
Policy: Medicines , (including EYFS)

1. General

- 1.1. The aim of this policy is to ensure that medicine supply, storage and administration at West Buckland School takes place safely and legally.
- 1.2. This policy is to be shared with, understood and agreed by school nurses and house parents. It is also available to other staff, pupils and parents on request.
- 1.3. All medication must be kept securely in a locked cupboard or locked room.
- 1.4. No pupil, regardless of age, is to hold any drug or medicine at all without prior permission of school nurse. The relevant house parent should also normally be aware of such medication but with some exceptions (eg contraceptive pill).

2. Medical Centre Medicines

- 2.1. All School Medical Centre drugs will be kept locked in the secure medicine cabinet within Medical Room which is also locked unless a nurse is present.
- 2.2. Nurse to check all medicines are clearly labelled with drug name, strength, expiry date, (and dosage regimen for named patient prescriptions) on receiving them.

Stock Drugs

- a) School Medical Centre will keep a stock of non-prescription medicines (see below and formulary) and dressings
- b) A limited stock of prescription medicines will also be kept only for urgent use as “starter doses” (see formulary +below)
- c) Nurses will undertake regular termly check of drug stock to ensure all essential drugs as listed in agreed formulary are available and in date - nurse to record and sign for this in medicines record book.
- d) No named patient prescribing to replace used stock: this is now considered fraudulent!
- e) All stock medicines and dressings to be bought by school nurse using Medical Centre budget

2.3. Prescription medicines

- a) In the senior school, the school nurses administer prescription medicines.

In the prep school and Nursery, prescription medicines are kept in locked cabinets within designated fridges in a) the Delderfield (Rec to Yr 6), b) Langholme (Nursery). There are two nominated, paediatric trained staff, Headmasters Secretary (Rec to Yr 6) and the Nursery Manager (Nursery), who administer these medicines. In the event of staff absence, the school Nurse will administer the medication. In the Nursery and Prep School parents are asked to complete a form in the presence of the staff named above which gives permission for the administration of the prescription medicine. At this time the member of staff will check all medicines are in original packaging clearly labelled with drug name, strength, expiry date, (and dosage regimen for named patient prescriptions) on receiving them. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Policy: Medicines , (including EYFS)

- b) If urgent, school nurse will phone SMO/deputy to request prescription. Doctor can then send prescription to chemist. Providing prescription is ready at chemist by 2pm any week day, the chemist will dispense and deliver to school same afternoon at school nurse's request.
- c) In view of the geographical isolation of the school a very limited stock of certain prescription medicines will be kept in the Medical Centre (see formulary) for the rare occasions when treatment needs to start immediately. In such cases the school nurse will phone the SMO/deputy to request authorisation. The SMO can then assess the situation and authorise the nurse, over the phone, by fax or e-mail, to administer a specific medicine to the patient, eg antibiotics (a Patient Specific Directive or PSD). If verbal authorisation is used, this must be followed up with written confirmation within the next few days. For any course of treatment the doctor will also issue a named prescription: as soon as this prescription arrives the patient should receive their own medication and cease using stock medication.
- d) A pre-arranged Patient Specific Directive (PSD) is kept for administration of inhaled or nebulised salbutamol to all students with known asthma.
- e) Pre-arranged PSD's will also be used for immunisations eg flu immunisation.
- f) Prescribed medications must stay in their original container
- g) The original dispensing label must not be altered.

2.4. Controlled drugs (CD's)

- h) Must be kept in a secure lockable cupboard which contains nothing else (cupboard within main medicine cupboard in Medical Room)
- i) Only those with authorised access should hold the keys to this cupboard
- j) Also see recording and disposal requirements below
- k) **Methylphenidate (Ritalin)** is the most likely CD to be used in school. It is related to amphetamine and is commonly prescribed for Attention Deficit and Hyperactivity Disorder (ADHD). A child on Ritalin should not carry any tablets on their person during the school day. Parents should provide the school nurse in advance with 1 month's supply at a time of any doses of Ritalin which need to be taken during the school day. This supply should be brought in by the parent or guardian and handed to the school nurse who would then keep these tablets under lock and key in the CD cupboard. The student would need to attend the School Medical Centre for each dose, for the school nurse to supervise administration. This responsibility may be delegated to a nominated house parent at weekends. Each dose given is to be documented in writing in isams. The reason for this policy is to improve compliance of the child on treatment and to prevent any other child acquiring or ingesting any tablets.

2.5. Non-prescription medicines

- a) No branded "over the counter"(OTC) cold and flu remedies (eg Lemsip) to be given to pupils, unless administered by the school nurse.
- b) No prophylactic bandages/strapping to be prescribed/supplied for sport

Policy: Medicines , (including EYFS)

- c) Any medicines (including foreign medicines and complimentary medicines) brought in to school by boarders must be presented to school nurse or SMO to assess whether they are safe and appropriate: if so they should be stored and administered according to this protocol.
- d) Vitamin supplements, protein milk shakes and muscle building powders must not be kept by pupils. Any prescribed vitamins to be stored and administered as per other prescribed medicines.

2.6. Boarding House Medicines

- a) Designated house parents will be properly trained to manage medicines within their boarding house and will be responsible for administering all required prescribed and non-prescribed medicines
- b) School nurse will provide training for non-medical staff who are to administer medication, highlighting issues such as indications, contraindications, side effects, dosage, and precautions regarding administration.
- c) Any pupil complaining of the same symptoms for >48hrs, regardless of how minor they are, should be assessed by the school nurse or SMO.
- d) School nurse will supply each boarding house with limited stock of: paracetamol tablets, ibuprofen tablets, chlorphenamine tablets, simple linctus and peptac (antacid).
- e) A “**Homely remedy protocol**” for each non-prescribed medicine available via house parents lists indications for use, contraindications, dosages, side effects +duration of treatment before nursing/medical advice is sought. These are available for paracetamol, ibuprofen, chlorphenamine, cinnarazine, antacid and simple linctus.
- f) Each boarding house will keep a spare salbutamol inhaler for each child with asthma + spare spacer device, (in addition to spare stock inhaler and spacer device kept with First Aid kits: see asthma protocol for more details)
- g) Each boarding house will also keep an adrenaline EpiPen for emergency use in anaphylactic reaction
- h) These, together with any prescribed medicines will be kept securely locked in a first aid cupboard within a locked room.
- i) House parents will keep a stock sheet which is checked regularly

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2.7. Medicines on School Residential Trips

- a) Please see separate policy: “Managing medicines on West Buckland School Residential Trips” under which teaching staff, after appropriate training, are permitted (though not obliged) to administer medicines, including a limited list of non-prescribed medicines taken on the trip, under “**Homely remedy protocols**” as described above. They can also take and provide/administer sun block cream as appropriate, provided pupils are not allergic to that product.

Policy: Medicines , (including EYFS)

2.8. Administration and Self-Administration

- a) School nurse will be responsible for assessing each pupil's ability to safely self-medicate depending on age, maturity and nature of medication.
- b) As a general rule:
- c) **Under- 16's oral medication** to be kept locked up by nurse or houseparent and given out one dose at a time
- d) **Over-16's oral medication** can be given out one day's supply at a time for drugs which in larger quantities could cause harm in overdose or if taken by another child (eg paracetamol, codeine, aspirin, NSAID's), or one week's supply at a time if less dangerous drug (eg antibiotics, antihistamines). In certain circumstances supply of a longer course may be permissible with agreement of school nurse (eg weekend supply) or SMO (eg long term antibiotics for acne or contraceptive pill).
- e) Topical treatments (creams, eye drops, ear drops) can be held by child of any age if considered responsible.

2.9. Protocol for administration of prescribed medicine (by nurse, house parent or nominated prep staff):

- a) Check identity and age of pupil
- b) Check with pupil and on their computer health record if they have any allergies
- c) Check if any medications taken in last 4-6 hours
- d) Check that the label on the drug matches the administration record including the drug name and dosage
- e) Check expiry date
- f) Pupil to take medication in front of nurse/ house parent /nominated prep staff
- g) Immediately complete computer administration record with date, time dose given and staff name/initials
- h) Check/record stock balance
- i) Record a pupil's refusal to take medication, inform nurse +/- SMO as appropriate

2.10. Emergency drugs

- a) In extreme emergencies, certain medicines can be administered by the school nurse for the purpose of saving life, without the direction of a doctor or there being a PSD. The main examples of this are adrenaline or chlorphenamine injection for anaphylaxis. Adrenaline given by Epipen for anaphylactic reaction can also be given by other school staff trained in its administration.
- b) Epipens are located at strategic points around the school in addition to each child with a history of anaphylaxis carrying their own. Staff receive annual training in the use of Epipens from the school nurse, as do new staff on arrival.
- c) See separate guideline, Epipen Training Kit, sample care plan and individual protocol for management of anaphylaxis.
- d) See separate asthma policy regarding salbutamol inhalers

2.11. Recording

Policy: Medicines , (including EYFS)

- a) A simple drug administration chart on individual pupil's school computer record to be used for any child receiving medication showing student's name, drug name(s), date, time, dose (and dosage regime for a boarder on a course of medication).
- b) This is accessed and completed by whoever administers each dose, whether nurse or house parent. If pupil self-medicates they need to inform nurse or houseparent on daily basis in order that they can record doses
- c) Nurses to keep "Medicines Record" of all drugs received in isams, and expired medicines, eg Ritalin to be checked and disposed of appropriately, including prescribed +non-prescribed, conventional or complimentary medicines, named-patient or stock drugs.
- d) Designated house parent for each house also to keep a Medicines Record in isams of all drugs received and all unused drugs returned to nurse (or to child on leaving school), including prescribed and non-prescribed, conventional or complimentary medicines, named-patient or stock drugs.
- e) Medicines record in isams to include date of receipt, return or disposal, name/strength/dosage of drug, quantity of drug, name of pupil if named patient medicine and name +signature of member of staff receiving or disposing of drug
- f) Record also to be kept of medicines sent on residential trips with the pupil or sent with the pupil if they are admitted to hospital
- g) All records in isams should be properly completed, and up to date: they should provide a complete audit trail for all medications.
- h) All drug errors and adverse drug reactions to be recorded by nurse and reported to SMO

2.12. Controlled drugs:

- a) Separate records for administration of CD's should be kept in a bound record book with numbered pages
- b) The balance remaining should be checked at each administration and monthly
- c) Clear recorded audit trail is essential

2.13. Disposal of medicines

- a) Disposal of medicines to be recorded as above
- b) Any "left over" drugs/dressings originally prescribed for a named patient should be destroyed or returned to chemist for disposal.
- c) Unused CD's must be returned by staff member or parent/guardian to pharmacy for disposal

2.14. First Aid Kits

- a) See First Aid Policy for details of First aid arrangements.
- b) First Aid kits to be bought by individual departments but will be "topped up" periodically by school nurse

2.15. Staff requests for medication

Staff requests for medication (eg paracetamol): at school nurse's discretion but normally staff should be expected to acquire their own medications from a pharmacy or from their own GP.



Policy: Medicines , (including EYFS)

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