



arrangements for it to be given themselves or by a representative (in this case the School).

- School staff are not required to administer medication and have the right to refuse to be involved. Staff who administer medicines must understand the basic principles and be aware of the legal liabilities involved. Each member of school staff and who administer medications will have undergone medicine management e-learning through Opus pharmacy services, supervised by the senior school nurse. Staff must have confidence in dealing with any emergency situations as they arise, always working within their limitations and level of training. Regular training relating to medications and medical conditions is essential.
- The circumstances in which children and staff may take prescription only medicine (POM) and non-prescription medicines must be clear. Where appropriate, prior written agreement from parents or guardians for the administration of medicine to a child is required.
- Medication administration must be thorough with appropriate record keeping and storage of medicines.
- Parents should provide the School with full, on-going information about their child's medical needs. Staff noticing deterioration in a student's health should inform the School Nurse, Head of School, House Mistress/ Master or Deputy Head
- Overseas medicines, herbal or otherwise, must have English translation, the student's name on it and a doctor's prescription letter. Parents and Students are to inform the School Nurse of any medication being sent to school and, following discussion, the School Medical officer will decide if the medication is appropriate in the UK. Medication which is non identifiable may be deemed as illicit and a sanction offence under the school drug policy.

### **EYFS Medication**

- All EYFS staff who administer medication to students are trained in medicine administration management. If a member of EYFS staff is administering medication to a student, the same medication principles apply as with all medicine administration in the school, and information must be obtained as to why the child is to be given the medication and this information must be kept up to date.
- In the EYFS setting prescription medicines must not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer. Staff administering the medication to the child must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable. A form is to be completed by the parent/carer when medication has been requested to be given by EYFS staff [Student medication form for parents to sign.docx](#)
- A parent form for completion regarding any change in medical conditions, medications and or allergies is sent out each academic year and parents are asked to update the school if there are any changes to any of these items, at any time. Staff should ensure they check Schoolbase prior to administering the medication to ensure no other medication has been given that day by the school nurses and ensure no medication has been given at home by calling home to check.
- Training must be provided for staff where the administration of medicine requires medical or technical knowledge. The school nurses will carry out this training to staff if able to. However, more specific training may also be given to staff including the school nurses, by the child's specialist medical team.
- EYFS staff should be aware that they are not permitted to bring their own medications into the EYFS setting; it should be kept in the Junior School office (or locked drawer)

### **Complementary medication**

The Health Centre nursing team/boarded staff are not trained in administering complementary medications so we are unable to administer such medications in school to students. However, a student is able to self-administer these types of medications at school if deemed competent enough to, by the health centre nursing team.

To self-administer complementary medication, students must complete a self-administration of medication form (see appendix 6) in discussion with the School Nurse.

Complementary medication must be brought into school in its original packaging and information with the medication from your complementary practitioner clearly stating what the medication is used for.

It is the responsibility of the parent/complementary therapy practitioner to ensure there are no contra indications of using the complementary medications if also taking prescribed medication. The school GP if a boarder, family GP for day students must be made aware.

### **Safety**

Some medicines may be harmful to individuals for whom they are not prescribed. By agreeing to administer medicines on the premises the School has a duty to ensure that the risks to others are properly controlled.

Following the administration of medicine by injection e.g. vaccination, insulin or prescribed medicine, needles are to be disposed of safely in a yellow “sharps bin” clearly labeled with ‘Danger’ in accordance HSE (Health and Safety Executive) and in accordance with the Control of Substances Hazardous to Health Regulations 1994 ( COSHH). Sharps bins are located in the Health Centre. For any administration of medication by injection, such as an insulin pen, a sharps bin must be available.

### **Storage**

The School should not store large volumes of medicines; storage is to be limited to minimum requirements. The following rules are to be followed:

- All School medicines are to be locked in secure cupboards in an area not normally accessible to students with the exception of Inhalers and Auto adrenaline injectors, which need to be readily available so that all staff know where to locate them quickly: Locked cabinets are to be found:
  - Health Centre – including drugs fridge.
  - All boarding houses – Roberts House, Main House and Hamilton House.
  - First School Office.
- The Health Centre is to maintain a record of medicines stored in the school. Medicines brought in by students need to be clearly labeled with the name of the medicine, the student for whom it is prescribed, the date prescribed and instructions for administration and stored in the Health Centre. .
- Medicines are to be stored in the original container in which it was dispensed, clearly marked with the name of the drug and student when it is a prescribed medicine. Where students with specific needs bring medicine into school, such as to complete a course of treatment thereby minimizing the absence from school, the drug needs to be clearly labeled with the name of the student, the name of the drug, the dosage and frequency of administration in its original packaging please. Where a student needs more than one prescribed medicine they should both be stored in their own separate original packaging, Medicines should never be transferred from the original containers. Students should know where their own medication is stored and who holds the key if the medicine is locked away.
- Students are allowed to carry their own asthma inhalers and use them as required. They should have had instruction on correct usage, their technique being regularly checked by the School Nurse or the Asthma Nurse during their annual check-up.

- Students with diagnosed anaphylaxis should carry 2x prescribed auto adrenaline injector (AAI) pens around school with them at all times.
- Some medicines need to be refrigerated. These types of medicines are to be kept in a drugs refrigerator in the school Health Centre or boarding house for boarders. Access is restricted to the School Nurses and relevant house staff
- All medications, including over-the-counter drugs, should be given to the Health Centre or Housemaster/mistress. Any found in a student's possession will usually be confiscated. Duty staff in the boarding houses and in the Health Centre can issue a range of medications as necessary.

### **Parental Responsibility**

Parents/guardians are responsible for supplying information about the medicines their child needs to take at School. They are responsible for informing the school in writing of any changes to the prescription. Verbal messages will not be accepted as a change to the prescription. The parent/guardian or the student's own doctor should provide written details to include

- The name of the medication
- The dose
- The method of administration
- The time and frequency of administration
- The length of treatment/stop date if appropriate
- Other treatments required
- Any possible side effects

Parents/guardians are also responsible for ensuring that drugs stored for occasional use are not out of date. Therefore it is recommended that parents note when sending drugs to School when a replacement prescription will be required.

### **Access**

Students must have access to their medicine when required, however it is important that medicine is only available to those for whom it has been prescribed. Students carrying their own medicines must be advised of school policy and not allow other students access to their own medication.

### **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

### **Regular Medication**

If a day student requires regular medication the parents/guardians should provide the School with authorisation and a written instruction about how and when to administer

the medication. A member of staff, usually the School Nurse, will supervise the student taking the medication and notify the parents/guardians if for any reason non administration of medicine has occurred. Students who refuse medicine must never be forced into taking the medicine.

### **Circumstances in which Medicines may be administered**

Simple non-prescription medication may be administered by the School Nurse or other staff assessed as competent to do so in her absence, to those students under the age of 16 years, once parents have completed and returned the administration of medicine consent unless deemed 'Fraser' competent by the school nurse or doctor. Those students aged 16 or over are able to consent to the administration of medicines themselves without parental consent. However if the School Nurse has any concerns regarding the administration of any medicines to these students then medication will be withheld until the parents/guardians can be contacted.

- Paracetamol (including Calpol) may be administered for headaches, pyrexia (temperatures) abdominal pains, toothache, and other conditions when deemed appropriate. It may also be administered to those students who are unable to tolerate Non-Steroidal Anti-inflammatories (NSAIDs) such as Ibuprofen, for example asthmatic students.
- Ibuprofen may be administered for dysmenorrhoea (painful menstruation), migraine, injuries, such as sporting injuries, and other injuries not requiring hospital treatment. Those injuries requiring hospital treatment will receive no medication until fully assessed by School Nurse, GP or staff at the local Accident and Emergency Department. Ibuprofen must not be given to students with diagnosed asthma without prior consultation with the school nurse.
- Analgesia may be given in cases involving minor head injury following assessment by School Nurse.
- Anti-histamines such as cetirizine may be administered for mild allergic reactions or hay fever
- An emergency salbutamol inhaler is in each emergency asthma box which are located in the Health Centre and each boarding house. All staff must have been assessed by the school nurse and the emergency salbutamol competency assessment form must have been completed by the school nurse. See Appendix 1.
- Generic emergency auto adrenaline injector (AAI) pens are stored in the Health Centre, servery and each boarding house in emergency anaphylaxis boxes. A list of students for whom these may be administered to is located in each box.

- Each boarding house has a list of non-prescription medicines they may administer if they feel competent in doing so. See Appendix 2.
- Other medications may be administered by nurses under the GP directive for administration of medicines within the department.
- Prescription Only Medicines (POMs) will be administered by the School Nurse or other staff assessed as competent in her absence. A plan of care should be completed for on-going POM.

### **Administering Medication**

Prior to any member of staff giving medicine to a student, they are to check:

- The student's name
- The student's date of birth
- The written instructions provided by parents/guardians or doctor
- The identify the drug to be given is correct, by generic or brand name
- The strength of the medication
- The prescribed dose
- The last time the student had the medication
- The frequency of the medication
- The route of administration
- Any allergies or existing medical conditions that may contraindicate the medication
- The expiry date of the drug
- The circumstances in which the drug is to be administered
- Their own ability/training needs to administer the drug
- The possible side effects of the drug and what to do if they occur

### **Record Keeping**

Records offer protection to staff and students while providing proof that agreed procedures have been followed:

- All medicines administered by School Nurses and boarding house staff are recorded as a treatment on School Base.
- For students year 6 and below, treatment is also recorded in the child's school planner stating medicine, dose, time and reason for use. Parents/guardians are also contacted prior to any administration of medicine to their child in year 6 or below unless in an emergency.
- Medicines administered on school trips are to be recorded on the medicines log sheet and given to the Health Centre staff on return which are then entered on school base treatments

Record any adverse reactions in the Student's medical notes and notify parents/guardians and GP where necessary.

### **Over the Counter (OTC) Medications**

OTC medications are given as and when deemed necessary by the school nurses and boarding staff. All boarding staff as stated earlier in this policy are trained in the administration of medicines. Please see the link below for an up to date list of OTC medications in school. Regarding storage of OTC medication, please see the storage section in this policy.

[OTC medication list .docx](#)

### **Potential Issues**

Guidance of potential issues is as follows:

- Those students with long-term medical needs who carry their own medication and self-medicate should be encouraged to take ownership of their medication and safely administer the medication. No students will be allowed to share medication and should be encouraged to act responsibly to safeguard their own health and that of their peers. These students include those with asthma carrying inhalers and those known to have anaphylactic reactions requiring prompt administration of an auto-adrenaline injector pen. Those with other medication may include those students with diabetes and epilepsy. The School Nurse will provide support and advice for these students.
- 6<sup>th</sup> form boarding students only, may keep prescribed medication if deemed Gillick competent by the school nurse in their room in Roberts House. The medication is to be kept in a locked cupboard (evidence to be seen by house staff/school nurse) and only 7 days' worth of medication to be dispensed by the Health Centre at one time. A self-administration of medication assessment form must also be completed by the school nurse to ensure the student is competent enough to hold their own medication - see appendix 5
- Those students known to have anaphylactic reactions or a medical diagnosis such as asthma, should have Individual Care Plans drawn up by the School Nurse in accordance with local Primary Care Trust or medical department advice on the treatment of their condition.
- Medicines can have side effects in some people. If a student experiences side effects to medication staff should not give any further doses until instructed to do so by the doctor. A medical incident form should be completed. **If a serious reaction occurs then medical attention should be sought immediately.**

- **If medicines are given in error, then immediate medical advice must be sought from the School Nurse or NHS 111.**
- Should the need arise for the administration of an AAI the teacher should stay in the classroom with the student and either telephone the School Nurse directly or send someone to the School Reception to obtain help. Call 999/112 for emergency assistance by ambulance. The member of staff in the Reception should call for the School Nurse by Health Centre number then take the AAI to the location of the affected student and not hand over the medication to the student sent for help.
- Should an AAI be administered prompt transfer to hospital should be arranged for further observation, this should not be by private car but by calling 999/112 and requesting the ambulance service, as the support of paramedics is paramount.
- Where the School accepts a request for the emergency administration of rectal diazepam for students having an epileptic seizure, the drug should only be administered by named staff, usually the School Nurse, who have received formal training on how to administer the drug.
- Where diazepam is administered there should be two members of staff present, preferably one the same gender as the student, to guard against possible allegations of abuse.

### **Privacy**

All students are entitled to privacy for the administration of medicines, especially for those students requiring invasive techniques for the administration, such as those requiring injections or rectal administration. This will maintain the dignity of the student concerned but also lessens the distress of fellow students, especially if the administration is in an emergency. Privacy will also allow the student the opportunity to discuss any confidential matters with the staff involved.

### **School Trips**

Students with special medication requirements are encouraged to participate in school trips, if the risk assessment can identify the appropriate additional safety measures:

- Consideration should be given to transporting medications safely. Students, with the exception of those students who self-medicate and carry their own medication within the school environment, should not be asked to carry medications, staff should take sole responsibility.
- Those students who may require emergency administration of medication should be easily identifiable to the staff in charge of the excursion. The medication for that student should be taken by the member of staff in charge or the student may also carry her own medication, providing the staff have checked it, and the staff

are in agreement that the student can do so safely. Any controlled drug must always be carried by the TIC of the trip.

- Any drug administered should be as set out above.
- All staff on school trips who will be administering medication to students must complete an administration of medicines on a school trip form. See Appendix2b. This must be signed and dated by the member of staff and countersigned by the school nurse. This form is to be completed each academic year.
- The staff administering should make a written record of administration in the school trip medication log which can be found in the first aid kit and the School Nurse is to be informed so she can update the students' medical records as necessary.
- If staff are concerned about whether they can provide for a student's safety, or the safety of other students and staff on the trip, they can discuss their concerns with the School Nurse and the school nurse can discuss this further with or the child's General Practitioner with parental/guardian permission.

Guidance on the school trip first aid kit contents can be seen in Appendix 2a.

### **Sporting Activities**

Most students with medical conditions can participate in Physical Education or extra-curricular sport. For many, physical exercise can benefit their overall social, mental and physical health and well-being. However the following should be considered:

- Some students may need to take precautionary measures before and during exercise, such as those asthmatic students who may need to self-administer their inhalers.
- Staff supervising sporting activities should be aware of student's medical conditions and allow access to their medication. They should be aware of emergency procedures. The School Nurse should be consulted if there are any concerns.
- Caution must be exercised when taking the student off site, such as to the sports field. Students should be encouraged to take ownership of their own medication and staff should ensure the medication is available when required. If the student is not able to take ownership then the responsibility lies with the Staff involved.
- Any medication administered should be as set out above.
- All treatment must be recorded.

### **Disposal of Medicines**

School staff should not dispose of medicines. Parents/guardians should collect all medication held at school when the course of treatment is completed, when a label becomes detached or unreadable (care must be taken to ensure the correct medication

is returned to the correct parent), and/or when an expiry date has been reached or at the end of term.

If it is not possible to return a medicine to a parent/guardian the School Nurse can take responsibility of the medicine. Any unused or out of date medicines can be taken to the Pharmacy for disposal.

No medicine should be disposed of into the sewerage system or the refuse. Current waste disposal regulations make this illegal.

**Replacing Stock**

A record is to be kept of all stock supplied to all medicine cabinets, including the amounts issued, issue date and expiry date. When appropriate, stock is to be replaced so that the School maintains the necessary minimum supply of medicines.

**APPENDIX 1**

Additional Competency Assessment for Designated Members of Staff using the Emergency Salbutamol Policy

Name:



**OPUS**

PHARMACY SERVICES

Experts in medication training

[info@opuspharmserve.com](mailto:info@opuspharmserve.com) [www.opuspharmserve.com](http://www.opuspharmserve.com)

**Guidance for Using this Competency Assessment**

Competency should ideally be assessed on 3 separate occasions. It can be assessed by direct observation or questioning or both. It would be expected that competency relating to the inhaler administration is assessed via questioning prior to the staff member being named a designated member of staff and exposed to an emergency situation.

***The medication policy of the organisation should be read and be available to all staff at all times.***

<b>Additional requirements for Designated Members of Staff for the Use of Emergency Salbutamol</b>	Is aware of the list of contents of the emergency asthma kit.			
	1. Can correctly use the equipment			
	2. Can state where the list students who can use the emergency inhaler is kept.			
	3. Can correctly describe the steps to clean and dry the inhaler/spacer			
	Can correctly identify the storage requirements for the emergency kit.			
	4. Can describe each step in responding to signs of an asthma attack.			
	5. Can describe how to administer/actually administer the inhaler correctly.			
	6. Can describe the requirements for documentation/follow-up if an emergency situation occurs.			

APPENDIX 2a

**SCHOOL TRIP FIRST AID KIT LIST AND GUIDANCE**

**Contents**

- 1x First aid guidance leaflet
- 2x triangular bandages
- 20x assorted plasters
- 10x Cleansing Wipes
- 3x assorted bandages
- 1x tape
- 5x gauze
- 2x saline pods / eye wash
- 1x burn gel
- 1x pair of vinyl gloves
- 1x Instant ice pack
- 1x HSE eye dressing
- 1x 10cm dressing
- 1x pair sterile scissors
- 1x pair of tuff cut scissors
- 1x resuscitation face shield
- 1x foil blanket
- 1x alcohol hand gel
- Sun cream during warmer weather
  
- Medication
- Paracetamol (tablets or suspension) and cetirizine (tablets or suspension)

**APPENDIX 2b**

**ADMINISTRATION OF MEDICINES BY A MEMBER OF FRENSHAM HEIGHTS STAFF ON A SCHOOL TRIP**

**Age 6 years and above**

Normal procedure would be for the School Nurses (in hours) or House Staff (out of hours) to administer medications at school. In the boarding house environment where staff are acting in loco parentis, over the counter (OTC)\* medications may be given where appropriate. Members of staff may administer the below OTC medication whilst on school trips in accordance with the Frensham Heights Medication and Treatment Policy if they feel happy and competent to do so.

Name: ..... may administer the following:

- **PARACETAMOL 500mg tablets** 1-2 (500mg – 1g paracetamol) tablets 4-6 hourly up to max of 8 tablets in 24 hours. (Students 10 – 12 years 500mg paracetamol may be given; 13 - 16 years old may be given 750mg paracetamol. 16 years and over may be given 1g paracetamol  
*To be given for pain and to control raised temperature.*
- **CETIRIZINE 10mg tablets** Max 10mg in 24 hours
- **PIRITEZE (cetirizine liquid) 6-12 years 5mg, 12 years and above 10mg daily) or 5mg twice a day**
- **LORATIDINE (6 years and older) 10mg tablets** Max 10mg in 24 hrs  
*Non drowsy allergy relief for relief from hay fever symptoms and allergic reactions*
- **SALBUTAMOL INHALER (Ventolin) For known asthmatics & short of breath/wheezy children**  
2 puffs to be administered at the first sign of breathlessness or wheeze via spacer if available. Can be repeated giving 2 puffs every 5 minutes up until 10 puffs in total.  
*If no improvement by the time 10 puffs have been given call 999. Repeat this step if needed*

**What to do if a child is having an asthma attack**

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

**IMPORTANT!** This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

asthma Any asthma questions?  
Call our friendly helpline nurses  
0300 222 5800

***\*Parents are asked to consent for their child to receive OTC medications on the medical questionnaire on admission and on school trip forms.***

**EMERGENCY DRUGS**

- **ADRENALINE AUTO INJECTOR PENS (EPIPEN/EMERADE/JEXT ETC – students own or School’s generic pens (Emerade)**  
To be given at first sign of severe allergic reaction (facial swelling, shortness of breath, generalised hives all over the body, pallor or collapse). Call 999 as soon as you know an adrenaline pen needs to be administered and state ‘anaphylactic shock’ to ambulance control

### How to give EpiPen®



A second auto injector pen can be administered if no response after 5 minutes and still awaiting the ambulance

**PLEASE NOTE, AS FIRST AIDERS YOU ARE UNABLE TO ADMINISTER EMERGENCY SALBUTAMOL OR AN EMERGENCY GENERIC AUTO ADRENALINE INJECTOR PEN TO STUDENTS NOT DIAGNOSED WITH ASTHMA OR ANAPHYLAXIS. IF YOU FEEL THE STUDENT REQUIRES THE EMERGENCY MEDICATION, PLEASE CALL THE EMERGENCY SERVICES ON 999 FOR VERBAL CONSENT.**

#### Best Practice Check-list

- All medicines must be kept in a secure, preferably locked area.
- All medicines administered must be recorded – date, time, medication, dose and sign. If on site, this must be on School Base. If off site, a recording sheet is included with any medications dispensed for the trip.
- Prior to issuing any medication, checks should be made that the student is not allergic to the drug and whether they have taken any other medication that day.

- No drug should be administered regularly for more than 24 hours without reference to the Health unless a prescribed set course of medication
- It should be recognised that most minor illness will resolve spontaneously with only symptom control.
- Staff should use their discretion when giving medication and refer to the Health Centre or a doctor if they have any concerns about a student’s health

..... confirm that I have received instructions for the administration of the above medicines and I am happy to administer them.

Staff signature..... Date.....

Nurse’s signature..... Date.....

Appendix 3**ROBERTS HOUSE**

Guidance on dosages for children *over 16 years old*

- **INDIGESTION (rennie/gaviscon)**; 1-2 tablets to be chewed or sucked as required
- **PARACETAMOL**; 2 x 500mg tablets every 4-6 hours. Max 8 tablets in a 24 hour period
- **IBUPROFEN**; 2x 200mg tablets every 4-6 hours. Max 6 tablets in a 24 hour period. **\*\*\*NOT TO BE GIVEN WITH MEFANAMIC ACID\*\*\***
- **ANTI-HISTAMINE (cetirizine)**; 10mg once daily
- **DEHYDRATION SACHET**; 1 sachet mixed with water after each loose movement. Max 5 in a 24 hour period for 3-4 days then seek medical attention
- **COLD AND FLU SACHET containing 1g of paracetamol**; 1 sachet dissolved in hot water every 4 hours. Max 4 sachets in a 24 hour period **\*\*\*CONTAINS PARACETAMOL\*\*\***
- **INSECT BITE/STING CREAM**; apply directly to affected area 2-3 times a day for up to 3 days

## HAMILTON HOUSE

### Guidance on dosages for children *under 12 years old*

- **INDIGESTION (rennie/gaviscon)**; 1 tablet to be chewed or sucked as required
- **PARACETAMOL SUSPENSION 250mg/5mls**; 5-10mls every 4-6 hours. Max 4 doses in a 24 hour period
- **IBUPROFEN SUSPENSION 100mg/5mls**; 10mls every 4-6 hours. Max 4 doses in a 24 hour period
- **ANTI-HISTAMINE (ceterizin SYRUP 5mg/5mls)**; Children 6 years and above 10mg daily
- **DEHYDRATION SACHET**; 1 sachet mixed with water after each loose movement. Max 5 in a 24 hour period for 3-4 days then seek medical attention
- **INSECT BITE/STING CREAM**; apply directly to affected area 2-3 times a day for up to 3 days

### Guidance on dosages for children *over 12 years old*

- **INDIGESTION (rennie/gaviscon)**; 1-2 tablets to be chewed or sucked as required
- **PARACETAMOL**; 1-1 ½ x 500mg tablets every 4-6 hours. Max 8 tablets in a 24 hour period
- **IBUPROFEN**; 1-2 x 200mg tablets every 4-6 hours. Max 6 tablets in a 24 hour period \*\*\* **NOT TO BE GIVEN WITH MEFANAMIC ACID\*\*\***
- **ANTI-HISTAMINE (cettrizine)**; 10mg once daily
- **DEHYDRATION SACHET**; 1 sachet mixed with water after each loose movement. Max 5 in a 24 hour period for 3-4 days then seek medical attention
- **COLD AND FLU SACHET contains 600mg paracetamol**; 1 sachet dissolved in hot water every 4 hours. Max 4 sachets in a 24 hour period \*\*\***CONTAINS PARACETAMOL\*\*\*** nb **“LEMSIP” or any MAX strength BRAND NOT TO BE USED DUE TO HIGH CONTENT OF PARACETAMOL FOR THIS AGE GROUP**
- **INSECT BITE/STING CREAM**; apply directly to affected area 2-3 times a day for up to 3 days

## **MAIN HOUSE**

Guidance on dosages for children over 12 years old

- **INDIGESTION (rennie/gaviscon)**; 1-2 tablets to be chewed or sucked as required
- **PARACETAMOL**; 1-1 ½ x 500mg tablets every 4-6 hours. Max 8 tablets in 24 hour period
- **IBUPROFEN**; 1-2 x200mg tablets every 4-6 hours. Max 6 tablets in 24 hour period \*\*\* **NOT TO BE GIVEN WITH MEFANAMIC ACID**\*\*\*
- **ANTI-HISTAMINE (cetirizine)**; 10mg once daily
- **DEHYDRATION SACHET**; 1 sachet mixed with water after each loose movement. Max 5 in a 24 hour period for 3-4 days then seek medical attention
- **COLD AND FLU SACHETS**; 1 sachet dissolved in hot water every 4 hours. Max 4 sachets in a 24 hour period \*\*\****CONTAINS PARACETAMOL***\*\*\****nb “LEMSIP” BRAND NOT TO BE USED DUE TO HIGH CONTENT OF PARACETAMOL FOR THIS AGE GROUP***
- **ANTISAN CREAM**; apply directly to affected area 2-3 times a day for up to 3 days

Appendix 5

**Frensham Heights School  
Student self-administration of medicine form  
(Year 12 and upwards only)**

I (Student’s name) .....wish to maintain responsibility for my own medication and self-administer medication prescribed for me. I understand that I must keep all my medicines in a locked drawer/cupboard in my room in Roberts House. I understand that I will be assessed periodically to determine if self-administration is still appropriate.

Name of student: .....

Signature of student: .....

Date: .....

Name of school nurse .....

Signature of school nurse: .....

Date: .....

**School Nurse use only**

The student is deemed as Gillick competent if you can say yes to the statements below:

- Can the student understand the information to make a decision on self-medication at this time? Yes/No
- Can the student retain the information for long enough to make this decision? Yes/No
- Can the student weigh up the information in order to make this decision Yes/No
- Can the student communicate their decision? Yes/No

If the answer to any of the above is ‘No’, the student cannot keep medication on them and self-administer their own medication in Roberts House

(This form is to be filed in the student’s HC notes)

Appendix 6

**Frensham Heights School  
Student self-administration of medicine form  
COMPLEMENTARY MEDICATION**

I (Student’s name) .....will maintain responsibility for my own complementary medication and self-administer if needed during school time. I understand that I must keep all my medicines in a locked drawer/cupboard if a boarder or stored very safely in my school bag if a day student. I understand that I will be assessed periodically to determine if self-administration is still appropriate.

Name of student: .....

Signature of student: .....

Date: .....

Name of school nurse .....

Signature of school nurse: .....

Date: .....

**School Nurse use only**

The student is deemed as competent to self-administer their own complementary medication if you can answer yes to the statements below:

- Can the student understand the information to make a decision on self-medication at this time?      Yes/No
- Can the student retain the information for long enough to make this decision?                      Yes/No
- Can the student weigh up the information in order to make this decision                              Yes/No
- Can the student communicate their decision?    Yes/No

If the answer to any of the above is ‘No’, the student cannot keep complementary medication on them and self-administer their own medication during school time.

(This form is to be filed in the student’s HC notes)