and asthma reliever inhalers, must have two devices available and readily accessible in accordance with their individual medical arrangements.

The College must ensure that:

- Emergency medication is stored securely but is not inaccessible when required.
- Arrangements for self-carrying or staff-held medication are clearly documented in the pupil's Individual Healthcare Plan (IHP) or relevant emergency plan.
- Medication is available throughout the College day, including lessons, sport, co-curricular activities, boarding and educational visits.
- Relevant staff know which pupils have emergency medication, where it is located and how to access it.
- Expiry dates and the condition of emergency medication are monitored, with arrangements in place for timely replacement.

20.2 College Emergency Medication and Stock

The College maintains emergency medication provision to support pupils and, where appropriate, other individuals who may experience a medical emergency on site.

This includes:

- College-held emergency salbutamol inhalers, in accordance with applicable guidance and the relevant College protocol.
- Spare adrenaline auto-injectors (AAIs), in accordance with applicable guidance and the relevant College protocol.
- Seven anaphylaxis emergency kits supplied through Kitt Medical.

College emergency salbutamol inhalers and spare AAIs must be managed in accordance with the relevant College protocols, including requirements for storage, accessibility, consent, authorisation, staff training, administration, recording, checking and replacement.

The College's seven Kitt Medical anaphylaxis emergency kits are managed in accordance with the Allergy & Anaphylaxis Policy. Their provision, locations, contents, checking arrangements, staff awareness and use are detailed within that policy.

All College emergency medication must be stored securely but remain readily accessible when required. Arrangements must be in place to monitor expiry dates and condition, and to ensure that medication is replaced promptly following use, loss, damage or expiry.

20.3 Medical Gases: Oxygen and Entonox

The College maintains medical gases, including oxygen and Entonox, supplied by BOC, for use in appropriate clinical and emergency situations.

These gases must only be administered by staff who have received appropriate training, have been assessed as competent and are authorised to do so.

The College must ensure that:

- Medical gases are stored, secured and handled in accordance with the manufacturer's instructions, BOC guidance and relevant safety requirements.
- Cylinders and associated equipment are maintained and checked in accordance with the relevant procedures.
- Stock levels are monitored and supplies replenished when required.
- Staff administering medical gases understand their appropriate use and the circumstances in which emergency medical assistance must be sought.
- Administration is recorded appropriately in the relevant clinical or incident record.

The use of oxygen and Entonox must be undertaken in accordance with the College's relevant clinical protocols and staff competency arrangements. Their use must not delay referral to emergency services or other appropriate medical assessment

20.4 Staff Awareness and Training

Staff with responsibility for pupils must be aware of relevant medical emergency arrangements and know how to access emergency medication where required.

Appropriate staff training must be provided in relation to the recognition of medical emergencies and the use of relevant emergency medication. Additional pupil-specific training must be arranged where required by an IHP or clinical plan.

The College will ensure that relevant staff are made aware of the location of emergency medication and the procedures for obtaining assistance.

20.5 Anaphylaxis

Where anaphylaxis is suspected:

- Emergency assistance must be sought immediately.
- An AAI should be administered promptly in accordance with the pupil's emergency plan and the relevant College protocol.
- 999 must be called immediately. Calling 999 must not be delayed while waiting to see whether the pupil improves following administration of an AAI.
- A second AAI may be required if symptoms persist or return, in accordance with the emergency plan and emergency service advice.
- The pupil must be monitored and supported until emergency medical assistance arrives.

- The incident must be reported to the Health Centre and recorded in accordance with College procedures.
- Used or depleted emergency medication must be replaced as soon as possible.

Detailed arrangements for allergy management and anaphylaxis, including the use of the College's Kitt Medical emergency kits, are set out in the Allergy & Anaphylaxis Policy.

20.6 Asthma

Pupils with asthma must have an up-to-date asthma plan and appropriate access to their prescribed reliever inhaler.

The College will support an annual asthma review where appropriate and ensure that relevant staff know how to respond to an asthma emergency.

Any significant deterioration, poor response to reliever medication or suspected severe asthma attack must be treated as an emergency. Staff must follow the pupil's plan and call 999 where indicated.

20.7 Seizures and Emergency Seizure Medication

Although the College doesn't hold general emergency seizure medication, some pupils may have prescribed rescue medication, such as buccal midazolam or rectal diazepam. This would be held and managed for the individual pupil, rather than as College-wide emergency stock.

Pupils with epilepsy or a known seizure disorder must have an appropriate Individual Healthcare Plan and, where required, an individual seizure management or emergency care plan.

The plan must identify:

- The pupil's usual seizure presentation and any known triggers.
- The action staff should take during and following a seizure.
- When emergency medical assistance must be sought.
- Whether the pupil has prescribed emergency rescue medication.
- The medication, dose, route and circumstances in which rescue medication should be administered.
- The staff responsible for administering the medication and any associated training requirements.

Emergency seizure medication, where prescribed, must be stored securely but remain readily accessible in accordance with the pupil's individual arrangements. It must only be administered by staff who have received appropriate training and are authorised and competent to do so.

Where a pupil does not have prescribed rescue medication, staff must follow the pupil's seizure management plan and the College's emergency response procedures.

Any administration of rescue medication, significant seizure activity or emergency response must be recorded and reported to the Health Centre. Parents should be informed as appropriate.

20.8 Diabetes and Severe Hypoglycaemia

Pupils with diabetes who may be at risk of severe hypoglycaemia must have an individual diabetes management plan setting out the signs of hypoglycaemia, immediate treatment required and emergency escalation arrangements.

Where prescribed, emergency medication such as glucagon must be readily accessible and administered only by staff who have received appropriate training and are authorised to do so, in accordance with the pupil's individual plan.

Staff must know how to recognise a severe hypoglycaemic episode and when to call 999. Emergency medical assistance must be sought where the pupil is unconscious, having a seizure, unable to swallow safely or where their condition does not improve in accordance with their plan.

Any episode requiring emergency treatment must be recorded and reported to the Health Centre Nursing Team, with parents informed as appropriate.

20.9 Emergency Response and Reporting

Where a pupil experiences a medical emergency, staff must follow the relevant emergency procedures, summon assistance and call 999 where appropriate.

The need to obtain routine authorisation or complete medication records must not delay life-saving action. Staff should provide assistance within their level of training and competence, following the relevant emergency protocol.

Following the immediate emergency:

- The Health Centre must be informed.
- Parents must be contacted as appropriate.
- The incident must be recorded through the College's reporting arrangements.
- Any medication used must be replaced.
- The pupil's IHP or emergency arrangements must be reviewed where necessary.

21. Controlled Drugs

Controlled Drugs must be managed in accordance with the requirements set out in this section of the College Medicines Management Policy. All staff involved in their receipt, storage, transfer, administration, recording or return must follow these requirements.

Receipt and Recording

- Controlled Drugs received by the College must be checked by an authorised member of staff against the prescription or dispensing label to confirm the pupil's name, medication, strength and quantity.
- Receipt must be recorded promptly in the Health Centre Controlled Drugs Register, including the names of the staff involved in the check.
- Any discrepancy, damage or concern identified on receipt must be reported to the Health Centre Nursing Team before the medication is accepted into stock or administered.

Storage and Security

- Controlled Drugs must be stored in a locked, secure cupboard specifically designated for this purpose.
- Access must be restricted to authorised staff. Keys must be kept securely and must not be left unattended or made accessible to pupils.
- Controlled Drugs must be stored in their original packaging with the dispensing label intact.
- Any loss of keys, suspected unauthorised access or concern about the security of Controlled Drugs must be reported immediately to the Health Centre Nursing Team and escalated as appropriate.

Administration and Checking

- Controlled Drugs may only be administered by staff who are authorised and appropriately trained to administer the medication.
- Before administration, staff must check the pupil's identity, medication, prescribed dose, route, timing and relevant instructions, alongside any other applicable medication administration checks set out in this policy.
- An independent second check by another authorised member of staff must be undertaken wherever practicable. Both members of staff should verify the medication, prescribed dose and quantity to be administered, and the remaining stock balance.
- The use of a pupil as a second checker must only be considered in exceptional circumstances where no other suitable member of staff is available and there is no reasonable alternative. This must not become routine practice or be used as a substitute for appropriate staffing arrangements. Any pupil involved must be sufficiently mature and capable of understanding the checking process. The member of staff remains fully responsible for the administration, accuracy of the check and associated record keeping. The circumstances must be documented and reported to the Health Centre Nursing Team.
- If a second member of staff is unavailable, this must not delay urgent or necessary treatment. The member of staff administering the medication remains responsible for ensuring the administration is safe and accurate, and must record that an independent second check was not possible and why.

Recording and Stock Reconciliation

- Every administration must be recorded immediately in the relevant medication administration record and Controlled Drugs Register.

- The record must include the pupil's name, medication, dose administered, date and time, remaining stock balance, and the name and signature of the administering member of staff. The second checker must also sign where applicable.
- Following each administration, the remaining physical stock must be counted and reconciled against the previous recorded balance, allowing for the dose administered.
- The new physical balance must be recorded immediately. A separate count before administration is not routinely required.
- Where new stock is received, the opening balance must be checked and recorded before the medication is used.

Discrepancies and Concerns

- Any discrepancy between the physical stock and recorded balance must be investigated promptly.
- Staff must not amend or adjust a recorded balance without establishing and documenting the reason for the discrepancy.
- A second member of staff should verify the physical count wherever possible.
- All discrepancies, unexplained losses or concerns about possible misuse must be reported immediately to the Health Centre Nursing Team and the relevant Head of House or line manager.
- The discrepancy, investigation and actions taken must be documented. Any suspected loss, theft or diversion must be escalated to the appropriate senior staff and managed in accordance with relevant reporting and safeguarding requirements.

Transfer Between Staff and Locations

- Any transfer of Controlled Drugs between authorised members of staff must be recorded and signed for by both the person handing over and the person receiving the medication.
- The transfer record must identify the medication, quantity, date and time of transfer, and the names and signatures of both staff members.
- The physical stock must be counted and the balance verified at the point of handover.
- Controlled Drugs must not be left unattended or transferred to individuals who are not authorised to receive them.

Returns and Disposal

- Controlled Drugs that are no longer required, have expired or have been discontinued must be returned to the Health Centre for appropriate onward return or disposal through an authorised pharmacy or service.
- Returns must be checked and verified by two members of staff wherever possible, with the quantity, date and staff signatures recorded in the relevant register.
- College staff must not destroy or dispose of Controlled Drugs themselves, including by placing them in general waste, sinks or toilets.
- Any discrepancy identified during the return process must be reported and investigated in accordance with this section.

Monitoring and Audit

- The Health Centre Nursing Team is responsible for overseeing the management of Controlled Drugs held by the College.
- Controlled Drugs records, stock balances, storage arrangements and administration records must be included within the College's medication audit arrangements.
- Regular checks must be undertaken to identify discrepancies, ensure accurate record keeping and confirm that Controlled Drugs are being managed securely and in accordance with this policy.
- Any concerns arising from audit or monitoring must be escalated to the Head of Medical Health & Welfare.

22. Administration of Medicines Away from School

Medication required during trips, fixtures, visits and other off-site activities must be managed in accordance with the Educational Visits Policy and associated Risk Assessments.

The member of staff responsible for the activity must ensure that:

- Medication requirements are identified in advance.
- Relevant medication is obtained from the Health Centre or house in sufficient time.
- The correct medication, dose and instructions are supplied for each pupil.
- Medication is transported securely and stored appropriately.
- Emergency medication remains readily accessible.
- A named member of staff is responsible for medication where pupils are not self-managing.
- Staff have access to relevant IHPs and emergency instructions.
- Medication administration is recorded at the time using the approved trip record.

Where paper medication administration records are used during a trip, the original record must be returned to the Health Centre and the administration details transferred to Engage as soon as practicable.

Controlled Drugs must be managed in accordance with the separate Controlled Drugs Procedure, including the required checks, transfer records and register entries.

Pupils who have been authorised to self-administer or self-carry medication may continue to do so during trips, subject to the arrangements in their IHP and any activity-specific risk assessment.

At the end of the activity, unused medication must be returned to the Health Centre or designated house staff member. Medication must not be retained by staff or pupils beyond the agreed arrangements.

23. Immunisations

The College supports appropriate immunisation provision and works with relevant healthcare services to facilitate access to vaccination programmes.

The Health Centre may hold records of a pupil's reported immunisation history and may signpost or refer parents to their registered GP where a clinical review or clarification is required.

The Health Centre Nursing Team does not independently validate overseas immunisation schedules or determine whether an overseas vaccination record provides equivalent clinical protection. Any uncertainty should be referred to the pupil's registered GP or an appropriate immunisation service.

School-age immunisation clinics may be provided by Sirona or the relevant School Age Immunisation Service (SAIS), in accordance with the arrangements in place at the time.

Consent for vaccination must be obtained through the relevant immunisation provider's process. A lack of response or silence must not be treated as consent.

Refusals and consent information received by the College should be recorded and communicated to the relevant provider in accordance with the agreed arrangements.

24. Communication of Changes to Medical Information

Parents must inform the Health Centre promptly of any change to a pupil's medical condition, medication, dose, treatment or emergency arrangements.

Changes to prescribed medication must be supported by reliable clinical instructions from an appropriately authorised prescriber. Where urgent verbal clinical instructions are received, these must be documented and followed by written confirmation as soon as practicable.

Information provided to a house, tutor, coach or other member of staff must be passed to the Health Centre where it may affect a pupil's medication or medical care.

The Health Centre will ensure that relevant records, medication instructions and IHPs are updated and that appropriate staff are informed of changes.

Where a pupil is under the care of an external healthcare professional, relevant clinical advice and correspondence should be shared with the Health Centre so that the College can assess and implement any necessary changes safely.

25. Record Keeping

Accurate and contemporaneous records must be maintained for all medicines managed or administered by the College.

Engage is the College's primary Management Information System (MIS) for recording pupil medical information and medication administration. The Health Centre also uses EMIS, an NHS clinical system, to record medical notes and relevant clinical information for boarding pupils.

Staff must ensure that medical information is recorded in the appropriate system, taking account of the nature and purpose of the information. Clinical notes and relevant healthcare information for boarding pupils should be recorded in EMIS where appropriate, while information required to support the wider care, supervision and management of pupils should be recorded or made accessible through Engage. Where information is required across both systems, records must be kept accurate and consistent.

Records should include, as applicable:

- Medication details and instructions.
- Consent and relevant clinical correspondence.
- Administration records.
- Refusals, omissions and reasons for non-administration.
- PRN medication indications and outcomes.
- Medication errors, adverse reactions and near misses.
- Stock checks and discrepancies.
- Medication brought into or removed from the College.
- Relevant training and competency records.
- IHPs and emergency plans.

Where paper records are required, including during trips or system outages, they must be completed at the time and transferred to Engage as soon as practicable. Original paper records must be retained and returned to the Health Centre in accordance with the relevant procedure. Records should be uploaded to the College Document Management System (DMS) where required.

Records must be accurate, legible, secure and accessible only to authorised individuals.

Records must be retained in accordance with the College's Records Management and Retention Schedule and applicable data protection requirements. The retention period for individual categories of medical and medication records should be confirmed with the College's data protection lead and reflected in the relevant schedule.

26. Confidentiality and Information Sharing

Pupil medical information is confidential and must be handled in accordance with the College's data protection, information governance and Medical Confidentiality and Information Sharing Policy.

Medical information must only be accessed or shared where there is a legitimate reason to do so. Information should only be shared with staff who need it to support the pupil's health, safety, care and participation in College life.

Where necessary, relevant information may be shared with teaching staff, house staff, sports staff, trip leaders and other colleagues responsible for the pupil. Only the information necessary for them to fulfil their responsibilities should be shared.

Pupils should be involved in decisions about their medical information and its disclosure wherever appropriate. Their right to confidentiality, consent, age, maturity and competence must be considered when deciding whether information can be shared with parents, carers or other individuals.

Information must not routinely be disclosed to parents or others without appropriate consideration of the pupil's consent, competence and confidentiality rights. Where information needs to be shared without consent to protect a pupil or another person from harm, or to meet a legal obligation, this must be handled in accordance with the College's Medical Confidentiality and Information Sharing Policy and relevant safeguarding procedures. Decisions and the rationale for disclosure should be documented.

Medical information must be stored securely and must not be discussed in public or shared through inappropriate channels. Staff must maintain confidentiality when handling medical records, healthcare plans and medication information.

27. Disposal of Medicines

Unwanted, expired or discontinued medicines must be returned to the Health Centre or to the pupil's parent or guardian for appropriate disposal.

House staff must not dispose of medicines in general waste, sinks or toilets.

Medicines must not be transferred to another pupil or retained for future use without appropriate authorisation.

Controlled Drugs must be managed in accordance with the separate Controlled Drugs Procedure. They must not be destroyed by College staff.

Sharps must be placed in an approved sharps container and disposed of through the appropriate clinical waste arrangements. Sharps containers must be stored securely and must not be overfilled.

28. Safeguarding

The safe management of medicines is an important part of the College's safeguarding responsibilities.

Any concern that a pupil may be at risk because of medication, including deliberate withholding, inappropriate administration, misuse, deliberate harm, neglect or repeated serious failures to follow agreed arrangements, must be reported in accordance with the College's safeguarding procedures.

Concerns must be referred to the Designated Safeguarding Lead (DSL) where appropriate.

Medication must never be used as a punishment, reward or means of controlling a pupil's behaviour.

Any allegation or concern involving a member of staff must be managed in accordance with the College's safeguarding and staff conduct procedures.

29. Compliance and Governance

The Head of Medical Health & Welfare is responsible for overseeing implementation of this policy, supported by the PMO and Health Centre Nursing Team.

The College will monitor compliance through:

- Medication audits and stock checks.
- Review of medication administration records.
- Review of medication errors, omissions, adverse reactions and near misses.
- Staff training and competency records.
- Review of IHPs and emergency medication arrangements.
- Review of concerns raised by pupils, parents or staff.

Staff are expected to follow this policy and the relevant procedures. Where non-compliance is identified, the College will consider the circumstances, level of risk, training needs and any required corrective action.

The College promotes an open and learning-focused approach to medication incidents. Staff should feel able to report errors and near misses without fear of automatic disciplinary action. Deliberate, reckless or repeated non-compliance may, however, be addressed through the College's conduct or disciplinary procedures.

30. Medication Audits

Medication audits will be undertaken at least termly, and may be unannounced.

Audits may include:

- Reviewing medication administration records on Engage.
- Checking medicines held in the Health Centre and boarding houses.
- Checking physical stock against recorded balances.
- Checking expiry dates and opened dates where relevant.
- Reviewing PRN medication use.
- Checking storage arrangements and access to keys.
- Reviewing Controlled Drugs records and arrangements.

Audit findings must be documented. Any required corrective action must be allocated to an appropriate person and monitored to completion.

Findings should be reported to the relevant Head of House or Head of Department and escalated to the Head of Medical Health & Welfare and Deputy Head of Pastoral where concerns or corrective action are identified.

31. Medication Errors, Omissions and Adverse Reactions

All medication errors, omissions, adverse reactions and near misses must be reported and reviewed.

Where an error or adverse reaction occurs, staff must:

1. Take immediate steps to ensure the pupil's safety.
2. Seek advice from the Health Centre and/or PMO.
3. Call 999 where emergency assistance is required.
4. Inform the relevant senior colleague and parents where appropriate.
5. Record the incident using the College Accident and Near Miss Reporting Form, available via The Hub > Operational Services > Safety Portal.
6. Ensure the incident is recorded in the pupil's medical record where relevant.
7. Cooperate with any review or investigation.

The Health Centre Nursing Team will review the clinical implications and advise on any further action required. The Head of Medical Health & Welfare will oversee the governance response, including escalation, learning and any necessary changes to practice.

The purpose of review is to understand what happened, identify contributing factors, protect the pupil and reduce the risk of recurrence.

32. Supplements and Nutritional Products

The use of sports supplements, nutritional products and energy drinks by pupils is governed by the separate Sports Supplements and Energy Drinks Policy.

Staff must not recommend, supply, administer or support the use of supplements outside the arrangements set out in that policy.

Any supplement or nutritional product brought into College must be referred to the Health Centre for review. Where a product is identified as unauthorised, it should be secured and referred to the Health Centre and relevant pastoral lead. Parents should be informed as appropriate, and arrangements made for safe return or disposal.

Clinical supplements prescribed or recommended for a medical reason must be considered separately from performance or sports supplements and reviewed by the Health Centre in accordance with the pupil's clinical needs.

Energy drinks are prohibited for all pupils in accordance with the Sports Supplements and Energy Drinks Policy.

33. Emergency and Clinical Advice

Where staff are concerned about a pupil's health or medication, they should contact the Health Centre for advice.

- **Health Centre**
  Telephone: 0117 315 7637
  Email: healthcentre@cliftoncollege.com
- **NHS 111**
  For urgent medical advice where the situation is not a life-threatening emergency.
- **Emergency services**
  Call 999 where a pupil has a life-threatening condition or requires emergency medical assistance.
- **Pembroke Road Surgery**
  Telephone: 0117 973 3790
  This contact is for boarding pupils registered with the practice, where relevant.
- **National Poisons Information Service (NPIS)**
  Telephone: 0344 892 0111
  This service is for healthcare professionals. College staff should contact the Health Centre or emergency services as appropriate rather than contacting NPIS directly.

Appendix 1

Count–Confirm–Log Protocol

1. Purpose

This protocol sets out the stock control process for prescribed and non-prescribed medicines held within boarding houses.

It is intended to provide an accurate record of medication stock and support the prompt identification of discrepancies.

This protocol does not apply to Controlled Drugs. Controlled Drugs must be managed in accordance with the separate Controlled Drugs Procedure, including the requirement for a physical stock count at every administration. Refer to Section 21.

2. When the Protocol Applies

The Count–Confirm–Log process must be followed by authorised staff administering prescribed and non-prescribed medicines held within boarding houses.

A physical count is required **after each administration**.

3. Procedure

Following each administration, the member of staff must:

1. **Administer** - the medication in accordance with the prescription, pharmacy label or approved protocol.
2. **Count** - the remaining physical stock immediately after administration.
3. **Confirm** - the remaining quantity against the previously recorded balance, allowing for the dose just administered.
4. **Log-** the new physical balance immediately in the designated stock record.

The record must include:

- The pupil's name.
- The medicine and strength.
- The dose administered.
- The date and time.
- The name and signature of the member of staff.
- The new physical stock balance.

For tablets, the remaining individual tablets must be counted. For liquid medication, the remaining quantity must be assessed using an appropriate measuring or reconciliation method.

4. Receipt of New Stock

When new stock is received, authorised staff must check the medicine and quantity against the supplied packaging or accompanying documentation.

The opening physical balance must be recorded before the medicine is added to the active stock.

Any discrepancy between the quantity received and the accompanying documentation must be reported to the Health Centre.

5. Discrepancies

Where the physical stock does not reconcile with the recorded balance:

- The member of staff must not amend the recorded balance without investigation and an explanation.

- The affected stock should not be used until the discrepancy has been reviewed, unless withholding urgent medication would place the pupil at risk.
- A second member of staff should independently verify the physical count wherever possible.
- The Health Centre Nursing Team and relevant Head of House or line manager must be informed promptly.
- The discrepancy must be documented and investigated in accordance with the College's incident reporting arrangements.
- The Health Centre Nursing Team will advise on any further action, including escalation to the Head of Medical Health & Welfare where appropriate.

Any investigation should consider whether the discrepancy may have resulted from an administration recording error, an incorrect opening balance, a missed entry, a transfer of stock or another cause.

6. Oversight

The Health Centre Nursing Team will provide oversight of the process through periodic checks and audits, which may be unannounced.

Heads of House and relevant house staff are responsible for ensuring that the protocol is followed consistently.

Related Policies and Procedures

This policy should be read alongside:

- Non-Prescribed Medicines Protocol.
- Educational Visits Policy
- Individual Healthcare Plan Template
- Allergy Safety Policy
- Asthma Policy & Emergency Protocol
- Sports Supplements and Energy Drinks Policy
- Safeguarding & Protecting Children Policy
- Records Management and Retention Schedule