



LEICESTER GRAMMAR SCHOOL TRUST

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POLICY AND PROCEDURES ON THE ADMINISTRATION OF MEDICINES

This policy should be read in conjunction with the First Aid Policy. It refers to the Leicester Grammar School.

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Review of the administration of medicines procedures

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Appendix 1- Stock list of medicines

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1. Introduction

- 1.1.1 The School Nurse is the designated person responsible for the storage and administration of medicines within the School. Together, with several appropriately trained Designated First Aiders, medicines are administered to pupils under a homely remedy protocol. On an annual basis, parents are asked for their written permission for the administration of over the counter medicines when deemed necessary by the School Nurse.

2. Practice for administering medication to pupils

- 2.1 The School Nurse or Designated First Aider will only administer the medication to a pupil if they are aware of:

- The pupils medical history
- Any allergies
- Any other medication the pupil is currently taking
- Any possible side effects
- Any contraindications

The School Nurse or Designated First Aider will also establish and check:

- The pupils identity
- The pupils age
- The reason for giving the medication
- If the pupil has taken that particular medication before and, if so, whether there were any problems.
- Dose of the medication
- Frequency of the medication
- Expiry date
- Any specific instructions relating to that medication.

- 2.2 The pupil must take the medication under the supervision of the School Nurse or Designated First Aider.

3. Record keeping

- 3.1 Once a medicine has been administered, an accurate and legible paper record is completed. This information is then transferred to the individual pupil's medical record held on SIMS and the paper record is shredded at the end of the school day.

- 3.2 This record should include:

- Name of the pupil
- Date and time
- Name and dosage of drug.
- Signature of the member of staff administering the medication.

4. Prescribed Medicines

- 4.1 The School Nurse or Designated First Aider will administer prescribed short-term medication if it is in the child's best interests to do so whilst they are in School. If possible, dispensing times should be planned to avoid the administration of medication in school. The following principles should be followed when administering short term prescribed medicines to pupils:
- The pupil must bring the prescribed medicine into school each day and hand it to the School Nurse for storage in the First Aid Room.
 - Parents of all pupils, must provide written permission stating details of time, date, dose and medication.
 - The medicine must stay in its original container which should ideally be childproof.
 - The dispensing label must not be altered.
 - The medicine must only be dispensed to the pupil for whom it has been prescribed.
 - The School Nurse will discuss with the pupil the appropriate time for administration.
 - The pupil must collect the medication at the end of each school day to take home.
- 4.2 In the case of children with long term medical conditions, such as asthma or diabetes, the pupil should keep their own prescribed medicines on their person **at all times** as they may need to self-administer their medication without delay. After discussion with the pupil, their parents and the School Nurse, a medicine administration plan will be agreed. The Nurses room is available if pupils require some privacy whilst administering their medication.
- 4.3 In the case when anaphylaxis has been diagnosed, the pupil will be required to keep their own prescribed adrenaline auto-injector on their person at all times to ensure its quick retrieval, this includes when participating in sport and school trips. A spare adrenaline auto-injector will be stored in the Nurses office, in a clearly labelled box, on an easy to access shelf. This spare will accompany the pupil on all trips which take place off the school premises.

5. Non-Prescribed Medicines

- 5.1 The School Nurse or Designated First Aider will administer non-prescribed medication, such as medicines bought over the counter, if it is in the child's best interests to do so whilst they are in School. If possible, dispensing times should be planned to avoid the administration of medication in school. The following principles should be followed when administering short term non-prescribed medicines to pupils:
- The pupil must bring the medicine into school each day and hand it to the School Nurse for safe storage.
 - Parents of all pupils must provide written permission stating details of time, date, dose and medication.

- The medicine must stay in its original container which should ideally be childproof.
- The medicine must only be dispensed to the pupil for whom it has been intended.
- The School Nurse will discuss with the pupil the appropriate time for administration.
- The pupil must collect the medication at the end of each school day to take home.

5.2 Leicester Grammar School stocks various over the counter medications, which the School Nurse or Designated First Aider will administer if deemed necessary and in the best interests of the child (appendix 1). Parents are asked for their written permission for the administration of these over the counter medicines. If a parent withholds their consent, then no medicines will be administered and the parents contacted if medication administration is deemed necessary.

6. Self-administration of Medicines

6.1 It is strongly discouraged for pupils to self-administer medications whilst at school except in the cases outlined in point 4.2. This is to ensure the safety of the pupil and others.

7. Immunisations

7.1 It is customary for an arrangement to be made with the NHS immunisation team to visit school and administer the necessary immunisations as per the NHS immunisation schedule.

8. Procedure for reporting drug errors and adverse drug reactions

- 8.1 In the event of a drug error or adverse drug reaction the pupil's health and safety will be the initial priority. The School nurse will assess the child and administer any lifesaving medicines if required.
- 8.2 If it was deemed necessary by the School Nurse, the child will either be seen by a GP, transferred to the Leicester Royal Infirmary Accident and Emergency Department or an Ambulance will be called.
- 8.3 The child's parents will be contacted as soon as is reasonably possible and a thorough explanation provided.
- 8.4 The Head teacher, Business Director and Facilities Service Manager will be informed and an investigation will take place. The parents will be informed of the outcome of the investigation.

9. Administration to save a life

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- 9.1 In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be administered by the School Nurse without the direction of a medical practitioner or there being a Patient Group Directive, for the purpose of saving life. For example, the administration of adrenaline by injection (1:1000), Chlorphenamine and Salbutamol are among those drugs listed under article 7 of the Prescription Only Medicines (human use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.
- 9.2 All parents of children with allergies which may require an adrenaline auto-injector (AAI) will be asked to sign a form giving consent for appropriate emergency treatment to be administered in the event of a severe allergic reaction. An individual pupil action plan will be written to inform staff of the appropriate action to be taken in the event of the child developing anaphylactic symptoms.
- 9.3 As from 1st October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy AAI devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (for example, because it is broken or out-of-date). LGS has an AAI device that can be administered in the above situations and is stored in the School Nurses office with the appropriate guidance for use.
- 9.4 According the Department of Health Guidance, the school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom written parental consent for use of the spare AAI has been provided. Written consent has been requested from all applicable parents.
- 9.5 As from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). LGS have purchased spare emergency inhalers which can be administered in the above situations. They are stored in the School Nurses office, the first aid room in the sports hall and the first aid room in the pavilion, with the appropriate guidance for use.

10. Storage of medicines

- 10.1 To ensure a rapid retrieval, pupil's spare emergency medications such as inhalers and adrenaline auto-injectors, are stored in easily identifiable boxes, in the School Nurses office. If the child is participating in a sporting fixture or school trip off the school premises, the medication should accompany the child.
- 10.2 It may be necessary for the School Nurse to store small amounts of spare long-term prescribed medicines at the request of the pupil's parents for example anti-epileptic drugs, spare inhalers or insulin. These medicines should be stored in their original packaging, accurately labelled with the child's name, the drug name, the dose required, the frequency of administration and the expiry date.

- 10.3 Short term medicines and over the counter medications are stored either in a fridge or in a locked cupboard in the Nurse office. The nurse holds one key and reception holds a second spare key.
- 10.4 The fridge temperature is checked on a daily basis and recorded in the daily log. If there is any variation from the acceptable temperature range (2-8 degrees Celsius) the fridge temperature control should be adjusted accordingly and the temperature re-checked 2 hours later. If there are any medicines stored in the fridge during this time, advice should be sought from the local pharmacist.
- 10.5 Staff medication must be stored securely, out of reach of children, either in their department's office or in a locked cabinet. The School Nurse can store staff medication in a locked cupboard in her office if necessary.
- 10.6 Medicine should not be stored in the child's locker at any time.

11. Disposal of medicines

- 11.1 If there are any unused, out of date medicines in the First Aid room, they are sent home, disposed of in a sharps bin (in the case of Adrenaline auto-injectors) or taken to the local pharmacy by the School Nurse for their safe disposal. The sharps bins are collected on a regular basis and taken to clinical waste incinerators.

12. Review of the administration of medicines procedures

- 12.1 A review of the administration of medicines procedures will take place each September in time of the commencement of the new academic year.

Stock list of Medicines.

For further information, read the patient information leaflet contained within the packaging.

MEDICINE	INDICATION FOR USE	CONTRA-INDICATION	DOSE	SIDE EFFECTS	DURATION
Medication taken orally (by Mouth)					
<p>Paracetamol</p> <p>Tablets 1 tablet=500mgs</p> <p>1 Soluble tablet=500mgs</p> <p>Suspension For babies and children over 3 months =120mgs/5mls</p> <p>For children over age six (6+) = 250mgs in 5mls</p>	<p>Mild to moderate pain.</p> <p>High temperature. (> 37.5c)</p>	Hepatic and renal impairment	<p>2-4yrs =180mgs (7.5mls of 120mgs/5mls suspension) every 4 hrs</p> <p>4-8yrs =240mgs (10mls of 120/5ml suspension) every 4 hours</p> <p>6-8yrs =250mgs (5mls of 6+ suspension) every 4 hours</p> <p>8-10yrs =375mgs (7.5mls of 6+ suspension) every 4 hours</p> <p>see overleaf</p>	Very rare, may cause a rash.	No more than 2 doses in one day to be given in school, parents must then be called.

			<p>10-12yrs =500mgs (10mls of 6+ suspension) every 4 hours</p> <p>>12yrs =500mgs-1gram (1-2 tablets) every 4 hours</p>		
<p>Ibuprofen</p> <p>1 tablet =200mgs</p> <p>Suspension =100mgs in 5mls</p> <p>NOT TO BE GIVEN TO PUPILS WHO HAVE NOT HAD PREVIOUSLY OR CANNOT GIVE THEIR INFORMED CONSENT</p>	Mild to moderate musculoskeletal pain	<p>Asthmatics</p> <p>Hypersensitivity to aspirin or any other anti-inflammatory.</p> <p>Pregnancy or breast feeding.</p> <p>Renal, hepatic or cardiac impairment.</p> <p>Gastric ulcer</p>	<p>8-12yrs 200mgs (1 tablet) 3-4 times daily (every 6 hours)</p> <p>> 12yrs 200-400mgs (1-2 tablets) 3-4 times daily (every 6 hours)</p>	Gastro-intestinal discomfort, nausea, diarrhoea occasionally bleeding and ulceration occur.	No more than one dose to be given in school.
<p>Sudafed Decongestant tablets</p> <p>1 capsule= Pseudoephedrine hydrochloride 60mg</p> <p>NOT RECOMMENDED FOR CHILDREN UNDER 12 YEARS</p>	Clears stuffy noses associated with colds and hay fever.	<p>Previous reaction to Sudafed</p> <p>Diabetes</p> <p>Heart disease</p> <p>Overactive thyroid,</p> <p>Prostrate problems,</p> <p>Taking blood pressure tablets</p>	>12yrs 1 capsule, 4 times daily	Increased heart rate, irregular or changes to heart beat, increase in blood pressure. Nausea and vomiting. Headache.	No more than one dose to be given in school.

<p>Feminax Express</p> <p>1 capsule=200mgs of ibuprofen</p> <p>NOT RECOMMENDED FOR CHILDREN UNDER 12 YEARS</p>	<p>Period pain</p>	<p>Allergy to Codeine, Hepatic or renal conditions, Pregnancy</p>	<p>> 12yrs 1-2 capsules every 4-6hrs. Maximum of 8 /day</p>	<p>Constipation</p>	<p>No more than one dose to be given in school.</p>
<p>Lemsip cold and flu.</p> <p>Each sachet = Paracetamol 650mg and Phenylephrine hydrochloride 10mg.</p> <p>NOT RECOMMENDED FOR CHILDREN UNDER 12YRS</p>	<p>Relieving the symptoms of cold and flu</p>	<p>Have taken paracetamol within the past 4 hrs. Allergic to paracetamol, High blood pressure, Anti-depressants called MAOI's See info sheet</p>	<p>>12yrs 1 sachet every 4 hrs. No more than 4 sachets in 24hrs</p>	<p>Skin rashes, susceptible to bleeding, reduction in white blood cells.</p>	<p>No more than 2 doses in one day to be given in school, parents must then be called.</p>
<p>Piriton</p> <p>1 tablets =4mg chlorphenamine maleate</p> <p>Suspension= 2mgs in 5mls of chlorphenamine maleate</p>	<p>Allergic reaction</p> <p>Hay fever</p>	<p>Allergy to anti-histamines. Anti-depressants called MAOI's</p>	<p>2-6yrs 1mg (2.5mls) every 4-6hrs</p> <p>6-12yrs 2mgs (5mls) every 4-6hrs</p> <p>>12YRS 4mgs (1 tablet) every 4-6hrs</p>	<p>Drowsiness, Palpitations, arrhythmias</p>	<p>No more than 2 to be given in school. In the case of allergy consider anaphylaxis, does an ambulance need to be called?</p>

Cetirizine Hydrochloride 1 tablets=10mg	Symptomatic relief of allergy such as hay fever, urticaria (skin rash)	Allergy to anti-histamines. Anti-depressants called MAOI's, Pregnancy and breast feeding.	>6yrs 10mgs once daily	Palpitations, arrhythmias	No more than one dose to be given in school.
Dextro energy tablets 1 tablet= Dextrose (82%), Maltodextrin, Citric Acid, Anti-caking agent (magnesium salts of fatty acids), Vitamin C, Flavouring	Diabetics with low blood sugar. Anyone requiring an immediate increase in energy/ sugar in blood stream	High blood sugar levels in diabetics	1-2 tablets as required	Headache	No more than one dose to be given in school.
Rennie 1 tablet= Calcium carbonate 680 mg and Heavy Magnesium Carbonate 80 mg. NOT RECOMMENDED FOR CHILDREN UNDER 12YRS	Indigestion and heartburn	Taking antibiotics, tetracyclines (a particular type of antibiotic) or other prescribed medicines	1-2 tablets to be sucked or chewed. Maximum of 16/day	unlikely	No more than 4 given at school
Throat soothers Ingredients= Glucose syrup, Sugar, Glucose-fructose syrup, Glycerol,	For the relief of a sore throat	Allergy to any of the ingredients	1 sweet as required	unlikey	No more than 2 whilst in school

Concentrated blackcurrant juice, Lactic acid, Citric acid, Flavourings, Acidity regulators (Sodium lactate, Potassium citrate), Menthol, Eucalyptus Oil, Colours (E129,E132), Emulsifier (Soya lecithin)					
Strepsils Each lozenge contains 1.2mg of 2.4 Dichlorobenzyl alcohol & 0.6mg of Amylmetacresol.	For the relief of a sore throat	Allergy to any of the ingredients	1 lozenge as required	Mouth irritation and sore lips	No more than 2 whilst in school
Medications used topically (on the skin)					
E45 cream	Emollient cream to soothe, smooth and hydrate the skin. Indicated for dry scaling disorders	Avoid if allergic to ingredients	As required	unlikely	As required
Deep Heat Rub	Muscular pain caused by muscle sprain during exercise	Avoid if allergic to any of the ingredients	A drop the size of a 5 pence piece covering affected area	Heat and skin irritation at site of application	As needed
Anthisan	Relief of local pain causes by insect bites and stings	Avoid if allergic to any of the ingredients	Small blob of cream, covering	Hypersensitivity to the cream	As required

			the affected area		
Bonjela gel	Mouth ulcers, oral herpes.	Hepatic impairment	Small blob covering the affected area. Use a cotton wool bud to prevent cross contamination	May stain teeth	As required
Inhalant medications (to be breathed in)					
Olbas Oil	Relief of catarrh, colds and sinuses	Sensitivity to the ingredients	Inhale 2-3 drops from a tissue. DO NOT SWALLOW	None known	As required
Eye Drops					
Refreshing eye drops	Soothes and refreshes red tired eyes	Avoid if allergic to any of the ingredients	2 drops as often as needed	None known	As required