Administration of Medication & Medical Needs Policy

This policy, which applies to the whole school including students, employees, boarding, and the Early Years, is publicly available on the school website and upon request a copy, (which can be made available in large print or other accessible format if required), may be obtained from the School Office.

Information Sharing Category	Public Domain
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Review/Update Date	29 September 2027
Responsible Area	Health and Wellbeing Centre Management

Agreed by:

Head of School	**Chair of the Board**
Bryan Nixon	David King
29 September 2025	29 September 2025

All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours including activities away from school.

1. Monitoring and Review

1.1. This policy is subject to continuous monitoring, refinement and audit by the Health Centre Management, who will seek to identify trends and understand issues of concern and to take steps to improve systems to manage these. The Board of Directors will undertake regular reviews of this policy and procedures in accordance with the timeframe stipulated on the front page. Any deficiencies or weaknesses recognized in arrangements or procedures will be remedied without delay. In addition, the Lead Nurses and Health and Wellbeing Administrator will review the procedures for the management of specific medical conditions and responding to specific types of medical incidents, in line with National Guidance and regulations.

1.2. This policy will next be reviewed no later than 29 September 2027 or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements, or best practice guidelines so require.

2. Policy Statement

2.1. This policy ensures students can safely access the necessary medication required to meet their medical needs so they can participate fully in school. It aligns with the DfE statutory guidance Supporting pupils at school with medical conditions and with relevant law, including the Health and Safety (First-Aid) Regulations 1981 and RIDDOR 2013. Some conditions are short term; others are longer-term and, if not responsibly managed, could limit access to education. Our medical staff prepare Individual Healthcare Plans (IHPs) for students with ongoing medical needs, setting out safety measures and responsibilities. A copy is held in the staff shared area on the school intranet.

2.2. **EYFS scope:** While the School has opted out of the EYFS learning and development requirements, the EYFS Safeguarding and Welfare Requirements continue to apply to children under 5, including medicines, parental consent and paediatric first aid presence.

2.3. **Data protection:** Health information is special category data. The school processes medical and medication records in line with UK GDPR and our Data Protection & Privacy Notices, with defined retention periods and access on a strict need-to-know basis.

3. Definition of Medical Conditions

3.1. Students' medical needs may be broadly summarized as being two types:

- Short-term, affecting their participation in the school's activities because they are on a course of medication, for example, to finish a course of antibiotics/apply lotion etc.; and
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs) e.g., a propensity for anaphylaxis, asthma, epilepsy. It is important that the school is made aware of any medical condition prior to students starting school or when a student develops a condition so that Health Care Plans (HCPs) can be set up and must involve parents/carers and relevant health professionals.

3.2. Students with particular medical conditions such as; life threatening allergies, anaphylaxis, asthma, epilepsy or diabetes will be identified, and personal arrangements will be made to support the needs of

those individuals whilst maintaining confidentiality so far as is reasonable. Students are encouraged to take control of their condition and to feel confident in the support they receive from the school to help them do this. Parents/carers of students with medical conditions should feel secure in the care their sons or daughters receive at this school as the school ensures all staff understand their duty of care to students and young people in the event of an emergency and are confident in knowing what to do in an emergency.

4. Medications

4.1. **Medical Profile:** An individual, comprehensive and up to date medical history containing the following details is documented for each student:

- The student's name and date of birth. A photograph will accompany this.
- Details of any known sensitivity to medicines, e.g., to penicillin, aspirin.
- Any information on allergies, such as topical lotions, soaps, foods and other allergens that trigger conditions such as asthma, hay fever.

4.2. All medical visits are logged on the school online medical system, which is securely kept and allows nursing staff to see the students' pictures, medical details, allergies and medical history. This system also allows for attendance to be tracked.

5. Storage of Medications

5.1. All medicines throughout the school must be stored in locked receptacles.

5.2. All medication held at the Health and Wellbeing Centre is safely and securely stored within lockable cabinets and proper records are kept of administration.

5.3. Students for whom a risk assessment and an assessment of their Gillick competency has been completed and been given permission to self-administer 'over the counter (OTC)' and/or regular medications may retain custody of their medications if the nursing staff agree, providing that there is an accompanying English product information sheet and/or doctor's letter translated into English and that they are stored in the lockable cabinets provided to all boarding students. The student must also adhere to the conditions stated on the risk assessment form. It is also required that the size of boxes of medication conform to the British Pharmacology Guidelines, e.g., maximum size box for Paracetamol 500mg is 16 tablets/capsules.

5.4. Medicines requiring refrigeration are kept in a dedicated medical fridge with daily temperature checks and a log; out-of-range temperatures are acted on and recorded.

5.5. If a student is prescribed a controlled drug, unless otherwise and rarely agreed as part of an Individual Health Care Plan (IHCP), it will be kept in safe custody in the locked, non-portable Controlled Drug cupboard in the Health and Wellbeing Centre and only named staff will have access. A record of any doses used, and the amount of the controlled drug held at the school will be maintained. Those students who need to take a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

6. Registrations of Regular Medications taken by Students

6.1. All medications taken either on a regular basis or as needed are documented. Our medication policy states that students must register **ALL MEDICATIONS including supplements** with the Health and Wellbeing Centre to be approved by the Health and Wellbeing Centre Management for administration. Medications must have **English Language Information Sheets and/or an accompanying doctor's letter in English and the medication name, dose, route and frequency of administration must be identifiable.** In many countries the laws governing medications are different. For example, antibiotics may be available without prescription in many countries. It is at the Health Centre Management's discretion whether non-controlled medications will remain with the student or be stored at the Health and Wellbeing Centre. Medications are only approved for the student to keep in their lockable cabinet when the student has demonstrated a full knowledge of the medication's usage, dosage and possible side effects and the Health Centre is comfortable that the student is competent to self-administers. Only medications listed on the risk assessment form and signed by both the student and a Lead Nurse are permitted to be held by a student for self-administration.

6.2. When students have a **chronic medical condition** and have a regular medication regime that has been established before coming to school, the student will be assessed to establish their Gillick competency with a view to being allowed to self-medicate providing they adhere to their regime and that they store their medications in the approved way. Their condition should be regularly monitored, and medication effectiveness evaluated. The medical conditions included as 'chronic' are asthma, epilepsy, hay fever, diabetes, irritable bowel syndrome, diagnosed migraine, eczema and acne. There are several exemptions to this policy, and they refer to those students taking **controlled medications**.

6.3. **Administration records:** Every medicine administered by staff is recorded immediately (student name, medicine, dose, route, time/date, administrator, any reaction). Parents/carers are informed as appropriate, and the DSL is consulted where health information raises safeguarding concerns.

7. If a Student wishes to bring Medication from Overseas

7.1. Any medication brought by a student from overseas should be accompanied by the original doctor's prescription and a follow up letter from the parent/carer giving permission for their child to take this in the UK. Most importantly, the medication must be licensed in the UK. If it is not, a UK equivalent should be sourced which must be verified by a UK based medical practitioner. Any medicines from overseas must be brought into the UK in their original packaging. Where issues arise with the use of an overseas medication, the parent(s) must be kept informed at all times.

8. Students' Controlled Medications

8.1. There must be a prescribing medical doctor's letter in full, including the doctor's name and address, detailing diagnosis, medications, frequency, dose, route and when to administer. Medications within this category include antidepressants and amphetamine-based drugs as used in the treatment of Attention Deficit / Hyperactivity Disorder (ADHD). Controlled drugs are securely held in the Health and Wellbeing Centre and are administered by the nurses as prescribed. Controlled drugs are stored in the Controlled Drugs Cupboard [a locked cupboard within another locked space]; any controlled medication that must be chilled, will be locked in the medical fridge. School nurses may administer a controlled drug to a student for whom it has been prescribed. Staff administering medicines should do so in accordance with the

prescriber's instructions. TASIS England keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom in the 'Controlled Drugs Register'. Any side effects of the medication to be administered at school should be noted. If there is any doubt about the nature of the medication, the school's doctor will be consulted about the appropriate action to take. There should be a clear identifying label on the box/bottle as with all medications, detailing the students' name, medication name, dosage, Lot number and expiry date.

8.2. The Misuse of Drugs Regulations 2001 has a full list of controlled medicines.

9. 'Over the Counter' (OTC) Medication

9.1. OTC medication will be dispensed to students by the school nurses by giving an initial dose and further appropriate doses on consultation at the Health and Wellbeing Centre during the Health and Wellbeing Centre's office hours. Boarding students may have further doses to take in their dormitory as long as they have been assessed as being Gillick competent and the medication is provided in the manufacturer's packaging showing clear instructions for administering the medication. The student has to demonstrate their understanding of the medication and how it should be administered before being allowed to have them in their dormitory. **A Risk Assessment and Consent Form** must be completed (Appendix 3). It is at the nurse's discretion whether a student has Gillick competency to self-medicate and this will be judged on a case-by-case basis. Where it is judged that the student does not have the required understanding of the medication and how it should be administered, it will be administered by a nurse from the Health Centre.

9.2. Aspirin-containing preparations are not given to under-16s unless prescribed.

9.3. Where a day student is under 16 years of age and, upon assessment by the nursing staff, it is deemed that medication would be beneficial, the parent(s) will be telephoned to notify them of the student's condition and asking for permission to administer medication. All parents/carers at the beginning of the school year sign medical consent so that in emergency situations medication, first aid and lifesaving treatment can be administered. Day students over 16 years of age that are deemed competent can consent to medications under the guidance of nursing staff.

10. Arrangements for Administering Medications by Boarding Staff and other School Faculty Members

10.1. The practice and procedures outlined should be adhered to (and see appendix 3):

- During Health Centre opening hours, check with a nurse if the student has been given any medication throughout the day.
- If outside Health Centre opening hours, check the daily mail outs from the nurse email account.
- Check written instructions received by the school and confirm with details on the medicine container.
- Check for any student allergies and ask the student if they have taken any medications today.
- Check the prescribed dosage.
- Check the expiry date of the medicine [Note it may be helpful to consider reminding parents/carers if the expiry date is approaching if they need to get more medication from their local pharmacist], check timing and frequency details and check record of last dosage given [to avoid double dosage].
- Measure out the prescribed dose, check the student's name on the medicine again.

- Complete written record of dosage given, including date, time and signature.

10.2. Staff involved with the administration of medicines should be alert to any excessive requests for medication by students or by parents/carers on their behalf. In any cases of doubt, advice must be obtained from the Health and Wellbeing Centre.

11. Emergency spare medicines held by the school

11.1. The school holds and may use: a spare salbutamol inhaler for emergency use by students diagnosed with asthma and prescribed a reliever inhaler.

11.2. Spare adrenaline auto-injectors (AAIs) for emergency treatment of anaphylaxis. Use is in line with national guidance, with parental consent (where required), staff training, monthly device checks, and a log of use. Devices are stored securely but remain quickly accessible.

11.3. On educational visits, emergency medicines travel with the pupil or designated adult and remain quickly accessible; where outings involve under-5s, a Paediatric First Aider accompanies the group.

12. Training and authorisation

12.1. Only authorised, trained staff administer medicines in line with school Standard Operating Procedures (SOPs). The Health and Wellbeing Centre maintains training and competence records and refreshes training in accordance with awarding-body guidance.

13. Errors and adverse reactions

13.1. Where an error or adverse reaction is suspected: treat first and call 999 if required, inform parents/carers and the Lead Nurse/Head of School, complete an incident record, and review the IHP/SOPs. RIDDOR reporting is completed where criteria are met.

14. Faculty/Staff Medications and Medical Conditions

14.1. Any member of TASIS England faculty/staff who takes regular medications requiring administration during the school day must take individual responsibility to keep these medications secure from students. If a member of staff has any concerns about their medication, they must seek advice from the school nursing team in the Health and Wellbeing Centre. If the medication or the medical condition is likely to affect the faculty/staff member's ability to fulfill their job role, the staff member should not come to school and must seek guidance from their GP. It is recommended that faculty/staff undergoing or intending to undergo medical treatment (such as radiotherapy chemotherapy) inform the HR department. They may notify the Health Centre team if on-site support or guidance is required. If a member of staff becomes pregnant during the course of their employment at TASIS England it is suggested that they inform the Health Centre team so they can be supported in the workplace and notified of any health concerns around the school that could affect them during the duration of their pregnancy.

15. Self-Medication, Gillick-Competence and Fraser Guidelines

15.1. The school recognises that, wherever possible, students should be allowed to carry their own medicines and relevant devices (such as inhalers/EpiPens) or should be able to access their medicines for self-

medication quickly and easily. Following consultation between the school, parents/carers and the student, a student will be permitted to store and carry their own medication if, in the opinion of the school nurse, they are sufficiently competent to do so. Where necessary, this will be reflected in a student's Care Plan (CP) if applicable. The school will consider the safety of other students and medical advice from the prescriber in respect of the student in reaching this decision.

15.2. Students will be made aware the medication is strictly for their own personal use, and it should not be passed to any other students under any circumstances and to do so is a breach of school rules. Gillick competency and Fraser guidelines help balance children's rights and wishes with the school's responsibility to keep children safe from harm. Gillick competency and Fraser guidelines refer to a legal case in the 1980's which looked at whether doctors should be able to give contraceptive advice or treatment to young people under 16-year-old without parental consent. Since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and understand the implications of those decisions. The nurses at TASIS England undertake this type of assessment when assessing a student's capacity and understanding to keep and administer medications or to consent to treatment.

15.3. If the child is a boarding student and the treatment involves the self-administration of medication, the risk assessment should also ascertain that the child understands the need for safe storage of the medication.

15.4. Please note that forms, including a request for self-medication, concerning a student's medical needs, are available from the Health and Wellbeing Centre. Relevant Forms are also made available to parents/carers when applying for admission of a student to TASIS England.

Appendix 1 - Gillick Competency and Fraser Guidelines

HC03	TASIS ENGLAND
Operating Procedure	**Gillick Competency and Fraser Guidelines**

A copy of this Operating Procedure MUST be shared with all new staff and kept in a PROCEDURES folder in the Health Centre Staff Drive

Goal: to allow competent students to make independent informed decisions about their treatments

Individuals aged 16 or over are entitled to consent to their own medical treatment. This can only be overruled in exceptional circumstances. Young people aged 16 or 17 are presumed to be of an age that they are mature enough and have the mental capacity to decide on their own treatment, unless there is sufficient evidence to suggest otherwise.

Individuals under the age of 16 can consent to their own treatment if they are believed to be of an age, maturity and have the mental capacity competence and understanding to fully appreciate what is involved in, and to be able to consent to, their treatment. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them, as long as the consenting person has the mental capacity to do so.

Both Gillick competency and Fraser guidelines refer to a legal case in the 1980's which examined whether doctors should be able to provide contraceptive advice or treatment to young people under the age of 16 years without parental consent. Although the two terms are often used together, there are distinct differences between them. Gillick competency is used to assess whether a child has the maturity to make their own decisions and to understand the implications of these, whereas Fraser guidelines relate to areas of contraception, sexual health, pregnancy termination and contraception specifically. Gillick competency is mainly used for medical advice, but it is also used by practitioners in other settings and is often used in a wider context to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

If a parent/carer refuses consent to treatment, the decision can be overruled in court if treatment is deemed to be in the best interests of the child. In an emergency situation where waiting for parental consent would place the child or young person at risk, treatment can proceed without consent.

Management of students' consent for treatment

Governing Guidance

Assessment of Gillick Competency and Fraser guidelines is undertaken by TASIS England Health Centre Staff in line with the following guidance:

- NHS – Consent to treatment guidelines
- NSPCC Gillick Competency guidelines
- Gov.UK Reference Guide to Consent for Examination and Treatment, Department of Health, Publication date 2009. Pp 32-33

Gillick Competency Assessment Process

Gillick competency can be assessed by an appropriately trained and competent healthcare professional.
Although there is no universally recognised tool for assessing Gillick competency, medical professionals need to consider the following criteria when assessing a child's capacity to consent in order to demonstrate Gillick competency;

- The child's age, maturity and mental capacity
- Their understanding of the issue and what it involves including the advantages and disadvantages and any potential long-term impact
- Their understanding of risks and any potential implications and consequences that may arise from their decision
- Their understanding of any possible alternatives
- Their understanding of potential consequences of no intervention
- The ability to explain the rationale behind their decision making

There is a need for professionals to ascertain whether the child is being unduly pressured or influenced by someone else, in which case the consent will not be valid.

If the assessor believes the child is not Gillick competent, consent from parents/carers should be sought.

Assessment for Fraser Competency

The Fraser guidelines apply specifically to advice and treatment about **contraception** and **sexual health**. They may be used by a range of healthcare professionals working with young people under 16 years old, including doctors and nurse practitioners.

Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for **sexually transmitted infections** and the **termination of pregnancy** (Axton v The Secretary of State for Health, 2006).

Using the Fraser Guidelines

Practitioners using the Fraser guidelines should be satisfied of the following:

- The young person cannot be persuaded to inform their parents/carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents/carers)
- The young person understands the advice being given
- The young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment
- It is in the young person's best interests to receive the advice, treatment or both without their parents/carers consent
- The young person is very likely to continue having sex with or without contraceptive treatment
- (Gillick v West Norfolk, 1985)

There is no lower age limit for Gillick competence or Fraser guidelines to be applied. That said, it would **rarely be appropriate or safe for a child less than 13 years of age** to consent to treatment without parental/carer involvement. With regard to contraception and sexual health, any information about sexual activity would be acted on regardless of whether the child is competent or not – because a child under 13 is not legally able to consent to sexual activity and disclosure of this would always result in a referral to Children's Social Care.

If someone under 16 discloses information that raises concerns about their safety, the following needs to be considered:

If they are Gillick competent and disclosure is thought to be essential to protect them from danger, the healthcare professional should escalate concerns through safeguarding measures. If they are not Gillick competent, the healthcare professional is obliged to escalate concerns through safeguarding measures. In both cases, the young person must be informed – unless doing so would cause significant risk to their safety

Evidence that **valid consent to treatment has been obtained** should always be recorded in the child's notes. This should include any associated risk assessment, with details of Gillick competency or Fraser Guidelines assessment having been carried out via conversation with the child. Should the child be found to not be Gillick competent, the rationale should also be recorded.

In the event that a student does not wish to involve parents/carers in decisions about treatment and medication, the documentation of Gillick Competency Assessment (the risk assessment form and nursing notes) provides evidence of due diligence for the assessing Registered Nurse in line with government guidelines and the NMC (Nursing and Midwifery Council UK) code of conduct.

If a TASIS England student under the age of 16 does not have parental consent and does not wish for their parents/carers to be aware of any treatment, provided they are assessed as Gillick competent, Health and Wellbeing Centre professionals have the duty to respect their decision.

Where the child is deemed to be Gillick competent, and they are able to give consent to treatment, it is still good practice to provide parents/carers with information and this should be documented in the clinical record. The extent of information shared should be discussed with the child and their agreement sought prior to this. Where there are safeguarding concerns, information may need to be shared with parents/carers in the absence of agreement.

Reporting Gillick Competency & Fraser Guidelines

When either Gillick Competency or Fraser guidelines have been assessed by the nurse, full details of the process should be entered onto the Health and Wellbeing Centre visit report.

For example:
'Following a conversation with Jane Smith about contraception choices today, Jane cannot be persuaded to inform her parents that she is seeking this advice or treatment. It is my professional opinion that Jane understands the advice being given and her mental or physical health may suffer unless she receives the advice. Therefore, I believe it is in Jane's best interests to receive the advice, treatment or both without her parents' or carer's consent. In addition, it is my opinion that Jane is very likely to continue having sex with or without contraceptive treatment.'

Appendix 2 - Procedure for the Safe Storage and Self Administration of Medication

HC07	TASIS ENGLAND
Operating Procedure	**Safe storage and self-administration of medication for boarding students and record keeping checks**

A copy of this Operating Procedure MUST be shared with all new staff and kept in a PROCEDURES folder in the Health Centre Staff Drive

Safe storage and self-administration of medication for boarding student:

The Health and Wellbeing Centre nursing team assesses the boarding student's competency for self-administration of medication. If deemed competent, the medication(s) must be kept locked in a personal lockable space in the student's room together with the accompanying Medication Administration Record (MAR). The lockable space is used only for the purpose of that individual's personal use and medications. The MAR chart is required to be filled in by the student for each medication they take, to provide an audit trail that the medication(s) has been taken. Exceptions to this would be medication which must be carried by the boarding student at all times, such as an EpiPen or inhaler.

Student responsibilities

As required OTC medications: Students may keep a small personal supply of OTC medications, provided they are deemed Gillick competent. Students should use the MAR chart for a personal record to ensure the right time gap between doses is respected.

Short course of treatment: Students deemed Gillick competent may keep a short course of treatment as prescribed by the GP; they will complete the log on the MAR chart and keep the chart and the medication locked away. At the end of the treatment or on a weekly basis they will visit the Health and Wellbeing Centre for a follow up, review of medication that has been self-administered and progress with their treatment.

Long term medication: Students deemed Gillick competent may keep a small stock of their long-term ongoing medication; they will complete the log on the MAR chart and keep the chart and the medication locked away. They will attend the Health and Wellbeing Centre on a weekly or monthly basis (by prearranged agreement with the nurse) for a follow up, review of medication logs, and a wellbeing check to allow for repeat prescriptions where required. Contraceptive pills are excluded from MAR chart signing requirements.

Notes*:*
Repeat prescriptions *require a processing time of 3 to 5 working days. The nurse on duty needs to complete a wellbeing check and submit the request and observations to the GP practice. The GP will review the information and issue an online repeat prescription to the designated pharmacy; the Health and Wellbeing Administrator collects and delivers the medication to the Health and Wellbeing Centre.*
Medications treating psychiatric conditions *are administered at the Health Centre until any potential side effects are under control and the student settles on the medication routine. Following this, the student can be risk assessed to self-administer in the boarding house and, if deemed Gillick competent, small supplies may be issued*

on a bi-weekly and progressively weekly basis to ensure the student does not keep a larger than necessary stock of medication in the boarding house and returns regularly to the Health Centre to show the completed MAR charts and receive refills.

Cooperation from staff

Nurses and House Parents are requested to check **at least weekly** that medications are being stored safely and the MAR sheet is being completed appropriately. These checks must be evidenced on the Weekly checklist 'Safe Storage of Boarders own Medications and Record Keeping'. The register must also be updated.

Weekly Checklists are completed and signed per each student listed in the register 'Meds in Dorms (Students Self Administering in Boarding House) 22/23'. Daily room checks by House Parents include checking that medicines are safely locked away in allocated lockable drawers/cupboards. Any medication left unattended (and found by House Parents, tutors or housekeepers) and not safely stored will be confiscated and returned to the Health and Wellbeing Centre. The student owner of the medication will need to be reassessed and, if deemed Gillick competent, agree to the terms and conditions of self-administration.
Boarding and nursing staff reserve the right to withdraw any self-medication privilege should the need arise.

Boarders to be aware that any non-compliance with self-storage and medications recording may result in their right to self-medicate being withdrawn until the following academic year.

The circumstances surrounding any error or omission will be decided by the Head of Boarding who will take into account any potential or actual consequences and whether this was a one off or frequent recurrence.

RISK ASSESSMENT AND GILLICK COMPETENCY FOR STUDENT SELF ADMINISTERING MEDICATIONS IN THE DORM

Name: Date of Birth:

Boarding House: House Parents:

Question	Yes/No	Comments
Is the student younger than 16?		
Does the student have parental consent for this medication?		If the student is competent and does not wish for parents/carers to be aware, staff need to support the student
Does the student have the mental capacity to understand and manage self-administration?		
Is the health and medical condition of the student appropriate for self-medication?		
Does the student understand why they have this medication, including the advantages and disadvantages of taking it?		

Does the student understand the correct administration time, dose and frequency?		
Is the student aware of the possible side-effects?		
Does the student know how to inform staff if they feel unwell or have taken the medicine incorrectly?		
Can the student read and understand the medicine label and the related information leaflet?		
Has self-administration and safe storage of medicines been explained?		
Does the student understand that it is an offence to share their personal medication with somebody else?		
Are there any concerns that the student may self-harm or abuse this medication?		
Are there any safeguarding concerns?		

Medication	Reason	Dose	Frequency	Total Days	Amount Provided

I would like to start to self-administer all/ some of my own medication. I have received an initial risk assessment and guidelines of what I need to do.

I agree to:

- Safely store my medication and keep locked away out of sight
- Not share my medication with anyone
- Take the medication as prescribed
- To tell a senior member of staff, on duty/House Parent/nurse immediately if I have taken my medicine incorrectly, feel unwell or if another student tries to take my medicine
- Complete checks of my logs in the MAR chart with nurses and House Parents weekly
- Let the Health and Wellbeing Centre/nurses monitor my progress by attending wellbeing checks
- REQUEST MORE SUPPLIES WHEN MY STOCK REACHES LESS THAN A WEEK's WORTH OF MEDICATION

Self-Medication Approved: Yes/No

Name of Nurse:

Signature of Nurse:

Name of Student:

Date:

_____

FOR OFFICE USE ONLY

Form Completed
Filed on notes
Meds in dorms register updated
MAR Chart logs checks
Repeat prescription
Well-being check

Self-Medication Administration Recording (MAR) Chart

Student …….

Name and form of medication…….. Strength……..

Quantity obtained	Date of supply obtained	Obtained from	Current balance in stock	Date/ time	Medication	Dose	Signature	Balance left

Safe Storage of Boarders' own Medications and Record Keeping

Weekly checklist

Boarding House **Room**

Student Name

	Yes/No and Assessor Initials								
Date									
Are the medications stored correctly in a lockable drawer?									
Does the student stock of medicines match the drugs declared in the Meds in Dorms register?									
Is the student correctly completing the MAR Chart(S)?									

NOTE: If any concerns are highlighted (MAR charts not completed, stock does not match the Meds in Dorms register, medications are not safely locked away) contact the nurse on duty and send the student to the Health Centre to be reassessed for Gillick competency and self-administration of medications in the dorm.

MAR CHARTS are not required for contraceptive pills and OTC vitamins.

Assessors Names	Signature	Initials

Appendix 3 - Analgesia Administration in the Boarding Houses

HC09	TASIS ENGLAND
Operating Procedure	**Analgesia Administration in the Boarding Houses**

A copy of this Operating Procedure MUST be shared with all new staff and kept in a PROCEDURES folder in the Health Centre Staff Drive

GOAL: Boarding students to be pain free in the dorms; Safe administration of OTC analgesia

Boarding student complains of pain/discomfort (e.g., headache, menstrual cramps, muscle aches)

Health and Wellbeing Centre staff involvement: The nursing team is available during Health and Wellbeing Centre opening hours for consultation and medication administration. A nurse on call is always on campus and able to triage over the phone or attend urgent issues or emergencies. Every morning upon opening the Health and Wellbeing Centre the nursing team will review the Analgesia **(Paracetamol or Strepsils) Administration Register**. On a daily basis, the nursing team shares details of the medications and treatments administered to boarding students during the day with the relevant House Parents.

House Parent/tutor involvement: Safe keeping and administration of medication, counting remaining stock, filling the Analgesia **(Paracetamol or Strepsils) Administration Register,** including counting remaining stock and requesting provisions when required. Facilitate a telephone consultation with the nurse on duty as required. Non-Health and Wellbeing Centre staff are only permitted by the school to administer paracetamol or Strepsils.

Student Responsibility: to openly disclose any medication they may have already self-administered during the day to the best of their knowledge.

Safe Administration of Medication Procedure	
Action	Rationale
check on the student identity	right person
understand and know the student complaint	reason for analgesia
check on the student age	determine the correct age-appropriate dose
check on allergy status	prevent errors and allergic reactions
check on any other medication the student may have taken during the day	prevent overdosing or administering incompatible medications or medications given too soon after the previous dose
Informed choice of analgesia	administer the most appropriate medication based on student complaint, previous doses and what works better for them
Choice of age-appropriate dose as per package instruction	prevents overdosing
Document on the register **Analgesia (Paracetamol or Strepsils) Administration**	Ensure appropriate records keeping
Monitor symptom improvement	Normally 45 minutes are required to improve pain levels
Hand over to nursing team as required	There may be issues requiring follow up with the GP (e.g., recurrent pain episodes)