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PARKWOOD HALL CO-OPERATIVE ACADEMY

Parkwood Hall Co-operative Academy

"Growth through Personal and Social Learning"

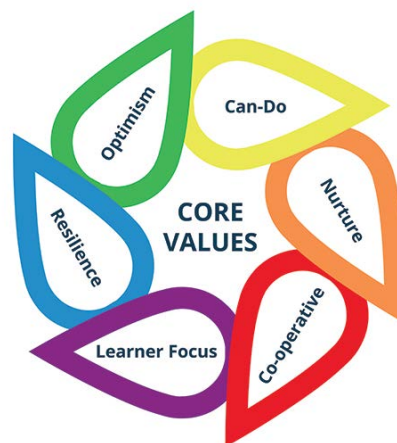
Statutory Policy File

ADMINISTRATION OF MEDICATION

Index No: 17

Parkwood Hall Co-operative Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment'

Our Core Values



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ADMINISTRATION AND MANAGEMENT OF MEDICATION

(Including temporary care of students who are unwell)

1 INDIVIDUAL STUDENT CARE PLANS

Each child attending Parkwood Hall will have a personalised care plan including all aspects of the student's health and medication needs. The parents/carers will need to supply all medication (prescribed or non-prescriptive) required by the student with the relevant consent forms. The parent/carers will also be asked to pass on any relevant information to be included on the plan e.g. result of any doctor's or hospital visits, therapy or dental sessions, any vaccinations or changes to medication. Health targets, relevant health promotion, prophylaxis and student and parental involvement will be included in the plan.

2 PROCEDURE FOR THE STORAGE OF MEDICATION –RESIDENTIAL PROVISION

- A secure and lockable medicine cabinet is in situ in all the student's bedrooms on all the house areas.
- Student's regular prescribed medication is to be stored in these lockable medicine cabinets (unless the medication needs to be kept in the fridge). Homely remedies, control medication, and emergency medications are to be kept in the locked cupboard in each of the houses office. Medication that requires refrigeration must be kept in the locked fridge on each of the houses.
- Each house area will have keys to the medicine cabinets. Spare keys to the cabinets will be kept in the medical suite and also on the medical suite key ring. Should a key be lost the Principal, School Nurse and Head of Residential Education should be informed immediately as a security precaution.
- Every Monday, or on the first day students return from holiday. Medication will be given to the senior team leader on Knole House or will be transferred to the student's individual cupboards in their rooms by the school nurse and/or a senior team leader.
- Central supplies of drugs will be kept in the main drug cupboard in the medical suite.

Keys to the main drug cupboard and main first aid cupboard are held with the Nurse when in school and in the main office at all other times.

- Any unused or discontinued prescribed medication should be returned to the main drug cupboard in the medical suite. The school nurse will take this to the local chemist for safe disposal. All Control Medication MUST be sent home if no longer required as this has to be returned to the original dispensing pharmacist for disposal.

- It is the responsibility of the senior team leader or the team leader to ensure any unused or out of date homely remedies are returned to the school nurse for safe disposal.
- Any medication delivered to the school must be handed to the Nurse, or in her absence a designated member of staff, and to be locked away in the main drug cupboard in the medical suite until it is required. Medication should be signed in and checked against the drug order by the Nurse or a senior team leader before it is available to be used. The school nurse or senior member of staff will then ensure that the required medication for each house area is checked and an audit trail must be completed before being transferred to the house areas.
- Senior team leaders and team leaders will be informed of any medication brought in by students, whether prescribed or otherwise. A care plan for a student will be issued by the school nurse or senior team leader for any medication changes that have occurred.

3 PROCEDURE FOR ADMINISTRATION OF MEDICATION BY RESIDENTIAL EDUCATION STAFF

- Any student on regular medication will have an individual medication administration record sheet for the time the medication is required. These are kept in the relevant folders on the student's house area. These need to be printed and replaced weekly by the nurse or senior team leader, and any old medication administration record sheets need to be returned to the school nurse for monitoring and filing every Friday.
- Medication will normally be dispensed as per the medication administration record sheet at 8am, 12noon, 4pm and 8pm. These times are a guide only, and staff should ensure that the medication is given within a time span of no more than an hour either way.
- This is not relevant if a time has been specifically requested by a doctor or specific instructions must be followed to ensure the effectiveness of the medication.
- There are also PRN sheets which allow 'when required' medication to be recorded.
- Dispensed medication remains the property of the student and should not be used by anyone else.
- Any new staff likely to give medication to students must attend training on the administration of medication from the school nurse and a period of mentoring (minimum of 1 month) on the house areas by experienced staff, before being allowed to dispense or to be second signatory. Staff will be issued with their certificate after the nurse has assessed that the staff member is competent.
- Senior team leaders (if not the senior on call), team leaders and Key workers should always take the lead when on duty. REA's can undertake the role of administering medication as part of their professional development if they wish. This would only be sanctioned by the school nurse after a period of mentoring.

- All staff who have received the initial training will receive regular monitoring by the School Nurse and will need to re-qualify every three years.
- All staff should feel competent to administer medication and should consult the Nurse, Doctor or Pharmacist if they have any queries.
- If known the Nurse will advise residential education staff of any potential side effects from medication. Where possible staff should also read the accompanying literature of any new medication or refer to the BNF Manual, which can be found in the medical suite, and on each of the house areas, or via Google if none of the above are available.
- Team leaders are responsible for checking student's medicine cupboards and collecting in the medication sheets weekly, and to report any concerns or discrepancies to the Nurse.

4 SELF MEDICATION BY STUDENT'S (EXCLUDING CONTROLLED DRUGS)

There are three levels of competency and the student will be assessed and issued with a certificate before administering their own medication. **(SEE APPENDIX 4 AND SECTION 11)**

NB. This will not include the administration of Paracetamol or other "homely remedies" as these are monitored at all times.

5 PRESCRIBED MEDICATION

- Medication must be given as per the instructions written on the prescription label on the box.
- It is essential for parents to check that the instructions are correct. The medication must be sent into school in its original bottle/box/container with the pharmacy label on.
- It must state the child's name, the type of medication and the frequency of giving the medication.

6 CONTROLLED MEDICATION

- Any medication prescribed which a controlled or scheduled drug must be stored in a locked compartment within a drug cupboard.
- Each tablet issued must be accounted for in a special record book, should be witnessed and signed by two staff.
- Every time a tablet is removed from its box, the total should be counted to ensure that none are missing.
- If a controlled drug is dropped or destroyed in some way, this should be recorded in the controlled drug book.

The storage of this medication will not change with the introduction of the individual medication cupboards.

7 ADMINISTRATION OF MEDICATION AWAY FROM SCHOOL

It may be necessary from time to time to administer medication outside of the duty room e.g. school journey, dining room, and classroom or when out on trips.

- A designated trained member of staff should be responsible for giving out the medication.
- Whenever possible the procedure should be followed as per the administration policy.
- On school journeys staff must be mindful of where to store the medication bearing in mind Health and Safety issues.
- Individual medication administration record sheets must be used and signed for.
- Any member of staff unsure of the procedures or who has not been trained should not take on this responsibility.
- Class teachers are responsible to ensure the school nurse has two days' notice of any planned trips so any medication can be organised.

8 CHANGES TO MEDICATION

If a student has medication prescribed or the dosage of medication changes after a hospital appointment, it is the parent's/ carer's responsibility to obtain a supply of the new prescription for use at the school.

- The medication needs to be in its original box.
- If the change is immediate a letter of confirmation must be sent to the school nurse by the parent/carer.
- The school nurse will issue a new care plan and instruct the residential staff to highlight the change by red dotting the medication box so the new dosage can be administered. This care plan is sent to all relevant staff, put in the relevant medication folders and a copy sent home for the parent/carers information.
- This allows time for a letter/s to be sent to the GP and a prescription written for new supplies of the medication to be obtained by the Nurse.

9 TRANSFER OF MEDICATION

- Any medication being transferred between home and school and vice versa must be handed to the driver or escort responsible for the student.

- Instruction should be given for the medication to be handed to the appropriate responsible adult at the drop off point.
- Drivers/escorts will be asked to sign a transfer of medication form.

10 OTHER FORMS OF DRUG ADMINISTRATION

In some circumstances it is necessary to give medication by other means e.g. by injection or rectally.

Only staff who have received the relevant training for these procedures are permitted to administer them, and any set protocols which are in place must be followed.

The Nurse should make every effort to obtain consent to administer the medication from the students doctor (hospital consultant or GP).

Parental consent should also be sought.

On any school outings the school nurse will ensure that a designated person has been given any medication that is, or may be required by, a student along with suitable carrying equipment.

11 ADMINISTRATING MEDICATION – RESIDENTIAL PROVISION

The introduction of the students' own medicine cabinets enables staff to offer a holistic way of administering medications to students, and allow for more privacy.

The following procedure will ensure safety and reduce the risk of mistakes occurring:

Ensure you have:

The red tabards indicating that you are doing a medication round, which are to be worn at all times during the round.

The correct medication administration record folder containing:

Red: Morning medication charts

Green: Afternoon medication charts

Purple: Early evening medication charts

Blue: Night time medication charts

There are also orange medication charts which are for the lunch time medication and dark red charts for 'when required' (PRN) medication.

- Jug of clean water, cups (teaspoons etc if required)
- Clean medication pots/spoons (these can be left in the student's cabinets for their individual use)

- Gloves/ tissues
- Pill counter and pill cutter
- Remove the keys from the key cabinet. The keys must be attached to the 1st signatory's identity badge cord and not removed until the medication round is completed.
- Take any medication that requires storage in a fridge to the student's room.
- Wash / gel your hands
- Check that you have the correct medication administration record sheet and the correct student.
- Removed the medication from the cabinet..
- Check that the correct medication is being dispensed (check care plan if indicated by the red dot on the medication chart)
- put the medication into a medication cup
- Explain to the student how to take the medication e.g. chew, swallow whole, inhale, apply to skin, with or without water.
- Ensure the student has swallowed the medication before you leave them.
- If homely remedies (e.g. paracetamol) are required by a student they can then be dispensed at this time completing the required administration chart.
- Both staff initials the medication administration record sheet in the correct place.
- Return the remaining medication to the cabinet and lock the door. Double check that the cabinet door has locked properly.
- Ensure keys are returned to the lockable key store immediately after use.
- Second signatory must wash and dry the cups and medication pots ready for the next medication administration round.

FOR LEVEL 2 STUDENTS THE FOLLOWING GUIDELINES ALSO APPLY. ONLY ONE SENIOR MEMBER OF STAFF IS REQUIRED. SEE APPENDIX 4 FOR DETAILS OF THE SCHEME FOR SELF-MEDICATION

- Ensure you have clean medication pots, spoon, cups and a jug of water available. Students can be encouraged to obtain their own cup of water and bring this to their room if deemed appropriate.
- Go to the student's room.

- Give the student the key and under your supervision allow the student to remove the medication check medication with the student against the medication administration record sheet. The student must count each medication under your supervision.
- Once the medication has been taken the student and the staff member must initial the medication administration record.
- Return the remaining medication to the cabinet and lock the door.
- All keys for the cabinets must be kept safely in the office.

FOR THOSE STUDENTS WHO HAVE BEEN DEEMED COMPETENT AT LEVEL THREE THE FOLLOWING APPLIES.

- The student must come to the residential manager on duty and request the key to their cabinet.
- The student can then go to their room and self-administer their medication
- The student must sign their medication administration record, return the medication to the cabinet and lock the door.
- The key must then be return to the residential manager on duty.
- Every Friday the student must check with the residential manager on duty that the medication amounts agree.

If staff have any concerns that the student is unable or not complying with this guidance then the residential manager must inform the school nurse. The nurse will assess the student, and they may have to go to level two until the nurse and residential manager are happy that the student can once again be responsible for their own medication.

12 CONTROLLED DRUGS

Control drugs **must** be kept in the double locked cupboard in the house office. In no circumstances should controlled drugs be kept in the students own individual medicine cabinet.

Two staff are required to check controlled drugs prior to administration to ensure the correct amounts are accounted for. The amount remaining is written in the controlled drug book. The correct dosage must then be put in to a covered pot and taken straight to the student for administration.

Under no circumstances must controlled medication be dispensed from the controlled medicine cabinet and put to one side for administering later. The controlled drugs book needs to be signed by both members of staff after the student has taken to medication and **not** before.

13 HOMELY REMEDIES (SEE APPENDIX 3)

- A “homely remedy” is any medicine bought over the counter without a prescription.
- Homely remedies sent in from home must be in their original box/bottle/container with the dosage instructions clearly marked on them.
- The medicine must be accompanied by a letter from the child’s parent with clear written instructions stating the dosage/amount and times to be administered as well as how long it is to be given for (i.e. length of treatment).
- All homely remedies need to be handed in to authorised staff at the school.

14 HOMELY REMEDIES CONSENT FORMS

- All consent forms should be renewed annually, and signed by a parent/carer or in some cases by a student over 18. No treatment is permissible without this written consent.
- New parents will be asked to complete the forms with the Student Liaison and Inclusion Manager (SLIM), or the Nurse.
- No GP consent is necessary if the “homely remedies” list is agreed by the School Nurse and the Principal of Parkwood Hall Co-operative academy. Staff must take note of the list of contra-indications and side effects for each “homely remedy” used.

15 ACCIDENTIAL ADMINISTRATION OF MEDICATION

This protocol is to be followed if a drug error occurs and a student has been administered either the wrong medication or given the wrong dosage. This does not replace the protocol or procedures that should already be adhered to with regard to the dispensing of medication (which is a legal requirement). This is to enable staff members to follow a procedure so the reporting of the incident is recorded accurately, and any failings in the procedure of dispensing medication can be reviewed and action taken.

If a student has been administered the wrong dosage or the wrong medication the following should occur:

- The school nurse or senior member of staff should be informed immediately of the drug error
- The school nurse or senior staff member will contact the G.P. for advice or, if out of hours, the local accident and emergency department, or NHS direct
- Explain what has occurred, the medication involved, and the dosage given by mistake.
- Follow the advice given.
- Keep the student under observation for any reactions to the medication.
- If advised to take the student to hospital, please ensure they take the medication that was given in error is taken with them.

- Complete an incident form as soon as possible following the incident so your memory is fresh, and send a copy to the school nurse and Principal.
- The school nurse or senior staff member are to contact the parent/guardians informing them of the error and what advice has been given by the G.P. or hospital.
- The school nurse will speak to the people involved to identify any problems with the procedures in place.

Please remember that errors do occur from time to time, but that is why policies and procedures are in place to reduce the risk of these occurring. The prompt reporting of the incident is very important so the student can receive the correct treatment and ensure we meet the correct care standards.

16 LOOKING AFTER A SICK STUDENT

- If a student becomes unwell whilst in school it is important that staff follow the school medical policy.
- If the student is in class, the teacher should seek the attention of the Nurse wherever possible, or in her absence seek advice from the Principal.
- Staff should ascertain how the symptoms present themselves and should pass this information to the Nurse or if necessary the 'on call' staff member.
- If a student sustains an injury following an accident, a school First-Aider should be sent for, and if necessary the emergency services called.
- If a student has had a seizure the member of staff should log its duration and characteristics, as this information may be useful to the student's doctors.
- If a student is feverish their temperature should be taken and recorded.
- If a student has diarrhoea and vomiting, or other infectious conditions the student must be isolated from other students to minimise the risk of cross infection. Parents will be asked to take the student home.
- Staff must remember to follow the Hygiene Policy when dealing with bodily fluids.
- If a student is nursed on the house area, regular checks must be made of the student's condition, and reassessed as necessary.

Wherever possible the school should aim to send the student home to be cared for by their parents.

However if the student has symptoms unlikely to be contagious, boarding students may be looked after in school e.g. epileptic seizures, headaches, period pains etc. These students will be cared for on the house areas by residential education staff.

Day pupils will be looked after in the medical suite (by Nurse or someone designated by on call staff member) until they are collected by their parents.

For all students, it remains the parent's responsibility to collect and take their child to their family GP.

In an emergency situation, staff can take a student to be seen by the local G.P. as a temporary patient.

If a student has an accident or requires emergency treatment, they will be taken to the casualty department of the local hospital. Information on the student's details, medical history and current medication will be taken by the member of staff accompanying the student. These information sheets are kept in the main office.

Parents must be informed of any illnesses, changes to medication, doctor's visits or hospital treatments, and should be given the opportunity to attend with their child should they wish.

Any illness, first aid treatment, or emergency hospital appointment must be documented in the nurse's student's notes/ first aid log held in the medical suite.

Parents should be kept regularly informed of the student's progress.

APPENDIX 1. MEDICAL CONSENT FORMS FOR HOMELY REMEDIES

MEDICAL CONSENT FORMS FOR.....(STUDENT NAME)

Please complete the sections below and return to the School Nurse at the school.

<p>Medical treatment</p> <p>I give permission for trained staff to administer the medication..... (name and dose of medication) for my child’s specific need of (e.g. diabetes, epilepsy etc) in the form of (e.g. tablet, injection, pessary, etc)</p> <p>Parental signature.....Date.....</p>	
<p>Emergency Medical or Dental Treatment</p> <p>I give permission for emergency treatment to be administered to my child should the need arise. I understand that every attempt will be made to contact me but that treatment may have to be administered prior to contact if necessary</p> <p>Parental signature.....Date.....</p>	
<p>Intimate care</p> <p>I give permission for intimate care of my child when staff are dealing with student hygiene in the event of a toileting accident. At all times the dignity of my child must be maintained.</p> <p>Parental signature.....Date.....</p>	
<p>Homely Medications</p> <p>I agree to the following homely medications being given to my child if necessary as shown by ticks in the relevant boxes- tick</p>	
PARACETAMOL (soluble, tablet or liquid) to relieve mild to moderate pain	
IBUPROFEN (liquid, tablet or quicklets)	
OLBAS OIL as an inhalant decongestant, 2-3 drops on a tissue or pillow at night	
HONEY AND LEMON COUGH MIXTURE to sooth tickly coughs and sore throats	
ANTIHISTAMINE CREAM to relieve pain and/or itching from stings, bites or mild allergic rashes	
ANTIHISTAMINE LIQUID for the relief of hay fever symptoms and allergic reactions	
E45 and GERMOLINE CREAM for dry skin and as an anti – infection cream	
CALAMINE LOTION to sooth mild allergic rashes and mild sunburn	
ORAL PAIN RELIEVING GEL for mouth ulcers	
ATHLETES FOOT POWDER to relieve itchy or sore feet	
VASELINE to treat dry cracked lips only	
SUNBLOCK for the protection from sunburn	
PLASTERS for minor cuts and grazes	
ARNICA CREAM for bruising, sprains and muscle aches	
Please list any allergies that your child has (if none state “NONE”):-	
Parental signature Date	

APPENDIX 2. THE SAFE DISPOSAL OF MEDICATION

The following protocol is for the safe disposal of surplus, unwanted or expired medications.

The situation where a medication is no longer required may include:

- A student's medication has changed or discontinued
- A student leaves the school
- The medicine reaches its expiry date. Some medicine expiry dates are shortened when a product has been opened.

The following procedure needs to be followed by all staff to ensure that medications that are no longer required or expired are safely removed from all areas.

Homely Remedies

1. Please ensure that all homely remedies have the date of opening clearly written on the box or container. This is to ensure that these remedies are disposed of correctly. Liquids such as cough mixture need disposing of 28 days after opening. Creams need disposing of 3 months after opening.
2. Please return all homely remedies that have expired to the School Nurse.
3. Do not throw any liquid medicines down the sink, or creams into the general waste.

Prescription-only medication

All prescription-only medication that is no longer required or expired needs to be returned home to a student's parent or guardian. The transport escort collecting any student with medication needs to collect the medication from the School Nurse or a senior member of staff, and the transport escort needs to sign the form confirming collection.

1. The School Nurse will inform all relevant members of the school and residential team of any changes in a student's medication.
2. If these changes require new medication to be commenced the old medication must be returned to the School Nurse with immediate effect. The senior member of staff (usually a residential Cluster Lead) must write clearly on any documentation regarding the returned medication the reason for stopping the medication and return these forms to the School Nurse for filing, or disposal if this is the acceptable procedure.
3. The School Nurse or senior staff member will return the unused medication to the student's parent or guardian via the transport escort with instructions if needed.
4. When a student leaves the school the student's medication needs to be returned to the School Nurse or a senior member of staff on the student's last day. The School Nurse or a senior member of the residential education team will ensure that all documentation clearly

states that the student is leaving the school, and returns this documentation to the medical suite for filing. The student's medication will then be returned home via the transport escort.

5. If in the rare circumstances the prescription only medication cannot be returned home the School Nurse will keep this medication in a separate bag within the drugs cupboard in the medical suite and at the earliest opportunity will take this to the local Pharmacist for safe disposal.

The Nursing and Midwifery Council guidelines and the Handling of Medicines in Social Care do state that provision should be made for a licensed waste management company to collect this medication but refer to this in respect of care homes. Both also state that surplus or unwanted or expired medicines should not be stored in residential care settings. As it would be a very rare occurrence that these prescription only medications would remain here at school requiring disposal the policy of taking these by the School Nurse to the local pharmacy should continue at the present time. This will ensure these medications do not remain in the medical suite for a long period of time as collection from a licensed company would be very sporadic. This part of the policy will be continually reviewed and reassessed if required.

Controlled Drugs

The Nursing and Midwifery Council and the Handling of Medicines in Social Care both state that Controlled Drugs have to be returned to either the prescribing medical officer or the pharmacist that issued the medication. The following procedure needs to be followed to ensure that the Controlled Drug is disposed of correctly and safely.

1. When a Controlled Drug is no longer required by a student, the Controlled Drug must be returned to the School Nurse as soon as possible.
2. A Residential Cluster Lead (or Senior Team leader in their absence) with another member of staff must count the tablets that remain and in the Controlled book write that the remaining tablets are being returned to the medical suite. Complete the book with 0 in balance and double sign this entry.
3. A Residential Cluster Lead (or Senior Team leader in their absence) must then cross out the rest of the page and write a reason for the medication stopping e.g. Student has left the school, student no longer requires medication. This is important so no other entries can be made on this page. This entry needs to be doubled signed.
4. A senior team leader must then hand the medication to the School Nurse or in her absence a senior member of the school staff.
5. On receipt of the Controlled Drug the School Nurse or senior member of school staff must log in the medication in to the Controlled Drug book in the medical suite controlled cupboard until the medication is returned to the student's home via the transport escort. This is to enable the medication to be returned to the dispensing chemist via the parent/guardian at home.

6. The School Nurse or senior member of school staff must log out and document the reason for the medication being returned home in the medical suite Control Drug book.
7. The medication is to be put in an envelope with the student's name clearly written on the front.
8. The transport escort must sign for the medication on receipt and be instructed to hand this directly to the students parent or guardian when arriving home.
9. If the Controlled Drug has been collected by the School Nurse from the local chemist it is the School Nurse's responsibility to return the Controlled Drug to the dispensing pharmacist.
10. The School Nurse must take the Controlled Drug book with them and get the pharmacist to sign for the medication once this is handed over.

APPENDIX 3. **HOMELY REMEDIES SUPPLIED BY SCHOOL**

Permissible ones are as listed:

Arnica cream
Ibuprofen (tablets and liquid)
Paracetamol (tablet, liquid, dispersible)
Antihistamine creams/liquid
Olbas oil
Cough linctus
E45 cream
Oral pain-relieving gel
Athletes foot powder
Pure petroleum jelly
Sun block

PARACETAMOL

- A box of 16cpulets/8 soluble and a bottle of paracetamol will be issued by the School Nurse to be stored on each house area in the designated medicine cabinet, which must be kept locked. Dosage instructions on the box must always be clearly visible and followed accordingly.
- The Nurse will liaise with residential education staff if a request to give Paracetamol is made, to check that staff have not already given any.
- The Nurse will inform residential education staff if the student has been administered any Paracetamol during the school day.
- Residential Education staff should check before giving any Paracetamol or homely remedy that parents have signed the necessary consent form giving permission.
- If paracetamol is required for longer than 24 hours, staff should seek advice from the Nurse
- All Paracetamol given must be recorded on the students homely remedies sheet kept in the homely remedies file on each of the house areas.
- Staff must keep a running total of Paracetamol tablets in stock.
- Paracetamol given during the school day this will be administered by the school nurse or in her absence a senior member of staff. The date, time and reason for the administration should be documented in the file in the medical suite.
- Day students parents will informed either by phone or via the student's contact book, if Paracetamol has been administered.
- If paracetamol is required for longer than 24 hours, staff should seek advice from the Nurse.

HOMEOPATHIC REMEDIES

To be administered by authorised staff providing the parent provides a box/bottle/container with clear dosage instructions. A letter from the GP confirming their agreement with the administration of the homeopathic remedy is required. Parents must sign a homeopathic consent form before any remedy is given.

HERBAL REMEDIES

Herbal remedies can cause adverse drug effects by interacting with prescribed medication. It is the parent's responsibility to check with their child's GP before any herbal remedies or Chinese medicines are sent in from home. If any child is prescribed "Chinese medicines" clear instructions as to their daily food and drink intake must be given to the staff. It is the parent's responsibility to make sure the staff are adequately informed in writing and the correct consent form is completed.

Guideline of Homely Remedies

Indication	Medicine	Dose	Maximum Daily dose	Contra-indications Special precautions
Pain and inflammation	Ibuprofen Tablets Liquid	Adults and children over 12 years 1-2 tablets 3x a day 3months - 12years 2.5mls -5mls 3-4x a day	6 20mls	Should not be given to asthmatics. Seek advice if any heart liver kidney or bowel problems are known
Mild pain Raised temp	Paracetamol 500mgs Paracetamol liquid	6-12yrs ½-1 tab 4x daily 12-Adults 1-2tabs tabs 4xdaily 5ml -20mls according to age 4x daily	4 tab 8 tabs 80mls	Liver damage Already prescribed drugs – Co-proxamol, Co-dydramol or Tylex
Pain and irritation from bites and stings. Allergic reactions.	Antihistamine creams liquid	rub in 2 -3 times daily 5-10mls 4 times a day.	 40mls	Do not use on eczema or broken skin. Stop using if irritation occurs.
Blocked nasal Passages, Cold, Hay fever	Olbas Oil	Put 2 drops on tissue and inhale Or on pillow		Do not put near eyes as this will cause discomfort and excessive watering
Coughs	Cough Linctus	5mls 3x daily	15mls	Diabetic unless in sugar free form.
Minor skin injuries	Germolene	Apply to affected area		See G.P. if symptoms persist
Dry skin	E45 Cream	2-3x daily	3xdaily	Rarely causes rashes
Sore gums Ulcers Mild toothache	Oral pain reliever gel	apply 4 hrly as necessary	4xdaily	Seek help if pain persists or symptoms
Athletes Foot Fungal infections	Athletes foot powder	Twice daily		Rarely causes skin irritation if allergic to ingredients
Dry cracked lips chapping	Petroleum Jelly			Use as necessary

Prevention of Sunburn	Sun block	Apply every 30 mins-1hr Whilst exposed to the sun		Rarely causes rashes or irritation if allergic reaction occurs
Treat bruising, swelling and trauma to soft tissues	Arnica cream	Topical, advised by manufacturers		Can cause allergic reactions if sensitive to the herb. Can cause skin irritation. Not to be used on broken skin.

APPENDIX 4. **PROTOCOL FOR STUDENTS WHO ARE SELF-MEDICATING**

The dispensing of the majority of the medication used here at Parkwood Hall is administered and recorded by the school Nurse or designated members of staff, during school hours or after school hours by the Residential Education Team.

In certain circumstances it may be advisable for a student to have responsibility for self-administering a medication. The most common medication this would involve would be a Ventolin inhaler used by asthmatics to relieve an asthma attack, but in the future, to promote independence, there may be students who will be able to self-medicate with the appropriate supervision.

The Nursing and Midwifery Council welcomes and supports the self-administration of medicinal products, but that care professionals have a duty of care to ensure that these medicinal products are used correctly and that records are maintained.

The school Nurse following the Nursing and Midwifery Councils standards (number 9) in association with the and teachers will assess the suitability of a student to take on the responsibility of self-administration.

There are three levels at which a student can be assessed and the agreed level needs to be documented in the students records. This level needs to be evaluated on a regular basis and the level adjusted according to the needs of a particular student.

Level 1

The school Nurse or the Senior Residential Team members (Cluster Leads, Senior Team Leaders, Team Leaders) are responsible for the safe storage of the medicinal products, and the supervision of the administration process ensuring the student understands the medicinal product being administered.

Level 2

The school Nurse or Senior Residential Team members are responsible for the safe storage of the medicinal products. At administration time the student will ask for their medication, and the student will then self-administer under the supervision of the school Nurse or Senior Residential Team members.

Level 3

The student accepts full responsibility for the storage and administration of the medicinal product. The school Nurse, Senior Team leader, or teacher checks the student's suitability and compliance verbally.

The following protocol needs to be followed to ensure our duty of care to individual students is met:

1. When reviewing whether a student can self-medicate the following points should be considered:

- a. The student shares the responsibility for their actions relating to the self-administration of their medication. If the school Nurse, senior team leader or a teacher feels that a student has behaved in a way that concerns them in respect of the student's ability to continue to self-medicate this should be stopped immediately. An evaluation using the levels should then take place and the student should not be allowed to self-medicate in the future, or re-evaluated after a short period of time and the level should be adjusted in their records accordingly.
 - b. A student can request not to continue with self-medication at any time.
 - c. The medication to be used must be correctly labelled, with name, dosage, times, direction for use.
2. A student must have a period of supervision and instruction tailored to the student's needs, before starting self-medication. This should include:
- a. The name of the medicine
 - b. Why they are taking the medication
 - c. The dose and frequency
 - d. Are they taking it correctly
 - e. Any special instructions
 - f. Ensure they understand that no other student is to touch their medication
 - g. Where to go, and who to inform if the medication is lost.
3. An assessment of risk will then need to be identified using the traffic light system to categorise the risk to the individual student if a dosage of medication is missed. The generic risk assessment must also be taken in to account. If a risk is identified that may cause concerns, further discussion may be needed to see if the risks outweigh the need of the medication to be immediately available to the student ("the handling of medicines in social care", page 29)
4. If the school Nurse, senior team leaders (teachers if appropriate) are in agreement that the student has a good understanding of the above, a level is then agreed and a trial period of one week should commence with an evaluation as to the student's ability to take on this responsibility after this time.
5. A further evaluation date then needs to be agreed by all parties to ensure the student remains able to self-medicate in a safe and responsible manner.

Within this residential setting it would not be possible for a student who takes a regular controlled drug to reach level three as the storage of this medication needs to be carefully monitored. Section has been removed****

The Nursing and Midwifery Council also states that whilst the school has a duty of care towards all students the school Nurse is not liable if a student makes a mistake self-administering as long as the assessment was completed as the local policy describes and appropriate actions were taken to prevent re-occurrence of the incident.

Please ensure that the school Nurse is informed of any student who is to commence self-administration at either level 2 or 3.

References: Nursing and Midwifery Council (2002) – Guidelines for the Administration of Medicines

Royal Pharmaceutical Society of Great Britain – The Handling of Medicines in Social Care (pg 29)

APPENDIX 5. **THE SAFE HANDLING OF MEDICATION IN THE EVENT OF THE SCHOOL NURSE BEING ABSENT**

The following procedure needs to be followed if the school nurse is absent on the day that students return to school following a weekend or holiday, or when students are returning home for a weekend or a holiday.

This is being implemented so all staff on the teaching and residential teams have clear instructions to prevent any mis-understandings, and ensure that all medication is collected and stored in a safe and appropriate way before being distributed to the house areas or to the escorts for the safe transportation home.

When medication comes into school.

A senior team leader needs to collect the white lockable trolley from the medical suite and take this down to the gym. (The key to unlock the trolley can be found on the same set of keys that is needed to open the medical suite door).

Any medication that comes in from home must be put in the trolley, in the correct draws if possible.

Once all the medication is collected the locked trolley needs to be returned to the medical suite.

After enrichment at 1.30pm the two senior team leaders will go to the house areas and transfer any medication in to the correct medicine cabinet.

Please do not leave any medication in the post room as control medication could be amongst the medication sent in from home to school and this should not be left in this area under any circumstances.

Returning medication home

If the medication is not being handed over to the nurse please could the residential educational officer of each house ensure that their student's medication is put into **sealed, named** envelopes, and handed to a designated senior member of the teaching staff (The deputy principal will identify the member of staff).

This should be transferred by that member of staff to the white trolley in the medical suite and remain there during the school day.

A list of students who have medication to go home will then needed to be completed (list sheets can be obtained at reception) and two further copies made which should be handed to the student administrator.

At the end of the day a senior member of staff needs to be in the medical suite to hand over the medication to the student's relevant escort and when all the medication has been collected the bottom of the hand over sheet needs to be signed and left in the nurses drop down. Updated by R.Collett (school nurse) 18/9/13

APPENDIX 6. RISK ASSESSMENT – CONTROLLED MEDICATION (OFF-SITE ACTIVITIES)

RISK ASSESSMENT: Controlled Medication (off -site activities)

Date: 20/12/13

Review Date: December 2016

<p>GREEN (DO THESE THINGS)</p>	<ul style="list-style-type: none"> All staff to follow the protocol in medication policy. List of students must be given to the nurse a minimum of two days before the off- site activity. All medication will be dispensed by the nurse /senior team leader into the correct labelled container. Medication will be handed to either a trained or a designated member of staff deemed competent by the school nurse. Two staff members to dispense the medication at all times. If possible, this should be at least one trained member. Empty container and signed medication chart must be returned to the school nurse on returning to the school. Controlled medication book must be signed by the person who administered the medication on their return to school.
<p>AMBER (WATCH OUT FOR THESE THINGS)</p>	<ul style="list-style-type: none"> Ensure the medication is kept in a secure place whilst off site.
<p>RED (DON'T DO THESE THINGS)</p>	<ul style="list-style-type: none"> Staff who are not trained must not be in charge of, or dispense controlled medication.

Approved by: *Nick White*

Date: January 2014

APPENDIX 7. RISK ASSESSMENT – PRESCRIBED MEDICATION AND OFF-SITE ACTIVITIES

RISK ASSESSMENT: Prescribed medication and off site activities

Date: 20/12/13

Review Date: December 2016

<p>GREEN (DO THESE THINGS)</p>	<ul style="list-style-type: none"> • List of students must be given to the nurse a minimum of two days before the off- site activity. • All staff to follow the protocol in medication policy. • All medication in glass bottles must be transported in its original box with a medicine spoon for dispensing. • Tablets will be dispensed by the nurse/ senior team leader into the correct labelled container. • Medication will be handed to either a trained or a designated member of staff deemed competent by the school nurse. • Two staff members to dispense the medication at all times. If possible, this should be at least one trained member. • All containers/ bottles and signed medication charts must be returned to the school nurse/ residential area on returning to the school.
<p>AMBER (WATCH OUT FOR THESE THINGS)</p>	<ul style="list-style-type: none"> • Ensure the medication is kept in a secure place whilst off site.
<p>RED (DON'T DO THESE THINGS)</p>	<ul style="list-style-type: none"> • Staff who are not trained must not be in charge of, or dispense medication.

Approved by: *Nick White*

Date: January 2014

APPENDIX 8. **PROTOCOL FOR A SICK CHILD WHO IS BOARDING.**

This protocol is aimed to guide staff on the residential houses and teachers on duty about the actions that need to be taken if a child becomes unwell when the school nurse is off duty. Getting parents to come and collect their child can be delayed if staff wait until the nurse gets in, but also waiting for the nurse to come delays giving students appropriate treatment.

If a child has the following then the parents need to be contacted immediately. This includes phoning a parent/carer at 7.00am if need be. By phoning this early, hopefully the parents will not have left for work or taking other children at school so enabling them to collect their child as soon as possible. Waiting until the nurse gets in often results in the child having to stay in school for longer than necessary while arrangements for collection are made.

1. Vomiting and or diarrhoea (this is a very watery stool that the student has a sudden urge to go which is different to a loose stool). If sending a child home with either please ensure that the parents are told that their child will have to be off for 24hours once vomiting has stopped and 48hour once diarrhoea has stopped.
2. Temperature of above 38c. Please give paracetamol immediately if the temperature is this high checking for consent first.
3. If you have any concerns that the child is unwell. You know the children, but if you have any worries speak to the teacher on duty or the emergency on call person.
4. If possible keep the child isolated in bed until the parent arrives, the nurse is on duty or the residential staff shift is at the end.

In general in the mornings

1. If a child says they are not feeling well, try to find out why. Check their temperature, monitor appetite (often if a child is unwell they will not want to eat) advise them to go to the toilet (stomach ache).
2. If the complaint can be dealt with by using consented homely remedies then please give this immediately to relieve any discomfort. Inform the nurse what you have given when she arrives in school.
3. If you are still unsure of the reason and you have checked temperature etc, phone the nurse leaving a message for her to come up to the house when she gets in.

APPROVAL

This policy was written and updated for Parkwood Hall Co-Operative Academy.

It was approved by Nick White on:

Signed _____

Principal

Signed _____

Chair of Governors