

ADMINISTRATION OF MEDICINES POLICY

(Applicable to all LVS students and staff including EYFS)

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1.00 Introduction and Aims of the Policy

1.01 Introduction

At LVS we recognise that most children will have short term or long-term medical needs at some time. These are managed predominantly by the school doctors and nurses who staff the school Health and Well-Being Centre.

1.02 Aims of this policy

- To explain our procedures for administering prescription and over-the-counter (OTC) medications to boarders.
- To explain our procedures for administering prescription and OTC medications to day students.
- To explain the procedures for administering and storing OTC and prescription medications in the boarding house.
- To explain the procedures for administering prescription medications on school trips.
- To outline the roles and responsibilities of parents, nurses and teaching staff in the management of short term and long-term medical conditions at school and on school trips.

2.00 Boarders

2.01 Prescribed Medication

All full and weekly boarders are automatically placed on the NHS list of the School Medical Officer, who will be responsible for all routine health care including prescribing medications for short term and long-term treatments.

Nursing staff are required to have written consent from parents/guardians on an annual basis to administer treatments, medications and give healthcare advice. This is obtained via the annual data collection form sent out over the school summer holiday. The nurses will carry out the administration of medicine according to the guidelines set out by the NMC (Nursing and Midwifery Council).

Any existing prescribed medication should be delivered to the Health and Well-Being Centre by the parent/guardian (**NOT the student**) in the original packaging with expiry and batch number information, and with the pharmacy label attached, stating:

- a) The contents
- b) The student's name
- c) The dosage (including timing/method of administration where important)

All medications for boarders coming into school via parents or the pharmacy are recorded by the nursing staff, on Patient Tracker (Medical Record Database). Additionally, a record is kept by the nursing staff of all medications prescribed by the medical staff in the department's Prescription Record Book. This ensures that we know what medications are coming into the school and their destination, whether the course is finished. Any medication that is no longer required is recorded in the 'Medication Returned Book' and sent for safe disposal to our designated school pharmacy.

2.02 On Receipt of Medication from Pharmacy

The nurse receiving medication for the boarders from pharmacy carries out the following procedure:

- Dates and initials in the department Prescription Record Book to confirm that the prescriptions have been received in Health and Well-Being Centre.
- Records the details of medication received on the 'Patient Tracker' database for the relevant child.
- Informs the student's house parents by email or telephone that the medication is ready for collection (if confidentiality allows).
- Completes the 'Individual Medication Plan & Risk Assessment' form if the student is to self-administer medication.
- Completes the 'Staff Administration of Medication in Boarding Houses' and risk assessment form if the house parent is to administer medication.
- Completes a 'Drug Chart' to be signed by Boarding house staff to record administration of the medication if they are administering the medication.

N.B this is the procedure for all prescribed medications including the OCP, topical treatments and inhalers.

All medications returned to pharmacy for destruction due to expiry or completion of the course, will be documented in the 'Medication Returned Book' and this will be verified by a pharmacist.

2.03 Self Medication

All boarders who have an acute or chronic medical condition will be encouraged to take responsibility for it and may be considered able to self-administer their medications.

Before allowing a student to self-administer, the nurse will carry out a risk assessment considering:

- Is the student of the age/maturity to understand instructions and details of medication?
- Can the medication be stored safely?
- Will other students have access to the medicine who may unknowingly/knowingly misuse it?
- Is the medicine dangerous?

The student will need to sign the 'Individual Medication Plan & Risk Assessment form' to enable the nurse to share information relating to their medical condition with the house staff; sign a statement to say that they know when and how they should take their medication, that it is for their use only and that they will keep the medicine safely, in a locked cupboard. If this 'contract' is broken the student will lose the right to self-administer their medication.

2.04 Over The Counter (OTC) Medications

A 'Homely Remedies' protocol for all the nursing staff is signed by the school GP to enable the administration of OTC medications as listed below:

Paracetamol, Ibuprofen, Savlon spray/wash, Piriton, Paediatric and Adult Simple Linctus, Rennie, Cymalon, throat lozenges, Dioralyte, Hedrin or alternative, Rennie, Arnica, Anthisan cream, Radian B or similar alternative cream, Aloe Vera gel/cream & Olbas Oil.

2.05 Administration of Paracetamol in Boarding Houses

A 'Homely Remedies' protocol signed by the School Doctor and Residential School Nurse at the start of the school year allows Paracetamol, Ibuprofen and Chlorphenamine Maleate to be administered in the boarding house, by those members of staff who agree to administer it. Members of staff who are happy to do so will receive a training session from the school nurse on medicine administration and its documentation with refresher training given annually. Audits, at least a minimum of annually will be completed and any concerns will result in the member of staff being concerned being stopped from administering medication, whilst a period of training and observation is commenced. It is also recommended that the member of staff write a short reflection on what happened and how they can prevent it from happening again as a learning exercise. The School Nurses will only sign a member of staff off as safe to administer medications, once they are happy that they are competent, From October 2018, any new employees will receive the initial medication training and be observed on a minimum of 3 occasions giving medications before being allowed to administer medications to the boarding students. Some staff may take longer, and require more training and observation to be put in place.

After a member of staff has administered any medication, the Health and Well-Being Centre must be informed immediately by an email sent to the Health and Well-Being Centre so that another dose is not inadvertently given by the nursing staff. This communication between house and Health and Well-Being Centre should be encouraged and work both ways if medical confidentiality allows. It will also allow the nursing staff to be aware of any regular problems a child may be experiencing such as migraine.

The administration of medicine should be documented in the House 'medication book' under the headings of 'Name,' 'Time',' Indication' and 'Dose'. A tally of the number of tablets remaining should be kept and the person administering should sign to say they have done so. The medical staff will log this information on the Z: drive Medical Folder 'Boarding Houses Stock Monitoring. The nursing staff will complete a weekly stock check to check all medication is accounted for and matches the medication book and stock left in the house medical safe.

2.06 Administration of Vitamins and Supplements in the Boarding House



Vitamins and supplements must be treated in the same way as other medication in that their use must be documented. Junior school boarders may attend the Health and Well-

Being Centre daily for administration or have it in house with agreement of the staff; senior boarders may self-medicate if the appropriate paper work is completed. All students under 16 must have parental consent to have vitamins and supplements in school.

3.00 Day Students

3.01 Prescription Medications

Medicines for day students should only be brought into school when necessary and must be stored at the Health and Well-Being Centre, with the exception of Inhalers and Adrenalin Auto-injector Pens. Students must not have medication in their possession without the knowledge of school medical staff.

Whenever possible, day students must take any prescribed/regular medication outside of school hours, for example antibiotics that are prescribed three times a day could be taken before school, immediately after school and before bed.

3.02 Over The Counter (OTC) Medications

If day students are unwell or have an injury, they may be sent to the Health and Well-Being Centre for treatment. The nurses require written consent from parents/guardians on an annual basis to administer the following OTC medications:

Paracetamol, Savlon spray/wash, Simple Linctus, Rennie, throat lozenges, Arnica, Aloe Vera gel/cream, Anthisan cream and Radian B or similar alternative cream. From October 2018, this will also include Ibuprofen, Arnica and Olbas oil in the updated medical form.

When administering OTC's, the nursing staff should follow these procedures:

- a) Consider whether drug administration is necessary or whether another intervention e.g. heat/cold therapy would offer relief from symptoms until medication can be given at home by the child's parent.
- b) Check whether the child has received any medication earlier in the day.
- c) For EYFS, Infant and Junior School students, the nurse will always attempt to make contact with the child's parent/guardian by telephone. This is to check that no other medication was given before school and that they are happy for the dose of medicine to be administered by the School Nurse. If a parent is unavailable, the nurses will use her professional judgement to decide whether to give the dose or not. A medical note is given to the child informing the parents of medication given.
- d) The medication administration will then be recorded on Patient Tracker.
- e) The child will be monitored to ensure good effect.

4.00 General

4.01 Storage of Medications in School

Emergency medications are readily accessible to all students who need them and stored in unlocked cupboards.

All asthmatics should be encouraged to carry their own inhalers but for the juniors, their inhaler will be kept in their classroom with their teacher where it is easily accessible to all staff. The use of a spacer device is encouraged; therefore, administration should be supervised by staff so that inhaler technique can be observed.

Additionally, parents should provide the school with a spare inhaler and spacer device to be kept in the Health and Well-Being Centre for emergencies and school trips.

All students with possible anaphylactic reactions should also carry their own Adrenalin Auto-injector pen and have a spare available, either in the Health and Well-Being Centre or the catering office wherever is the most appropriate, depending on the allergen. Younger students who cannot take charge of their own Adrenalin Auto-injector pen will have one in their classroom with their teacher and a spare in the Health and Well-Being Centre. Adrenalin Auto-injector pens are stored in 'medpac cases' or plastic boxes along with a Healthcare Plan and a copy of the anaphylaxis emergency procedure. The medpac/plastic box is labelled with the child's name.

All medications other than inhalers and Adrenalin Auto-injector pens are kept in locked cupboards in the Health and Well-Being Centre.

All Controlled Drugs (CD's) will be kept in a locked cupboard within a locked cupboard in the school Health and Well-Being Centre.

All medications, except for inhalers and Adrenalin Auto-injector pens should be collected by parents at the end of term. Any unclaimed medicines will be sent to the pharmacy for destruction.

4.02 Administration of prescribed medication

When a medicine is administered either by qualified nurses, teaching or boarding staff, the following procedure will be followed:

- Check what the student has been prescribed: on the drug administration and the medicine label.
- Check the identity of the student.
- Ask whether the student wants the medication.
- Make sure no one has already given it.
- Prepare the correct dose for the time of day.
- Give the medication and offer a drink of water. If oral, check it has been ingested.
- Sign the relevant documentation record.

Nurses will also enter the administration into their records on the Patient Tracker database.



In the case of CD's, the administration will be recorded on Patient Tracker and in the Controlled Drugs book. The number of tablets remaining will be checked to see that it tallies with previous administrations and the number documented.

4.03 Parental Responsibilities

Prescription medications should be delivered to the Health and Well-Being Centre by the parent/guardian (**NOT the student**) in the original packaging, with the pharmacy label attached, and stating:

- a) The contents/name of the medication
- b) The student's name
- c) The dosage
- d) The method/route of administration
- e) The expiry date and batch numbers should be present on the packaging.

The parent/guardian will be asked to sign a consent form to enable the nurse to administer the medication. When the medicine has been administered, it will be recorded on Patient Tracker.

If a prescription needs to be shared between home and school for day students, then the parent must ensure the medication brought in to still school meets the requirements above –they may need to ask pharmacy to dispense the prescription in 2 containers.

It is the responsibility of the parent/guardian to inform the nurses of any changes to the child's treatment and to monitor the supply and expiry date of all medications, including Inhalers and Adrenalin Auto-injector pens.

Overseas Medications:

The staff **cannot take responsibility for students taking foreign medications from overseas.**

Any students taking medications from overseas should have details of their condition and treatment translated into English so that the UK equivalent can be prescribed by the School Doctor.

Any foreign medications found with the students will be confiscated and stored in the Health and Well-Being Centre. Students may take these home or to guardians at the end of term.

4.04 Children with Long Term Medical Conditions

All parents of children with a long-term medical condition will be asked to fill out a Healthcare Plan for their child. The Healthcare Plan will detail useful information regarding medication, triggers, individual symptoms and emergency contact numbers.

Copies of the Healthcare Plan are kept in the student medical notes and with the student's Adrenalin pen. A copy of the health care plan is available to any member of staff responsible for that child on school trips and parents are asked to consent to all information contained in



their child's Healthcare Plan being shared openly with all those involved in their child's education and care.

Parents are asked to keep Health and Well-Being Centre updated with any changes to their child's healthcare needs and reminded to update the Healthcare Plans annually; ultimately it is their responsibility to inform the school of any changes.

4.05 School Trips

The school will make every effort to continue the administration of medicine to a student whilst on school trips away from the school premises. However, there may be times when it will not be possible to include a student on a school trip and this decision will be made by the Principal.

Staff on school trips will be made aware of all relevant information regarding the medical needs of students under their care. They will also be given training in the administration of medication and emergency procedures.

For boarders, the nurse, will in effect be delegating the role of administration of medicine to the teaching staff and both parties should sign a record to say they are happy for the teacher to take on this role. The member of teaching staff will then be given the student's drug chart and Healthcare Plan along with the medication that they need.

Parents of day students should fill out a consent form from the Health and Well-Being Centre so that the teacher can administer the medicine safely if required.

If a teacher has any concerns about administering medications, they are under no obligation to take on this role.

Reviewed: 16.10.18

Reviewed by: D Fearn

Next Review no later than: 16.10.19

5.00 Documentation & Protocols

NB: Hard copies of the Homely Remedies Protocols reviewed and signed by the school doctor and lead nurse are kept in the Health and Well-Being Centre and Boarding Houses.





APPENDIX 1: Staff Administration of Medication in Boarding Houses

Name of Student..... D.O.B
 House.....

I.....consent to the following information being shared with members of staff, on a need to know basis, for the safe storage and administration of my medicine.

Medical Condition:

Medication	Dosage	Route	Instructions	No Dispensed	Duration

Drug Chart given: Yes / No

Medical information sheet given/present in box: Yes / No

Collected by: Date:

Nurse Signature: Date:

House Parent signature:Date:

NB: -

- If this is an ongoing medication, please inform Health and Well-Being Centre 1 week before medication runs out to organise repeat prescription.
- Please photocopy this agreement if copy required for House Records.

APPENDIX 2 - Individual Medication Plan & Risk Assessment



Name of Student..... D.O.B
 House.....

I.....consent to the following information being shared with members of staff, on a need to know basis, for the safe storage and administration of my medicine.

Medical Condition:

Medication	Dosage	Route	Instructions	No Dispensed	Duration
1. Is the student of age/maturity to understand instruction and details of medication? Yes or No					
Severity of Risk: High/Low		Likelihood: High/Low		Action:	
2. Can the medicine be stored safely? Yes or No					
Severity of Risk: High/Low		Likelihood: High/Low		Action:	
3. Will other students have access to the medicine who may unknowingly misuse it? Yes or No					
Severity of Risk: High/Low		Likelihood: High/Low		Action:	
4. Is the medicine dangerous? Yes or No					
5. Are the boarding staff aware of possible side effects? Yes or No				Information sheet provided: Yes or No	

Student: I understand what the above medication is for, when and how I should take it, that it is prescribed for my use only and that it should be kept securely in a locked cupboard.

Student Signature:Date:

Nursing Sister: I have assessed this student as able to understand the concepts outlined in the statement the student has signed above and feel the student is able to self-medicate safely.

Student access to medication allowed? Yes/No

Nurse Signature: Date:

House Parent to sign below and return original agreement to Health and Well-Being Centre:

House Parent signature:Date:



APPENDIX 3 - HEALTH AND WELL-BEING CENTRE HOMELY REMEDIES PROTOCOL FOR NURSING STAFF

SEPTEMBER 2018

The medications listed below may be administered following guidelines set out by the NMC by the following members of the nursing staff according to the stated protocols and with reference to the instructions on packaging:

Residential Lead Nurse Donnas Fearn

Sister Balbir Gill

Sister Caroline Farrell

Bank Nurse Jo Pittard

Bank Nurse Sarah Bond

Bank Nurse Paula Saxby

Signed _____ **Dr C Kade (School Medical Officer)**

Date _____

Medication	INDICATION	CONTRA-INDICATIONS	DOSE	SIDE EFFECTS
Paracetamol 500mg tablets or	Mild to moderate pain Pyrexia	Kidney impairment Live impairment Alcohol dependency	Adults and Children –max 4 doses in 24 hours; leave at least 4 hrs between doses: Adults & Children 16+	RARE: Rashes, thrombocytopenia, leucopenia



Dispersible Paracetamol 500mg tablets.		Allergy	500mg-1g every 4-6 hours. Children: 12-16 yrs: 480-750mg 10-12 yrs: 480-500mg	PATRON HM THE QUEEN
Paracetamol 6 + suspension 250mg/5mls	“	“	Children: max 4 doses in 24 hours; leave at least 4 hrs between doses: 6-8 yrs: 240-250mg (5mls) 8-10 yrs: 360-375mg (7.5mls) 10-12 yrs: 480-500mg (10mls) 12-16 yrs: 480-750mg (10-15mls)	“
Infant Paracetamol suspension 120mg/5mls	“	“	Infants: max 4 doses in 24 hours. Leave at least 4 hours between doses: 2-4 years: 180mg (7.5 mls) 4-6 years: 240mg (10mls)	“
Aspirin	Prophylaxis of MI in adults with chest pain	Not for use in under 16s. Peptic ulceration Haemophilia	Adults: 300mg	Bronchospasm, gastrointestinal haemorrhage, other haemorrhage.
Cymalon	Mild UTI	Hypertension Diabetes	Females over 16: 1 sachet TDS for 2/7	RARE: Skin rashes, allergic reaction



		Renal disease		PATRON HM THE QUEEN
Ovex	Threadworms	Pregnancy Under two's	Adult & child single dose 100mg	VERY RARE: abdo. pain, convulsion in very young, rash.
Rennie	Indigestion	Renal disease High Calcium	Children: over 6yrs: 1 tablet PRN. Max 8 in 24 hours. Adults: 2 tablets to chew PRN. Max 16 tablets in 24 hours	VERY RARE: Swelling, SOB, rashes
Piriton Tablets 4mg	Allergy	Urinary retention, angle-closure glaucoma Prostatic hypertrophy Pyloroduodenal obstruction Renal disease Epilepsy Children under 6 yrs.	Max. no more than 4 doses in 24hrs. Children 6-12 years: ½ tablet every 4-6 hours. Over 12 and adults: 1 tablet every 4-6 hours.	Tiredness and dizziness. Loss of appetite, indigestion, abdo pain, liver inflammation, headache, dry mouth, palpitations, chest tightness.
Piriton Syrup 2mg/5mls	Allergy	As above	2-6 yrs: 2.5mls every 4-6 hrs (Max dose 4 x 2.5ml in 24hrs) 6-12yrs: 5mls every 4-6 hrs (Max dose 4x 5mls in 24hrs) Adults & children over 12: 10mls every 4-6 hrs (max 4 x10ml doses in 24hrs)	As above
Ibuprofen 200mg tablets	Pain Fever	Peptic ulcer, asthma, renal, hepatic or cardiac impairment. Heart failure Hypertension GI disease	Adults & Children over 12: 200-400mg every 4-6hrs PRN	GI Upset, haemorrhage, rash, thrombocytopeni a.

		Coagulation defects Allergy		
Ibuprofen syrup 100mg/5mls	Pain Fever	As Above	Children 3-7 yrs: 5mls 3-4 times a day Children 8-12 yrs: 10mls 3-4 times a day.	As above
Simple Linctus	Cough/sore throat	DO NOT USE IF ALLERGIC TO INGREDIENTS	Children over 12 and adults: 5mls 3-4 times daily.	Not expected
Paediatric Simple Linctus	Cough/sore throat	DO NOT USE OF ALLERGIC TO INGREDIENTS	Children 1-5yrs: 5mls (max 4 times a day) Children 6-12 yrs: 10mls (max 4 times a day)	Not expected
Throat Lozenges	Cough/sore throat	Diabetes	1 lozenge prn	Not expected
Dioralyte	Diarrhoea	DO NOT USE IF ALLERGIC TO INGREDIENTS	Child: 1 sachet after loose bowel motion Adult: 1-2 sachets after every loose bowel motion	Not expected
Jungle Formula Bite & Sting relief	All stings	DO NOT USE IF ALLERGIC TO INGREDIENTS Not to be used on eczema, broken skin or near mouth, eyes or nose	Over 3yrs: Spray for 1-2 seconds on affected area. Repeat if needed.	Skin sensitivity – Stop using.
Anthisan bite & sting cream	All stings	Same as above	Over 2yrs: 2-3 times a day for up to 3 days.	Skin sensitivity – stop using.
Savlon wash or similar alternative	Minor wounds	Same as above	Spray onto affected area to flood wound	Not expected.



Burneze	Minor burns	DO NOT USE IF ALLERGIC TO INGREDIENTS	Spray 5 inches from skin for 2-5 secs.	Not expected.
Olbas oil	Congestion	DO NOT USE IF ALLERGIC TO INGREDIENTS	Inhale vapours	Not expected.
Arnica	For mild bruising	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically PRN	Not expected.
Magnesium sulphate	Boils	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically	Not expected.
Vaseline	Dry skin conditions	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically	Not expected.
Oilatum cream	Dry skin conditions	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically	Not expected.
Aloe Vera Gel	Dry skin, sun burn, minor skin irritations and minor burns.	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically to affected area 3/4 times a day	Not expected.
Radian B cream or similar alternative	Muscular stiffness, bruising, sprains, fibrositis	DO NOT USE IF ALLERGIC TO INGREDIENTS	Apply topically to affected area, massage in well.	Not expected.

APPENDIX 4 - HOMELY REMEDIES PROTOCOL – Boarding Houses (Generic)

MEDICATION	INDICATION FOR USE	CONTRAINDICATIONS	MAX. DOSE	SIDE EFFECTS	SPECIAL CAUTION
Paracetamol 500mg tablets	<ul style="list-style-type: none"> ▪ Pain relief ▪ Reduction of body temperature 	<ul style="list-style-type: none"> ▪ Kidney impairment ▪ Liver impairment ▪ Alcohol dependency ▪ Allergy 	<p>Adults & Children – Max 4 doses in 24 hours 4-6 hourly as required; leave at least 4 hours between doses</p> <p>Adults & Children +16yrs 500mg -1g (1-2 tablets)</p> <p>Children 12-16yrs 480-750mg (1- 1.5 tablets)</p> <p>Children 10-12yrs 480-500mg (1 tablet)</p>		Not to be given with any other Paracetamol-containing product e.g. Lemsip; Calpol.
Paracetamol Suspension 250mg/5ml	<ul style="list-style-type: none"> ▪ Pain relief ▪ Reduction of body temperature 	<ul style="list-style-type: none"> ▪ Kidney impairment ▪ Liver impairment ▪ Alcohol dependency ▪ Allergy 	<p>Adults & Children – Max 4 doses in 24 hours 4-6 hourly as required; leave at least 4 hours between doses</p> <p>Children:</p> <p>6-8 yrs: 240-250mg (5mls)</p> <p>8-10 yrs: 360-375mg (7.5mls)</p>		Not to be given with any other Paracetamol-containing product e.g. Lemsip; Calpol.



			<p>10-12 yrs: 480-500mg (10mls)</p> <p>12-16 yrs: 480-750mg (10-15mls)</p> <p>Adults & 16+ yrs: 500-1000mg (10-20mls)</p>		
Ibuprofen 200mg tablets	<ul style="list-style-type: none"> ▪ Relief of mild to moderate pain including period pain; migraine; dental pain; musculoskeletal pain ▪ Reduction of body temperature including post-immunisation fever 	<ul style="list-style-type: none"> ▪ Peptic ulcer, ▪ GI disease ▪ Asthma ▪ Renal, hepatic impairment. ▪ Cardiac impairment. ▪ Hypertension ▪ Heart failure ▪ GI disease ▪ Coagulation defects ▪ Allergy to Ibuprofen, Aspirin or other related painkillers 	<p>No more than 6, 200mg tablets in 24 hours.</p> <p>Dosage:</p> <p>Adults & Children 12 + give 1 or 2 tablets every 4-6 hours as required up to 3 times a day.</p> <p>Leave at least 4 hours between doses.</p> <p>Not to be given to children under 12 years.</p>		<p>-Not to be given with other Ibuprofen containing products or topical gels.</p> <p>-Not to be given if taking other NSAID painkillers.</p>



<p>Ibuprofen Suspension 100mg/5ml</p>	<ul style="list-style-type: none"> ▪ Relief of mild to moderate pain including period pain; migraine; dental pain; musculoskeletal pain ▪ Reduction of body temperature including post-immunisation fever 	<ul style="list-style-type: none"> ▪ Peptic ulcer, ▪ GI disease ▪ Asthma ▪ Renal, Hepatic or Cardiac impairment. ▪ Hypertension ▪ Heart failure ▪ Coagulation defects ▪ Allergy to Ibuprofen, Aspirin or other related painkillers 	<p style="text-align: center;"><small>PATRON HM THE QUEEN</small></p> <p>Children:</p> <p>4-7years: 7.5mls up to 3 times a day.</p> <p>7-12 years: 10mls up to 3 times a day.</p> <p>Doses should usually be given 6-8 hourly; leave at least 4 hours between doses.</p>		<p>-Not to be given with other Ibuprofen containing products or topical gels.</p> <p>-Not to be given if taking other NSAID painkillers</p>
<p>Piriton tablets 4mg tablets</p>	<ul style="list-style-type: none"> ▪ Allergy 	<ul style="list-style-type: none"> ▪ Urinary retention ▪ Glaucoma ▪ Enlarged Prostate ▪ Pyloroduodenal obstruction ▪ Renal disease ▪ Epilepsy, children under 6 	<p>Children 6-12 yrs: ½ tablet every 4-6 hrs. (Max 4 doses in 24 hrs)</p> <p>Over 12yrs: 1 tablet every 4-6 hours. (Max 4 doses in 24hrs)</p>		<p>Check that the student has not taken another antihistamine tablet that day.</p>



Piriton Syrup (Chlorphenamine Maleate) 2mg in 5 mls	<ul style="list-style-type: none"> ▪ As above 	<ul style="list-style-type: none"> ▪ As above 	Children 2-6 yrs: 2.5mls every 4-6 hrs (Max 4 doses in 24hrs) 6-12 yrs: 5mls every 4-6 hrs (Max 4 doses in 24hrs) 12yrs+: 10mls every 4-6hrs (Max 4 doses in 24 hrs)		As above.
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The above over-the-counter medications may be given by members Boarding House staff to any resident of their Boarding House.

A record of any drug administration is to be made in the House Drug Record Book and signed and dated by the member of staff administering the medication. The Health and Well-Being Centre is to be informed of the administration via e-mail and the medication is recorded at the Health and Well-Being Centre on the Organization Z drive> Medical>Boarding Houses Stock Monitoring.

The nursing staff should be informed if symptoms persist for more than 24 hrs.

Students excluded from protocol:

GP Name: DR CHAUKE KADE

GP Signature: _____

Date: _____

Residential Lead Nurse: Donna Fearn

Lead Nurse Signature: _____

Date: _____

Reviewed 21.09.18

Date of Next Review: 21.09.19

APPENDIX 5 - PROTOCOL FOR USE OF PIRITON (CHLORPHENAMINE MALEATE) – BOARDING STAFF

Used for the management of allergic symptoms caused by hay fever, urticaria and other allergies as assessed by trained House staff or under the instruction of the Medical team for boarders at LVS Ascot.

Uses of Piriton, in the treatment of:

- Emergency treatment of anaphylactic reactions
- Hay fever
- Skin allergies
- Food allergies
- Nettle rash and hives
- Insect bites and stings
- Prickly heat and heat rash
- Mould spore allergies

Medicine to be administered	Name: Piriton (Chlorphenamine Maleate) 4mg tablet, Syrup 2mg/5ml Legal status: Tablet and Syrup Storage: Locked Medicine Cabinet
Specific administration	Single dose: Child over 12 years = 1 x 4mg tablet every 4 – 6 hours with no more than 4 doses in 24 hrs. Child 6 – 12 years = ½ tablet or 5ml syrup (2mg) every 4 – 6 hours with no more than 4 doses in 24 hrs. Child 2-6 years = 2.5ml syrup (1mg) every 4 -6 hours with no more than 4 doses in 24 hours.
Common side-effects	Drowsiness Headache Gastro-intestinal disturbance Blurred vision (see attached sheet for full side-effects)
Students should not be administered Piriton if	<ul style="list-style-type: none"> • Piriton administered within last 4 hrs. • Have had 4 or more doses in the past 24 hrs. • Has taken a 'one a day' antihistamine within last 24 hrs. • Has taken Monoamine Oxidase Inhibitors (MAOIs) for depression within the last 14 days • Has taken other medication (check compatibility with Piriton) <p>Medical advice should be sought prior to administration if there is a history of:</p> <ul style="list-style-type: none"> • Epilepsy • Glaucoma • Hypertension • Hyperthyroidism • Heart, liver, kidney or lung disease • Enlarged prostate



	<ul style="list-style-type: none"> • Pregnancy • Taking medication for anxiety or insomnia <p>Contact the out-of-hours Nurse (07900 242945) if you are unsure or concerned regarding the above prior to administration</p>
Staff competencies	Registered Nurses Designated Boarding House staff as assessed by the School Nurse
Pre-administration checklist	<ul style="list-style-type: none"> • Check the identity and age of the student • Check that the condition is appropriate to be treated with Piriton and that you feel competent in your assessment • Check for medical conditions and allergies (no liver or kidney disease) • Check that the student has not had a dose in the last 4 hrs. • Check that another antihistamine has not been given in the last 24 hrs. • Check if the student is taking any other medication and confirm that it is compatible for Piriton and does not contain Chlorphenamine Maleate • Before dispensing, check drug name, dose and expiry date
Staff advice	<p>Email the 'Health and Well-Being Centre' when Piriton has been administered to a student and also log in your Medication Book in the Boarding House when it has been given.</p> <p>Record Keeping - record:</p> <ul style="list-style-type: none"> • Name of student • Time and date administered • Dosage given • Indication why the medication was given
Drug error	Contact Health and Well-Being Centre/A & E for advice
Follow-up treatment	<ul style="list-style-type: none"> • Monitor and review the child to ensure medication has taken effect • Obtain consent from out-of-hours Nurse prior to giving a second dose • If symptoms persist, contact out-of-hours Nurse on 07900 242945 or 111 NHS Advisory Service for advice
Emergency treatment	If a child is presenting with any breathing difficulties, the airway is obstructed, or their circulation is impaired, dial 999 immediately

Author	Donna Fearn, RCN	Updated: September 2018
Verified by	Dr C Kade	Date: September 2018
Review	Annually, Next Review:	September 2019
References	Medical Officer of Schools Association; British National Formulary (August 2018)	



APPENDIX 6
Healthcare Plan

Student Details

Child's Surname		Forenames	
House		Tutor	
Date of Birth		Gender	Male / Female

GP/Specialist

Name of GP	
Telephone Number	
Name of Specialist	
Telephone Number	

Medical Condition details

Signs and symptoms	
Triggers or things that make condition worse	

Routine healthcare requirements (e.g. dietary, therapy, nursing needs or before physical activity)

During School Hours	
Outside School Hours	

What to do in an emergency

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Emergency Medication (please complete even if it is the same as regular medication)

Name of medication			
Dosage		When Taken	Method
Side effects that could affect the student			
Contraindications (signs when this medication should NOT be given)			
Can the student self-administer medication	Yes / No / With supervision by:	Staff Name	
Date Provided	Quantity	Expiry Date	

Regular Medications



Name of medication					
Dosage		When Taken		Method	
Side effects that could affect the student at school					
Contraindications (signs when this medication should NOT be given)					
Can the student administer the medication themselves?	Yes / No / With supervision by:				
Date Provided		Quantity		Expiry Date	

Regular Medication taken outside school hours (background information/planning for residential trips)

Name of medication					
Side effects					

Consent for Emergency Salbutamol Inhaler/Adrenalin (delete as appropriate) to be administered in line with the LVS Asthma and Anaphylaxis Policies for Children with Diagnosed Asthma/Allergy conditions ONLY)

SIGNATURE OF PARENT/GUARDIAN GIVING CONSENT					
PRINT NAME					

Specialist arrangements required for off-site activities

(A separate form may be required prior to each residential visit)

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Any other relevant information

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Signature of parent or guardian	Name	Date
Emergency contact telephone number		

APPENDIX 7
Medication Form

Please use this form to give permission for Medication to be given to a Day Student whilst at school or for supplements and/or vitamins to be given to a Day Student or Boarder whilst at school.

Student Details



Child's Surname	<input type="text"/>	Forenames	<input type="text"/>
House	<input type="text"/>	Year Group	<input type="text"/>

Medication, Supplement or Vitamins 1

Name of medication	<input type="text"/>				
Dosage	<input type="text"/>	When Taken	<input type="text"/>	Method	<input type="text"/>
Date Provided	<input type="text"/>	Quantity	<input type="text"/>	Expiry Date	<input type="text"/>
Notes	<input type="text"/>				

Medication, Supplement or Vitamins 2

Name of medication	<input type="text"/>				
Dosage	<input type="text"/>	When Taken	<input type="text"/>	Method	<input type="text"/>
Date Provided	<input type="text"/>	Quantity	<input type="text"/>	Expiry Date	<input type="text"/>
Notes	<input type="text"/>				

Why is the student taking this medication, supplement or vitamin?

Consent

I hereby give my consent for my child/ward to be administered the above listed medication/Supplement/Vitamins

Signature of parent or guardian	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency contact telephone number		<input type="text"/>