**Introduction**

It is recognised that most boys will have short or long-term medical needs at some time. The School Doctor, School Nurse and Matrons, who will arrange prescriptions and administration of medicine to the boys, will manage these needs predominantly.

**Aims of the policy**

The aim of this policy is to clearly state that all medication is safely and securely stored and proper records are kept of its administration.

To set out procedures for safe administration of prescription and over the counter medications (OTC) to boarders.

To set out procedures for safe administration of prescription and over the counter medications (OTC) to Day Boys.

To set out procedures for the safe administration of prescription and non-prescription medication on school trips.

To explain procedures for administering and storing prescription and non-prescription medication in the school surgery.

To outline the roles and responsibilities of parents, medical and pastoral staff in the management of short term and long term medical conditions at school and on school trips.

**Boarders**

When a boy becomes a boarder, he will automatically be registered with Dr. Patel at Magnolia House Surgery in Sunningdale so that treatments and prescriptions will be arranged for boys with ease whilst they are at school. If the School Doctor prescribes a course of treatment, parental consent will be obtained prior to commencement of treatment.

Any existing prescribed medication will be delivered to the School Nurse by the parent/guardian (NOT the boy) in the original packaging with the pharmacy label attached and stating:

* The boy’s name
* The contents
* The dose

Parents must give their consent for administration in writing by completing the Medicine Administration Consent form (APPENDIX 1).

All medications coming into school via parents or pharmacy are recorded on the boys Medicine Administration Record.

**Ordering Repeat Prescription Medication**

Repeat prescriptions will be ordered by the School Nurse through Magnolia House Electronic Prescription Service.

During term time the prescriptions will be sent electronically to David’s pharmacy and dispensed. If a pupil needs a repeat prescription during lockdown or holiday periods it can be sent electronically to a pharmacy local to their home where it can be dispensed.

**One Off or Short Course Medication**

Dr. Patel will either hand write a prescription or email a prescription for a short course of medication e.g. antibiotics to David’s pharmacy. All handwritten prescriptions will be photocopied and the copy will be stored in the blue folder in surgery.

**Receipt of Medication from Pharmacy**

When prescribed medication is received from pharmacy the matron or nurse must tick it off in the medication folder/book and record the medication on The Medication Trail Form. The School Nurse will document the medication on the boys Medication chart and record the number of tablets received and the date.

**Return of Medication**

Medication returned to take home will be signed off on the Medication Trail Form by either the parent or the boy himself.

All medication returned to pharmacy for destruction due to expiry or completion will be documented in the return to pharmacy book. The pharmacist will verify entries. When Controlled Drugs are removed from the cupboard and returned home or to pharmacy, the recipient (pharmacist or parent) will sign the CD book to confirm the amount remaining.

**Over The Counter Medication (Non-prescription)**

A ‘Homely Remedies’ protocol (APPENDIX 2) signed by the School Doctor and Headmaster allows the School Nurse to administer the following medications:

Paracetamol, Ibuprofen, Savlon Spray, Piriton, Paediatric Simple Linctus, throat lozengers, jungle formular, TCP, Dioralyte, Olbas Oil, Arnica Cream, Magnesium Sulphate, Vaseline, E45 Cream, Bonjella teething gel, Calamine Lotion, Peppermint Water, Kwells travel sickness tablets, Full Marks.

Parents will indicate their consent by signing a ‘Homely Remedies’ consent form annually.

**Administration by School Matrons**

In the absence of the School Nurse, the School Matrons will carry out administration of Homely Remedies. All matrons will receive annual training in the administration and safe storage of medicines. The School Doctor signs a Homely Remedies Protocol and School Nurse delegates this role to the matrons.

**Medications from Overseas**

Due to UK licensing laws, all medications from overseas must be changed to the UK equivalent. Boys who are taking medications from overseas should have details of their condition and treatment translated into English so that the UK equivalent can be prescribed by the School Doctor.

**Day Boys**

**Prescription Medications**

Medications for Day Boys should only be brought into school when strictly necessary. Whenever possible, Day Boys should take prescribed medication outside of school hours, for example a course of antibiotics that are taken three times a day could be taken before school, immediately after school and before bed. Parents should sign the Medication Consent Form for any medication, prescription or non-prescription that they would like their son to take during the school day.

All medications must be stored in the surgery and boys must not have medications in their possession with the exception of inhalers and simple moisturising creams. EpiPens are stored in the Staff Room.

**Over the Counter Medications**

On joining the school, parents will sign a consent form to allow their sons to be administered the following medications should the need arise:

Paracetamol Savlon Spray, Piriton, Paediatric Simple Linctus, throat lozengers, jungle formular, TCP, , Olbas Oil, Arnica Cream, Magnesium Sulphate, Vaseline, E45 Cream, Bonjella teething gel, Calamine Lotion, Peppermint Water, Kwells travel sickness tablets, Emla Cream.

When administering medications, the nurse and matrons will follow the procedure set out below:

* Consider whether medication administration is necessary or whether another intervention (e.g heat/cold therapy) would offer symptom relief until the boy can be given medication at home.
* Check whether the boy has been given medication earlier in the day.
* If possible, parents will be contacted prior to the administration of medicine. If a parent is unavailable, the nurse will use her professional judgement to decide whether to give a single dose. If in doubt, Matrons should contact the School Nurse for advice.
* The administration of medication will then be recorded in the medical log and on the boy’s progress record.
* The boy will be monitored to ensure medication was given to good effect.

**Storage of Medication in School**

All medications other than inhalers and EpiPens are kept in locked cupboards in the surgery. Vaccinations and medicines that require refrigeration are stored in the medication fridge. The fridge temperature is monitored and recorded daily. The temperature should remain between 2.c and 8.c

Controlled drugs (CD’S) will be kept in a locked cupboard within a locked cupboard in the school Surgery.

Emergency medications such as inhalers and EpiPens are readily accessible and are not kept in locked cupboards. EpiPens and spare Inhalers are kept in the staff room. A supply of inhalers in also kept in the surgery.

**Asthma**

All asthmatics should be encouraged to carry their own inhalers but an inhaler may be kept with the form teacher or in the boy’s classroom, as long as he knows where to find it. Parents should provide the school with a spare inhaler and spacer device for use on school trips and in emergencies (APPENDIX 3).

Each boy who has asthma has a named orange medpac bag with a photo attached in the staff room. Inside the kit there is a spacer, inhaler and a copy of the boys asthma plan. These kits must be collected by the member of staff in charge of fixtures and school trips, so that asthmatic boys do not leave the school site without access to an inhaler.

**EpiPens**

Boys who have been prescribed EpiPen will have two devices stored in the staff room. The EpiPens are stored in bright orange Medpacs labelled with the boy’s name, a photograph and the expiry date of the EpiPen. There is a copy of the boy’s individual Health Care Plan and a copy of the anaphylaxis emergency protocol (APPENDIX 4) inside.

Parents should collect all medications except for inhalers and EpiPens at the end of term. Any unclaimed medicines are sent to pharmacy for destruction.

**Administration of Medication**

When nurse or matrons, the following procedure administer a medication at school will be followed:

* Check what the boy has been prescribed: on the medicine administration record and the medication label.
* Check the identity of the boy.
* Check that the boy is happy to take the medication.
* Make sure that it has not already been given.
* Prepare the correct dose for the time of day.
* Give the medication and offer a glass of water.
* Sign the Medication Administration Record.

**Administering Controlled Drugs**

Controlled Drugs are kept in a locked cupboard, within a locked cupboard in the surgery. The administration of a controlled drug will be recorded on the MAR and in the controlled drug book. Before all administrations, the balance of tablets remaining must be checked to ensure it tallies with what has been documented in the Controlled Drug Book. The next dose of medication should be given as prescribed and the subsequent number of remaining tablets documented and signed by the nurse/matron administering the medication and the boy receiving the medication.

**Medications Given in Error**

If a medication is given to a boy in error, it must be reported to the school nurse immediately. The nurse will advise on the most appropriate course of action and discuss with the school doctor if necessary. If the wrong dose is administered and a boy receives an inadvertent overdose it may be necessary to contact the emergency services or contact the drug poisons unit. The boy’s parents and Head Master should be informed as soon as possible.

**Adverse Reactions**

If a boy experiences an adverse reaction, the medication should be stopped immediately and the school nurse and boy’s parents informed. The boy should be monitored closely for signs of anaphylaxis and an ambulance should be called if necessary. The reason for the administration error should be investigated.

**Long Term Medical Conditions**

All boys with long-term medical conditions will have a Healthcare Plan. The Healthcare plan will detail useful information regarding medication, triggers, individual symptoms and emergency contact numbers. Healthcare Plans are kept in the medical record file in the surgery, and copies are available to all members of teaching staff. Parents are asked to consent to all information contained in the Healthcare Plan being shared openly with all those involved in their son’s education and care.

**School Trips**

Staff on school trips will be made aware of all relevant information regarding the medical needs of all boys under their care. They will be given training in medication administration and emergency procedures. The nurse will be delegating the role of medicine administration to the member for staff responsible whilst on the trip. The member of staff will be supplied with the boys MAR, medication and Healthcare Plan

**APPENDICES**

1. **MEDICATION AND VITAMIN CONSENT FORM**
2. **HOMELY REMDIES PROTOCOL**
3. **ASTHMA PROTOCOL**
4. **ANAPHYLAXIS PROTOCOL**

**APPENDIX 1**

**PAPPLEWICK SCHOOL – CONSENT TO ADMINISTER MEDICATION FOR DAY BOYS AND BOARDERS**

**Please complete this form if you would like your son to be administered ‘over-the-counter’ medications or vitamins whilst at school. Parents must complete the form and provide the nurse/matron with the medication in its original packaging so the dosage and instructions can be clearly seen. The medication must also be clearly labelled with the boy’s name.**

**PUPIL DETAILS**

|  |  |
| --- | --- |
| **FORENAME:** |  **SURNAME:**  |
| **D.O.B:** |  **YEAR:** |

**MEDICATION, SUPPLEMENT OR VITAMIN 1**

|  |  |
| --- | --- |
| **NAME OF MEDICATION:** | **DOSAGE:** |
| **WHEN TAKEN:** | **METHOD:** |
| **DATE PROVIDED:** | **QUANTITY:** |
| **EXPIRY DATE:** | **Notes:** |

**MEDICATION, SUPPLEMENT OR VITAMIN 2**

|  |  |
| --- | --- |
| **NAME OF MEDICATION:** | **DOSAGE:** |
| **WHEN TAKEN:** | **METHOD:** |
| **DATE PROVIDED:** | **QUANTITY:** |
| **EXPIRY DATE:** | **Notes:** |

**I HEREBY GIVE MY CONSENT FOR MY SON TO BE ADMINISTERED THE ABOVE LISTED MEDICATIONS BY STAFF WHILST MY SON IS AT SCHOOL.**

|  |  |  |
| --- | --- | --- |
| **SIGNATURE:** | **NAME:** | **DATE:** |

**APPENDIX 2**

PAPPLEWICK SCHOOL SURGERY HOMELY REMEDIES PROTOCOL FOR MATRONS 

The following medications listed below may be administered by the following members of staff according to the stated protocols and with reference to the instructions on the packaging:

COLLEEN ELKINGTON

SIMONE ALDER

MOIRA COX

DENISE LOCKYER

RACHEL BIRCHMORE

Signed……………………………………………………….. LAURA WOOLDRIDGE (SCHOOL NURSE)

DATE………………………………………………

Signed……………………………………………………….MR BUNBURY (HEADMASTER)

DATE……………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEDICATION | INDICATION | CONTRAINDICATIONS | DOSE | SIDE EFFECTS |
| PARACETAMOL 500MG TABLETS. PARACETAMOL SUSPENSION 250MG/5MLS. DISPERSIBLE PARACETAMOL OR CALPOL MELTS | MILD TO MODERATE PAINPYREXIA | KIDNEY IMPAIRMENTLIVER IMPAIRMENT | 6-8 YEARS: 250MG EVERY 4-6 HOURS.8-10 YRS:375MG EVERY 4-6 HOURS 10-12 YRS 500MG EVERY 4-6 HOURS12-16 YRS 750MG EVERY 4-6 HOURS. | RARE. RASHES,THROMBOCYTOPENIA. LEUCOPENIA |
| PIRITON TABLETS | ALLERGY | URINARY RETENTIONANGLE-CLOSURE GLAUCOMAPROSTATIC HYPERTROPHYPYLORALDUODENAL OBSTRUCTIONRENAL DISEAS | CHILDREN 6-12 YEARS OLD: ½ TABLET EVERY 4-6 HOURSOVER 12 1 TABLET EVERY 4-6 HOURS | TIREDNESS AND DIZZYNESS. LOSS OF APETITE, INDIGESTION, ABDO PAIN, LIVER INFLAMTION, HEADACHE, DRY MOTUH. |
| PIRITON SYRUP | ALLERGY | AS ABOVE | 2-6 YEARS: 2.5 MLS EVERY 4-6 HOURS (MAX DOSE = 2X2.5MLS IN ANY 24 HOUR PERIOD).6-12 YRS: 5MLS EVERY 4-6 HOURS (MAX DOSE 6X5MLS IN ANY 24 HOUR PERIOD). | AS ABOVE |
| MEDICATION | INDICATION | CONTRAINDICATIONS | DOSE  | SIDE EFFECTS |
| PRITON SYRUP (CONT) | ALLERGY | AS ABOVE | CHILDREN OVER 12: 10MLS EVERY 4-6 HOURS (MAX=12X10ML DOSES IN 24 HOURS) | AS ABOVE |
| IBUPROFEN 200MG TABLETS | PAIN AND FEVER | PEPTIC ULCER, ASTHMA, RENAL OR CARDIAC IMPAIRMENT, HEART FAILURE, HYPERTENSION, GI DISEASE, COAGULATION DEFECTS | ADULTS AND CHILDREN OVER 12 YEARS 200-400MG EVERY 4-6 HOURS AS REQUIRED | GI UPSET, HAEMORRHAGE, RASH, THROMBOCYTOPENIA |
| IBUPROFEN SYRUP 100MG/5MLS | PAIN FEVER | AS ABOVE | 4 – 7 YEARS:150MG THREE TIMES A DAY7-12 YEARS 200MG THREE TIMES A DAY. | AS ABOVE |
| PAEDIATRIC SIMPLE LINCTUS | RELIEF OF COUGH | DO NOT USE IF ALLERGIC TO INGREDIENTS | 6-12 YEARS GIE 2X5ML SPOONFULL EVERY 4 HOURS UP TO 4 TIMES A DAY | NOT EXPECTED |
| THROAT LOZENGERS | RELIEF OF COUGH/SORE THROAT | DIABETES | 1 LOZENGE WHEN REQUIRED | NOT EXPECTED |
| JUNGLE FORMULA | ALL STINGS | NOT TO BE USED ON BROKEN SKIN OR NEAR NOSE OR MOUTH | SPRAY FOR 2-3 SECONDS | NOT EXPECTED |
| SAVLON ANTISEPTIC SPRAY | MINOR WOUNDS | AVOID CONTACT WITH EYES AND EARS | SRAY ONTO AFFECTED AREA TO FLOOD WOUND | NOT EXPECTED |
| TCP | MOUTH ULCERS, CUTS, BITES | ALLERGIC SKIN CONDITION | DAB LIGHTLY | NOT EXPECTED |
| DIORALYTE | DIARRHEOA | DO NOT USE IF ALLERGIC TO INGEDIENTS | ONE SACHET AFTER EVRY LOOSE BOWEL MOTION | NOT EXPECTED |
| OLBUS OIL | CONGESTION |  | INHALE VAPOURS | NOT EXPECTED |
| ARNICA CREAM | FOR MILD BRUISING | DO NOT USE IF ALLERGIC TO INGEDIENTS | APPLY TOPICALLY PRN | NOT EXPECTED |
| MAGNESIUM SULPHATE | BOILS | DO NOT USE IF ALLERGIC TO INGREDIENTS | APPLY TO AFFECTED AREA | NOT EXPECTED |
| VASELINE | DRY SKIN CONDITIONS | DO NOT USE IF ALLERGIC TO INGREDIENTS | APPLY TO AFFECTED AREA | NOT EXPECTED |
| E45 CREAM | DRY SKIN CONDITIONS | DO NOT USE IF ALLERGIC TO INGREDIENTS | APPLY TO AFFECTED AREA | NOT EXPECTED |
| BONJELLA TEETHING GELS | GUM PAIN | DO NOT USE IF ALLERGIC TO INGREDIENTS | APPLY TO AFFECTED AREA | NOT EXPECTED |
| CALAMINE LOTION | MINOR SKIN COMPLAINTS AND ITCHING | AVOID EYES/MOUTH/NOE/GENITAL AREA | APPLY WITH COTTON WOOL AS REQUIRED | NOT EXPECTED |
| PEPPERMINT WATER | RELIEF OF INDIGESTION | DO NOT USE IF ALLERGIC TO INGREDIENTS | DILUTE WITH H20 | NOT EXPECTED |
| KWELLS | PREVENTION OF MOTION SICKNESS | DO NOT USE IF ALLERGIC OR HISTORY OF GASTRIC PROBLEMSADMINISTER 20-30 M INS PRIOR TO TRAVEL | CHILDREN 4-10 GIVE ½ TO 1 TABLET EVERY 4 HOURS.CHILDREN OVER 10 GIVE 1-2 TABLETS EVERY 6 HOURS  | DRY MOUTH, DIZZYNESS, DROWSINESS INCRESED TEMP, BLURRED VISION, DILATED PUPILS |
| FULL MARKS | TREATMENT OF HEADLICE | DO NOT USE IF ALLERGIC TO INGREDIENTS | APPLY TO WET HAIR | NOT EXPECTED |

**APPENDIX 3**

**ASTHMA PROTOCOL**

**WHAT IS ASTHMA?**

Asthma is a long term condition that affects the airways. Children who have asthma have airways which are sensitive and become inflamed. Asthma triggers irritate the airways and cause them to react.

When a young child with asthma comes into contact with these triggers the airways constrict. The linings of the airways become inflamed and swollen which leads to the symptoms of asthma.

**SIGNS AND SYMPTOMS TO LOOK OUT FOR**

COUGHING BEING UNUSUALLY QUIET

SHORTNESS OF BREATH TIGHTNESS IN CHEST

WHEEZING

**TRIGGERS**

COLD AND ‘FLU’ TOBACCO SMOKE

CHALK DUST HOUSE DUST MITES

MOULD POLLEN

FURRY/FEATHERED ANIMALS PERFUMES

LATEX DUST/FLOUR/GRAINS

CHEMICALS AND FUMES CLEANING PRODUCTS

SAW DUST WEATHER

EXERCISE

ASTHMA MEDICATIONS AND TREATMENTS

The majority of day boys should only need to take reliever medications at school. This is usually a blue Ventolin (salbutamol) inhaler. The reliever medication is taken to relieve the symptoms of asthma and will work immediately to reduce the swelling and inflammation of the airways. Boarders will take preventer medication in school as prescribed by Dr. Patel.

All boys with asthma must keep a blue inhaler with them or close at hand at all times.

All boys with asthma must keep a spare inhaler in the surgery for use in emergencies and school trips.

If teacher/nurse/ parent decides a boy is too young to keep their inhaler themselves, it will be kept with the teacher in the classroom.

Boys should be allowed free access to their inhalers and they should not be kept in locked cupboards.

Each inhaler should be clearly labelled with the boy’s name.

It is the responsibility of the nurse to ensure that all the boarders inhalers are in date.

It is the responsibility of parents to ensure that all day boy inhalers are in date.

Teachers should remind boys to take inhalers to PE.

Inhalers are prescription only medication and must be used only by the boy to whom they are prescribed.

A healthcare plan which details triggers, symptoms and treatments will be devised for all pupils.

**SPACERS**

Spacers are often used with aerosol inhalers to administer a more accurate and effective dose of Salbutamol. Each pupil who has been prescribed an inhaler by his or her asthma nurse must keep their own individually labelled spacer.

**EMERGENCY INHALERS AND SPACERS**

An emergency asthma inhaler kit is available in the staff room and school surgery. These kits are for use in an emergency for the relief of asthma symptoms in boys who have a previous diagnosis of asthma. The kits contain the following:

* A salbutamol Metred Dose inhaler
* Two spacers compatible with the inhaler
* Instructions on using, cleaning and storing the inhaler
* A checklist of inhalers, batch no.’s, expiry dates with monthly checks recorded
* A list of children permitted to use the inhalers
* A record of administration

**EXERCISE AND PHYSICAL ACTIVITY**

Exercise is good for everyone, including children with asthma. For some children, exercise can be a trigger to asthma but as exercise is an important part of a healthy lifestyle, it is a trigger, which needs to be managed rather than avoided.

Boys with asthma should be encouraged to join in with all exercise and activity based lessons.

Boys with exercise-induced asthma should be encouraged to use their inhaler before activity.

If a boy has asthma symptoms whilst exercising, they must stop, take their inhaler and wait 5 minutes before restarting.

**APPENDIX 4**

**ANAPHYLAXIS PROTOCOL**

Anaphylaxis is an extreme and potentially life threatening condition at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen or it may take hours. It can be life threatening if not treated quickly with adrenalin. Common triggers of anaphylaxis include Peanuts, tree nuts, dairy products, eggs, fish, shellfish, insect stings, latex and drugs.

**SIGNS AND SYMPTOMS**

Generalised flushing of the skin, hives anywhere on the body, difficulty in swallowing or speaking, swelling of the throat or mouth, alterations in heart rate, abdominal pain, nausea and vomiting, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

**MANAGING PUPILS IN SCHOOL**

* All staff who agrees to administer adrenalin must be trained by the school nurse and update annually.
* Boys with anaphylaxis must have at least 2 adrenalin pens available.
* Adrenalin pens must be kept on the First Aid Shelf in the staff room so that they are easily accessible to all staff.
* Adrenalin pens must never be placed in a locked cupboard.
* It is the responsibility of parents to ensure the Adrenalin remains in date. However, the school nurse will endeavour to remind parents when the Adrenalin pen near their expiry date.
* The school nurse will arrange repeat prescriptions for boarders.

**EMERGENCY PROCEDURE**

If a boy who has been prescribed an Adrenalin pen shows signs of an allergic reaction a member of staff trained in the administration of adrenalin pen should follow his healthcare plan closely.

**IF SYMPTOMS ARE CAUSE FOR CONCERN…..**CALL 999 OR SEND A BYSTANDER TO MAKE THE CALL

**ADMINISTER EPIPEN**

 **Ensure child is lying down.**

1. Pull off safety cap
2. Hold device about 10cm from thigh. Swing and jab tip against thigh and listen for a click.
3. Massage area for 10 seconds.
4. Make a note of the time.
5. Put used pen back into its pouch.
6. If the paramedics do not arrive and the boy’s symptoms do not resole then a second dose should be given and the time noted. IT IS ALWAYS BETTER TO GIVE ADRENALIN THAN TO HOLD BACK.

Await ambulance and monitor child’s condition – do not allow child to stand up even if symptoms have resolved.

Laura Wooldridge

School Nurse

JANUARY 2021