

PROTOCOL FOR ADMINISTRATION OF MEDICATION AT QEH (Senior and Junior Schools)

(This document is available on the school website or on request)

Reviewed January 2018

OVERALL RESPONSIBILITY

The Headmaster is responsible for implementing the governing body's policy on a day-to-day basis.

The school Nurse on duty is responsible for the safe and secure handling of medicines and the administration of medication according to the school policy.

THE HEALTH CENTRE

In term time the school nurse on duty, is available in the health centre to pupils, staff and visitors at the following times

- During the school day (Monday - Thursday 08.15 - 17.00, Friday 08.15 - 16.15)

THE SCHOOL NURSE

There are two qualified nurses employed at Queen Elizabeth's Hospital, Mrs N Burns and Mrs L Kelly. They care for, treat and advise Students, Staff and advise Parents.

In the absence of the regular school nurse, provision will be made for appropriate cover, either employing a bank nurse or with Staff who have the Life support/Appointed person First aid course as approved by the Health and Safety (First Aid) regulation 1981.

MEDICATION BROUGHT INTO SCHOOL

Medication should only be brought into school when it is absolutely essential and in all cases the school nurse should be informed.

All medication should be administered in the health centre during the school day.

A parent or guardian should provide full written consent and details of a prescribed medicine (appendix 2)

All medicines should be supplied in their original packaging with full instructions included.

The school nurse will administer the appropriate medication and enter the time and the amount given on the Drug Record Sheet (appendix 1) or in one off cases within the daily treatment book.

Prescribed medication should only be administered to the patient it was prescribed to.

Once the patient no longer requires this treatment, the medication should be disposed of appropriately.

During school trips or in the absence of the school nurse, prescribed medication will be administered by a designated member of staff/teacher.

STORAGE OF MEDICINES

All medicines are clearly marked and kept in locked cupboards in the health centre; the key is held by the nurse on duty.

There is a drugs fridge for medicines that require cool storage.

The locked cupboards and the fridge are regularly cleaned and the expiry dates on the contents checked. The temperature of the fridge is monitored daily.

ACCESS TO MEDICATION

Medication is stored in the health centre and is administered by the school nurse. In the absence of the school nurse an appointed member of staff will administer appropriate medication as consented by the parents.

Occasionally, the school nurse may give permission for a student to keep their medication with them.

In this case the appropriate consent signed by the parent/guardian, the school nurse and the Headmaster. (Appendix 3)

Asthmatics carry their prescribed inhalers to manage their own medication and if desired a spare inhaler can be kept in the health centre.

Pupils at risk of anaphylaxis (acute severe allergic reaction) carry their own pre loaded adrenaline pen (e.g epipen) and we recommend that parents supply a spare adrenaline pen, which is kept in the health centre.

NON-PRESCRIBED MEDICATION

A limited stock of non-prescribed (over the counter) medication, approved by the school doctor, such as:

- Paracetamol (tablets, liquid)
- Ibuprofen (tablets, liquid)
- Cough medicines
- Indigestion remedies
- Inhalations to relieve cold symptoms
- Arnica cream and methyl patches for sprains/bruises
- Anti-histamines (tablets, liquid)

are also kept in locked cupboards and administered at the discretion of the school nurse with prior written consent from the parent or guardian. Consent will be renewed each year giving the parent/guardian chance to update their child's health status. (Appendix 4)

No pupil under 16 should take or be given any medication without their parent's/guardian's consent.

DISPOSAL OF MEDICINES

Medication that has expired or no longer of use is returned to the local pharmacists for disposal.

The pharmacist will sign a receipt of drugs returned. (Appendix 5)

Prescribed medication held at the school is returned to the student at the end of each term.

At home parents are responsible for disposal of date expired medication.

Spillages of liquid medicines should be cleaned up using soap and hot water ensuring any broken glass is thrown away in the sharps bin.

ADMINISTRATION RECORD

All medication is administered by the school nurse on duty.

The following data is recorded in the treatment book:

- Date and time given
- Name of pupil
- The pupil's year and form group
- The name and strength of medication
- The dose and route of administration
- The signature of the nurse on duty

During school trips all medication administered by the Appointed Medical Person should be documented on the relevant form (appendix 6) and returned to the School Nurse upon return.

CONTROLLED DRUGS

All drugs currently listed under the misuse of Drugs Act 1971 and the Misuse of Drugs regulations 2001 should be consented for prior to administration. All medication should be stored in the Controlled Drugs cabinet and all details including Pupil, Strength, and Number of tablets stored, Expiry date and batch number should be documented in the Controlled Drugs record book. A list of all Controlled drugs listed under the misuse of drug legislation is held in the Health centre

PRINCIPLES FOR THE ADMINISTRATION OF MEDICINES AT QUEEN ELIZABETH'S HOSPITAL

In order to act in the best interests of the school and the pupils, the school nurse will:

- Know the normal dosage, side effects, precautions and contra-indications of the medicines administered
- Know the identity of the pupil who is given the medication
- Check the prescription or label on the medicine that is given
- Check the expiry date of the medication
- Know that the pupil is not allergic to the medication
- Make a clear and accurate record of the medication given

AGREED AND APPROVED BY

Dr S Granier
Mr S Holliday
Mr R Cook
Mrs N Burns

THE SCHOOL NURSE MAY ADMINISTER AT HER DISCRETION AND WHEN NECESSARY WITH THE PRIOR WRITTEN CONSENT (APPENDIX 4) OF THE PARENT OR GUARDIAN THE FOLLOWING "OVER THE COUNTER MEDICATION" TO THE PUPILS OF QUEEN ELIZABETH'S HOSPITAL.

THIS HAS BEEN AGREED AND APPROVED BY THE SCHOOL DOCTOR

PAIN RELIEF

Paracetamol (tablets, soluble and liquid)
Ibuprofen (tablets, liquid)

COLD REMEDIES-TREATMENT FOR CATARRH

Nasal Decongestants
Oral Decongestants
Inhaled Decongestants

COUGH REMEDIES

Simple Linctus for dry tickly coughs
An Expectorant for chesty coughs

SORE THROATS

Throat lozenges

INDIGESTION REMEDIES

Milk of Magnesium
Gaviscon
Tums
Rennies

DIARRHOEA TREATMENTS

Immodium

EYE WASH

Optrex
Saline

ALLERGY

Anti-histamines (e.g. Piriton/Benadryl)
Bite/insect cream

WOUND CARE

Antiseptic cream/spray
Arnica

MUSCULAR PAIN

Menthyl patch

Other medication to be administered in cases of emergency (as applicable)**ASTHMA**

Salbutamol inhaler- in case of emergency only (as per legislation oct 2014)

DIABETES

Glucagon Injection 1ml

Glucose gel (e.g. hypo stop)

Glucose tablets

ANAPHYLAXIS

Adrenaline Autoinjector 0.15mg or 0.3mg



Consent for administration of prescribed medication.

Name:

Form:

Address:

Date of Birth:

Reason for medication (condition / illness):

Name/Type of Medication:

Dose:

Frequency (inc. dosage at home):

Date dispensed:

How long will you child take this medication:

Signed.....

Print Name.....

Date

ALL MEDICATION SHOULD BE KEPT IN THE ORIGINAL PACKAGING/BLISTER PACKS INCLUDING INSTRUCTIONS.



Consent for self-medication

Pupil's Name..... Form.....

Address.....

Condition or illness.....

Medication.....

Dose.....

Frequency.....

How long will your **Son/Daughter** take this medication.....

I would like my **child** to keep his own medication and self administer as necessary. I accept responsibility and feel confident that my **child** is aware of the importance of keeping his medication in a secure place and taking the prescribed dose at the prescribed time.

Signed..... Date.....

Relationship to Pupil.....

Signed..... Date.....
School Nurse

Signed..... Date.....
Headmaster

Queen Elizabeth's Hospital Annual Medical Update



NAME OF PUPIL

FORM

It is the parent's responsibility to advise the school of all medical/ health issues relevant to their child. The school nurse must be notified of any changes within the school academic year.

I give consent for the School Nurse (or a member of staff supervising a visit outside the school) to arrange for any necessary hospital treatment, first aid and the administration of treatments for minor ailments for my child. For a full list of approved medication, please see the school policy on Medicines.

I give consent for the following to be administered when required:

Analgesics or cough Medicines (paracetamol and ibuprofen)

Indigestion Preparations

Antihistamines (e.g. Piriton, Ceterizine)

ASTHMA UPDATE

I confirm that my child suffers from Asthma (inc any history of asthma). If your child is prescribed an inhaler they **MUST** carry one with them during all school activities inc sport and school trips.

Give full details of medication inc dosage.....

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In the case of an emergency I consent that the school emergency salbutamol inhaler may be administered (please sign)

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ALLERGIES:

Please give full details including treatment of **any** allergies. If your child is prescribed an EpiPen they **MUST** carry one with them during all school activities inc sports/trips.

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HEALTH UPDATE

Please give full details of all illnesses or medical conditions including any treatment/medication.

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FULL NAME AND ADDRESS OF PARENTS/GUARDIANS	
CONTACT TEL NOS	
HOME	WORK
MOBILE/S	

NAME, ADDRESS AND CONTACT DETAILS OF ADDITIONAL CONTACT	
CONTACT TEL NO/S	RELATIONSHIP

NAME, ADDRESS AND CONTACT NUMBER OF CHILDS DOCTOR

PLEASE TICK AS APPROPRIATE

To the best of my knowledge, my child is fit to join all school trips this academic year

Please give details of any special dietary requirements

Details of medication including dosage.

Please note that a consent form will need to be completed if your child requires specific medication whilst on a school trip. A consent form can be downloaded from the school website or obtained from the school nurse. All medication should be supplied to the school in its original packaging with your child's name clearly identified preferably in advance.

I have given full details of any medical conditions or special requirements overleaf and I will update the School Nurse of any changes.

Name of parent / guardian

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Signature.....

Date.....



DATE / TIME	NAME	PROBLEM / CONCERN	TREATMENT / MEDICATION	SIGNATURE OF STAFF	PRINT NAME