



INTRODUCTION

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.

In their publication *Guidance on the Administration of Medicines to Pupils* the Learning Trust identified 3 categories of pupils that may require medication while at school:

1. Those who have suffered an acute medical condition but are regarded as fit to return to school provided prescribed medication is taken
2. Those who suffer certain chronic or life threatening conditions (eg. anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given regular doses of medication, or medication is available in an emergency.
3. Those pupils who suffer occasional discomfort such as tooth ache or period pain 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 Stowe School.

ROLES AND RESPONSIBILITIES

- **Parents** and those with parental responsibility should ensure that they comply with the medicine guidelines of the *Handbook for Parents*. This includes ensuring that all medication is handed over to House on return to School. Parents should provide the Medical Officer (MO) with sufficient information of their child's medical needs, including where appropriate, any communication, details of specialist, current medication and follow up plans
- **School Staff**, having undertaken additional training can administer medication as per this protocol once deemed competent to do so. Competency will be shown following attendance at a teaching session and with the attaining of a certificate. Only staff who have a record of attendance at this teaching session are competent to administer medication to students
- The **Matron** administers medication to pupils in the House and monitors House Medication
- The **Medical Centre Registered Nurses** must ensure that at all times they fulfil the obligations of the NMC Code
- The **House Nurse** ensures that the standards set out in this document are followed, through the use of training and audit
- The **Senior Nurse Manager** ensures that all staff dealing with the administration of medications are adequately trained, supervised and monitored. Develops and maintains the school's Medication Policy in line with National Guidance
- The **Medical Officer** assumes overall responsibility for the policy and practice of Administration and Storage of medication both in the School and the Medical Centre



SUPPLY AND ORDERING

Ordering of Medication

- Stock medication should be ordered directly from the Medical Centre (MC). Stock medication will not be given out unless an order form has been completed (as per Appendix 1)
- It is Matron's responsibility to ensure that a patient on regular medication has adequate supplies. Requests can be made by email or e-chit. Telephone calls will not be accepted
- Students who self medicate are responsible for maintaining the supply of their own medications
- Medication required for school holidays should be ordered well in advance, with a maximum of 3 months supply being prescribed at any one time
- Matrons should be aware that repeat medication can take up to 2 working days to arrive at the MC and that stock medications are processed weekly.

Medications from Home

- ALL medicines brought into house from home should be recorded for each pupil if declared, including "over the counter" and complementary medicines
- Medications from abroad, not licensed in the UK, should not be brought into House
- Matron should inform the HN who will make an assessment of the preparation which may include a discussion with the MO
- The HN will complete the *Assessment of Students to Self Medicate* form (Appendix 2). A copy will be kept in their MC file and a record put on Apollo that the pupil can self medicate a named medicine
- All medicines including "over the counter" preparations should be in the original packaging clearly labelled with the student's name and directions of use.

Receipt of medications

- Matrons (or their designated deputy) should collect all medications from the Medical Centre. This includes bulk medication for House and individual prescriptions. This medication should then be logged into the House via the '*Medicines List*' on Apollo
- ALL medicines brought into house should be recorded for each pupil if declared, including "over the counter" and complementary medicines
- The record should include
 - Name of pupil
 - Date of receipt
 - Name strength and dosage of drug
 - Quantity brought in
 - Signature of staff receiving drug
- If medication is then given to pupils to self administer, then these medications should be entered into the record in the usual fashion and under 'administration' a note should be entered indicating that medication has been given to the student to self administer.



Disposal of medications

- ALL medicines that leave the boarding house (eg taken home or on school trips) should be recorded as above. Drugs should stay in the prescribed container and labels should never be altered.
- Drugs should be disposed of via the MC.

Storage of medicines

- Medicines should be stored in secure designated areas. These include: The MC, in House Medicine Cabinets, pupil's personal safe
- Pupils who self medicate should have their own locked cupboard or drawer if they keep medicine. The designated person should have another key for emergency use only with consent of the pupil.
- The medicine cupboard should be designated for medicines only and be in a suitable location. Only designated key holders should hold keys.
- Medicines should always be stored in the container in which they are dispensed and labels should not be altered
- Certain drugs eg insulin, need to be kept in a fridge. The maximum and minimum temperature of this should be recorded daily. The usual range recommended is 2-8 degrees. Temperatures outside this range should be reported to the medical centre. It should be regularly cleaned.
- Refer to Section 6.0 for the storage of Controlled Drugs

ADMINISTRATION OF MEDICINES

Medicine Administration Record (MAR) Chart

- This should be completed by any member of school staff administering medication off site
- Include medication administered, dosage, date, time, indication
- Records should be kept for 15 years after the last entry
- The medical centre should be informed if a pupil refuses to take medication.

Administration by the Matron

- Administered medication should be recorded on Apollo, in the '*Medicines Record*' section
- Pupils should be aware of routine timings of drug administration.
- Matrons should:
 - Check the identity of the pupil
 - Check prescription/ homely remedy policy (HRP)
 - Record via Apollo
 - Record of pupils refusal to take medication
- Prescribed medication should never be given to a different pupil.
- Any drug errors or adverse drug reactions should be reported to the MC immediately
- House Nurse to audit Medicine records termly



Self-administration of medicine

Competent students are actively encouraged to take responsibility for the administration of their own medications. In addition in urgent situations, for emergency medication, such as adrenaline devices and asthma inhalers, it is particularly beneficial for students to administer their own medication. Those pupils assessed as competent to self medicate may store their own individual medicines in their personal lockable storage. It is the responsibility of the House Master/Mistress to ensure the security of this medication at all times

Lower and Upper 6th Form

Prescribed Medication

- All students in 6th form are deemed competent to self administer medication which has been prescribed for them unless otherwise explicitly stated by the Housemaster, Matron, MO or HN
- It is the students' and Matrons' responsibility to ensure that the medication is kept in a locked, secure place. Only emergency medication (eg. insulin, inhalers, adrenaline devices) maybe carried on person
- Medication brought in from outside of school needs to be reported to Matron on the students' return
- Medication prescribed by the MC will be entered onto the students' e-chit
- In some circumstances, due to confidentiality issues, the MC may be unable to provide school with information. At the discretion of the prescribing practitioner, a decision might be made not to inform House about a prescription issued. In these cases the student will have been deemed competent to self medicate and the prescribing clinician assumes full responsibility for providing the medication. In these cases medication will be collected by the student and therefore not entered into the House MAR.

As Required Medication

- 'PRN' medication can only be administered as per Homely Remedy Policy (HRP). Students are not permitted to bring in any other over the counter medications into school
- If pupils require regular medication for longer than 48 hours it is possible for their own supply to be prescribed.

3rd, 4th and 5th Form

Prescribed Medication

- All students in 3rd, 4th and 5th form are deemed *not* competent to administer medication which has been prescribed for them unless otherwise explicitly stated by the MO or HN
- Students requiring regular prescribed medication for a particular chronic condition (eg asthma, epilepsy) will be assessed by their HN, with liaison with the Matron, on their ability to self medicate. The HN will complete the *Assessment of Students to Self Medicate* form (Appendix 2). This form will be kept in their MC file and this information documented on Apollo
- The MO/HN will document discussion about the decision in the electronic NHS health record
- Students requiring prescribed medication for an acute episode (eg a course of antibiotics) will have their ability to self medicate documented on their e-chit at the time



of prescription by the MO/nurse, this will also be documented in the electronic NHS health record

- There may be occasions when a student will begin to self medicate where extra support may be required. In this instance the HN and the Matron, in conjunction with the student, may devise an individual medication plan, for example a student maybe given a days/weeks worth of medication at the outset

As required Medication

- 'PRN' medication can only be administered as per HRP. Students are not permitted to bring in any other over the counter medications into school
- **ALL** dosages of PRN medications must be administered to the student, under no circumstances should they be given any more than one dose at a time

Over the counter medication

The following can be kept in stock (see attached guidelines for administration)

- Paracetamol
- Ibuprofen
- Sudafed
- Cetirizine

Homely Remedy Policy

Matron should seek advice from the nurses at the medical centre if any of these are needed for more than 24 hours duration.

Paracetamol Tablets 500mg (including soluble)

Clinical Condition to which it applies

- **Definition of clinical condition/situation:** Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia
- **Additional criteria needed to confirm applicability:** Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

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

<i>Dosage and Administration:</i>	12-16 year olds	500-750mg
	16 year +	500mg-1g



1-2 tablets (500mg-1g) orally every 4-6 hours
Maximum 8 tablets (4g) in 2

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 MC
Recording:	Reasons for administering Paracetamol Date, time, dose

Ibuprofen Tablets (400mgs)

Clinical Condition to which it applies

- **Definition of clinical condition/situation:** Adults and children over 12 years requiring treatment to relieve mild to moderate pain and/or pyrexia that does not respond to Paracetamol
- **Additional criteria needed to confirm applicability:** Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

- Pupils with a hypersensitivity to other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Pupils with kidney, cardiac or hepatic impairment, history of or current peptic ulceration
- Avoid in patients with asthma
- Pupils on medication which interacts with Ibuprofen including: anti-coagulants, anti-hypertensives, Diabetic medication, Lithium, Ciprofloxacin
- Pupils who have not eaten – Ibuprofen must be taken after food

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

Dosage

Dosage and Administration: Children over 12 years
400mgs orally every 6 hours
Maximum of three x 400mg tablets in 24 hours
Must be taken with or after food

Adverse Reactions: Gastrointestinal discomfort, nausea, diarrhoea, bleeding and ulceration may occur
NSAIDs may increase bleeding time – inform dentist they are taking NSAIDs



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
Follow up:	Monitor for effectiveness and side effects for maximum of 48 hours If not responding to treatment discuss/refer to MC
Recording:	Reasons for administering Ibuprofen Date, time, dose,

Sudafed Tablets (Tablets 60mg,)

Clinical Condition to which it applies

- **Definition of clinical condition/situation:** Adults and children over 12 years requiring treatment to help clear cold, flu and allergy symptoms such as blocked sinuses, stuffy nose and catarrh
- **Additional criteria needed to confirm applicability:** Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

Contraindications

Patients excluded from treatment:

- Those who have previously had a bad reaction to any of the ingredients
- Those who have very high blood pressure or severe heart disease
- Those taking Monoamine Oxidase Inhibitors (drugs for depression)

Action for excluded patients: Refer to MC

Dosage

Dosage and Administration: Children over 12 years
60mg tablet every 4-6 hours

Max 4 tablets per day

Adverse Reactions: Gastrointestinal discomfort, hallucinations, skin rashes, restlessness

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 MC

Recording: Reasons for administering Sudafed
Date, time, dose,



Cetirizine (10mg)

Clinical Condition to which it applies

- **Definition of clinical condition/situation:** Adults and children over 12 years requiring treatment for symptomatic relief of allergy such as hayfever and urticaria
- **Additional criteria needed to confirm applicability:** Informed consent written or verbal has been given by parent/guardian of pupil under 16 years.

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 MC

Dosage

Dosage and Administration:

Children over 12 years
10mg tablet once a day

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 MC

Recording:

Reasons for administering Ibuprofen
Date, time, dose,



EDUCATIONAL VISITS

Introduction

It is good practice for the school to encourage children with medical needs to participate in safely managed visits.

While on any visit outside of school, the student's medication needs to be handed over to the designated First Aider who has completed Medicine Administration Training. This First Aider is then responsible for the safe administration and storage of the medicine(s) in line with this policy

Children With on Going Problems

If a child with an ongoing problem is participating with the field trip then it is imperative that the First Aider is aware of this condition and is able to administer the required emergency medicine in a correct manner. With the example of adrenaline pens, it is essential that the First Aider has attended a teaching session on their use and is able to administer the injection if required. Any diabetic student participating in an Education Visit should have a 'hypo kit' from the MC and the attending First Aider should have a working knowledge of the students care plan and know how to handle emergency situations

CONTROLLED DRUGS

Where adequate provision has been made Controlled Drugs (CDs) may be stored in house for administration by adequately trained staff.

Standards for provision include:

- Dual locked, appropriate CD storage
- Designated CD Record Book, completed in line with the School's CD Policy
- Monthly audit of stock levels
- Annual CD Self Assessment
- House staff members to have completed both Medicine Administration and CD Administration training

In all other circumstances CDs should be kept at the MC in line with National Medicine protocols

Dealing with discrepancies:

Any discrepancy with the running balance should be reported to the MC immediately who will then initiate an investigation in line with the School's CD Policy

RELEVANT PUBLICATIONS

Department for Education and Employment *Guidance on First Aid at Schools*

Department for Education and Employment *Supporting Students with Medical Needs*
(<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/b0013771/managing-medicines/managing-medicines-in-schools>)

Department of Health (2005) *Managing Medicines in Schools and Early Years Settings*

Health and Safety Executive (2002) *Control of Substances Hazardous to Health*



Nursing and Midwifery Council (2002) *Code of Professional Conduct*
New NMC Code 2015

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

Royal Pharmaceutical Society of Great Britain (2003) *The Administration and Control of Medicines in Care Homes and Children's Services*

The Learning Trust (2004) *Guidance on the Administration of Medicines to Pupil*

Dept for Ed Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014

Dept for Ed Boarding schools National minimum standards In force from 1 April 2015