



Sherborne Prep Medication Policy

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1. Introduction

This policy is informed by guidance provided by the Royal Pharmaceutical Society and the Royal College of Nursing. This aim of this policy is to ensure safe and standardised procedures are followed throughout Sherborne Preparatory School (Sherborne Prep, Pre-Prep and Nursery). This policy is to be read in conjunction with *EYFS Administration of Medicine and Sick Child Policy*.

Most pupils will need medication at some stage of their school life. Although this will mainly be for short periods there are a few pupils with chronic conditions who may require regular medication throughout their school life.

There are generally 3 categories of pupils that may require medication while at school:

- Those who have suffered an acute medical condition but are regarded as fit to return to School provided prescribed medication is taken
- Those who suffer certain chronic or life-threatening conditions (e.g. anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given regular doses of medication, or medication is available in an emergency.
- Those pupils who suffer occasional discomfort such as tooth ache or mild headache who may require analgesics.

In accordance with the guidance laid down in the National Minimum Standards for Boarding Schools all schools are required to have written policies and procedures on the administration and control of medicines within the school and associated activities. It is the purpose of this document to clarify the procedure within Sherborne Prep School and Pre-Prep.

Medications are classified according to legal storage and administration requirements. These classifications include

Over-the-counter medicines

The General Sales List and Pharmacy Medicines are sometimes referred to as over-the-counter (OTC) medicines. You can buy a medicine on the General Sales List without a prescription and without the supervision of a pharmacist. The most common OTC medicine you have probably used are pain relief medicine or common cold, headache or allergy medicine. OTC medicines treat minor, self-limiting complaints, which people may feel are not serious enough to see their GP or pharmacist about.

Pharmacy medicines

Pharmacy (P) medicines are available from a pharmacy without a prescription but provided under the supervision of a pharmacist. These medicines are kept 'behind the counter' and are not available on the pharmacy shelves. This medicine may only be obtained once a pharmacist or another member of staff checks that the medicine is appropriate for you and for your health problem. An example of a medicine that you can buy from a pharmacy without a prescription is antibiotic eye drops to treat an eye infection.

Prescription-only medicines (POMs)

These are only available with a prescription that is issued by a GP or another suitably qualified healthcare professional. You need to see the healthcare professional before they give you a prescription. Controlled

Drugs come under the umbrella of POMs, however, have separate storage and administration regulations detailed in section 4 of this policy in accordance with Misuse of Drugs Act Regulations 2001.

Parental Consent to administer medication (managing risk of double dosing).

Medications must not be administered by school staff without signed parental consent.

All medications (Prescription and Non-Prescription) supplied by parents for pupils must be handed in to school reception on arrival, where a consent form must be signed by a person with parental responsibility.

School staff must only administer medications to pupils when the following conditions are met:

- prescribed medications including controlled drugs (**Any Pupil**)
 - according to the information printed on the pharmacy label for named child and
 - parental consent form signed for named child and named drug
- non-prescription medication to pupils under the following conditions
 - When provided by parents clearly labelled with child's name (**Any Pupil**) OR from school stock under section 10 of this policy (Prep School Only – Not available in Pre-Prep or Nursery)
 - **And** parental consent form signed for named child and named drug
 - **And** verbal contact with parent of day pupil prior to administration to prevent double dosing at home

Where the pupil is a boarder and is prescribed a medication whilst at school, consent must still be sought prior to administering the medication where possible (email consent is acceptable). If the boarders' parent is unavailable, medication prescribed by a Doctor for an acute condition requiring immediate treatment may still be administered in the child's best interests. Every effort must be made to contact parents at the earliest opportunity to update them regarding health and medication administration. The risk of double dosing with medications is reduced in boarders, as they remain at school, hence have no other avenue to obtain such medications, but still with multiple staff delivering drugs, safety checks must be made. As such parental consent for boarders' non-prescription medication is provided in advance, however it is still best practice to notify parents of any medication administration at the earliest convenience.

To prevent double dosing at school, medication records (contemporaneous records and iSAMs where rolled out) must be checked for all pupils, and day pupils' parents must be spoken to before administering any stock non-prescribed medication. This is to ensure a medication has not already been given, that the required time has passed since a previous dose and to ensure it is not repeated upon their return home.

2. Roles and Responsibilities

- **Parents** and those with parental responsibility should ensure that that all medication is handed in to main reception on arrival at school completing a consent form for administration. Parents should provide the School with sufficient information of their child's medical needs, including where appropriate, any communication, details of specialist care, chronic condition care plans,

current medications and follow up plans. This information will be sought initially when the pupil joins school, but parents are required to update school as changes occur.

- **School Staff**, who have successfully completed training (refreshed annually) can administer medication as per this policy once deemed competent to do so. Competency will be shown following attendance at a teaching session and successful completion of a test.

A register will be kept and displayed to identify staff qualified to administer medications to pupils.

- The **Matron or Housemaster** will have responsibility for day to day administration of medications, ordering of supplies, liaison with parents and auditing with a Sherborne School Health Centre Nurse. Matron is also responsible for updating contemporaneous records/iSAMs when any medical information when received from parents.
- The **Health Centre Nurse Manager** ensures that the standards set out in this document are reflective of best practice according to the RPS/RCN. Nurse Manager also ensures standards in this policy are followed, through the use of audit, action planning, incident reporting, training and support. She also ensures that all staff dealing with the administration of medications are adequately trained and maintains the current register for staff qualified to administer medications,
- The **General Practitioner** advises and supports the Nurse Manager in the development of policies and procedures of medication.
- **All staff** who administer medications via this policy to pupils are accountable for their actions and therefore must observe the pupil taking the medication. Only staffed trained and competency assessed against this school policy are able to administer medications at School. If a dose of prescribed medication is omitted, this must be reported to parents/healthcare professional. If a medication requires medical or technical knowledge, training must be provided before staff may administer at School.

3. Ordering and Storage of Medication

All medications, including OTC and POMs should be kept in a locked (ideally metal) cupboard in a room not normally accessible to pupils (except the spare prescribed adrenaline autoinjector, which should be easily accessible to staff and not locked). Medicines should be stored in secure designated areas, namely Matron's office (Prep), staff room (Pre Prep). The keys should be held only by the member of staff on duty qualified to give medications or stored in a locked key safe. Medications should be administered directly from the safe storage facility to the pupil when safe to do so according to policy criteria.

Certain drugs e.g. insulin or antibiotic liquid, need to be kept in a locked fridge, in a safe location not normally accessible to pupils; namely Matron's office (Prep) and staff room (Pre-Prep and Nursery). This fridge should have a maximum/minimum thermometer and the maximum and minimum temperature of this should be recorded daily on a temperature log. The usual range recommended is 2-8 degrees. Temperatures outside this range should be reported to the Health Centre for advice. It should be regularly cleaned.

Boarding pupils on regular prescribed medication will need to obtain repeat prescriptions in a timely manner. Matron or Housemaster must liaise with the pupils registered GP practice at least 2 working days before an item runs out or expires. For overseas pupils returning home, matron will need to order adequate supplies for administration at home over the holiday. Matron is responsible for collecting medication for boarders from the designated pharmacy, which should be on the same day for acute conditions.

Sherborne School Health Centre hold all stock named on the Protocol for the Administration of Stock Non-Prescription Drugs (section 10) and this will be issued to Sherborne Prep School on receipt of an emailed request. Ordering stock from the Health Centre will improve consistency and safety for all pupils and staff. The Health Centre will appropriately cross charge for any medications issued.

Medication management, supply and storage for boarders is the responsibility of the Matron. Medication should not be stored for longer than is needed, or after expiry. As such the medication supply for boarders will be reviewed and challenged at each termly audit.

Medication stored at school for day pupils and flexi boarders should be returned to parents at the end of each academic year (or before if expired). The parent should then return current and within date medication for the new year, completing new consent forms annually.

4. Storage and Administration of Controlled Drugs

Storage of Controlled Drugs

Controlled Drugs must be stored in a Controlled Drugs cupboard at all times when not in use. This is a locked cupboard, within a second locked cupboard (usually the medication storage cupboard) and its sole purpose is for storage of Controlled Drugs only. The Controlled Drug record book should be kept with the storage facility. The Controlled Drug Cupboard should have a separate key to any other medication storage cupboard, and the key should be on a separate fob held in the possession of the suitably trained staff member on duty e.g Matron or Housemaster or locked in a key safe.

Where Controlled Drugs are stored, these must be recorded in the Controlled Drugs record book. This book should be bound so that pages cannot be removed, pages should be clearly numbered and consecutive pages used in turn. Each individual drug should have an individual page dedicated to it, so a clear running balance can be maintained. When Controlled Drugs are received from a parent or collected from pharmacy, the staff member is required to sign the pharmacy receipt to complete the pharmacy audit trail. That medication should be immediately locked in the controlled drug storage facility by that member of staff and this deposit should be recorded appropriately in the Controlled Drug Record Book.

Controlled Drugs should be signed into the book on arrival by 2 people, documenting the pupil name, drug name, strength and form at the top of the page, the number of tablets received written in words and the source that the tablets came from (e.g. Abbey Pharmacy, Parents). A template of the controlled drug record can be seen in appendix 1. Standardised Controlled Drug Record Books are to be used, and these are available from the Health Centre.

Administration of Controlled Drugs

Staff administering Controlled Drugs should only do so when trained (this will be covered as part of school medication policy training. Positive identification of the pupil should be obtained before administration of Controlled Drugs. Preparation of Controlled Drugs should be in the presence of 2 people, both should independently verify the correct drug, correct dose, correct patient (according to the prescription label), and correct balance remaining in controlled drug cupboard. Staff must confirm with pupil and records when last dose was taken to prevent double dosing. The documentation for each administration should be made in the correct dedicated page in the controlled drug record book detailing the following:

- Date and time when dose administered
- Name of pupil
- Name, strength, and form in which administered (should be specified at head of page)
- Dose administered (the dose must only be given according to the written instructions on the pharmacy label)
- Signature of accountable person who administered the dose
- Signature of witness
- Balance in stock

Whilst it is best practice for two staff to administer Controlled Drugs, if it is impractical to do this on occasion, the balance of each Controlled Drug should be checked routinely by Matron with a trained witness simultaneously on a weekly basis. These checks should be documented in the controlled drug record book in red ink. In the event of a discrepancy between the actual and expected balance, the Nurse Manager is to be informed immediately and an accident form should be completed. The Nurse Manager would be required to inform Pharmacy and the Senior Leadership Team of the discrepancy and it is likely that external validation would be required.

5. Administration of Prescribed Drugs

Pupils should never be administered medications that are prescribed for another named pupil. Verification of pupil identity must be obtained prior to administration of prescribed medicines. Staff must administer drugs according to the written instructions on the pharmacy label.

Staff administering prescribed medications should enter administration details onto iSAMS (where this process has been rolled out), otherwise administration should be documented in contemporaneous records (Appendix 2) detailing:

- Pupil name
- Drug Name
- Dose Administered
- Date Administered
- Time Administered
- Reactions
- Signature of staff administering medicine

6. Administration of Non-Prescribed Drugs

It may be appropriate to administer non-prescription medications to pupils whilst at school. In Pre-Prep and Nursery this is possible via parents providing the medication (named for the pupil) with pre-written consent and instructions (see section 8c). Prep-Prep and Nursery will not have access to stock non-prescription medication and staff will not autonomously decide a pupil of this age is administered medication.

In Prep School, Staff administering Non-Prescribed medications have access to the Protocol for the

Administration of Stock Non-Prescription Drugs for up to 48 hours to Prep School age pupils (see section 10 for further details). A health care professional/parents should then be contacted to discuss pupils requiring treatment for longer durations (Matron is responsible for arranging this for boarders only). Non-prescription medication administrations should be documented onto iSAMS (where rolled out) or contemporaneous records.

- Pupil name
- Drug Name
- Dose Administered
- Date Administered
- Time Administered
- Reactions
- Identification of staff administering medicine will be recorded according to iSAMS login

It is a requirement to maintain a running total of Paracetamol (appendix 6) and Ibuprofen (Appendix 7) to demonstrate when medicines have been received in house, and also how the medicines have been used (these documents must not be kept on public display as they contain confidential information).

Also see section 8c for further information relating to non-prescription medications brought into school for administration by school staff.

7. Disposal of Medicines

Medications no longer required or those expired should be returned to parents at the end of each academic year (or returned to pharmacy if expired). A log must be completed to document medications removed from medication storage cupboard for disposal (Appendix 3), detailing drug name, strength, and quantity removed. In the case of Controlled Drugs requiring disposal by school, these should be taken by Matron directly to Abbey Pharmacy with the Controlled Drug Record Book and document together with pharmacy staff removal of the drugs from storage.

Pharmacy may have an additional documentation requirement for their own audit trail.

8. Procedure for:

a. Adverse Reactions

First aid should be administered to any pupil experiencing an adverse reaction to medication, those requiring ongoing care should contact 999/GP according to acuity. Matron (or appropriate staff) should inform parents (and registered GP to facilitate yellow card reporting) urgently of any adverse reactions to medications and document. If a pupil experiences adverse reaction to a medication do not give any further doses until instructed to do so by their doctor.

b. Medicines Given in Error

First aid and monitoring should be administered to any pupil following a medication error, acting accordingly due to severity. The person administering the medication given in error should notify the SLT

immediately, advice must be sought from a medical professional (via parents or telephoning 111/registered GP for advice). A school 'accident reporting form' must be completed following the school Health and Safety policy for accident reporting.

When the SLT is notified of medication error, the Head Teacher and Human Resources will be notified, and under the Care Quality Commission's guidance on the Duty of Candour, that nominated Senior Team Staff Member will need to inform the pupil and their parent/guardian.

A full investigation will be undertaken by an appropriate senior member of staff. Any recommendations following from this will be undertaken to support a culture of facilitating learning and continuous improvement.

c. New Non-Prescription Medicines Brought into School

Non-Prescription medications brought into school must be supplied by parents and named for the pupil. A parental consent form (Appendix 4) is required to be signed, detailing the instructions on use before administering the medication. Medicines held in school must be current according to the pupils' current needs, as such will be returned to parents at the end of each academic year. If a time of administration is not specified on the consent form, verbal contact must be made with day pupil parents prior to administration. Medications containing aspirin will only be administered if they are prescribed by a Doctor.

d. Overseas Medicines

Some medications issued overseas are not licenced for use in the UK. When staff are made aware of such medications (likely to involve boarders from overseas), they should seek urgent clarification from parents/guardians and then request an appointment with their registered GP. Medication and any information from parents should be brought to the appointment. It may be necessary to convert to a licenced form of treatment. For absolute clarity, where pharmacy labels are not written in English, these medications must not be administered as it is not safe to do so.

When overseas pupils join school on a temporary basis the pupil will not be registered with a UK based GP. Therefore, any essential medication must be provided by the family of pupils in its original packaging complete with a letter (written in English) from the Prescribing Doctor that specifies the pupil name, drug name, dose and frequency of the medication.

e. Administration to Save a Life

Medications for potentially life-threatening conditions including anaphylaxis, asthma and diabetes must be available in adequate stock levels at school. It is the responsibility of the Matron following every school holiday to identify those with anaphylaxis, asthma, and diabetes and cross reference with the medication stored in the School drug cupboard or medication fridge (ensure medication held remains in date for the next term ahead) . This will be reviewed by the Nurse Manager in the termly medication

audits.

Two Adrenaline auto-injectors per anaphylactic pupil are recommended to be stored in an unlocked facility, in a room not normally available to pupils. This is to prevent delay in treatment for those with diagnosed anaphylaxis. When the pupil leaves the immediate school site, the teacher is responsible for taking the pupil's emergency bag with them for the duration, which contains their prescribed allergy treatment and action plan.

School is able to hold and administer generic devices as follows:

- adrenaline auto-injector 150microgram and 300 microgram
- salbutamol 100microgram inhaler

for use ONLY in the event of own prescribed device failure in those diagnosed with anaphylaxis and asthma respectively, or when a second dose of adrenaline is required whilst waiting for an ambulance to arrive. An allergy action plan (Appendix 11) must be completed by both the Parent and GP for pupils prescribed adrenaline autoinjectors. This action plan provides both reminders and the necessary consent to use both prescribed and generic stock adrenaline autoinjectors. Consent for use of generic salbutamol inhaler is via appendix 4.

It should be encouraged for year 7 and 8 pupils to transition towards independence in terms of carrying their own adrenaline autoinjector. Therefore, if the pupil's parent and healthcare professional deems it appropriate for the pupil to hold their own adrenaline autoinjector (rather than it be stored in the unlocked school facility) this should be formally documented and cited in a school risk assessment.

f. Pupils Self Administration of Medicines

All pupils at Sherborne Preparatory School are deemed not competent to hold and administer their own medication.

Some older pupils with chronic conditions may be able to deliver doses themselves (but medication is stored by school). This must be documented in a care plan provided to school by the pupil's appropriate healthcare professional. Any deviations to policy must be discussed with Nurse Manager and if agreed documented on a risk assessment.

g. Medication administration on school trips

It is good practice for the school to encourage children with medical needs to participate in safely managed visits. The principles of medication administration on a school trip should still be based on the protocols outlined in this medicines policy. The designated staff member on a school trip is responsible for the safe administration and storage of the medicine(s) in line with this policy.

The school recognises the very small risk of overdose that exists due to certain medications being available at home and school. To minimise this risk designated staff administering medications on trips should comply with the following:

- OTC (Over the Counter) medications should be kept securely by a designated member of staff.
- Medications available on trips should still be restricted to those on the Protocol for the

Administration of Stock Non-Prescription Drugs (see section 10), these are to be carried as part of the first aid equipment.

- No medication is to be kept by pupils of any age in their rooms and must be handed in to the designated member of staff to be stored in a locked facility and kept as securely as the trip allow
- The designated member of staff is required to take prescribed life saving medications for those diagnosed with asthma, anaphylaxis and diabetes
 - two prescribed Adrenaline Auto-injectors per anaphylactic pupil are required
- Trips Kits are available from Matron. Any medicines administered on a school trip should be documented on a medication administration form (Appendix 8) and reported to Matron on return to school using the Matron Reporting Slip (Appendix 9) to avoid risk of overdose on return to school.

Prescribed medications:

- Must only be issued to the pupil for whom they have been prescribed
- Must stay in their original packaging and the original label must not be altered
 - o Some Pupils going on excursions or field trips will need to have access to their medication during time away from the School. The designated member of staff responsible for medications on a school trip must attend Matron's Office in person to collect the appropriate medications and consent forms (which must be returned after the trip)
- Controlled drugs must always be held by the designated member of staff. The designated staff member must collect and sign out the allocated amount of controlled drugs from the school medication storage facility directly. That controlled drug should then be stored in a locked facility and kept as securely as the trip allows (e.g. in a hotel room safe if available)
- Drugs prescribed for pupils diagnosed with asthma, anaphylaxis, or diabetes (see iSAMS instant reports where rolled out or contemporaneous records) must be carried by the designated member of staff. If they do not have medication available, the pupil will need to remain on site as not deemed safe to travel without emergency drugs. Pupils, parents, Matron and House staff should proactively ensure repeat prescriptions are ordered in a timely manner to ensure appropriate levels of stock are always available in school and especially in the days before a trip or sporting fixture.
- Any required deviations to school policy for specific field trips should be discussed with the Nurse Manager. If agreed, these deviations should be documented on the specific trip risk assessment and appropriate medical record.

9. Record Keeping

Medications administered in school should be documented in line with the following sections of the policy

- Ordering and Storage of Medication
- Storage and Administration of Controlled Drugs
- Administration of Prescribed Drugs
- Administration of Non-Prescribed Drugs
- Disposal of Medicines

Due to the small risk of overdose that exists due to medications being available both in school and at

home/boarding house it is essential that previous administrations of medication are confirmed both with the pupil/parent and/or via iSAMS/contemporaneous records.

Staff must complete a medication administration slip for any day pupil who is administered medication at school. This slip (Appendix 10) must be sent home with the pupil as written confirmation.

10. Protocol for the Administration of Stock Non-Prescription Drugs

The following protocol is for use with children in Sherborne Prep School only (not used in Pre-Prep or Nursery) where written parental consent is given in advance. **Remember parents of day pupils must be spoken to and boarders medication records must be checked prior to administration of medication to prevent risk of double dosing at home or elsewhere in school.**

Doses may be continued in school for boarders for a maximum of 48 hours unless specified. Day pupils will be returning to parents care, as such should if continued use is required, the pupil should then attend their registered GP.

Paracetamol (500mg tablets and 250mg/5ml suspension to be made available)

Ibuprofen (400mg tablets and 100mg/5ml suspension to be made available)

Cetirizine (10mg tablets and 1mg/ml liquid to be made available)

Anthisan

Throat Lozenges

Olbas Oil

Arnica

Stugeron

Items such as simple antiseptics for treatment of first aid, vaseline / lip salve for sore lips, basic unperfumed emollients (paraffin based emollients are a fire risk and should be avoided) for dry skin and suntan lotion should be made available for use in school (these should be expelled from bottle to a clean receptacle prior to application to avoid cross contamination), but do not appear in this Protocol for the Administration of Stock Non-Prescription Drugs as they are not medicated. Linctus for cough is also unavailable in this age group, however effective remedy such as warm honey and lemon drink may be considered appropriate to provide.

Paracetamol (Tablets 500mg or Suspension 250mg/5ml)

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring treatment to relieve mild to moderate pain and/or pyrexia

Contraindications

Patients excluded from treatment: Known allergy to Paracetamol
Admission as a result of overdose of Paracetamol
Known liver disease
Currently taking another medication containing Paracetamol
Previous dose of Paracetamol within past 4-6 hours

Action for excluded patients: Use alternative analgesics if safe and appropriate to do so give reason for choice on record

Dosage and Administration:

6-7-year olds **Suspension only**
250mg (5ml) 4-6 hourly
Maximum of 4 x 5ml doses in 24 hours

8-9-year olds **Suspension only**
375mg (7.5ml) 4-6 hourly
Maximum of 4 x 7.5ml doses in 24hours

10-13-year olds **Suspension or Tablet**
500mg (10ml or 1 tablet) 4-6 hourly
Maximum of 4 x 10ml doses in 24hours

Adverse Reactions: Rarely rashes and blood disorder
Liver damage, kidney damage or acute pancreatitis can occur after prolonged use

Warnings: Ensure pupil is aware of maximum daily dose Pupils **must not** take other Paracetamol containing medication at the same time or in-between doses

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss with Parent or Healthcare Professional

Ibuprofen *Non-Steroidal Anti-Inflammatory or NSAID* (Tablets 400mg or Suspension 100mg/5ml)

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring treatment to relieve mild to moderate pain and/or pyrexia

Contraindications

Patients excluded from treatment: Known allergy to Ibuprofen, Aspirin or Non-steroidal anti-inflammatory drugs

Known heart, liver, or kidney disease

Known stomach ulcers or gastric bleeding

Known asthma (unless appendix 5 consent form has been completed by parent/guardian on behalf of asthmatic child or documented evidence from healthcare professional)

Action for excluded patients:

Use alternative analgesics if safe and appropriate to do so give reason for choice on record

Dosage and Administration:

- **7-9-year olds Suspension only**

200mg (10ml) 6-8 hourly

Maximum of 3 x 10ml doses in 24 hours

- **10-11-year olds Suspension only**

300mg (15ml) 6-8 hourly

Maximum of 3 x 15ml doses in 24hours

- **12-13-year olds Suspension or Tablet**

400mg (20ml or 1 tablet) 6-8 hourly

Maximum of 3 x 400mg doses in 24 hours

Adverse Reactions:

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

NSAIDs may increase bleeding time – inform dentist they are taking NSAIDs at appointments

Warnings:

Ensure pupil is aware of maximum daily dose Pupils **must not** take other Ibuprofen containing medication at the same time or in-between doses. Must be given **with food** and avoid use within the first 48 hours after injury

Follow up:

Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss with Parent or Healthcare Professional.

Any pupils who experience increase in wheeze or worsening of asthma control post administration of Ibuprofen must be discussed with Parent or Healthcare Professional

Cetirizine (10mg Tablets or liquid 1mg/ml)

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring treatment for symptomatic relief of allergy such as hay fever and urticaria

Contraindications

Patients excluded from treatment: Those who have previously had a bad reaction to any of the ingredients
Those who have kidney problems
Those who suffer from epilepsy or are at risk of convulsions

Action for excluded patients: Refer to Health Centre

Dosage and Administration: 6-11-year olds
5mg (half tablet or 5ml liquid)
Maximum of 2 x 5mg doses in 24hours

12-13-year olds
10mg tablet
Maximum of 1 x 10mg dose in 24 hours

Adverse Reactions: Gastrointestinal discomfort, dizziness, tiredness, abdominal pain, headaches, dry mouth, sore throat,

Warnings: Ensure pupil is aware of maximum daily dose

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss/refer to parent or healthcare professional

Anthisan

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring treatment to topical relief from bites and stings from insects and plants

Contraindications

Patients excluded from treatment: If skin is cut or grazed
On eczema or broken skin
On sunburnt skin

Action for excluded patients: Contact parent or registered GP

Dosage and Administration: 6-13-year olds
Apply a pea sized amount to affected site
Maximum dosage 2-3 times a day

Adverse Reactions: Skin reactions

Warnings: Stop use immediately and refer to parent/healthcare professional if skin reaction to cream

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss/refer to parent/healthcare professional

Throat Lozenges (Sugar Free Strepsils)

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring treatment to relieve sore throat

Contraindications

Patients excluded from treatment: Those who have previously had a bad reaction to any of the ingredients
Those with Immunosuppression

Action for excluded patients: Contact Health Centre

Dosage and Administration: Dissolve one lozenge slowly in the mouth every 2 to 3 hours.
Maximum of 12 lozenges in 24 hours.

Adverse Reactions: Nil Known

Warnings: Ensure pupil is aware of maximum daily dose There is no convincing evidence these have beneficial action; however, it is believed to hold soothing properties to relieve sore throat.

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss/refer to parent/healthcare professional

Olbas Oil

Clinical Condition to which it applies

- **Definition of clinical condition / situation:** requiring treatment to relieve stuffiness and congestion during colds, and to help expectorate chesty coughs and clear congested sinuses

Contraindications

Patients excluded from treatment: Those who have previously had a bad reaction to any of the ingredients

Action for excluded patients: Contact parent or healthcare professional

Dosage and Administration: *A few drops can be applied to and handkerchief, tissue, or pillow at night (note this will leave an oily mark).*

Adverse Reactions: Nil Known

Warnings: May cause irritation to eyes

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss / refer to parent/healthcare professional

Arnica Topical Cream / Gel

Clinical Condition to which it applies

- **Definition of clinical condition / situation:** requiring symptomatic relief from acute bruising

Contraindications

Patients excluded from treatment: Those who have previously had a bad reaction to any of the ingredients

Action for excluded patients: Contact Health Centre

Dosage and Administration: *apply liberally to the affected area up to four times daily*

Adverse Reactions: Nil Known

Warnings: Not to be used on broken or infected skin. To refer to Designated Safeguarding Lead for unexplained bruising or persistent bruising

Follow up: Monitor for effectiveness and side effects for maximum of 48 hours
If not responding to treatment discuss / refer to Health Centre

Stugeron (Cinnarizine 15mg)

Clinical Condition to which it applies:

- **Definition of clinical condition / situation:** requiring prevention of travel sickness

Contraindications

Patients excluded from treatment: Those who have previously had a bad reaction to any of the ingredients
Those with blood disorders, liver disease, kidney disease
Those with Fructose or Galactose intolerance
To seek medical advice prior to administration for those pupils taking antihistamines or prescribed medications for anxiety, mood, and sleep disorders

Action for excluded patients: Contact parent or healthcare professional

Dosage and Administration: 1 tablet two hours before travelling and ½ tablet every eight hours during the journey

Adverse Reactions: Nil Known

Warnings: May cause drowsiness, headache, dry mouth and/or stomach discomfort. Should be taken after food.

Follow up: Should only be administered for the duration of travel. Adverse reactions should be reported to the parent/healthcare professional

11. **Termly Audit**

The Nurse Manager or delegated Health Centre Nurse should audit the safe administration of medications on a termly basis. The audit tool (Appendix 5) will be held in the Health Centre and a copy will be sent to the SLT and Matron detailing any recommendations that have been made.

12. **References**

The National Minimum Standards for Boarding Schools, Inspection Regulations (5 September 2022):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102344/National_minimum_standards_for_boarding_schools.pdf

Royal College of Nursing and Royal Pharmaceutical Society (2019) Professional Guidance on the Administration of Medicines in Health Care Settings:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>

Department for Education (2021) EYFS Statutory Framework:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Department of Health (2017) Guidance on use of adrenaline autoinjectors in School:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

The Administration and Control of Medicines in Care Homes and Children's Services Royal Pharmaceutical Society of Great Britain, May 2016 - www.rpharms.com

Managing Medicines in Schools and Early Years Settings - Department for Education and Skills/Dept. of Health guidance, March 2005. www.teachernet.gov.uk/publications

Supporting Pupils with Medical Needs - a good practice guide - Department for Education and Employment, 2004.

Boarding Briefing Paper 4 – Medical Protocols and Practice. Boarding Schools Association.

www.boarding.org.uk

Nursing and Midwifery Council (2002b) *Guidelines for the administration of medicines*. London: NMC. www.nmc-uk.org

BNF for Children 2015 2016. (2015) BMJ Group

13. Appendices

Appendix 1 – Controlled Drug Record Book Template

Template to be used in bound book, clearly named controlled drug record book. To be kept in medication storage cupboard. A single page numbered should be designated to each individual controlled drug, with a clear running total. Weekly double checking of quantity and administration should be documented. Controlled Drug Record Books are available from the Health Centre and should be used for recording all controlled drugs.

Page 1

Joe Bloggs
Drug (Name, Strength, Form) *Methylphenidate (Concerta XL) 36mg Tablets*

Date	Time	Pupil Name	Dose Given	Signature	Witness	Balance
2.9.15	08.55	Fourty Six Tablets Received from Parents on Arrival		ssmith	eblighton	46
3.9.15	08.00	Joe Bloggs	36mg	ajones	ssmith	45
4.9.15	08.05	Joe Bloggs	36mg	ajones	ssmith	44

Medication Administration Record

Pupil Name _____

Date of Birth _____

<u>Regular Medication</u> 	<u>Medical Alerts and Allergies</u>
---	---

To be used in the event of iSAMS system failure.

Date	Staff Sign	Problem	Action (Drug Name, Strength, Form & Dose Administered)	Legality Homely Remedy Protocol	Reactions	Temp	Time	Time	Time	Time

Appendix 4 – Parental / Guardian Consent Form for Administration of Prescribed and Non-Prescribed Medication

Pupil Name

Medication Name

Reason for Medication

Medication Type: Prescribed / Non-Prescribed (delete as appropriate)

Medication Dose to be given

Regularity of Administration or time dose is due

If this is a prescribed medication, please ensure the instructions given above match the prescription label as medications will only be administered as written on prescription label.

I agree to the appropriately trained staff at school to administer the above stated medication to my child.

Parent / Guardian Signature.....Date.....

Appendix 5 – Termly Audit Tool

Location..... Date of Audit.....

Name of Auditors

Nurse..... Matron / Representative.....

Audit Measure	Achievement			Recommendations
	Yes	No	N/A	
Storage of Medications				
Medications are stored in a locked cupboard in a room not normally available to pupils				
Keys are held safely by person on duty in house				
A secure fridge is available for those medications needing refrigeration				
Temperature records are kept for fridges storing medications, detailing daily minimum and maximum levels				
Medications stored have not exceeded their expiry date				
Stock levels of life saving drugs are available for each diagnosed pupil (asthma, anaphylaxis, diabetes) cross referenced with pupils identified on iSAMS instant reports. Adrenaline autoinjector should be easily accessible to staff (not locked). Check dates&consents.				
Controlled Drugs				
A controlled Drugs cupboard is available (2 nd cupboard, 2 locking mechanisms)				
Controlled Drugs keys are kept on a separate fob and held safely by person on duty in house or locked in keysafe				
Controlled Drug record book is locked securely next to CD cupboard				
Controlled Drugs stored are verified at time of audit by Nurse Auditor and Matron / Assistant				
Prescribed Medications				
Prescribed medications remain in original packaging with pharmacy label				
Staff report consecutive omitting of				

prescribed medication to parent/HCP				
OTC Medications				
OTC drugs held in house stock are limited to those listed on the Protocol for the Administration of Stock Non-Prescription Drugs (Paracetamol, Ibuprofen, Cetirizine, Throat Lozengers, Olbas Oil, Anthisan, Arnica and Stugeron)				
Use of OTC medications is limited to 48hours in school, then the parents/HCP are consulted				
Any medication held in storage is for a named child and a parental/guardian consent document is held				
No overseas/unlicensed medications are being administered in school				
There is a correct running total for paracetamol and ibuprofen				
Documentation				
Documentation in CD record book <ul style="list-style-type: none"> • bound book • Numbered pages • 1 drug per page • Pupil named • Drug name, strength, form • Dose administered • Correct balance of stock • 2 signatures per administration • Weekly double check of stock level 				
Documentation of Prescribed and OTC administrations (check parent notification) <ul style="list-style-type: none"> • Pupil name • Drug name • Dose administered • Date administered • Time administered • Reactions • Signature 				
Drugs requiring disposal document <ul style="list-style-type: none"> • Drug Name • Pupil Name • Strength • Quantity • Location returned to • Drugs are returned to Health Centre 				
Medications removed from school storage for school trips are documented <ul style="list-style-type: none"> • Drug Name 				

<ul style="list-style-type: none"> • Pupil Name • Strength • Quantity • Name of staff handed over to 				
Evidence exist that adverse reactions to medications have been reported to the parent/HCP				
Evidence exists that medications given in error are reported to the SLT and accident reporting form has been completed				
Training/Accountability				
Staff who administer medications have completed training and annual refresher. Check names of those administering in house against training register.				
Staff who administer medication to pupils observe them taking it				
Notes and Recommendations				



Paracetamol Running Total Log

<u>Date</u>	<u>Staff Sign</u>	<u>Quantity Purchased / Received</u>	<u>Paracetamol Administered to Pupil Pupil Name and Dose</u>	<u>Running Total of Paracetamol Tablets</u>



Ibuprofen Running Total Log

<u>Date</u>	<u>Staff Sign</u>	<u>Quantity Purchased / Received</u>	<u>Ibuprofen Administered to Pupil Pupil Name and Dose</u>	<u>Running Total of Ibuprofen Tablets</u>

Appendix 8 – Trips Medication Record

TRIPS MEDICATION RECORD SHEET

All entries must be recorded according to the guidelines set out by the trip medication guidelines.

To be returned to Matron on return from visit (including nil administration) signed by trip leader.

DATE & TIME	PUPIL'S NAME	AILMENT	ACTION (INCLUDING ANY MEDICATION ADMINISTERED AND AMOUNT)	PUPIL'S INITIALS	STAFF INITIALS

Signed (Trip Leader)

Date

Appendix 9 – Trips Matron Reporting Slips

To Matron of _____ House. Date _____

Pupil's Name _____ has received the following dose(s) of medications since getting up this morning.

1) Medicine	Dose	Time
2) Medicine	Dose	Time
3) Medicine	Dose	Time

Signed

To Matron of _____ House. Date _____

Pupil's Name _____ has received the following dose(s) of medications since getting up this morning.

1) Medicine	Dose	Time
2) Medicine	Dose	Time
3) Medicine	Dose	Time

Signed

To Matron of _____ House. Date _____

Pupil's Name _____ has received the following dose(s) of medications since getting up this morning.

1) Medicine	Dose	Time
2) Medicine	Dose	Time
3) Medicine	Dose	Time

Signed

Appendix 10 – Day Pupil Medication Administration Slip

Name of Pupil:.....

Date:.....

The above named pupil has been given the following medication in School today

Name of Medication	Dose Given	Time Given	Given by
Notes:			

Appendix 11i – Allergy Action Plan for EpiPen device

Available for download from:

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019EpiPen-1.pdf>

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health

Anaphylaxis
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
 - Locate adrenaline autoinjector(s)
 - Give antihistamine:
 - Phone parent/emergency contact
- (If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue




B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
 -  ✓
 -  ✓
 -  ✗
 - 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: . . . mg)
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, do **NOT** stand child up
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools

Signed:

Print name:

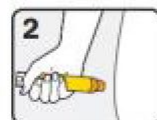
Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

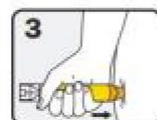
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the baggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Appendix 11ii – Allergy Action Plan for Jext device

Available for download from:

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019Jext.pdf>

This child has the following allergies:

Name:

DOB:

Photo

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|--|--|---|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|--|--|---|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 
 - 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: mg)
 - 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives. **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.


Mild/moderate reaction:


- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**
- (if vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name:


2) Name:


Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 2018

How to give Jext®



1
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2
PLACE BLACK END against outer thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4
REMOVE Jext®. Massage injection site for 10 seconds


Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be shared without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Appendix 11ii – Allergy Action Plan for Emerade device

Available for download from:

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019Emerade.pdf>

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improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in children's health

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** _____ (If vomited, can repeat dose)
- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

<p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
--	--	---

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: _____ mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, **do NOT stand child up**
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____

☎

2) Name: _____

☎

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

How to give Emerade®

- 1** REMOVE NEEDLE SHIELD
- 2** PRESS AGAINST THE OUTER THIGH
- 3** HOLD FOR 5 SECONDS
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorization to travel with emergency medications has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____

Date: _____

