

Forres Sandle Manor (Non-Academic) Policy

Policy Title	Administration of Medication
Policy Lead (Appointment (& Initials))	School Nurse (VP)
Date of Last Review	February 2021
Date of Next Review	February 2022

ADMINISTRATION OF MEDICATION

AIMS

To ensure safe storage and administration of medication to pupils by competent members of staff.

STORAGE

All medications are kept in a locked metal cabinet in the Surgery and are not accessible to children. Medication requiring refrigeration is kept in a separate locked box in the fridge. The temperature of the fridge is checked on a daily basis by the Matrons and the temperature recorded in a book that sits on top of the fridge. A weekly stock check will be taken of all medication.

DISPOSAL OF MEDICINES

Any unused prescribed medications, including Controlled Drugs (CDs) and any out of date homely remedies will be returned to the Pharmacy for disposal and a record kept of all medications returned. No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

CONTROLLED MEDICATION

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for the use by children.

Any authorised and trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A pupil who has been prescribed a controlled drug (CD) may legally have it in their possession if deemed Fraser Competent. However, Forres Sandle Manor School does not allow pupils to self-administer controlled drugs to ensure the safety of the whole school community.

It is permissible for schools to look after a controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed.

Controlled drugs are subject to safe custody and must be stored in a locked cabinet with limited access. CDs at Forres Sandle Manor are kept in a locked tin inside the locked medication cabinet. Only authorised personnel have access to the key.

CDs must be administered in a timely fashion in line with relevant legislation and local standard operational procedures.

There are legal requirements for the record keeping of controlled drugs. The Paper Controlled Drug Register (CDR) will be kept in a bound book format. There must be a separate page for each strength and form of an individual drug. Each page must specify the name, strength and form of the drug at the head of the page and all entries on that page must relate to that drug only. Each entry must be in chronological order. Each entry must be legible and written in indelible ink. If a mistake is made then it should be crossed through with a single line so that it can still be read. The CDR must be kept in the Surgery.

All pupils requiring CDs must have a consultant's letter stating diagnosis, medication prescribed and dosage.

All CDs must be in the original packaging, with a pharmacy label including Name and correct dosage.

International pupils bringing CDs with them also need to have a consultant's letter and share care agreement set up and this should be done prior to the pupil arriving in the UK. If the medication is not an EU recognised medication, a UK alternative will need to be prescribed.

Two trained staff members must be present and sign the CD book when a CD is given to a pupil.

NON-PRESCRIBED MEDICATIONS (HOMELY REMEDIES)

These are available to all pupils (day and boarding) and staff. The Matrons' Department and the Head of Boarding have access to give medication from the list of Homely remedies (see appendix 1). All medication given will be recorded on SchoolBase if given to a pupil, or in the Staff Medication book in the Surgery drawer. A competency form (Appendix 3) must be completed by the school nurse for each member of staff to enable them to give medication to a pupil.

Non-prescription medicines should only be given if parents/guardians have provided written consent. When the pupil joins the school, parents will be requested to complete a questionnaire outlining any past medical history, current medical issues and treatment, any known allergies and past immunisations. In addition, parental consent will also be requested for administration of routine vaccines and

over-the-counter medication. Parents will be requested to update their parental consent at the beginning of the autumn term detailing any treatment or changes that have occurred.

PRESCRIBED MEDICATION

Medication prescribed by a Doctor should be administered according to the instructions on the individual medication and **MUST ONLY BE GIVEN TO THE NAMED PUPIL TO WHOM IT HAS BEEN PRESCRIBED**. All medications should be kept in their original container and the original dispensing label must not be altered.

For all pupils, a medicines Form A consent form must be filled in, giving details of the name of the child, medical complaint, dosage and time of day that the medication should be given. A record is kept on SchoolBase of any prescribed medication that a boarder is taking and where appropriate, a care plan is written. For medicines prescribed by the doctor during the school term, pupils will be encouraged to involve their parents whilst respecting their right to confidentiality. Fraser competence guidelines should be followed for under 16s without parental consent.

COVERT ADMINISTRATION

Disguising medicines in food and drink is generally not permitted. In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary but it is only permissible where the pupil lacks capacity AND it is in the pupil's best interest. Refer to the Mental Capacity Act Code of Conduct.

Before covert administration of medicines can proceed, there must be an assessment of capacity undertaken followed by a best interests meeting. A decision will then be made on whether to administer the medicines covertly. If this is agreed, a plan should be developed on how to safely administer the medicines covertly. A date should be set for review.

The decision, action taken and details of all parties concerned should be documented in the care plan and reviewed at appropriate intervals. The signature from the GP must be obtained, the Pharmacist must be updated of the intention to administer the medicine covertly and DoLS must be informed.

It should be noted that if a pupil requests that their medicine is added to food or drink, this is not "covert" as they are fully aware that the medicine is being administered to them.

MEDICATION BROUGHT INTO SCHOOL BY PUPILS

Parents/Guardians should inform the Matrons' Department of any medication that a pupil may have brought into school. There are risks that prescribed medications will interact with medications purchased over the counter, or that herbal or traditional medication could

interact with other forms of medication. If a child has taken their own medication then over the counter medication cannot be given if it interferes with what has already been taken. The school nurse must check the BNF (British National Formulary) before two different medications are administered to check for any interactions.

A record will be kept of all medication brought into school by a pupil. It is always essential to ask a child whether they have taken any medication that day before administering any, and treatment records on SchoolBase should also be checked first.

OVERSEAS MEDICATION

Overseas boarders are asked not to bring their own medication into school unless prescribed by a Doctor. Where the prescribed drug is not available in the UK, parents are asked to give written consent to a prescription of a UK equivalent being issued by the school Doctor. Where this is not possible, a supply of medication can be brought in by an overseas pupil providing it is accompanied by an English instruction detailing the dose, administration, cautions etc. This instruction will be checked by the school Doctor.

SELF-MEDICATION

Occasionally children may self-medicate when it is in their interest to do so, e.g. with inhalers, and providing they have specific permission from the Head Matron and their parent. A Medicines Form B must be completed first and given to the Head Matron. The medication must remain in its original container and be locked in their tuck box. Asthmatics may carry their reliever inhalers with them.

MEDICATION COMING IN AND GOING HOME

All medication coming into school must be handed into the Matrons' Department and a Form A completed. All unused medication will be returned at the end of each term or disposed of at the pharmacy.

ADRENALINE PEN / ANAPHYLACTIC EPISODES

A separate Allergy and Anaphylaxis Policy should be referred to. People who have previously experienced a severe allergic reaction, may be prescribed with an adrenaline auto-injector pen. In secondary schools adrenaline (also known as epinephrine) auto-injectors e.g. EpiPen, are best carried by the child with a spare auto-injector device stored in school (Surgery and staff room). There must be clear written dated instructions specifying dose, when to give and further action to be taken. These instructions should be kept with the medication with a spare copy kept by the school. Parents/carers should be asked to ensure that dosage requirements are regularly

updated and new, dated instructions issued to the school when necessary. A spare auto-injector pen is also kept on the staff room mantelpiece, clearly labelled with instructions.

ASTHMA

A separate Asthma policy should be referred to. Children who are known to have asthma must have a reliever inhaler available at all times in school. Older children should carry their own reliever inhaler and ideally should keep a spare reliever inhaler in school.

STOCK OF HOMELY REMEDIES

A record is kept of the stock of all homely remedies and a weekly stock check taken.

THE 6 RIGHTS OF ADMINISTRATION MUST BE APPLIED

1. The identity of the pupil must be ascertained (RIGHT PUPIL).
2. The name, form and strength of the medicine must be checked during the administration process (RIGHT MEDICINE).
3. Medicine should be given at the correct time, as stated on the prescription label, doctors instructions or in the written consent by parents. If medicine is administered more than one hour either side of the time stated, advice should be sought by the school nurse (RIGHT TIME).
4. The dose of medicine must be administered in accordance with the prescribers instructions. If in any doubt, contact the school nurse (RIGHT DOSE).
5. Each medicine must be administered in its prescribed form eg. Tablet, capsule, patch, inhaler etc. and by the prescribed route eg. Oral, sublingual, topical etc. (RIGHT ROUTE).
6. The pupil's RIGHT to REFUSE must be respected.

MEDICINE SHOULD NOT BE GIVEN IF:

- The consent form is not completed
- The pharmacy label is missing or is difficult to read
- A significant change in the physical or emotional condition of the pupil is observed
- The 6 rights of administration cannot be verified

- The pupil has queries about the medicines eg. Colour, size, shape, consistency of liquids etc.
- There are any doubts or concerns

In these situations, the medicine should not be given until advice has been sought from the school nurse who then may need to contact the original prescriber.

ADMINISTERING MEDICATION

Medicine must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or specific instructions have been given to do so in writing by the prescriber.

All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. A 5ml plastic measuring spoon should be used or an oral syringe. For any doses under 5ml, an oral syringe must be used.

For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and / or date of expiry eg. Eye drops, creams, liquids.

Medicine must not be left unattended with the pupil. The trained staff member should remain with the pupil until administration is complete.

For application of creams and ointments, disposable gloves must be worn.

Medicine should never be pre-dispensed or dispensed for another person to administer.

The school nurse must be informed of any unusual incidents eg. Medicine given out of the time frame, refusal etc.

MEDICINES GIVEN IN ERROR

If an error is made with medication, medical advice must be sought immediately. During the school day, staff should contact The Fordingbridge Surgery (01425 653430). If out of hours or during the night, staff should contact NHS 111. At all times, the school nurse should be informed. A medical incident form should be completed, explaining the error and detailing any action taken. The error should also be recorded on the pupil's medical records on SchoolBase. Blank copies of the medical incident form are located in the Surgery filing cabinet and should be given to the Head Matron. The member of staff who made the error must also have a conversation with the school nurse about the incident and a reflection (Appendix 4) completed.

All medicine errors, incidents and near misses must be fully and carefully and documented by the School Nurse to determine the root cause and action taken as appropriate. All staff should be encouraged to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. All medicine errors must be reported to the School Nurse initially and forwarded to the Head.

If the School Nurse believes an error / incident could be a safeguarding issue, they should report to the local safeguarding team.

A safeguarding issue in relation to managing medicines could include:

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

This list is not exhaustive.

ADVERSE REACTION

Drugs can cause an adverse reaction in some people. If a pupil experiences an adverse reaction to a medication, no further doses should be given until instructed to do so by the Doctor. If a serious reaction occurs, medical attention should be sought immediately.

RECORD KEEPING

This is an extremely important part of the administering of medication. From a pupil's medical records, anyone should be able to understand exactly what has been done and when. Medical records on SchoolBase should be updated immediately once a medication has been given. Signatures are kept of every person who is deemed competent to administer medication and competency forms completed by the school nurse.

All significant incidents of a medical nature are reported to a child's parent or carer, together with any medication given or further treatments advised.

All medical records are kept until the child has reached 25.

Appendix 1

HOMELY REMEDIES STOCKED IN THE LOCKED MEDICINE CUPBOARD IN THE SURGERY

MEDICINE	INDICATION FOR USE	DOSE, FREQUENCY & MAXIMUM DAILY DOSE	FURTHER INFORMATION	MAXIMUM TREATMENT TIME BEFORE DOCTOR ADVICE TO BE SOUGHT
Paracetamol: Caplets, Tablets, Capsules	Mild pain, Headache, Toothache, Raised Temperature, Common Cold	<p>Children over 12 years 1-2 capsules 3-4 times in 24 hours. Each dose not to be repeated in less than 4 hours. Max dose 8 capsules in 24 hours.</p> <p>500mg caplets/tablets: 6-12 Years - ½-1 Caplet – Each dose not to be repeated in less than 4 hours. Up to max 4 doses in 24 hours.</p> <p>Over 12 Years – 1-2 caplets/tablets – each dose not to be repeated in less than 4 hours. Up to a max 4 doses in 24 hours</p>	<p>CAPSULES NOT SUITABLE FOR UNDER 12 YRS</p> <p>DO NOT GIVE WITH ANY OTHER PARACETAMOL CONTAINING PRODUCTS</p>	Consult Doctor if symptoms persist after 3 days or get worse
Paracetamol Suspension 250mg/5ml – (CALPOL 6+)	Mild pain, headache, toothache, raised temperature, common cold	<p>6-8 YRS 5ml 8-10 YRS 7.5ml 10-12YRS 10ml 12-16YRS 10-15ml 16YRS+ 10-20ml</p>	DO NOT GIVE WITH ANY OTHER PARACETAMOL CONTAINING PRODUCTS	Consult Dr if symptoms persist after 3 days or get worse

		Each dose not to be repeated in less than 4 hours, up to a max 4 doses in 24 hours.		
Ibuprofen Caplets/Tablets 200mg	Headaches, backaches, muscular pain, toothache, raised temperature	DO NOT GIVE TO CHILDREN UNDER 12 Caplets/tablets Children over 12 years 1-2 caplets OR tablets. Each dose not to be repeated in less than 6 hours. Max 3 doses in 24 hours, no more than 6 caplets OR tablets in 24 hours.	Consult with school nurse, Pharmacist or Dr if suffer from asthma or diabetes.	Consult Dr if symptoms persist after 3 days or get worse
Ibuprofen Suspension 100mg/5ml (NUROFEN)	Headaches, backaches, muscular pain, toothache, raised temperature, common cold	4-6 YRS 7.5ml 7-9 YRS 10ml Doses should be given every 6-8 hours. Up to max 3 doses in 24 hours.	Consult with school nurse, pharmacist or Dr if suffer from asthma or diabetes	Consult Dr if symptoms persist after 3 days or get worse
Lozenges (STREPSILS, SOOTHERS)	Symptomatic relief of mouth and throat infections, sore throat	Suitable for Children over 6 YRS Dissolve 1 lozenge slowly in the mouth every 2-3 hours No more than 12 lozenges per day	Contains Glucose	
Glycerin honey and lemon	Sore throat, cough	Children over 1 YR 5ml Children over 12YRS 10ml Dose should not be repeated in less than 4 hours. Max 6 doses in 24 hours	Contains Glucose DO NOT GIVE TO DIABETICS	If symptoms persist after 3 days or get worse, consult Dr
Olbas Oil	Nasal Catarrh, Sore throat, congestion, coughs due to colds	Add 2-3 drops to a tissue and inhale the vapours	External use only Do not swallow or place in nostrils	Consult Dr if symptoms persist after 7 days or get worse
Vicks Vapour Rub	Nasal Catarrh, Sore throat, congestion, coughs due to colds	Apply liberally to throat, back and chest	External use only. Do not swallow or place in nostrils	Consult Dr if symptoms persist after 7 days or get worse
Arnica Cream	Symptomatic relief of bruises	Apply liberally to affected area. Re-apply as often as required, minimum of twice daily.	For external use only. Do not apply to broken skin. Discontinue use if rash appears.	

Bonjela Teething Gel Iglu Gel	Relief from mouth ulcers, sore gums	Apply sparingly to affected area, reapply as necessary. Use 3-5 times a day as required.		If symptoms persist, consult Dr, dentist or orthodontist.
Deep Heat	Effective relief from muscular and rheumatic aches, pains and stiffness	Adults and children over 5 YRS – gently massage into affected area until all the cream is rubbed in. Apply a thin layer 2-3 times daily. Wash hands immediately after use. Can be used before or after exercise.	For external use only	No maximum treatment duration. If condition does not improve, seek advice
Sudocrem Antiseptic Cream	Provides a protective layer over cuts, grazes, minor burns, eczema and sunburn	Apply a small amount to the affected area – thin, white layer	Contains a mild, local anaesthetic. External use only	No maximum treatment duration but seek advice if condition does not improve with use
Allergy Relief Syrup (LORATADINE)	Relieves the symptoms of hayfever and other allergies, insect bites, urticaria (hives and itchy skin rash)	2-12 years (Who weigh more than 30kg) 1x5ml per day. Max dose 5 ml in 24 hours. Children over 12 – 10ml. Max dose 10ml in 24 hours	Contains Lactose. ONE DOSE A DAY	Contact Dr if symptoms worsen or do not improve. If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.
Allergy tablets (LORATADINE)	Relieves the symptoms of hayfever and other allergies, insect bites, urticaria (hives and itchy skin rash)	2-11 Years (Who weigh more than 30kg) 1 tablet per day 12 Years + 1 tablet per day	Contains Lactose ONE DOSE A DAY	Contact Dr if symptoms worsen or do not improve. If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.
Anthisan Cream	Provides relief from insect bites, stings and nettle rash	To be applied directly to the site of the insect bite, insect sting or stinging nettle rash. For best results, use as soon as possible after the bite or sting. Apply 2-3 times a day for up to 3 days	Do not use on large areas of skin, if the skin is cut or grazed, on eczema or extensively broken skin, or areas or sunburnt skin.	If symptoms worsen or do not improve, consult a Dr. If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.

			STOP using if notice signs of skin sensitivity including redness, swelling, itching, pain or burning sensation. External use only	
Travel Sickness Tablets – Lloyds own, Kwells	To provide relief/prevention of travel sickness	Refer to leaflet in package	Tablets may be sucked chewed or swallowed. May cause drowsiness	
Lyclear / Hedrin	Treatment of head lice	Refer to leaflet in package	Do not use if broken skin on scalp.	
High Factor Sun creams and after sun lotions	Protection before, during and after exposure to the sun – helps protect from sunburn, moisturises	Apply to skin that is/has been exposed to sunlight. Reapply after water based activities (read the label for specific instructions)		If sun burn occurs, school nurse to be notified and advice sought.
Vaseline Petroleum Jelly	To rehydrate dry or chapped skin conditions, provides a gentle waterproof layer	Apply liberally where needed	Hypoallergenic	No maximum treatment duration but seek advice if symptoms do not improve with use.
Savlon Antiseptic Cream	Antiseptic Cream used in First Aid to clean minor wounds and prevent infection. Apply to spots, insect bites and stings, blisters	Use sparingly. Apply to affected areas	External use only	No maximum treatment duration but seek advice if symptoms do not improve with use.

Dioralyte Rehydration Sachets	Diarrhoea – replacement of fluid and electrolytes	Dilute one sachet with 200ml cold water only, to be taken after each loose stool. Make up when needed, not in advance. Discard any fluid left over after one hour (or 24 hours if stored in refridgerator)	This medicine becomes colourless once it has dissolved, ensure that 200ml water is used as more or less can affect its efficiency.	If the diarrhoea has lasted for more than 24 hours consult a Dr. If any other medications are regularly prescribed, consult school nurse/Dr as it may affect their absorption.
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When giving medication, the following procedure should be followed:

- The reason for giving the medication is established
- Check whether they have taken any medication recently and if so what.
- Check whether they have taken it before and if allergic.
- The medication is in date
- Verbal consent gained by the pupil
- The pupil should be seen to take the medication by the person issuing it
- The pupil's name, the reason for the medication, the medication issued, date and time noted immediately on their medical records on SchoolBase

Vicky Parrett, School Nurse

Updated February 2021

Appendix 2

Medical Incident Form

This form is to be used when a medication has been given in error. A reflection form must also be completed and the member of staff who made the error must be signed off as competent again by the school nurse before giving any further medication to any pupils.

PUPIL'S NAME

PUPIL'S DATE OF BIRTH

DATE / TIME

MEDICATION GIVEN

DETAILS OF THE INCIDENT What happened?

DETAILS OF TREATMENT GIVEN

[Empty rectangular box for Outcome]

OUTCOME

[Empty rectangular box for Additional Information and Comments]

ADDITIONAL INFORMATION AND COMMENTS

AMBULANCE SENT FOR: YES / NO

PARENTS / GUARDIANS INFORMED? YES / NO

SIGNATURE OF STAFF REPORTING INCIDENT.....

NAME OF STAFF REPORTING INCIDENT.....

DATE FORM COMPLETED.....

Appendix 3

Competency Form

Staff Training Record – Administration of Medication at Forres Sandle Manor School

NAME	
TYPE OF TRAINING RECEIVED	
DATE OF TRAINING COMPLETED	
TRAINING PROVIDED BY	

PROFESSION AND TITLE	
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I confirm the member of staff named above has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated annually.

TRAINER'S SIGNATURE	
DATE	

I confirm that I have received the training detailed above.

STAFF SIGNATURE	
DATE	

Appendix 4

Reflection – Please fill out a reflection form for any medication errors. Then discuss with the school nurse.

What happened?	
What do you think could be done to prevent this from happening again?	

Do you feel you have had enough training to deal with the task?	
Is there any further support you would like?	
Discussion had with the school nurse.	School Nurse Date..... Staff member Date
Outcome Competency completed	Any further comments: Competency completed: School Nurse..... Date..... Staff Member..... Date