



CHARTERHOUSE

**HUNT HEALTH CENTRE:
ADMINISTRATION OF MEDICATION POLICY**

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This policy describes the administration of medication for unwell or injured pupils in Boarding Houses at Charterhouse. The purpose is to ensure the utmost safety for all pupils and staff.

A. Non-prescription medication (over-the-counter or 'OTC' medication)

1. Non-prescription medications are those which can be purchased over-the-counter in the United Kingdom in pharmacies and supermarkets without a prescription for the treatment of minor ailments. Boarding Houses hold stocks of some of these, such as paracetamol and cough sweets. A list of non-prescription medication recommended for use in Boarding Houses is included in Appendix A below.

2. Parents sometimes provide their sons and daughters with non-prescription medication for use at Charterhouse. Furthermore, occasionally the pupils will purchase their own remedies from local shops and bring them back into school.

3. Charterhouse does not object to this in principle, with the exception of pain relief such as paracetamol and ibuprofen (which pupils can access from House staff or the Health Centre if needed). It requires non-prescription medication always to be kept in its original packaging (labelled in English), and expects parents and pupils always to inform the Assistant Head of House when they are bringing such medication into the boarding environment. This is so that these non-prescription medications can be approved by the School's medical team to ensure they are safe and appropriate, and also so that there is no interaction with any other medications being taken. The School reserves the right to confiscate non-prescription medications brought into school if it judges they are inappropriate, potentially harmful, would not be available over-the-counter in the UK or are otherwise being used or stored irresponsibly.

4. Pupils sometimes request over-the-counter medication from House staff at regular intervals for a period of time, for example paracetamol to control pain. To avoid the need for staff to get up in the middle of the night to dispense one dose, it is acceptable to put it in a labelled tablet bag and give it to the pupil with clear instructions. The dose should be recorded on the 'medical module' pages of the School's online information management system (ISAMS: see s20 below) with the time at which it is anticipated the medication will be taken. In the morning, the member of staff should check whether the medication has been taken, and, if not, remove and dispose of it before deleting the entry on ISAMS. Any doubts about which kinds of medication can or cannot be treated in this manner should be referred to the Health Centre.

B. Alternative medicine, including traditional remedies

5. Traditional and other alternative medicines can only be administered at School with the agreement of the School's Medical Officer. The parents of pupils intending to pursue a course of alternative medicine must provide the House Office (Assistant Head of House and Head of House) and the Hunt Health Centre with detailed instructions on all aspects of the drug. The HHC will then ensure the Senior Medical Officer is satisfied that this is safe. The School is likely to require completion of a risk assessment for agreement by parents, pupil and Assistant Head of House.

C. Prescribed medication

6. Medication may be prescribed for reasons which include physical health, mental health, or special educational need. Prescribed medication is medicine that you can only have if it has been prescribed by a qualified health professional. This includes 'controlled drugs', which are drugs subject to high levels of government regulation because they are especially addictive or dangerous. Additional information about controlled drugs is given in Section D.

7. Pupils must not arrive at Charterhouse with, or return to School with or be sent via a delivery service prescribed medicines which the School has not been informed about. When a school does not know that prescribed medicines are present, it makes it difficult to care for the pupil and it puts other pupils at risk. Charterhouse therefore takes breaches of this requirement very seriously. In some circumstances it may require pupils who have arrived with undeclared health conditions and/or medication either to stay away from School while medical enquiries are completed or to leave the School permanently.

8. When a pupil first joins the School or begins a course of treatment, all prescribed medication which is brought or sent from a pupil's home to School must be accompanied by a letter from an appropriately qualified medical professional (likely to be the practitioner who prescribed the medicine) addressed to the School's Medical Officer at the Hunt Health Centre and explaining the purpose and course of treatment. As soon as the medication arrives on School premises it must be handed over, together with the explanatory letter to the Assistant Head of House (see Charterhouse Boarding Handbook, Health and Wellbeing section).

9. All prescribed medication brought to Charterhouse must be in its original container or packaging, labelled in English with:

- the pupil's name
- the name of the medication
- the correct dosage and frequency (and, where appropriate, daily timing)
- the expiry date

10. The School reserves the right to confiscate medication which:

- is not correctly labelled in English
- is loose or not in its original packaging
- the School's Medical Officer considers inappropriate
- it otherwise has reasonable suspicions about

In such cases the School will not allow the pupil access to the medication, and will either return it to parents at the earliest opportunity, or retain it for the pupil's use after medical enquiries have been satisfactorily completed.

11. When prescribed medication is correctly labelled and handed over to House staff, the Assistant Head of House must record the details on the 'medical module' pages of ISAMS. The Assistant Head of House should record the amount of medication received (for example, the exact number of pills), together with the name of the drug, its purpose, the dosage and frequency, the date and time of receipt, and (where appropriate) the length of time remaining for a course of medication which has yet to be completed.

12. All medication kept by the House team must be stored according to the manufacturer's instructions and in its original packaging, with the correct name of the patient, the dosage, frequency and expiry dates clearly visible. Patient Information Leaflets (PILS) must remain with the medication's original packaging and should not be removed or discarded. These leaflets are an important reference for staff, especially because they allow for the observation of any side effects. Patients should also be encouraged to read them.

13. Medication that needs to be kept between 2°C and 8°C must be stored in a lockable fridge dedicated to the purpose. No foodstuffs or other items should be kept in the drugs fridge. The temperature of the fridge needs to be recorded daily. Where a boarding House does not have such a facility, the Assistant Head of House needs to consult the House's Named Nurse in order to make arrangements for additional storage in the Hunt Health Centre's medical fridges.

14. Medicines which do not need to be refrigerated should be kept in the designated locked cabinet within the boarding House (in the office or surgery) under the supervision of the Assistant Head of House and Relief Assistant Head of House, who should keep secure control of the keys and check the stocks against the records weekly. Controlled drugs must be stored in the double-locked part of the cabinet (for further information see Section D). Medication must not be stored in places other than the designated cabinet, even temporarily.

15. All pastoral staff who will be taking responsibility for administering (dispensing) medication to pupils need to have completed, in advance, training on how to access and use the ISAMS Medical Module. This includes in particular Heads of House, Assistant Heads of House and Relief Assistant Heads of Houses. These staff should also complete an administration of medication course approved by the School. Staff who have not completed this training must not dispense medication to pupils.

16. Staff issuing medication should be aware, in particular, of the need for checks on:

- the patient's identity
- obtaining relevant consent
- dispensing only from the labelled container or package
- known allergies
- relevant medical history
- other medications being taken
- contraindications for certain medications

Tablets should be dispensed from blister packaging in methodical order. In particular, strips should not be cut off or the name of the drug or expiry dates obscured.

17. The staff member who removes prescribed medication from the storage cabinet becomes the person responsible for issuing it to the pupil. If circumstances mean there is a delay in dispensing medication to the pupil, it should be replaced in the cabinet. This is especially important if a delay will coincide with a shift change of duty staff, in which case a clear written explanation must be left for the member of staff next on duty. Under no circumstances should medication be taken out of storage and left informally, either for colleagues or for pupils (for example, on desk tops, or in drawers, bags or envelopes).

18. Staff must not issue pupils with prescribed medication and then leave them to make their own decisions about when, how, or even whether they take it. Prescribed medication must be taken in the presence and

under the supervision of the person issuing it. This is a legal requirement, and failure to watch a pupil take their medicine may be regarded by the School as a breach of professional duty.

19. In addition, if the school is supervising medication for young people, it becomes the responsibility of School staff to ensure they take it, rather than the responsibility of pupils to ask for it. Staff should be aware that under some circumstances, failure to dispense prescribed medication (by forgetting, neglecting or deciding not to do so) could be considered discriminatory in the legal sense. For example, under the Equality Act 2010 pupils with ADHD are considered disabled, meaning that failure to provide their medication may be regarded as treating them less favorably than someone else. The School would almost certainly regard this as a breach of professional duty.

20. Any medication dispensed to a pupil (including non-prescription medication and alternative medicines) must be recorded on the ISAMS Medical Module. The record must show the pupil's name, the name of the medicine, the reason for giving it, the date and time, and the dose. It is crucially important that these details, and especially the dose and time, are checked carefully and recorded accurately.

21. The ISAMS system, which is paperless, also records the name of the staff member issuing the medication. Members of staff must not request that colleagues do this on their behalf, or sign for medication they have not given. They should also be aware that, in the case of controlled drugs, there is a 'Controlled Drugs Book' which must be signed by both the staff member and the pupil to confirm the medication has been dispensed and received. It is important that the CD Book is maintained accurately.

22. If a pupil refuses to take their prescribed medicine, the fact must be reported immediately to the Hunt Health Centre, recorded on ISAMS, and the House team made aware. In the unlikely event that any medication goes missing or the record fails to tally with the stocks held, the HHC and the Deputy Head (Pastoral) must be informed immediately.

23. When pupils taking prescribed medication are leaving School for weekends or holidays, the Assistant Head of House should email the parent or guardian to state exactly the type and quantity of medication the pupil is bringing with them. The parent or guardian should be asked to reply to confirm they have indeed received the correct type and quantity, and then to email the School at the end of the weekend or holiday to state the type and amount of medication the pupil is bringing back with them (even if the quantity is zero). It is important that all such transfers of medication are recorded promptly and accurately on ISAMS.

24. In line with the directions of medical staff, the pupil should commence the course of medication promptly, but only be given it for the duration for which it was prescribed (and certainly not after the expiry date). Under no circumstances should it be given to or taken by anyone other than the patient to whom it was prescribed. It is important to collect prescribed medication promptly from the Hunt Health Centre, and to return anything unused (or out of date) promptly for disposal. Again, all such movements of medication should be recorded on ISAMS.

D. Controlled Drugs (CD)

25. All controlled drugs medication must be stored inside a double locked cupboard. The inner cupboard key must not be on the same keyring as the outer cupboard – the keys must remain separate. All houses have a double locked medication cabinet.

26. When the CD prescription is arranged through the Hunt Health Centre the prescription is sent down to the pharmacy and is signed for on delivery to the health center. Two members of the HHC then check the medication and sign it into their CD book. Separate pages are started for each drug and each separate dose. The CD book is completed and signed by two members of staff.
27. When being collected by house the medication is counted and signed out by two members of staff and transferred to the Boarding house. The medication needs to be transferred into the documentation in house on iSams and in the house CD book. All dispensing of CDs needs to be documented in the CD book. The staff member dispensing the medication and the pupil taking the medication must countersign all CDs.
28. When parents provide the students CDs the house must count the medication in, double sign with a member of staff and the parent in the CD book and record the medication on iSams.
29. The CD count MUST be checked weekly. They need to be counted by two members of staff and double signed that they are correct in the CD book. Any discrepancies in medication counts must be reported immediately to the Lead Assistant Head of House and Lead Nurse at the HHC. After a 48-hour investigation, if the discrepancy cannot be accounted for, it must be escalated to SLT. An incident form must also be completed and submitted to the School's Health and Safety Officer.
30. Out of date medication must not be disposed of, it should be returned to HHC for return to pharmacy.
31. Please see Appendix B for specific information on CDs for Attention Deficit Hyperactivity Disorder (ADHD) / Attention Deficit Disorder (ADD).

E. Self-administration of prescribed medication by Pupils

32. Over recent years, there has been increasing trend to encourage young people to take more ownership over their own health care needs (Supporting Pupils at school with Medical Conditions, 2015; National Minimum Standards for Boarding Schools, 2022) – this includes the ability to self-administer their own prescription medication.
33. Any pupil 13 years and over who is deemed Gillick competent (for guidelines on assessing Gillick competence see <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>) can self-administer medications deemed safe on the self-administering medication list if the risk assessment process has been completed and approved.
34. The risk assessment (see Appendix C) will be undertaken and approved by Head of House / Assistant Head of House. The staff member completing the risk assessment must take into consideration the wider environment (for example, does the pupil share a room) in order to maintain the general safety of the boarding house community. The pupil must demonstrate that they have a thorough understanding of:
- Why they are taking the medication
 - The dose and the frequency of the medication
 - How to take the medication (what time and any special instructions, such as, with food)
 - Any likely side effects of the medication

- How it must be stored and the importance of not sharing their medication
- When to return to the Assistant Head of House for new stock

35. On completion of the risk assessment, it should be uploaded onto ISAMs and a copy sent to HHC for their records. Risk assessments need to be reviewed every term for students requiring long-term medication and the review should be documented.

36. Once the risk assessment has been successfully completed, a box of the medication can be dispensed to the pupil (for certain medications, only a couple of tablets may be issued at a time – see below). The medication must be stored in a locked compartment in the pupil's room unless it is an inhaler, pre-approved emergency medication or an adrenaline auto injector – these should be carried with the pupil at all times.

37. It would be good practice for the Head of House/Assistant Head of House to check after the first week that the appropriate amount of medication has been taken. Furthermore, it would be advisable for the Assistant Head of House to keep a note of when the repeat prescription (if necessary) should be ordered although it is the pupil's responsibility to request this via the Assistant Head of House a week before the medication runs out.

38. If having been deemed competent to self-administer and successfully completed the risk assessment the pupil is then found to neglect any requirement of the risk assessment then their ability to self-administer will be removed immediately. They can, however, be reassessed a term later if still taking prescribed medication.

39. The oral contraceptive pill does not require the risk assessment paperwork to be completed as the pupil will have verbally completed a risk assessment with the GP at the time of issuing.

40. The medications listed below which can only be issued two at a time must be kept in their foil packaging and placed in a labelled tablet bag.

41. There may be occasions when, despite the pupil meeting the requirement of the Risk Assessment, the Head of House/Assistant Head of House deems, for safeguarding reasons, it inappropriate for that pupil to self-administer their prescribed medication – the ultimate decision will lie with House staff.

Medication that CANNOT be self-administered

- Controlled drugs
- Roaccutane
- Tricyclic medication
- Non-prescription pain killers
- Antidepressants

Medication that CAN be self-administered

- Antihistamine
- Skin creams and lotions
- Ear/eye drops
- Antibiotics
- Propranolol (only 2 tablets at a time)
- Sumatriptan (only 2 tablets at a time)
- Migraleve (only 2 tablets at a time)
- Asthma medication
- Adrenaline auto injectors

These lists are not exhaustive and are under constant review. If the Head of House or Assistant Head of House are unsure if a medication is safe to be self-administered, they must first seek advice from the Hunt Health Centre (extension 691).

F. Medication for school trips

42. When a pupil is going away on an overnight School trip, House staff will need to remove medication from the storage cabinet and hand it over to a colleague (the trip leader or member of staff accompanying the trip). On such occasions, house staff must ensure that colleagues are well-informed about the prescription, and are aware of the provisions of this policy (including the administration of controlled drugs where applicable), especially secure storage, careful dispensing, and accurate accounting for any returns.

43. All CDs required for school trips need to be double signed out of house and taken to HHC in its complete, labelled original packaging.

44. The CDs will be securely sealed with documentation in a portable box by HHC staff. The member of staff responsible for the trip must collect the CDs from HHC and will be provided with the relevant documentation including the pupil's prescription and a log book for recording the administration of the medication.

45. On return from the trip any unused medication and completed log book must be returned to the HHC and be signed in.

46. If parents have been given unused CDs after the trip to take home they must sign the log book to acknowledge receipt of the medication along with the member of staff who has issued them.

47. HHC will contact house to come and collect any returned medication. House will be given a copy of the administration log book to upload onto iSams. HHC will also retain a copy of the administration of medication log book in their trip medications file.

APPENDIX A

Non-prescription medication (over the counter medicines) allowed to be given are listed below:

Analgesia

Paracetamol 500mg tablets / Soluble Paracetamol 500mg tablets

Paracetamol can be given 4 hourly to a maximum of 4 times in 24 hours. Dose as per instructions on pack. Care must be taken if the recipient has had any other medication. PARACETAMOL is often present in OTC cough and cold remedies.

Paracetamol must not be given to anyone with a history of liver or kidney disease, without consent from the School doctor.

Paracetamol is an effective anti-pyretic (reduces raised temperatures) as well as an analgesic (painkiller) for mild to moderate pain.

Ibuprofen 200-400mg tablets

Ibuprofen may be given with caution. If the student is requiring regular Ibuprofen for more than 3 days please contact the health center. Paracetamol is the first line treatment for analgesia – however, the Medical Officer has agreed that ibuprofen may be issued if clinically indicated.

Ibuprofen 400mg – this can be given 4-6 hourly to a maximum of 6 tablets in 24 hours. Care must be taken if the recipient is ASTHMATIC or has taken any other form of pain relief or medication.

Ibuprofen must not be given if the pupil is suffering from Chickenpox.

A running total is to be recorded of the quantity of paracetamol, soluble paracetamol and ibuprofen tablets in stock in boarding Houses.

Non-prescription medication currently recommended for use in boarding houses:

Paracetamol: analgesia/anti-pyretic (reduces body temperature)

Ibuprofen (please ring HHC before administering): analgesia/anti-pyretic

Loratadine: antihistamine (must only be given under HHC direction)

Throat Lozenges: sore throats and tickly coughs

Glycerin, Lemon and Honey with ipecacuanha Linctus: for use as expectorant in chesty coughs

Simple Linctus: for use with tickly coughs

Gaviscon: for heartburn and indigestion

Igloo: for use on mouth ulcers

Chlorohexidine Mouthwash: for use with sore throats and mouths

Oraldene Mouthwash: for use with sore mouths and ulcers

Vaseline: for sore/chapped lips

Vicks VapoRub: for inhalations and blocked noses

Anthisan: for bites and stings

Sudofed (Must only be given under HHC direction): for blocked sinuses

Prior to the administration of non-prescription medication:

1. Check for any known ALLERGIES
2. Check relevant past medical history
3. Check for any other medications that are being taken
4. Consider contraindications for any medication
5. Check child's name and DOB if necessary
6. Relevant consent should also be obtained
7. All medication should be taken under the supervision of the person issuing it.

Recording the administration of non-prescription medication:

1. Any medication given to a pupil must be recorded on iSAMs
2. Date and time
3. Name of recipient
4. Name of the medicine
5. Dose
6. Reason for giving
7. Signature of the administrator

APPENDIX B - CONTROLLED DRUGS

Prescribing of stimulant medication for Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

This appendix applies to all controlled drugs, but since certain specific drugs are likely to be under separate risk assessments from the HHC this appendix makes particular reference to stimulant medications for ADHD and ADD. There are a number of pupils in the School who have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and some of them may be prescribed stimulant medications such as the Methylphenidate or Dexamphetamine type (e.g. Concerta XL). The following requirements should always be adhered to:

1. The diagnosis of a behavioural / attention problem should be confirmed by an appropriate specialist with a written letter. If this letter recommends medication, there should be a shared care agreement and protocol accompanying the initial letter, containing clear details of the prescribed drug, including brand name and detailed dosing schedule. Medication will not be prescribed by the HHC without such written consultant communication.
2. The initial prescriptions for any of these drugs must be issued by the specialist, until such time as the dose is stable.
3. Pupils taking these medications should attend HHC for daily pulse and BP checks for three consecutive days, either after initially commencing the medication, or every time the dose is changed. This is because it can raise heart rate and the prescribing doctor must be made aware of the pulse and BP findings.
4. The pupil will need to make an appointment at the HHC to discuss the plan for management of the condition and medication, and regarding supervision of the prescribing process if this is advised.
5. It is anticipated that medication for ADHD/ADD would only normally be commenced with parental knowledge and consent. Likewise, in order to monitor the initial effects of the medication on boarders, the pastoral staff (Head of House, Assistant Head of House and Relief Assistant Head of House) should normally be informed of the commencement of new ADHD/ADD medication. Special Educational Needs (SEND) staff should also be informed, and be prepared to provide monitoring and feedback of the pupil's progress to the medical team.
6. ADHD/ADD medication will be held by the Assistant Head of House in a double locked cupboard (a locked cupboard within a locked cupboard) in the surgery in House.
7. Side effects of the medication can include loss of appetite with weight loss, tachycardia (fast pulse rate), arrhythmias, changes in blood pressure, insomnia as well as abdominal symptoms and psychiatric symptoms / mood changes. This is not a comprehensive list but includes the more common adverse symptoms. These should have been shared with the parents and Assistant Head of House at the direction of the consultant or GP as well as any appropriate advice for the management of the pupil. Confirmation of this advice having been given should be recorded in the pupil's medical records.

8. The pupil should have a 6 monthly review of the plan with both the GP and consultant:
- Blood pressure, pulse and weight to be checked prior to starting medication.
 - Pulse and blood pressure for first three days after commencing treatment and at every dose change – thereafter 6-monthly.
 - Weight and height 6 monthly – unless weight loss or appetite loss is noted.
 - Appetite to be monitored
 - Mood and psychiatric symptoms to be monitored – check for aggression / depression / irritability, and report to back to HHC if observed.

APPENDIX C – RISK ASSESSMENT FOR PUPIL SELF-ADMINISTRATION OF MEDICATION

DATE _____

NAME _____

D.O.B/AGE _____

HOUSE _____

MEDICATION/STRENGTH _____

DOSE/FREQUENCY _____

DISCONTINUATION DATE (If applicable) _____

Pupil understands the purpose of the medication	Y/N
Pupil knows the dose to be taken and the frequency	Y/N
Pupil is aware of any special instructions associated with the medication (e.g. taking before meals/any potential side effects)	Y/N
Pupil is aware that medication is to be stored in its original packaging	Y/N
Pupil is aware that medication is to be stored in a locked drawer	Y/N
Pupil is reliable/sensible	Y/N
I agree to undertake self-administration of medication as agreed and will accept responsibility for the safe storage of named medication. I understand that if at any point I do not comply with the above my right to self-administer medication will be suspended.	Pupil signature
I am satisfied/not satisfied (delete as applicable) that the pupil named above meets/does not meet the criteria for self-administration of medication	Staff name/signature/date
Recorded on transfer sheet	Y/N
Date of review (if applicable)	

To be completed following Gillick Competency/Fraser Guidelines:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>