BRIGHTON COLLEGE PREP

KENSINGTON

Medicines Policy

Brighton College Prep Kensington

2026

Registered in England & Wales - Cognita Schools Limited No. 02313425
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COGNITA

THRIVE IN A RAPIDLY EVOLVING WORLD

1. Aim

1.1. To ensure the safe and appropriate administration of medicines to students, appropriate record keeping and secure storage of medicines within the school to ensure the safety of others.

2. Introduction

2.1. This school takes the welfare of its students seriously, recognising that it is in the interest of both the individual and the school to maintain optimal health and wellbeing. This policy outlines the school's' approach to the management of medicines and medical requirements for students attending this school. It highlights the support that the school will provide in ensuring that any medicines are administered effectively, appropriately, and in accordance with legal requirements.

2.2. This school understands the importance of medication being taken as prescribed. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Many other members of staff are happy to take on the voluntary role of administering medication. Any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent. Training is given to all staff members who agree to administer medication to students and where specific training is needed.

3. Administration of Homely Remedies and Over-the-counter medicines (OTC)

3.1. Staff may administer over-the-counter medicines such as paracetamol and allergy medication where parents/carers have provided written consent for his to happen. It is also good practice to call parents/carers prior to administering medication to avoid double dosing. The school will supply this over-the-counter medication.

3.2. Ibuprofen medicine is not routinely held by or administered in school. It is usually administered for the treatment of mild to moderate acute pain and usually only for short term use. It is usually given every 8 hours and so for most students this can be administered at home before and after school.

3.3. Medicine containing aspirin will not be administered to any student unless prescribed by a doctor for that student.

4. Administration of Prescription Medicines (POM)

4.1. Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse, or pharmacist) brought in by the parent/carer, for the student named on the medication in line with the stated dose.

4.2. Medication must be administered in accordance with the prescriber's instructions, as printed on the pharmacy label.

4.3. The label on the container provided by the pharmacist must not be altered under any circumstances. If the label becomes detached from the container, is illegible, or written in any language other than English, the medication must not be given, and parents will be contacted.

4.4. Most antibiotics do not need to be administered during the school day, and parents/carers should be encouraged to ask their doctor to prescribe an antibiotic which can be given outside of school hours, where possible

5. Management of Prescribed Controlled Drugs (CD)

5.1. All use of medication defined as a controlled drug (e.g. ADHD medications or some anti-depressants/antipsychotic medications), even if the student can administer the medication themselves, must be done under the supervision of a named member of staff at the school.

5.2. If a student is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container within a locked cupboard or room and only named staff will have access.

5.3. Controlled drugs must be counted in/out and witnessed by 2 members of staff (one of which who has completed the appropriate training) if they are not administered by a qualified nurse or practitioner.

5.4. The Controlled Drug Recording Book must be signed by 2 people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in the book. Any discrepancies must be reported to the Headteacher immediately.

5.5. Administration of the medication must also be recorded in Medical Tracker or other appropriate recording system.

6. Consent

6.1. For students that are on Individual Healthcare Plans (IHP), parental/carer consent will be sought regarding details of what medication they need in school and details of who will administer it to them will be included in the IHP.

6.2. Parents/carers at this school understand that if their child's medication changes or is discontinued or the dose or administration method changes, that they must notify the school immediately.

7. Checklist for Administration of Medicines

7.1. This school understands the importance of medication being taken as prescribed.

7.2. The administration of medicines should be "protected time", and students and staff must be instructed not to disturb the person administering medicines, to reduce the risk of medication errors.

7.3. Administration of medication will be delivered in a way that respects the dignity, privacy, cultural and religious beliefs of the student.

7.4. Confidentiality must be observed regarding the student's medical history and medication.

7.5. In some circumstances medication is only administered by an adult of the same sex as the student and preferably witnessed by a second adult.

7.6. Medication must not be transferred from one container to another.
The eight Rights of Administration will be applied:

- Right Person
- Right Reason
- Right Medication
- Right Time
- Right Dose
- Right Route
- Right Documentation
- Right to Refuse

7.7. As with all medications, medication for pain relief must never be administered without first checking when a previous dose was taken by the student.

7.8. For medication with a limited expiry, containers of medication should be marked with date of opening e.g. eye drops, creams, liquids.

7.9. For application of creams and ointments, disposable gloves must be worn or a non-touch technique used, such as by using a tongue depressor to give the cream to the student.

7.10. Medication must never be crushed, broken or mixed with food and drink unless it is designed for the purpose, or it has been specifically authorised in writing by a healthcare professional such as the consultant or the pharmacist.

7.11. All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. For doses of less than 5ml, an oral syringe must be provided for measurement of the dose.

7.12. If a student at this school refuses their medication, staff record this and follow procedures. Parents/carers will be informed as soon as possible that same day.

7.13. If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. The school's Behaviour Policy will be followed in these situations where appropriate.

8. Emergency Medication

8.1. All students at this school with medical conditions have easy access to their emergency medication. All students are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine, they can start taking responsibility for their condition. All students must always carry their emergency medication with them. This is also the arrangement on any off-site or residential visits. Students who do not carry and administer their own emergency medication must know where their medication is stored and how to access it. Students who do not carry and administer their own emergency medication will be informed about the arrangements for a member of staff to assist in helping them take their medication safely.

8.2. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency. This may include taking action such as administering medication.

8.3. Adrenaline auto-injectors (AAIs)

From October 2017, schools can now purchase spare adrenaline auto-injectors for use on children with serious allergies in emergency situations without a prescription, for use in situations where the device is potentially not available, not working or out of date. This is considered a spare/back up device and not a replacement for the student's own AAI. The school follows the guidance issued by the Department of health 15 September 2017.

A photo register of student's who have been prescribed AAIs or where a doctor has provided a written Emergency Action Plan recommending use of AAIs to be used in the event of anaphylaxis is in place at the school.

Written consent is sought from the student's parents/carers for the use of spare AAIs aspart of the student's Individual Healthcare Plan and Emergency Action Plan.

Training for staff on the use of AAIs is included in approved first aid training courses as detailed in our First Aid Policy.

8.4. Salbutamol inhalers

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by students for whom written parental consent for the use of the school emergency inhaler has been given, who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken or empty).

We encourage students to manage their own inhalers from a very young age. Asthma medication is always kept in or near the student's classroom until they can use it independently and it must always be taken on school educational trips, events or off-site sports fixtures.

A photo register of students who have been diagnosed with asthma or prescribed an inhaler will be in place in the school.

8.5. Emergency Aspirin (for adult/staff use only)

Aspirin tablets will be held at the school in line with the 11th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency

services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This medication will be kept in a locked cupboard in the First Aid Room.

9. Medication from Overseas

9.1. Parents/carers of students arriving/returning from overseas and who bring in medication obtained from another country must be willing to provide, from the prescriber, written details of the name, nature, dose and quantity of drug(s) supplied. These must be written or translated into English, and permission must be sought from the school for the student to continue taking them whilst under the care of school. If this is not granted, but the student continues to use the medication, parents/carers will be informed and will be expected to assume full responsibility/liability if the student continues to take them. Storage, administrating and procedures for such medicines remain the same. Prescription medicines from overseas must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

10. Educational Visits and Trips Including Sports Fixtures.

10.1. All staff attending off-site visits must be aware of any students with medical conditions who are going on the visit. If a trained member of staff, who is usually responsible for administering medication, is not available the school must make alternative arrangements to provide the service. This must always be addressed in the risk assessment for off-site activities and when planning.

10.2. Consideration will be given to the safe transport and storage of any medicine for a student who is on the trip.

10.3. Risk assessments are carried out by the school prior to any out-of-school visit where medication requirement needs are considered during this process. Factors the school considers include how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The school understands that there may be additional medication, equipment, or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.

10.4. Staff must record all medication administration whilst on a visit/ trip away from the school. The same procedures must be followed for medicines administration whilst away from the school as within the school.

10.5. All medications/medical equipment taken on trips for students must be returned immediately into safe storage at the end of the trip and checked to ensure ongoing safety.

11. Safe Storage of Medicines

11.1. Medicines are always securely stored in accordance with individual product instructions, paying note to temperature. Some medication for students at this school may need to be refrigerated. All refrigerated medication must be stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to students or lockable as appropriate.

11.2. The school will carry out a risk assessment to consider any risks to the health and safety of our school community due to the storage of medicines and put in place measures to ensure that identified risks are managed and that all medicines are stored safely.

11.3. All medicines shall be received and stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

11.4. The school will keep medicines securely locked away and only named staff will have access, apart from Adrenaline Auto-injectors (AAIs), Asthma inhalers, Epilepsy emergency medication and Diabetes 'hypo' kits which need to be with or near students who need them.

11.5. Three times a year the First Aid Coordinator will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.

12. Medication Errors and Safeguarding

12.1. Medication Errors

The school recognises that despite the high standards of good practice and care, errors may occasionally happen in the administration for various reasons.

A medication error may consist of, but is not limited to any one of the following:

- Administering medication to the wrong student
- Administering the wrong dose of medication
- Failing to administer the medication
- Administering medication at the wrong time
- Failing to record the medication administered
- Administering the medication via the wrong route
- Incorrect balance of Controlled Drugs

If an error occurs, this must IMMEDIATELY be initially reported to the First Aid Co-Ordinator and Headteacher to prevent any harm to the student. There must be no concealment or delay in reporting the incident. Advice must be sought from a GP / emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately.

The student must be observed and monitored for any obvious side effects and emergency action taken if required. The parents/carers must be informed immediately about the situation.

An initial investigation will be carried out by the Head of the school and Health & Safety Coordinator of the school under the oversight of the Cognita Head of Health and Safety – Europe and USA and the Consultant Nurse – Europe and USA to determine the root cause and action taken as appropriate. A Serious Incident Reporting Form may also be required following discussion with the Head of Health and Safety – Europe and USA. And where required, the Cognita Regional Safeguarding Lead – Europe and USA.

12.2. Safeguarding

A safeguarding issue in relation to managing medicines could include, but is not limited to:

- Deliberate withholding of a medicine by staff without a valid reason
- Incorrect use of a medicine for reasons other than the benefit of the student
- Deliberate attempt to harm through use of medicine
- Accidental harm caused by incorrect administration or a medication error.

The Safeguarding and Child Protection Policy processes for staff allegations will be followed if there should be suspected or confirmed medicines related safeguarding incidents

13. Disposal of Medicines

13.1. Parents/carers must collect all medicines belonging to their child when it is no longer required; They are responsible for ensuring that any date-expired medication is collected from the school.

13.2. All medication is sent home with students at the end of the school year – student medication is not stored at school in the summer break. If parents/carers do not collect medication at the end of the school year, it will be taken to a local pharmacy for safe disposal, and the parents/carers will be informed in writing.

13.3. Sharps boxes are used for the safe disposal of needles. All sharps' boxes are stored in a locked cupboard unless safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff (included on the risk assessment) is responsible for its safe storage and return to a local pharmacy, to school in order to put in the sharps box, or to the student's parents/carers. Collection and disposal of school sharps boxes is arranged by the school biannually.

14. Record Keeping

14.1. The school keeps an accurate record on Medical Tracker of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, date and time are recorded as well as details of the medication given. If a student refuses to have medication administered, this is also recorded, and parents/carers are informed as soon as possible that same day. Parents/carers are notified when the student has been administered medicine on the same day or as soon as is reasonably practical.

15. Medication Awareness and Training

15.1. All school staff who volunteer or who are contracted to administer medication are provided with medicines awareness training. The school keeps an up-to-date register of staff members who have completed the relevant training who have agreed to administer medication. No staff member may administer non-emergency medication without completing the required training. This includes any off-site school activities.

16. Monitoring and Evaluation

16.1. Our school's senior leadership team monitors the quality of medicine management at this school, including training for staff. This policy is centrally reviewed by Cognita annually or with significant change.

16.2. Compliance will be reported formally to the schools' Health and Safety Committee termly. Minutes of these meetings are submitted to the Head of Health and Safety – Europe and USA, who then reports to the Cognita Europe and USA Health and Safety Assurance Board.

16.3. Reports may also be provided to our safeguarding committee which will include an overview of medicine management including the identification of any risks or lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff

17. Version control:

Ownership and consultation	
Document Sponsor	Director of Education – Europe and USA
Document Author / Reviewer	Consultant Nurse - Europe and USA
Consultation & Specialist Advice	Regional Safeguarding Lead – Europe and USA Head of Health and Safety – Europe and USA
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