



RADLEY

Managing and Administering Medication

October 2025

Aims

To ensure the safe and effective storage, management and administration of medications by staff at Radley College, meaning safe and effective care for all pupils at Radley College, thus enabling active engagement in school life.

To outline clear roles and responsibilities around medication storage, administration, and disposal.

Roles and Responsibilities

The Medical Officer has overall responsibility for advising the Lead Nurse and School regarding the Health Care of pupils, including medication administration and the list of homely medications used. Awareness of guidance of [Royal Pharmaceutical Society](#) guidance and working within NICE guidelines, in line with GMC registration

The Lead Nurse will have overall responsibility for the day-to-day management of the Health Centre and all activities connected to the administration of medication to pupils at the school, including storage and documentation. Utilise [RCN membership and guidance](#).

All Nurses are to work within their scope of professional practice, including safe administration and documentation of all medications given/refused/wasted/lost

PHMs will undertake accredited training for the administration of medication, with in-house updates from the Lead Nurse, or a designated registered Nurse or Pharmacist, administering medication as per policy

Any Boarding House Tutors or Sub Tutors administering medication will undertake accredited training for the administration of medication, with in-house updates from the Lead Nurse, or a designated registered Nurse or Pharmacist, administering medication as per policy

Any Dons administering medication on trips should have understanding of the Managing and Administering Medication policy and have sought advice, with clear individual instructions, for any medication they are responsible for on a school trip

Parents are required to disclose details of all medications that are brought into the school to PHMs and Health Centre, including homeopathic and over-the-counter medications

All Staff are obliged to report any known drug errors/missing drugs to the Lead Nurse as soon as they are aware of them

The School Insurance will indemnify staff against negligence as long as they act within their remit and responsibilities, following policy and procedures

Prescribed medication

The Medicines Act clearly defines that prescribed medication must only be administered to the person for whom it has been prescribed, labelled, and supplied. Prescribed medication is the property of that person and, therefore, these medications must not ever be used as “stock”

Staff must not tamper with packets of prescribed medication or decant from one container to another, including the remains of an old supply when a new stock is obtained; the original supply should be finished first

Prescribed medication should always have a label including the name of the patient, date of dispensing, name and strength of medication and dose and frequency. The prescription should include:

- Full and precise instructions for administration
- Include dose and frequency
- Specify route of medication when not oral
- Provide criteria when “as required” medication is prescribed including dose, frequency, intervals and maximum dosage

Controlled drugs may never be held as stock medication. The Misuse of Drug Act 1971 is the legislation governing controlled drugs, which may only ever be prescribed to individuals

GPs may only prescribe some controlled drugs, for example ADHD medications, under Specialist guidance alongside a Shared Care protocol

Pupils are not permitted to hold and self-administer controlled drugs in the boarding house. These should be stored in the PHM drug cupboard, or in the Health Centre, documented in the drug book and dispensed individually

Non-prescribed Controlled Drugs require a license for possession, as a schedule 1 controlled drug. If a circumstance arose where a member of staff was required to remove a substance from a person, they may only take possession of the substance for the purpose of handing it over to the Police for destruction

Non-prescribed or Homely Medication

Medicines in the P (Pharmacy only) or GSL (General Sales List) category may be purchased by the Lead Nurse, or designated Health Centre Nurse, to use as stock for treatment of minor ailments. These medications must remain in their original packaging and only ever be used in accordance with manufacturer instructions and/or Homely medication guidelines

An agreed list of Homely medication has been compiled by the Medical Officer for the use of Nurses in the Health Centre. A smaller list has been agreed for the use of PHMs (Appendix 1)

These medications should not be administered for longer than 48hrs without the advice of the GP being sought

Sports Supplements, such as protein supplements, are not supported by the Medical Officer, Lead Nurse or Director of Sports and, as such, their use is prohibited in the school. A balanced and healthy diet is promoted, along with personal advice when sought. This is in line with MOSA recommendations

It must be considered that all supplements are not classified as drugs and, as there is no regulation in their manufacture, can often result in contamination with other chemicals, which are banned by the World Anti-Doping Agency (WADA)

Energy drinks are not encouraged as an aid, and parents are discouraged from adding them to tuck provisions

Emergency Medication

In reference to those medications that would usually be prescribed, such as Oxygen, Adrenaline (AAs) and Salbutamol inhalers. Consent for administration of these is sought from parents as pupils start at the school. Any pupil with these medications prescribed to them are encouraged to always carry them about their person. There are emergency, generic AAs around campus that may be used if the pupil's own AA is not available, or if anaphylaxis is obvious. Emergency salbutamol inhalers and Oxygen are held in the Health Centre

Emergency Salbutamol inhalers may be used in line with the Department of Health "guidance on the use of emergency salbutamol inhalers in schools (2014)" document. Only those with a diagnosis of Asthma, or previously prescribed reliever inhaler are able to use this, with parental consent sought beforehand

Medical advice must be sought when this is used, and Parents should be informed in a timely manner

Vaccinations will be offered and administered in line with the Childhood Immunisation programme by visiting NHS School Nurses. The NHS Nurses will, in conjunction with Radley Health Centre, seek parental consent for this. If, for any reason, these vaccinations are missed, they can be prescribed by the school GP and administered by Nurses in the Health Centre. Radley Health Centre will offer an annual Influenza vaccination, prescribed via PSD, with parental consent sought for Shells, Removes and Fifths. Sixth former members are encouraged to self-consent, with parents encouraged to contact the Health Centre with any concerns.

Medication Storage

All medication should be stored in a secure, designated area, including The Health Centre, PHM Drug Cupboards and Pupils own personal safe. Prescribed medication should be obviously separate from non-prescribed/stock medication

Prescribed medication should be stored in a locked cupboard that is securely fixed to a wall/floor

Controlled drugs should be stored in a locked drug cupboard securely fixed to a wall/floor in a secure location. In boarding houses, PHMs should keep their cupboards locked and the keys in a separate location

Cold Storage for medications requiring refrigeration, plus vaccines, should be kept locked. Records should be kept of temperatures, with pharmaceutical advice sought if temperatures are outside the recommended 2-8oC. Short-term prescriptions requiring refrigeration may be kept in a PHM fridge. Any vaccinations remaining at the end of a term should be transferred to Long Furlong Medical Centre in a temperature-controlled bag/box

Self-medication, for pupils assessed as competent to manage their own prescription may store their medication in their safe/locked drawer in their room. This must not be accessible to other pupils and must always be locked. It is the responsibility of the PHM, Tutor and Sub-Tutor to ensure the security of this medication, with a contingency to access it, with the permission of the pupil, in the case of a problem or emergency. Pupils can self-medicate with parental consent. Pupils are not permitted to hold and self-medicate ADHD, anti-depressant, anxiety or anti-psychotic medication; this must be held by PHM and/or Health Centre for daily dispensing. When collecting medication for self-administration, the Nurse will go through a competency assessment (Appendix 5), acting as a verbal risk assessment, and this will be documented on ISAMS and communicated to Boarding House team, If not deemed able or appropriate to self-medicate, this will be documented and communicated in the same way.

Injectable medication, other than insulin and AAls, (e.g. Growth Hormone) will be held by the PHM or Health Centre, with administration being done with adult supervision until deemed competent to self-administer alone. This supervision may be less overt as the pupil becomes more confident in self-administration. This measure is to ensure safer sharps management and disposal, minimizing risk to others in Boarding Houses

Emergency Medication should be available at all times

Medication Administration

Medication administration should only be undertaken by Staff who are competent with appropriate training, and only in accordance with instructions/prescription. Before administering, Staff should check;

- Correct pupil – name +/- DOB
- Correct medication
- Correct dose
- Correct time
- Correct route
- Correct documentation (including instructions on label)

The person administering the medication should also check -

- Any allergies
- Expiry date of medication
- Whether the medication has already been administered

The medication given should be documented immediately, both in books and on electronic records (ISAMS) so that all relevant staff are aware. Any pupil being administered prescribed medication should have their own drug book (which may contain multiple medications) that may travel between the boarding house and the Health Centre with the prescribed medication, ensuring contemporaneous records are maintained

Any medication given on a school trip, be that prescribed or non-prescribed, must be documented, with that record being handed in to the Health Centre when arriving back from the trip

It is an individual's right to consent to, or refuse, any treatment, care and medication, and any refusal should be documented (time, reason for refusal), signed, dated and reported to the Health Centre. Gillick Competence will be assessed by the Healthcare practitioner treating the individual

Only Registered Nurses may administer medication requiring specialised or invasive routes, which may include injections, buccal, suppositories rectally or Oxygen, with the exception to this being the administration of emergency medications (such as AAls)

Oral medication should be witnessed being taken and not given to the pupil to take later

Creams and ointments should be applied by the pupil where possible and appropriate. If administered, disposable gloves should be worn, or a non-touch technique used (e.g. using a tongue depressor)

Self-administration of prescribed (excluding controlled drugs) or non-prescribed medication by pupils is acceptable, if competence and understanding is demonstrated. This should be documented

on the pupil's electronic notes and boarding staff should be made aware that a pupil is self-medicating. Parental consent (via form for completion) is requested upon entry to the school

Overdoses, accidental or deliberate, must be reported to the Lead Nurse, Medical Officer and DSL immediately

Covert administration is not acceptable practice, and medication should never be hidden or disguised/presented as something else

Placebos are not accepted practice and should not be offered

Medication records and documentation

Records should provide a complete audit trail of all medication coming into the school, when and to whom it is given, and where it goes if unused. Records should be legible, current and available for inspection and all medicine records must be kept for at least 15 years

A list of specimen signatures of staff giving medications must be held by the Lead Nurse, along with records of all medication training

Prescriptions arriving from Pharmacy for pupils to self-medicate, or PHMs to collect and administer, will be signed into the Health Centre on receipt and signed out to the individual collecting, maintaining contemporaneous records of their transit

Non-prescription medication arriving at the Health Centre must be signed into a book and signed out when allocated to a treatment room or boarding house

Verbal orders for a drug, or a change in dose or frequency will not be accepted, unless accompanied by a written instruction from the prescribing Doctor (this may be in the form of notes on medical records)

Hazard notification and Drug Alerts, when medicine is recalled, should be documented

Drug errors must be reported to the Health Centre immediately and medical advice and/or attention sought. This should be documented in medical records, along with an accident/incident report form. The pupil, parent, PHM, Tutor, Medical Officer and Head of Health and Safety should be informed

Adverse drug reactions (ADR) or suspected ADR should be discussed with the GP and/or Community Pharmacist before any further administration of that drug. A record should be made of the exact reaction and any action taken, and the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme

Weekly checks of medication levels should be carried out by a Nurse in the Health Centre and documented in the drug books

Disposal of medication

This should happen when;

- Expiry date is reached
- A course of treatment is finished or discontinued
- A dose of medication is removed from the original packaging but not taken by the pupil, or is dropped/ruined
- A pupil dies (keep for 28 days in case it is needed by the Coroner's office or courts, and discuss with Medical Officer)

Out of date medication, including controlled drugs, should be returned to the pharmacy for disposal, with appropriate documentation of this kept. Prescribed medication remains the property of the individual it is prescribed to. Consent must be sought before returning any unused or out of date medication that is prescribed

Empty and out-of-date inhalers count as waste for disposal. The Radley College Health Centre is a registered lower-tier waste carrier, in line with the Department of Health Guidelines. Radley College will be proactive in the recycling of inhalers (Appendix 4)

Changed doses or excess medication should be taken home by parents and not held by PHMs or the Health Centre where possible

Undisclosed or indistinguishable medication will be taken from the pupil and held by the Health Centre or PHM until they can be returned to parents and taken home

Lost/Found medication should be handed in to the Health Centre as soon as it is found. There will be a communication about this to ascertain who it belongs to. The Health Centre will hold the medication for 28 days and, if unclaimed, it will be taken to the pharmacy for safe disposal

Vaccinations

Vaccinations will be held at the Health Centre, in drug fridges, and administered as per prescription or PSD. The NHS School Nurses will arrange clinics at Radley College to offer and administer vaccinations in line with the childhood immunisation programme. If these sessions are missed by a pupil, the Nurses in the Health Centre may administer these with a prescription from the GP

Travel vaccinations may be administered in the Health Centre when prescribed by the GP

Any Nurse administering vaccinations will have appropriate training to do so, while working within the scope of professional practice

Appendix 1

Homely Medicines that may be administered by Registered Nurses at Radley College Health Centre

- Paracetamol 500mgs & Soluble Paracetamol 500mg
- Ibuprofen 200mgs
- Gaviscon Advance Tablets or Liquid
- Simple Linctus
- Chlorphenamine Maleate 4 mgs
- Cetirizine 10mgs
- Oraldene Mouthwash
- Stugeron
- Throat Lozenges
- Deep Heat (Methyl Salicylate) Cream and spray

Medical Officer name: Dr N H Elwig (GMC 3469477)

Homely Medicines held by Pastoral Housemistresses

Paracetamol, soluble tablets, 500mg	Paracetamol, tablets, 500mg
Ibuprofen, tablets, 200mg	Gaviscon Tablets
Simple Linctus	Corsodyl Mouthwash

In addition they are authorized to hold the following for first aid treatment:

- Ice packs
- Non-adhesive dressings
- Fabric dressing strip 7.5cms x 1m and 3.8cms x 1m
- Surgical tape 25mm x 5m and 12.5mm x 5m
- Fabric strapping 2.5cms x 5m
- Swabs 7.5cm x 7.5cms
- Olbas Oil

For infection control:

- Alcohol hand rub gel
- Non-alcohol antiseptic wipes
- Disposable gloves
- Clinical waste bag
- Spill kits (for cleaning up biological waste)

Paracetamol Tablets 500mg (including Soluble)

Note age-specific dosing

Clinical Condition to which it applies:

Definition of clinical condition/situation: Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia

Additional criteria needed to confirm applicability: Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

Contraindications:

Patients excluded from treatment: Known allergy to Paracetamol

Admission as a result of overdose of Paracetamol

Known liver impairment

Currently taking another medication containing Paracetamol

Previous dose of Paracetamol taken within past 4-6 hours

Action for excluded patients: Use alternative analgesics if safe & appropriate to do so – give reason in notes

Dosage

Dosage & administration: **Age 16 or over** - 1-2 tablets orally every 4-6 hours

Maximum dose 8 tablets in 24 hours

Aged under 16 – 1 tablet orally every 4-6 hours

Maximum dose 4 tablets in 24 hours

Adverse Reactions: Rarely rashes and blood disorder. Liver damage, Kidney damage or acute Pancreatitis after prolonged use

Warnings: Ensure patient is aware of maximum daily dose; Patients should not take other Paracetamol containing medication.

Follow-up: Monitor for effectiveness and side effects for max. 48 hours. If not responding to treatment discuss with Health Centre.

Recording: Reasons for administering Paracetamol – Date, time, dose, route of administration. Report adverse drug reaction to Health Centre & parents. Record on pupil's notes.

Ibuprofen Tablets (200mg)

Clinical Condition to which it applies

Definition of clinical condition/situation:

Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia that does not respond to Paracetamol

Additional criteria needed to confirm applicability: Informed consent written or verbal has been given by parent /guardian of pupil under 16 years

Contraindications

Patients excluded from treatment:

Patients with a hypersensitivity to other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Patients with kidney, cardiac or hepatic impairment, history of peptic ulceration or current ulcer

Avoid in patients with asthma with a known sensitivity to NSAIDs or in those asthmatics that have never used NSAIDs

Patients on medication which interacts with Ibuprofen including: Anti-coagulants, Anti-hypertensives, Anti-diabetics, Lithium and Ciprofloxacin.

Patients who have not eaten – Ibuprofen must be taken after food

Action for excluded patients:

Use alternative analgesics (e.g. Paracetamol) if safe & appropriate to do so. Give reason in notes

Dosage

Dosage & administration:

1 – 2 tablets orally every six hours (with/after food). Maximum dose of 6 tablets in 24 hours

Adverse Reactions& Warnings

Gastrointestinal discomfort, nausea, diarrhoea, bleeding & ulceration may occur

NSAIDs may increase bleeding time – inform dentist they are taking NSAID

Ensure patient is aware of maximum daily dose.

Patients should not take other Ibuprofen containing medication

Follow-up:

Monitor for effectiveness and side effects for a maximum of 48 hours. If not responding to treatment discuss with Health Centre.

Recording:

Reasons for administering Ibuprofen – Date, time, dose, route of administration.

Report adverse drug reaction to Health Centre and parents. Record on notes.

Gaviscon Tablets

Clinical conditions to which it applies

Definition of clinical condition/situation:

For the short term relief of dyspepsia

Additional criteria needed to confirm applicability:

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

Patients with renal impairment.

Dosage

Dosage and administration:

2-4 tablets after meals and at bedtime (up to four times a day)

Adverse Reactions and warnings

Should not be taken at the same time as other drugs since they may impair absorption.

Follow-up

Monitor for effectiveness and side effects for max. 24 hours. If not responding to treatment discuss with Health Centre and if necessary with GP.

Recording

Reasons for administering. Date, time, dose and route of administration.

Report adverse drug reaction to Health Centre and Parents. Record on notes

Simple Linctus (Sugar Free)

Clinical conditions to which it applies

Definition of clinical condition/situation:

For the relief of a dry irritating cough.

Additional criteria needed to confirm applicability:

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

No identified contraindication

Dosage

Dosage and administration:

5mls orally 3-4 times a day

Adverse Reactions and warnings

None documented

Follow-up

Monitor for effectiveness and side effects for max. 48 hours. If not responding to treatment discuss with Health Centre.

Recording

Reasons for administering Simple Linctus. Date, time, dose, and route of administration.

Report adverse drug reaction to Health Centre and Parents. Record on notes

Chlorphenamine Maleate 4mgs

Clinical conditions to which it applies

Definition of clinical condition/situation:

Symptomatic relief of allergy such as hay fever, urticaria; emergency treatment of anaphylaxis

Additional criteria needed to confirm applicability:

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

Caution with patients suffering hepatic disease or epilepsy.

Action for excluded patients:

Refer to GP

Dosage

Dosage and administration:_

Orally 4 mgs every 4-6 hours Max 12 mgs

Adverse Reactions _

Drowsiness, headache.

Warnings

Advise pupil not to drive or operate machinery after taking. See BNF or patient information leaflet before administering.

Follow-up

Monitor for effectiveness and side effects for max. 24 hours then refer to GP.

Recording_

Reasons for administering Chlorphenamine Maleate (Piriton) 4mgs

Date, time, dose, and route of administration.

Report adverse drug reaction to Parents.

Record on notes

Cetirizine Hydrochloride 10mgs

Clinical Condition to which it applies

Definition of clinical condition/situation: Symptomatic relief of allergy such as hay fever.

Additional criteria needed to confirm applicability: Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

Caution with patients suffering hepatic disease or epilepsy.

Action for excluded patients:

Refer to GP

Dosage

Dosage and administration:

Orally; 10mgs once daily

Adverse Reactions:

See warnings

Warnings:

See BNF or patient information leaflet before administering.

Follow-up:

Monitor for effectiveness and side effects for max. 24 hours then refer to GP.

Recording:

Reasons for administering Cetirizine Hydrochloride 10mgs

Date, time, dose, and route of administration.

Report adverse drug reaction to parents.

Record on notes

Corsodyl (Chlorhexidine digluconate)

Clinical conditions to which it applies

Definition of clinical condition/situation:

For the relief from symptoms of mouth and throat infections, mouth ulcers, gum disease and bad breath

Additional criteria needed to confirm applicability:

Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

Patients with known hypersensitivity to Chlorhexidine

Dosage

Dosage and administration:

10ml undiluted as a mouthwash / gargle, twice daily.

Adverse Reactions and warnings

Temporary staining of the tongue and/or teeth may occur (disappears when treatment stops).

Stop using and seek advice from Dentist if you develop irritation in the mouth, soreness or swelling (should stop when treatment stops)

You may note a change in taste or burning sensation when first used, this goes away with continued use.

If peeling of skin in mouth occurs, dilute Corsodyl with equal amount of water.

Follow-up

Monitor for effectiveness and side effects for max 48 hours. If not responding to treatment discuss with Health Centre.

Recording

Reasons for administering Corsodyl. Date, time, dose and route of administration.

Report adverse drug reaction to Health Centre and Parents. Record on notes.

Cinnarizine (Stugeron) 15mg tablets

Clinical Condition to which it applies

Definition of clinical condition/situation: Symptomatic relief of motion sickness.

Additional criteria needed to confirm applicability: Informed consent, written or verbal has been given by parent / guardian of pupil aged under 16 years.

Contraindications

Patients excluded from treatment:

Do not take if you have had an adverse reaction to any of the ingredients including Fructose and Galactose. Only in consultation with GP if you suffer with porphyria (blood disorder), Liver and Kidney problems, if on Tricyclic or hypnotic drugs (for mood and sleep disorders), if taking tranquilisers or if taking alcohol.

Action for excluded patients:

Refer to GP

Dosage (Adults and Children over 12yrs)

Take two 15mg tablets two hours before travelling and one 15mg tablet every eight hours during the journey

Adverse reactions:

Headache, dry mouth, upset stomach. A small number of patients (mainly elderly) taking it for a long time may experience twitching or jerky movements, muscle stiffness, restless or a slowness of movement.

Warnings:

See BNF or patient information leaflet before administering.

Follow-up:

Provide other information to help avoid travel sickness. Monitor for effectiveness and side effects. Where necessary refer to GP.

Recording:

Record on School medical record system reason for administering Stugeron and dose.

Record in homily medication book; date, time, dose and tablet balance and sign record.

Deep Heat (Methyl Salicylate) Cream and Spray

Clinical Condition to which it applies

Definition of clinical condition/situation: Adults and children over 5 years requiring treatment to relieve muscular pain and stiffness

Additional criteria needed to confirm applicability: Informed consent written or verbal has been given by parent /guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment: Known allergy to Salicylates (Aspirin, Ibuprofen and other)
Non-steroidal anti-inflammatory drugs (NSAIDs)

Action for excluded patients: For topical symptom relief, use a heat pack

Dosage

Dosage & administration: Massage a thin layer of the cream to the affected area until rubbed in
Or spray affected area lightly
Apply 2-3 times a day (no more than 3 times in a day)

Adverse Reactions: Temporary skin redness, burning sensation, rash, blisters

Warnings: Keep away from sensitive areas (eyes, lips etc)

Follow-up: If symptoms do not improve, seek GP advice

Recording: Record on School medical record system reason for administering

Appendix 2 Out of hours emergency contact numbers

Oxfordshire Primary Care Trust Out of Hours Service: 111

Abingdon Minor Injuries Unit (MIU): 01865 903476

John Radcliffe Hospital Accident & Emergency Department: 01865 741166 (switchboard)

[National Poisons Information Service \(NPIS\)](#) - 24hr line: 0344 892 0111

Health Centre Lead Nurse: Alex Gilley

01235 543113 (Health Centre)

01235 543097 (Office)

07751 489423 (Mobile)

Deputy Head (Pastoral) & DSL: Ed James

01235 543128 (Office)

07748 534631 (Mobile)

School security (18.00 – 06.00): 07774 249601

Maintenance Department emergency out of hours: 07795 626976

School Medical Officer and GP partners (home):

(For confidentiality these numbers are held in the Health Centre for use by the Nurse on duty)

Appendix 3 Training Requirements

Registered Nurses

Must be current entrant on NMC register

On appointment, Registered Nurses employed at the Health Centre will undertake induction in managing medicines at Radley College to include:

- Familiarity with the Medicines Management Policy
- Familiarity with record keeping systems used by the PHMs both paper (drug books) and electronic (ISAMS)
- Familiarity with the Homely Medication protocols and guidelines
- Familiarity of the school's First Aid and Health & Safety policies
- Familiarity with the NMCs Codes of Conduct relating to:
 - Medicines management
 - Record keeping
 - Confidentiality
- Familiarity with the Health Centre's Information Sharing and Confidentiality Policy
- Procedures for:
 - Initiating and maintaining Health Care Plans (electronic)
 - Undertaking a risk assessment for pupils who wish to self-administer medication
 - Record keeping in the health centre to include the use of the Personal Prescription Medicine book and the Homely Medicine Record book
 - The storage and disposal of medication

Ongoing training

- Nurses will aim to undertake regular individual 1:1 sessions with the Lead Nurse that will include identification of any special training needs relating to the management of medicines
- Nurses will undertake an update training on the management of medicines, record keeping and documentation as necessary

Registered Nurses who are employed on a temporary basis (i.e. agency staff) will not be expected to administer medication without the authority of the Lead Nurse.

Pastoral Housemistresses

On appointment, a Pastoral Housemistress will undertake induction training on the management of medicines at Radley, which will include:

- Familiarity with the Managing and Administering Medication policy
- Familiarity with the Managing Medical Conditions policy
- Familiarity with record keeping systems used by the PHMs both paper and electronic
- Familiarity with the Homely Medication protocols and guidelines
- Familiarity of the school's First Aid and Health & Safety policies
- Familiarity with the Health Centre's Information Sharing & Confidentiality Policy
- Induction level and basic level training according to the syllabus set out in the Skills for Care Knowledge Set for medicines – this may be provided as either a set of group tutorials, online accredited teaching and learning or by self-directed learning following an induction manual with assessment.

Tutors and resident Sub-Tutors

On appointment, and if undertaking medication administration, a Tutor or resident Sub-Tutor will undertake induction training on the management of medicines at Radley that will include:

- A familiarity of record keeping, paper and electronic, both in their Social and in the health centre
- Familiarity with the Medicines Management Policy
- Familiarity with the health centre's Information Sharing and Confidentiality Policy
- An opportunity to identify access to further training needs with the Lead Nurse if they are to participate in the administration of medicines when their PHM is off duty or due to an unexpected prolonged absence.

Other staff

On appointment, all staff, as part of their induction programme, will be given information about the Managing and Administering Medication Policy.

Teaching or support staff who may be accompanying pupils off site will receive training on managing, administering and recording medicines and first aid given.

Appendix 4

Certificate of Registration under the Waste (England and Wales) Regulations 2011

Regulation authority



National Customer Service Centre
99 Parkway Avenue
Sheffield
S9 4WF

Telephone: 03708 506506

The Environment Agency certify that the following information is entered in the register which they maintain under regulation 28 of the Waste (England and Wales) Regulations 2011.

Carriers details

Name of registered carrier Radley College

Registered as A lower tier waste carrier, broker and dealer

Registration number CBDL263715

Address of place of business

RADLEY COLLEGE, RADLEY, ABINGDON, OX14 2HR

Telephone number 01235 543113

Date of registration Tuesday 13th November 2018

Making changes to your registration

Your registration will last indefinitely so does not need to be renewed but you must update your registration details if they change, within 28 days of the change.

Appendix 5

Self-medicating risk assessment questions

1. Confirm that the Pupil understands the reason for the medication
2. Confirm that the Pupil understands the dose and frequency
3. Confirm that the Pupil understands any additional instructions (e.g. with/after food)
4. Confirm that the Pupil understands the length of treatment – continuous or course
5. Inform the Pupil of the expiry date of the medication
6. Confirm that the Pupil understands he must not stop taking the medication without consulting the Health Centre first
7. Confirm that the Pupil understands how to store the medication appropriately (carry with/in safe/refrigerator)
8. Confirm that the Pupil understands that the medication is for his personal use and is not to be shared
9. Confirm that the Pupil understands that unused medication should be returned to the Health Centre
10. Confirm that the Pupil understands that additional medication should not be used without checking the instructions with the Health Centre or Doctor
11. Ask if the Pupil has any questions