



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

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

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)
- During term time, the school nurse can be contacted in emergencies outside of these hours on her mobile 07929 958 813

THE SCHOOL NURSE

There is one full time nurse employed at Queen Elizabeth's Hospital, Mrs N Burns and one part-time nurse Mrs J Escritt. 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.

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 cleaned and the expiry dates on the contents are checked weekly.

ACCESS TO MEDICATION

Medication is stored in the health centre and is administered by the school nurse.

Occasionally, the school nurse may give permission for a boy to keep his medication with him.

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 'epipen' and a spare 'epipen' 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
- Cough medicines
- Indigestion remedies
- Inhalations to relieve cold symptoms
- Arnica cream and methyl patches for sprains/bruises
- Anti-histamines

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 son's health status. (Appendix 4)

No pupil under 16 should take or be given any medication without his 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 boys 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

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

Quool Menthyl patch

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

ASTHMA

Salbutamol inhaler- in case of emergency only

DIABETES

Glucagon Injection 1ml
Glucose gel (e.g. hypo stop)
Glucose tablets



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 take this medication.....

I would like my son to keep his own medication and self administer as necessary.
I accept responsibility and feel confident that my son 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



ADMINISTRATION OF MEDICINES AND FIRST AID AT QEH

NAME OF PUPIL: FORM:

I give/I do not 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 of the administration of treatments for minor ailments for my son.

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

- Analgesics or Cough Medicines []
Indigestion Preparations []
First aid treatment []

Name of parent/guardian

Signature Date.....

ASTHMA UPDATE

I confirm that my son suffers from Asthma.

His current medication is
.....

Frequency

Does your son carry an inhaler?.....

Signature

HEALTH UPDATE

Does you Son suffer from any allergy, illness or medical condition? If so please give full details (including any treatment/medication required):

.....
.....
.....

Signature..... Date.....

